

Notice of Meeting and Agenda Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 16 September 2022	10:00	Remotely by MS Teams ,

MARK CONAGHAN
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam: Councillor Fiona Airlie-Nicolson: Councillor Iain McMillan: Margaret Kerr: John Matthews: Frank Shennan: Ann Cameron Burns: Karen Jarvis: Paul Higgins: Lisa Cameron: vacancy: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Laverty: Sarah Lavers: John Trainer.

John Matthews (Chair); and Councillor Jennifer Adam (Vice Chair)

Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact Committee Services on 0141 618 7111.

To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

Recording

https://youtu.be/tTYC1_GzlgM

Items of business

Apologies

Apologies from members.

Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

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| 1 | Minute

Minute of meeting of the Integration Joint Board (IJB) held on 24 June 2022. | 5 - 18 |
| 2 | Rolling Action Log

IJB rolling action log. | 19 - 20 |
| 3 | Chief Officer's Report

Report by Chief Officer. | 21 - 32 |
| 4 | Financial Report 1 April to 31 July 2022

Report by Chief Finance Officer. | 33 - 54 |
| 5 | Performance Scorecard for 2022/23

Report by Head of Strategic Planning & Health Improvement. | 55 - 62 |
| 6 | Renfrewshire Palliative and End of Life Care Strategy 2022/25

Report by Head of Strategic Planning & Health Improvement. | 63 - 110 |
| 7 | Unpaid Adult Carers' Strategy 2022/25, Short Breaks Services Statement for Adult Carers 2022 and Adult Carer Eligibility Criteria 2022

Report by Head of Strategic Planning & Health Improvement. | 111 - 174 |
| 8 | Quality, Care and Professional Governance Annual Report 2021/22

Report by Head of Health & Social Care. | 175 - 194 |
| 9 | Winter Pressures Funding Update

Presentation by Head of Health & Social Care. | |

10 IJB Audit, Risk and Scrutiny Committee

Verbal update by Chair of IJB Audit, Risk and Scrutiny Committee.

11 Date of Next Meeting

Note that the next meeting of the IJB will be held at 10.00 am on 25 November 2022.



Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 24 June 2022	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam, Councillor Fiona Airlie-Nicolson and Councillor Iain McMillan (all Renfrewshire Council); Margaret Kerr, John Matthews, Frank Shennan and Ann Cameron Burns (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Paul Higgins (Health Board staff member involved in service provision); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); John Boylan (Trade Union representative for Council); Annie Hair (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Chief Officer (Renfrewshire Health and Social Care Partnership) and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership); and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

John Matthews, Chair, presided.

In Attendance

Mark Conaghan, Head of Corporate Governance (Clerk), Mary McKillop, Senior Auditor and Elaine Currie, Senior Committee Services officer (all Renfrewshire Council); Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley), Laura Howat, Interim Head of Mental Health, Alcohol and Drugs Recovery and Learning Disability Services, James Higgins, Corporate Business Officer, John Millar, Communications Business Lead (Transformation) and Clare Walker, Planning and Performance Manager (all Renfrewshire Health and Social Care Partnership) and Mark Ferris, Senior Audit Manager (Audit Scotland).

Recording of Meeting

Prior to the commencement of the meeting the Chair intimated that this meeting of the IJB would be recorded and that the recording would be available to watch on both the Council and HSCP websites.

Welcome

The Chair welcomed Paul Higgins, Councillor Fiona Airlie-Nicolson and Councillor Iain McMillan to this meeting of the Integration Joint Board.

Apologies

Lisa Cameron (Council staff member involved in service provision) and Annie Hair (Trade Union representative for Health Board) (for lateness).

Transparency Statement

Councillor McMillan indicated that he had a connection to item 16 by reason of him being an ambassador for and volunteer at St Vincent's Hospice. However, he indicated that he had applied the objective test and did not consider he had an interest to declare.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 25 March 2022 was submitted.

DECIDED: That the Minute be approved.

2 Governance Arrangements and Code of Conduct

The Clerk submitted a report relative to the appointment of Renfrewshire Council voting members and substitute voting members and the revised IJB Code of Conduct, a copy of which was appended to the report.

The report advised that at the statutory meeting of Renfrewshire Council held on 19 May 2022, Councillors Jacqueline Cameron, Jennifer Adam, Fiona Airlie-Nicolson and Iain McMillan had been appointed to the IJB as voting members and that Councillors Robert Innes, Mags MacLaren, Michelle Campbell and Alison Ann-Dowling had been appointed to the IJB as substitute voting members.

In accordance with the terms of the Integration Scheme, Councillor Jacqueline Cameron, seconded by Councillor Airlie-Nicolson, proposed that Councillor Adam be appointed as Vice Chair of the IJB until September 2023 when she would then take up the position of Chair.

There being no further nominations, it was noted that Councillor Adam would be Vice Chair of the IJB until September 2023 when she would then take up the position of Chair. John Matthews, the current Chair of the IJB, would then be appointed as Vice Chair of the IJB in September 2023.

The report intimated that the IJB had established an Audit Committee which came into effect on 1 April 2016, now known as the Audit, Risk and Scrutiny Committee. It had

been agreed that the membership would comprise two voting members from the Health Board, two voting members from the Council and two members from the non-voting membership. Also, that the Chair of the Audit, Risk and Scrutiny Committee must not be the Chair of the IJB or be a representative of the same constituent authority as the Chair of the IJB. Following the appointment of new Council voting members on the IJB, the four Council voting members were invited to nominate two of their number to sit on the Audit, Risk and Scrutiny Committee and were also invited to propose which of the two nominated members was to be appointed as Chair of the Audit, Risk and Scrutiny Committee.

Councillor Adam moved that Councillors Jacqueline Cameron and Fiona Airlie-Nicolson be nominated to sit on the Audit, Risk and Scrutiny Committee and that Councillor Jacqueline Cameron be nominated as Chair of the Audit, Risk and Scrutiny Committee until September 2023. Councillor Jacqueline Cameron seconded the nomination of Councillor Fiona Airlie-Nicolson as a member of the Audit, Risk and Scrutiny Committee and Councillor Fiona Airlie-Nicolson seconded the nomination of Councillor Jacqueline Cameron as Chair of the Audit, Risk and Scrutiny Committee.

Councillor Iain McMillan proposed that he be nominated to sit on the Audit, Risk and Scrutiny Committee. As he failed to find a seconder, Councillor McMillan requested that his dissent be recorded in the Minute.

The report advised that at the meeting held on 24 June 2016, the IJB approved a Code of Conduct setting out how members should conduct themselves in undertaking duties. This was based on a model Code of Conduct produced by the Scottish Government. It was noted that a new model Code of Conduct had been published and there was now a requirement for the IJB to revise its Code of Conduct in keeping with the new model Code and submit the revised Code of Conduct to Scottish Ministers for approval.

The Chair thanked those councillors who were no longer members of the IJB for the commitment and work undertaken on behalf of the IJB.

DECIDED:

(a) That the appointment of the Council voting members and substitute voting members to the IJB be noted;

(b) That it be noted that Councillor Jennifer Adam had been appointed as Vice Chair of the IJB until September 2023 when she should then take up the position of Chair;

(c) That it be noted that John Matthews would then be appointed as Vice Chair of the IJB in September 2023;

(d) That it be noted that in line with the proposed approach to the appointment of members of the Audit, Risk and Scrutiny Committee, Councillors Jacqueline Cameron and Fiona Airlie-Nicolson had been nominated by the voting members to sit on the Audit, Risk and Scrutiny Committee and that Councillor Jacqueline Cameron had been appointed as Chair of the Audit, Risk and Scrutiny Committee until September 2023; and

(e) That the content of the report in relation to the revised Code of Conduct be noted and that the revised Code of Conduct, as appended to the report, be approved for onward submission to Scottish Ministers for approval.

3 Chief Officer

Under reference to item 3 of the Minute of the meeting of the IJB held on 25 March 2022, the Clerk submitted a report relative to the appointment of Christine Lavery as Chief Officer.

The report intimated that in terms of Section 10 (1) of the Public Bodies (Joint Working) (Scotland) Act 2015, the IJB was required to appoint, as a member of staff, a Chief Officer.

It was noted that at the meeting of the IJB held on 25 June 2021, a report advised that following a selection process the Appointment Panel decided to appoint Christine Lavery, one of the Health and Social Care Partnership's Heads of Service as Interim Chief Officer for a period of six months beginning on 28 June 2021. This period had been extended, most latterly, until the permanent Chief Officer had been appointed.

The report advised that Christine Lavery had been appointed to the post of Chief Officer, effective from 25 April 2022, and that the appointment of Christine as Chief Officer now required to be ratified by the IJB.

DECIDED: That the appointment of Christine Lavery as Chief Officer be ratified and that it be noted that Christine would continue to be a member of the IJB.

4 Rolling Action Log

The rolling action log for the IJB was submitted.

DECIDED: That the updates to the rolling action log be noted.

5 Chief Officer's Report

The Chief Officer submitted a report providing an update on key operational activity, including the HSCP's operational response to COVID-19, since the last meeting of the IJB held on 25 March 2022.

The report intimated that the impact of the pandemic continued to fluctuate, however the spread and severity of the virus appeared to have significantly reduced and in response, the Scottish Government had scaled back the COVID-19 response as we moved to an 'endemic' state.

The report provided an update on operational services, including the agreement across NHS Scotland to remove social distancing in most settings for healthcare professionals, reflecting reduced infection rates and updated national guidance.

The report advised that considering the decreased infection rates, hospitalisations, and a move to a lower threat level, the HSCP anticipated that this report would be the last separate COVID update report to the IJB.

DECIDED:

(a) That the implications of the Scottish Government's updated physical distancing guidance, as detailed in section 4 of the report, be noted; and

(b) That the updates provided on COVID-19 services, the current impact of the pandemic on the provision of operational services and the extension of elements of

financial support for adult social care providers, as detailed in sections 5 to 12 of the report, be noted.

6 Chief Officer's Operational and Policy Briefing

The Chief Officer submitted a report providing an update on key operational activity and additional policy developments being built into future workplans, since the last meeting of the IJB held on 25 March 2022.

The report outlined the Scottish Government approach to the UK Government Ukrainian resettlement scheme for asylum seekers and refugees and the broad expectations on Health Boards to effectively deliver health services.

The report informed on two new Health and Social Care Standards, which would be incorporated into primary legislation, for people living in adult care homes and other Scottish Government policy developments.

DECIDED:

(a) That the Scottish Government's position on the UK Government's Ukrainian Resettlement Scheme and the recommendations and expectations for Health Boards, as detailed in section 4 of the report, be noted;

(b) That the two new Health and Social Care Standards developed by the Scottish Government due to be incorporated within legislation, as detailed in section 5 of the report, be noted;

(c) That the update provided on Scottish Government timelines for annual performance reports publication, as detailed in section 6 of the report, be noted;

(d) That the update on the IJB's Records Management Plan 2022, as detailed in section 7 of the report, be noted;

(e) That the confirmation of cohorts for the Seasonal Flu Immunisation Adult Programme 2022/23 and respective timescales, as detailed in section 8 of the report, be noted;

(f) That the further strategy development updates on the GMS Contract and Primary Care Improvement Plan, as detailed in section 9 of the report, be noted;

(g) That the launch of the formal consultation on the Data Strategy for Health and Social Care, as detailed in section 10 of the report, be noted; and

(h) That the update provided on the Scottish Government's Resource Spending Review published in May 2022, as detailed in section 11 of the report, be noted.

7 Financial Report 1 April 2021 to 31 March 2022

The Chief Finance Officer submitted a report relative to the revenue budget year-end outturn for the HSCP for the 2021/22 financial year, as detailed in appendices 1 to 4 to the report. The report also sought approval for the transfer of funds to reserves to allow completion of the IJB's accounts by the statutory deadline of 31 October 2022.

The report intimated that, as highlighted throughout both financial years 2020/21 and 2021/22, the impact of COVID-19 on services delivered by the HSCP had been

unprecedented and that this continued to create additional delivery and financial pressures for the HSCP as well as impacting on the HSCP's transformation and savings plans, which were subject to ongoing review and realignment.

The report advised that budget monitoring throughout 2021/22 had shown the IJB projecting an underspend, prior to the transfer of year-end balances to general and earmarked reserves. The IJB final outturn was an underspend of £32,899k, as detailed in section 3.5 of the report, prior to the transfer of ring-fenced year-end balances to reserves, including the net impact of delivering additional services as part of the IJB's response to COVID-19 and for which additional funding had been provided by the Scottish Government at regular intervals. It was noted that once all ring-fenced balances had been transferred to the relevant earmarked reserve, in line with Scottish Government guidance, the revised outturn for the IJB was an underspend of £2,266k

The key pressures were highlighted in section 4 of the report; appendices 5 and 6 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 7 to the report detailed the Scottish Government funding streams; Appendix 8 to the report detailed the HSCP funded earmarked reserves and Appendix 9 to the report detailed HSCP vacancies per client group and job description.

The report provided information on responding to the COVID-19 pandemic; the current vacancy position; Scottish Government funding 2021/22; other delegated services; reserves and the adult social care pay uplift.

In line with the IJB's Reserves Policy the report sought approval of reserves split over three distinct elements of Scottish Government ring-fenced monies; grant funding monies; and funding carried forward to deliver on specific projects, as detailed in section 9.4.7 of the report and the realignment of reserves, as detailed in section 9.4.8 of the report.

DECIDED:

- (a) That the year-end financial position for 2020/21 be noted;
- (b) That the proposed transfers to earmarked reserves, as detailed in section 9.4.7 of the report, be approved; and
- (c) That the proposed realignment of earmarked reserves, as detailed in section 9.4.8 of the report, be approved.

8 Internal Audit Annual Report 2021/22

The Assistant Chief Internal Auditor submitted a report relative to the Internal Audit annual report on the IJB for 2021/22.

The report intimated that the Public Sector Internal Audit Standards required that the Chief Auditor must deliver an annual internal audit opinion on the overall adequacy and effectiveness of the internal control environment that could be used by the organisation to inform its governance statement. The report advised the IJB of the Internal Audit annual report and the annual internal audit opinion. It was noted that the Chief Internal Auditor was not currently at work and that her duties were being covered by the Assistant Chief Internal Auditor.

The Internal Audit annual report outlined the internal audit work carried out for the year ended 31 March 2022 and it was noted that the internal audit opinion must conclude on

the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The annual report for the IJB was attached as an appendix to the report and included the Assistant Chief Internal Auditor's independent and objective opinion as to the adequacy and effectiveness of the internal control environment. It was noted that, in forming the opinion, the Assistant Chief Internal Auditor had conducted a review of the Internal Audit reports issued to the IJB in the year and the Internal Audit annual report from Renfrewshire Council and Internal Audit progress reports from NHSGGC.

It was noted that the Internal Audit annual report would normally be considered by the IJB Audit, Risk and Scrutiny Committee. Owing to circumstances where it had been necessary to cancel the planned meeting of the IJB Audit, Risk and Scrutiny Committee on 17 June 2022, the annual report now required to be considered by the IJB as part of the requirements and timescales linked to the development of the unaudited annual accounts for 2021/22.

DECIDED: That the Internal Audit annual report for 2021/22 be noted.

9 Unaudited Annual Governance Statement 2021/22

The Chief Finance Officer submitted a report relative to the unaudited Annual Governance Statement 2021/22, a copy of which was appended to the report.

The report intimated that the unaudited Annual Governance Statement would normally be considered by the IJB's Audit, Risk and Scrutiny Committee prior to submission to the IJB for approval with the unaudited accounts. Owing to circumstances where it had been necessary to cancel the planned meeting of the IJB Audit, Risk and Scrutiny Committee on 17 June 2022, the report now required to be considered and approved by the IJB as part of the requirements and timescales linked to the development of the unaudited annual accounts for 2021/22.

The report set out the IJB's unaudited Annual Governance Statement for 2021/22 and provided an opportunity to review and comment on the content. It also allowed for agreement to be sought on the assurances on the governance framework which could be provided to Renfrewshire Council and NHSGGC.

The report advised that the IJB was responsible for ensuring that its business was conducted in accordance with the law and appropriate standards and that public money was safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aimed to foster a culture of continuous improvement in the performance of its functions and to secure best value. In discharging these responsibilities, the Chief Officer relied on NHSGGC and Renfrewshire Council's systems of internal control which supported compliance with both organisations' policies and promoted achievement of each organisation's aims and objectives, as well as with those of the IJB.

The report intimated that the IJB had adopted governance arrangements consistent, where appropriate, with the principles of CIPFA and the Society of Local Authority Chief Executives' (SOLACE) framework, "Delivering Good Governance in Local Government". The Annual Governance Statement explained how the IJB had complied with these governance arrangements; met the requirements of the Code of Practice on Local Authority Accounting in the UK; and provided assurance that the governance framework was fit for purpose.

The Annual Governance Statement had been prepared in accordance with the relevant regulation and guidance, taking account of the Internal Audit annual report and the Chief Officer's evaluation of the operation of the governance arrangements within each service area and would be subject to statutory audit by the Council's External Auditors as part of their review of the annual accounts.

On behalf of the IJB, the Chair thanked the Chief Finance Officer and her team for both the work undertaken and the quality of the work delivered.

DECIDED: That the draft Annual Governance Statement, as appended to the report, be approved.

10 **Unaudited Annual Accounts 2021/22**

The Chief Finance Officer submitted a report relative to the unaudited annual accounts 2021/22 for the IJB which would be submitted for audit by the statutory deadline of 30 June 2022, a copy of which was appended to the report.

The report intimated that the accounts fully complied with International Financial Reporting Standards and that once approved the unaudited accounts and associated working papers would be passed to Audit Scotland for review. The auditor's report on the accounts would be submitted to a future meeting of the IJB Audit, Risk and Scrutiny Committee for consideration prior to the audited accounts being presented to the IJB for approval.

It was noted that The Coronavirus (Scotland) Act 2020 provided flexibility in terms of the timescales for approval of the annual audited accounts and Audit Scotland had set a date of 31 October 2022 as the audit completion deadline in respect of the 2021/22 IJB accounts.

The report provided an overview of the annual accounts process and detail on the external auditors' report and audit certificate and the approval process and timetable in relation to approval of the IJB's annual accounts.

DECIDED:

(a) That, subject to audit, the annual accounts for 2021/22, as appended to the report, be approved; and

(b) That it be noted that Audit Scotland would endeavour to complete the audit of the annual accounts in line with the timescales indicated in section 5 of the report.

Sederunt

Alan McNiven left the meeting during consideration of the following item of business. Annie Hair joined the meeting during consideration of the following item of business.

11 **Performance Management Report 2021/22**

The Head of Strategic Planning and Health Improvement submitted a report relative to the year-end performance for financial year 2021/22, the Performance Framework 2022/23 and the Annual Performance Report for 2021/22. The Performance Scorecard for 2021/22 was appended to the report.

The report intimated that there were 57 performance indicators of which 37 had targets set against them. Performance status was assessed as either red, more than 10%

variance from target; amber, within 10% variance of target; or green, on or exceeds target. At the financial year-end 2021/22, the scorecard showed an improved position compared to 2020/21 and detailed the status of the 37 indicators which had targets set against them and it was noted that 12 had red status, 8 had amber status and 17 had green status.

It was noted that section 5 of the report detailed the performance indicators that had improved; section 6 of the report detailed the indicators where performance had deteriorated; and section 8 of the report provided an update on unscheduled care indicators.

The report advised that the Scottish Government had advised that IJBs were able to extend the date of publication of Annual Performance Reports for 2021/22 to November 2022 and that, in taking advantage of this extension, the data within the report would be more robust, having been validated through the appropriate structures. The Annual Performance Report for 2021/22 would be presented to the IJB for approval in November 2022.

DECIDED:

- (a) That the Performance Management End of Year Report 2021/22 be approved;
- (b) That it be noted that the update on the Performance Framework for 2022/23 would be presented at the September 2022 IJB meeting; and
- (c) That, as advised by the Scottish Government, the extension to publish the Annual Performance Report for 2021/22 in November 2022 be approved.

12 Strategic Plan 2022/25 - Delivering the Strategic Objectives

Under reference to item 12 of the Minute of the meeting of the IJB held on 25 March 2022, the Head of Strategic Planning and Health Improvement submitted a report providing further detail on how the strategic objectives set out in the Strategic Plan would be achieved in Year 1 2022/23. The appendix to the report provided the identified owners of each strategic objective and the deliverables agreed for achievement by March 2023.

The report set out the next steps which would be focussed on the finalisation of supporting Year 1 action plans by each Care Planning Group. These plans would set out a further level of detail, confirming actions to be taken by each Care Planning Group in Year 1 of the Plan in alignment with the strategic objectives within the IJB's Strategic Plan. These actions would be linked to existing performance indicators, where possible and additional measures would be identified to enable progress to be tracked and reported to the IJB through existing performance management processes, where necessary.

DECIDED:

- (a) That the Strategic Delivery Plan for Year 1 of the Plan be approved; and
- (b) That the next steps outlined regarding the development of supporting Year 1 Action Plans by each Care Planning Group to further assist the achievement of the strategic objectives set out within the Strategic Delivery Plan be noted.

13 **Draft Workforce Plan 2022/25**

Under reference to item 8 of the Minute of the meeting of the IJB held on 25 March 2022, the Head of Strategic Planning and Health Improvement submitted a report relative to a draft Workforce Plan for 2022/25, a copy of which was appended to the report.

The report intimated that at the end of March 2022, the Scottish Government had published a National Workforce Strategy for Health and Social Care and had confirmed timescales and guidance for the development of NHS Board and HSCP Workforce Plans for 2022/25.

The report advised that the HSCP had worked with partners across the health and social care system to develop a draft Workforce Plan setting out the objectives and supporting actions that the HSCP and partners would seek to deliver over the coming three years to develop a sustainable workforce which provided career choices and opportunities for those who currently worked in the sector and attracted people with a range of experiences and skills to work in health and social care in Renfrewshire.

The report noted that that the HSCP required to submit a draft of its Workforce Plan to the Scottish Government by 31 July 2022. An analysis process would then take place and feedback provided by the Scottish Government by the end of August. The HSCP would then update the draft Workforce Plan, as required, with the final Workforce Plan being submitted to the Scottish Government alongside an electronic version published on the HSCP's website. The deadline for this submission had now been extended to the end of November 2022 to reflect the scheduling of local governance within NHS Boards and IJBs.

DECIDED:

- (a) That the progress made in developing a draft Workforce Plan for 2022/25 be noted;
- (b) That the timelines for submission of the draft and final Workforce Plan to the Scottish Government for review, and the HSCP's supporting consultation plans be noted; and
- (c) That the Workforce Plan, as appended to the report, subject to the further additions set out, be approved for submission to the Scottish Government as a working draft for review and comment.

14 **Local Code and Sources of Assurance for Governance Arrangements**

The Head of Strategic Planning and Health Improvement submitted a report seeking approval on the annual review of the Local Code and Sources of Assurance for Governance Arrangements, a copy of which was appended to the report.

The report intimated that Renfrewshire IJB operated through a governance framework based on legislative requirement, governance principles and management processes. The IJB had worked to ensure that its governance arrangements were robust and based on good practice.

It was noted that the Local Code and Sources of Assurance for Governance Arrangements would normally be reviewed by the IJB Audit, Risk and Scrutiny Committee prior to consideration by the IJB. As the IJB Audit, Risk and Scrutiny Committee had not met prior to this meeting of the IJB, the Local Code and Sources of

Assurance for Governance Arrangements required to be reviewed and approved by the IJB.

DECIDED:

(a) That, following review, the Local Code and Sources of Assurance, as appended to the report, be approved; and

(b) That it be noted that any recommendations arising from the current audit of the Local Code and Sources of Assurance would be taken forward by the relevant officers with progress reported back to the IJB Audit, Risk and Scrutiny Committee.

15 Adult Carers' Strategy, Short Breaks Statement and Adult Eligibility Criteria

The Head of Strategic Planning and Health Improvement submitted a report relative to the Adult Carers' Strategy, Short Breaks Statement, and Adult Carer Eligibility Criteria.

The report intimated that the Carers (Scotland) Act 2016 required local authorities to prepare and publish a Carers' Strategy, a Short Breaks Statement and set local eligibility criteria for carers and review these documents after three years. It was noted that, on behalf of the IJB, the HSCP would take the necessary statutory steps to review and refresh these documents over 2022 and that the Adult Carers' Strategy 2020/22 was being reviewed earlier to align with the HSCP's Strategic Plan timeframe.

The report advised that the Carers' Planning Group would provide oversight of the review process which included a programme of consultation. The consultation plan was appended to the report. It was noted that following analysis of responses, the Carers' Planning Group would review and refresh the Carers Strategy, Statement and eligibility criteria to reflect the feedback received. The documents would then be presented to the IJB for approval at its meeting in September 2022.

The report noted that in Renfrewshire, the IJB had responsibility for implementing the duties in the Carers Act relating to unpaid carers and that Renfrewshire Council had responsibility for the duties in the Act relating to young carers, including the development of a Young Carers' Strategy.

Fiona Milne thanked the Head of Strategic Planning and Health Improvement and her team and advised that carers felt listened-to, valued and very much included in the process and that this was appreciated.

DECIDED:

(a) That the proposed approach to review and refresh the Adult Carers' Strategy, the Short Breaks Statement and the Adult Carer Eligibility Criteria, encompassing the role of the Carers' Planning Group in providing oversight and the consultation on unpaid carers, staff, the voluntary sector and the wider community, be approved;

(b) That the timeline detailed in the report be approved; and

(c) That the intention to present the draft Adult Carers' Strategy 2022/25, the draft Short Breaks Statement, and the draft Adult Carer Eligibility Criteria to the IJB for approval at its meeting in September 2022 be noted.

Chair

Nearing the end of item 15, the Chair lost connectivity and Councillor Adam, Vice Chair, assumed the Chair.

Order of Business

At this point in the meeting, due to technical difficulties being experienced by Karen Jarvis, in terms of Standing Order 4.1, the Vice Chair intimated that she proposed to alter the order of business to facilitate the conduct of the meeting by considering item 16 of the agenda after item 17 of the agenda.

16 NHSGGC Mental Health Strategy: Renfrewshire Implementation Update

Under reference to item 11 of the Minute of the meeting of the IJB held on 28 January 2022, the Interim Head of Mental Health, Alcohol and Drug Recovery and Learning Disability Services submitted a report providing an update on the NHSGGC Adult Mental Health Strategy 2018/23.

The report intimated that the strategy spanned both adult mental health inpatient and community services to ensure services were modern, patient focused, effective and efficient. The strategy took a whole-system approach, linking the planning of services across NHSGGC incorporating the planning priorities of the six HSCPs and was aligned with delivery of the Scottish Government's Mental Health Strategy 2017/27. The report advised that the strategy had a range of workstreams that reported to a Programme Board led by Glasgow HSCP on behalf of the six HSCPs.

The report advised that the GGC wide Programme Board was preparing to review all activity against the objectives set within the 2018/23 Strategy and would refresh and rewrite the strategy within a new timeline of 2022/27. It was noted that full details of the evaluation and refreshed strategy would be reported to a future meeting of the IJB.

The report noted that, as part of the Scottish Government Recovery and Renewal Programme, additional funding would be provided to develop mental health and wellbeing in primary care services. Funding over a three to four-year period would support a programme of work to ensure a coordinated and responsive approach between adult mental health and primary care services to support the needs of all Renfrewshire adults who required support for their mental health and wellbeing.

The appendices to the report illustrated the model, planning intentions and Year 1 costed plan.

DECIDED:

- (a) That the work that had been progressed be noted; and
- (b) That it be noted that an update would be received, when available, on the funding allocations and evaluation of the activity within the 2018/23 Strategy and the refreshed Strategy to 2027.

Chair

The Chair re-joined the meeting prior to consideration of the following item of business and assumed the Chair.

17 **Draft Palliative Care Strategy 2022/25**

The Head of Strategic Planning and Health Improvement submitted a report providing an overview on the content of the draft Palliative Care Strategy for Renfrewshire, a copy of which was appended to the report.

The report described the direction of travel for palliative and end of life care in Renfrewshire over the next three years; the key opportunities and challenges faced and detailed the next steps in formalising the strategy, which would involve formal consultation and engagement with wider stakeholders, with the final version of the strategy being presented to the IJB for approval in September 2022.

DECIDED:

(a) That the draft version of the Palliative Care Strategy 2022/25 be approved;

(b) That the next steps outlined regarding wider consultation to inform and develop the final version of the strategy, which would be brought for approval to the IJB in September 2022, be noted; and

(c) That it be noted that the new Palliative Care National Strategy and action plan was expected to be published by the end of 2022 and that the Renfrewshire Strategy and plan would be adjusted to align with the outlined vision and objectives.

18 **Mid-term Mainstreaming Progress Report on Equality Outcomes 2020/24**

The Chief Officer submitted a report providing a mid-term update on progress to the Equality Outcomes 2020/24 Action Plan.

The report advised that the IJB had a statutory duty to publish a set of equality outcomes every four years. It was noted that at the meeting of the IJB held on 20 March 2020, the 2020/24 Equality Outcomes and Mainstreaming Progress report had been approved with the Equality Outcomes Action Plan approved at the meeting of the IJB held on 2 October 2020.

The report noted that the IJB was required to report mid-term progress on the equality outcomes action plan in 2022 and then, in line with legislation, an Equality Outcomes and Mainstreaming progress report together with a set of revised Equality Outcomes would be submitted to the IJB in 2024.

The IJB's draft Mainstreaming and Progress report 2020 was attached as Appendix 1 to the report; the Equality Outcomes Action Plan was attached as Appendix 2 to the report and an extract from the Workforce Plan was attached as Appendix 3 to the report.

DECIDED: That the mid-term update report, as detailed in Appendices 1 and 2 to the report, be approved.

19 **Arrangements for Future Meetings**

Under reference to item 15 of the Minute of the meeting of the IJB held on 25 March 2022, the Clerk submitted a report relative to the arrangements for future meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee.

The report intimated that, following discussion with the Chair of the IJB, it was proposed that for the next six months, meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee be held remotely using MS teams. Therefore, the meetings of the IJB scheduled to be held on 16 September and 25 November 2022 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 9 September and 18 November 2022 would be held remotely using MS teams.

The report advised that a further report would be submitted to the meeting of the IJB scheduled to be held on 25 November 2022 to consider arrangements for the agreed meetings in 2023.

DECIDED:

(a) That for the next six months, meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee be held remotely using MS teams, and that meetings of the IJB scheduled to be held on 16 September and 25 November 2022 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 9 September and 18 November 2022 would be held remotely using MS teams; and

(b) That it be noted that a further report would be submitted to the meeting of the IJB scheduled to be held on 15 November 2022 to consider arrangements for the agreed meetings in 2023.

20 **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 16 September 2022 and that this meeting would be held remotely using MS teams.

IJB Rolling Action Log – 16 September 2022

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
25/06/21	Development of an Interim Workforce Plan 2021/22	Submit updates on progress in delivering actions to future meetings Submit draft workforce plan for 2022/25 for approval	Interim Chief Officer Interim Chief Officer	June and November 2022	The draft Plan forms part of this agenda. The final Plan will be considered by the IJB in either September or November 2022 and this requires to be submitted to the Scottish Government by end of November 2022.
28/01/22	NHSGGC Specialist Children's Services Mental Health Recovery and Renewal – CAMHS Funding	Submit report to future meeting in relation to funding proposals for Phase 2 funding	Head of Health & Social Care	September 2022	Phase 2 funding not confirmed as yet. Will be brought to IJB when available
	Winter Planning and System Pressures: Funding Proposals	Submit report to future meeting detailing work undertaken in relation to recruitment and how the impact to the risk register was being mitigated	Head of Health & Social Care	September 2022	Verbal update at this meeting
25/03/22	Membership Update	Advise IJB of Dr Shilpa Shivaprasad's replacement once known	Chief Officer		Awaiting nomination from NHS Board
24/06/22	Performance Management Report 2021/22	Submit report on update of the Performance Framework for 2022/23	Head of Strategic Planning & Health Improvement	16 September 2022	Report submitted to this meeting

	Adult Carers' Strategy, Short Breaks Statement, and Adult Carer Eligibility Criteria	Submit the draft Adult Carers' Strategy 2022/25, the draft Short Breaks Statement and the draft Adult Carer Eligibility Criteria	Head of Strategic Planning & Health Improvement	16 September 2022	Report submitted to this meeting
	NHSGGC Mental Health Strategy: Renfrewshire Implementation Update	Submit update, when available, on the funding allocations and evaluation of the activity within the 2018/23 Strategy and the refreshed Strategy to 2027	Interim Head of Mental Health, Alcohol and Drug Recovery and Learning Disability Services	when available	
	Draft Palliative Care Strategy 2022/25	Submit the final version of the strategy for approval	Head of Strategic Planning and Health Improvement	16 September 2022	Report submitted to this meeting
	Arrangements for Future Meetings	Submit report relative to arrangements for agreed meetings in 2023	Clerk	15 November 2022	



To: Renfrewshire Integration Joint Board

On: 16 September 2022

Report by: Chief Officer

Heading: Chief Officer's Report

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key developments and operational activity since the last IJB on 24 June 2022 and additional policy developments that the HSCP is building into future workplans.
- 1.2. This paper has been developed in the midst of significant change and uncertainty, particularly within the financial circumstances faced by the IJB. An update on financial planning sets out the approach with the HSCP is adopting to prepare for projected financial challenges in this and coming years and sets out the context for forthcoming decisions which will be required by the IJB.
- 1.3. More widely, updates are provided on HSCP's preparation for the coming winter period alongside ongoing business continuity planning to ensure that robust plans are in place to manage potential challenges.

2. Recommendations

It is recommended that the IJB note:

- The implications and effects of the financial planning update provided, including the approach being taken to identify savings and service development opportunities (Section 4);
- The actions being undertaken by the HSCP to ensure robust Winter Planning and Business Continuity 2022/2023 arrangements are in place for the winter period (Section 5);
- The Workforce Planning update and in particular the progression of actions to support international recruitment and the implementation of the HSCP's Staff Development Fund (Section 6);

- The introduction of the draft National Care Service (Scotland) Bill and envisaged next steps (Section 7);
- The publication of statistics by National Records of Scotland on Alcohol and Drug Related Deaths, and probable deaths by suicide, in Renfrewshire and Scotland in 2021, and related strategic developments (Section 8);
- The update provided on Mental Health and Wellbeing in Primary Services and the Scottish Government's approval of Renfrewshire's one year plan (Section 9);
- The introduction of the Scottish Government Healthcare Framework for Adults Living in Care (Section 10);
- The update on the Autumn/Winter COVID-19 Booster and Winter Vaccination Programme and respective timescales (Section 11); and
- The update provided on hosting arrangements for NHS GGC Primary Care Support and GP Out of Hours services (Section 12).

3. Background

- 3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects the continuing impact of COVID and the growing cost of living crisis which will continue to impact on local communities, providers and the public sector in coming months and beyond. In addition, Scottish Government policy continues to develop across a range of areas which will have significant impact on the IJB and HSCP operations in future.
- 3.2. This paper follows previous Chief Officer update reports to the IJB in providing a summary of the breadth of policy developments that the HSCP continues to respond to as part of, and alongside, service delivery.

4. Financial Planning Update

- 4.1. A briefing session recently delivered to IJB members focused on the extremely challenging and uncertain financial context facing the IJB. This is due to a range of factors including but not limited to the war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, and continuing COVID-19 impacts. Inflation projections continue to increase, with most recent figures suggesting inflation could peak at 18%. In addition, discussions around the level of pay award for 2022/23 continue to develop. All of these factors are converging to create a hugely difficult funding scenario, while their ongoing and medium to long term impact is not yet fully understood.
- 4.2. The rising demand for, and cost of delivering, services has been exacerbated by these challenges for the HSCP, partners and local independent and third sector providers. Consequently, it is expected that the financial sustainability of a range of local and national care providers will be at risk.
- 4.3. Recent reporting showed an underspend for the IJB in 2021/22, while an underspend is currently forecast in 2022/23. This is predominantly due to one-off monies received during the pandemic, and the timing which additional

funding was received creating difficulties in full utilisation of this funding before the financial year end. This current position is subject to change and does not reflect the expected challenges in financial outlook in the medium term.

- 4.4. On 30 June 2022, Audit Scotland published its [Integration Joint Boards: Financial Analysis 2020/21](#). While the analysis showed that funding to IJBs had increased by nearly 10% in real terms, it highlighted that this was mainly due to specific and ring-fenced Scottish Government funding to mitigate the impacts of COVID-19. The report also showed that reserves tripled, reflecting unspent COVID-19 funding and the late allocation of specific funding for primary care, community, mental health and alcohol and drug support. It highlighted that Scotland's IJBs face significant financial sustainability issues relating to uncertainty of future funding, rising demand and the potential impacts of a National Care Service.
- 4.5. Consequently, it is expected that all IJBs across Scotland will be required to identify significant recurring savings, with the intent of maintaining current levels of service provision as far as possible whilst seeking to transform the way services are delivered to ensure they meet future needs. This will require difficult decisions to be made.
- 4.6. Recent decisions made by the IJB, including approval of the new Strategic Plan and Medium-Term Financial Plan (MTFP) will contribute to ongoing financial sustainability. These strategies set out the need to consider how we deliver services, and what services we deliver, alongside the need to respond to the reform required to develop the forthcoming National Care Service.
- 4.7. In recognition of the significant budget gap (estimated within range of £37m to £48m in the latest MTFP) and given the fast-moving external context, the HSCPs Senior Management Team continue to work with services to anticipate and respond to a range of financial scenarios through the development of evidence-based savings and transformation options. In addition, the Chief Finance Officer continues to work closely with other CFO colleagues across NHS GGC to understand the challenges faced by all HSCPs and to collaborate on potential solutions.
- 4.8. This scenario-based planning process focuses on reviewing existing provision and determining which areas it is most appropriate and achievable to:
- **Deliver savings** (aligned to the tier one process in the MTFP which encompasses a rolling process of identifying possible savings), with a focus on non-statutory activity. In doing so, it may be necessary to reduce current levels of provision in some areas.
 - **Protect but develop** services (aligned with tier two transformational activity within the MTFP), focussing on key areas of activity which should be maintained but can benefit from service change and the development of alternative models of delivery. In doing so, it may be possible to deliver financial efficiencies from services in this category.
 - **Protect** our services, focussing on statutory activity which must be delivered.

- 4.9 A further IJB development session will be scheduled for October 2022, followed by the presentation of detailed proposals to the IJB in November 2022. These timescales are subject to the availability of further information on budget allocations from the Scottish Government and the impact analysis of any pay award decisions.

5. Winter Planning and Business Continuity

- 5.1. The HSCP has now commenced preparations for winter. It is recognised that services remain under continued pressure to deliver due to cyclical spikes in COVID-19 cases, staffing challenges (recruitment and absence), and increase in demand because of changing needs throughout the pandemic to date.
- 5.2. In September 2021, the HSCP provided an update to the IJB on the intention to review overarching Business Continuity Planning processes and to establish a review cycle which minimised the need for onerous annual winter planning exercises. In effect, planning for a range of business continuity scenarios throughout the year will capture many of the challenges expected through the winter period. In line with this approach, the HSCP continues to evolve its overarching and service levels Business Continuity Plans and has now commenced production of a series of detailed plans to support our critical services.
- 5.3. In 2021, the winter plan focused on planning for a range of scenarios covering severe weather disruption and its impact on staffing, community visits, supply chain, buildings, and accommodation plus any temporary loss of systems, technology, or infrastructure. In addition, as part of the ongoing response to COVID-19 and waves of Omicron infection experienced, a range of plans were developed to ensure flexibility in the HSCP's response to any COVID-related impacts on demand, delayed discharges, and staffing.
- 5.4. This year's planning will review and refine action plans previously developed across the Partnership's operational services. This process will be completed by the end of October, with a further update brought to the IJB in November 2022.

IJB as Category One Responder Civil Contingencies Act Update

- 5.5. In January 2021, the IJB were updated on the confirmation received from the Cabinet Secretary for Health and Sport that IJBs would be included as Category One responders under the requirements of the Civil Contingencies Act 2004.
- 5.6. Following this, in June 2021 the IJB approved a recommendation to delegate accountability for management of Category One responsibilities to the HSCP Chief Officer, as the IJBs Accountable Officer. This includes the responsibility for carrying out on the IJBs behalf all necessary arrangements to discharge the duties expected of Category One Responders. Within Renfrewshire, robust civil contingency arrangements were in place prior to the changes under the 2004 Act, with ongoing input from the HSCP. As such, the addition of Category One duties for IJBs represented further formalisation of this existing joint working.

- 5.7. In July 2021, IJBs formally became Category One responders, at which point the Scottish Government noted that it was noted that IJBs/HSCPs would be invited to comment on how the change had been adopted one year after inception. In June 2022, a survey was issued by the Scottish Government requiring a response by 12 August 2022.
- 5.8. In line with the agreed delegation of responsibilities, a Renfrewshire response was prepared by the HSCP and reviewed with our local resilience and civil contingency partners prior to submission. In summary the survey covered five areas:
- Representation of IJBs/HSCPs at local resilience partnerships, the roles, and responsibilities of IJB/HSCP members being reflected in multi emergency plans, and the engagement and involvement in major incident or multi-agency response.
 - Capture, sharing and consistency of resilience risks, the assessment of resilience risks and the undertaking of lessons learned.
 - Currency of our Business Continuity plans and provisions for local care for people arrangements.
 - Access and participation in relevant training and test exercises.
 - Identification of any gaps or support required for us to fulfil the role and a self-assessment for us to review the last 12 months, our response to incidents and any learnings or actions requiring progression.
- 5.9. The detailed response can be provided to IJB members if required.

6. Workforce Planning update

- 6.1. The IJB approved a draft Workforce Plan for submission to the Scottish Government for comment in June 2022. Following this meeting, the Plan was submitted in July 2022 and at the time of writing feedback from the Scottish Government is expected shortly.
- 6.2. However, in advance of the Workforce Plan for 2022-25 being finalised, the HSCP has continued work with partners to progress actions which are included in the current draft Plan. This includes working closely with Renfrewshire Council colleagues to investigate and develop an approach to international recruitment for social care staff as part of the HSCP's wider approach to addressing ongoing recruitment and retention issues in key frontline services. Work is progressing with procurement to identify relevant agencies and to develop a supporting project plan to deliver on this commitment.
- 6.3. In addition, the Partnership has now created a Staff Development Fund following the approval of ring-fenced funding by the IJB in June 2022. The Development Fund strengthens and underlines the HSCP's commitment to supporting and developing our staff and enabling them to apply their strengths and talents across our services. Our staff are a critical asset to supporting the delivery of our services and it is important that we invest in the development of knowledge, experience and skills for our current and future workforce requirements.

- 6.4. The Fund was launched in September 2022 and will provide financial assistance to help address recruitment and retention challenges and enable staff to pursue their development objectives. This could include opportunities within existing roles held by staff; contributing towards the enhancement of career pathways; and supporting succession planning across our organisation for key roles.
- 6.5. The aligned funding will be used to fund or part-fund a range of training and other staff development opportunities, including external training courses and longer-term courses of study and academia.
- 6.6. In addition to the above, the funding could be used to support a range of practical supports to assist staff with undertaking courses of study, to ensure they can fully realise the potential and benefits aligned to their wider development efforts. This could include, for example, the purchase or provision of ICT equipment to support those staff that may not typically have routine access to it.

7. National Care Service Progress Update

7.1 On 20 June 2022, the Scottish Government published the draft [National Care Service \(Scotland\) Bill](#). The draft Bill seeks to establish a National Care Service and allows Scottish Ministers to transfer social care responsibility from Local Authorities to new Local Care Boards. This includes adult social care and, subject to further consultation, Children's Services and Criminal Justice Social Work. Scottish Ministers will also be able to transfer defined healthcare functions. In summary, the Bill is split into three parts:

- Part 1 gives Scottish Ministers a duty to promote a comprehensive and integrated care service, and the powers to achieve that, including making provision for the establishment of care boards to carry out Ministers' functions in relation to social care, social work, and community health. It also provides Ministers with powers to transfer relevant functions from Local Authorities or Health Boards.
- Part 2 allows for information sharing and standards and is intended to underpin the creation of a nationally consistent, integrated, and accessible electronic social care and health record
- Part 3 makes additional reforms to the delivery and regulation of care. It introduces a right to breaks from unpaid caring, and [Anne's Law](#), to give people living in care homes a right to maintain contact with family and friends. It will also make changes to the powers of the Care Inspectorate and Health Improvement Scotland.

7.2 The Bill is viewed as a framework to deliver a National Care Service, with significant levels of detail still to be defined through a co-design process. The Bill is currently at Stage 1, meaning committees will examine the Bill, gather views, and produce reports a variety of reports before MSPs debate and decide on the general principles of the Bill. The lead committee for the Bill is the Health, Social Care, and Sport Committee. The committee are currently in an engagement phase with key stakeholders and collating views on the Bill. The deadline to respond was 2 September 2022. The HSCP Senior

Management Team collated and submitted a response providing feedback on behalf of the Health and Social Care Partnership.

- 7.3 A progress update will be brought to the IJB when further information on the direction of travel and co-design phase is made available.

8. National Records of Scotland Drug, Alcohol and Probable Suicides Statistics Update

- 8.1 On 28 July 2022, the National Records of Scotland (NRS) published the Drug Related Deaths in Scotland in 2021. [Drug-related Deaths in Scotland in 2021](#). In Scotland, there were 1330 drug misuse deaths in 2021 – 9 fewer than in 2020. In Renfrewshire, there were 50 drug related deaths – a decrease of 25% compared to 2020 when 67 deaths were recorded.

- 8.2 On 2 August 2022, the National Records of Scotland published the [Alcohol-Specific Deaths Report](#). In Scotland, there were 1245 alcohol specific deaths in 2021 - a 5% increase (55 deaths) compared to 2020. The number of alcohol-specific deaths in Scotland have generally risen since 2012. In Renfrewshire, there were 53 alcohol-specific deaths in 2021 – an increase of 20% (9 deaths) compared to 2020.

- 8.3 Also in August 2022, NRS published its statistics for probable deaths by suicide. Figures for Renfrewshire showed 25 suspected suicides in 2021, an increase of 3 (13%) from 2020. This compares with figures for Scotland which showed a decrease of 6% in suspected suicides across Scotland to 753.

- 8.4 Every death as a result of drug harm, alcohol harm or suicide is a tragedy. In response to these figures, several activities and developments are underway in Renfrewshire with the aim of preventing drug and alcohol-related deaths. This includes but is not limited to the implementation of (i) an assertive outreach mobile service, (ii) recruitment of an ADP Drug Deaths Prevention Lead Officer, (iii) a new Drug Deaths Prevention Group, (iv) launch of the Greater Glasgow and Clyde Overdose Team, (v) implementation of the Medication Assisted Treatment (MAT) Standards, (vi) increased access to residential rehabilitation placements and (vii) the opening of the new CIRCLE Recovery Hub. Work continues to be taken forward in Partnership through both the ADP and Alcohol and Drugs Commission Programme Board.

- 8.5 A Local Strategic Group for suicide prevention is currently being implemented. Once established, the group will lead on developing a suicide prevention strategy for Renfrewshire aiming to reduce the rate of suicide and self-harm within Renfrewshire. This aligns with the Local Area Suicide Prevention Action Plan Guidance released by COSLA's National Suicide Prevention Leadership Group, and with national policies including Scotland's Mental Health Strategy 2017-2027 and Every Life Matters.

- 8.6 The third and final stage of consultation on Scotland's new Suicide Prevention Strategy and Action Plan closed on 23 August 2022, and the final Strategy and Plan will be published in September 2022. Supported by Renfrewshire's Choose Life Service Coordinator, the HSCP contributed to a joint GGC board-wide response to the consultation.

- 8.7 Building on previous work, a new online training programme ‘Living Works START’ also commenced in Renfrewshire from January 2022. The programme aims to support staff to become more comfortable and confident in talking about suicide, keep people safe in times of distress and to build skills and knowledge about resources.

Changing Lives – National Drug Death Taskforce

- 8.8 On 21 July 2022 the Scottish Drug Death Taskforce published the ‘[Changing Lives Final Report](#)’. The report sets out 20 evidence-based recommendations and 139 actions to reduced drug-related deaths and harms. The recommendations have implications for Local Government, Alcohol and Drug Partnerships (ADPs) and HSCPs. In response, Renfrewshire ADP will undertake a self-assessment exercise against the relevant recommendations and actions outlined within the report.

National Drugs Mission Strategy/Plan

- 8.9 On 9 August 2022, the Scottish Government published the [National Drugs Mission Plan: 2022-2026](#). Building on Scotland’s alcohol and drug strategy [Rights, respect, and recovery 2018](#), the high-level plan sets out the framework for delivery and focuses on the outcomes necessary to achieve the aim of the mission – to reduced drug deaths and improve the lives of those impacted by drugs.

- 8.10 The Strategy has identified six cross-cutting [priorities](#) and related [outcomes](#) which will be delivered with key partners across public policy. This includes robust governance structures, partnership working with delivery bodies, high quality data and transparent funding decisions. The National Oversight Group will bring together a range of experts on a quarterly basis to monitor and evaluate the progress against outcomes and identify gaps in the wider system.

- 8.11 The Scottish Government has committed £250m funding to support the delivery of the National Mission over its 5-year lifespan. This equates to an additional £50m a year, of this an additional £20m per year will be allocated to ADPs and a further £30 million allocated to support grassroots initiatives and the implementation of MAT Standards. The Scottish Government will provide annual financial reports in Autumn 2022 to improve transparency and show the direction and impact of the committed funding.

Next Steps

- 8.12 In response to this activity, the HSCP continues to work with Renfrewshire Alcohol and Drug Partnership and partners to review these national objectives and the implications of the recommendations for service delivery within local service provision. In addition, we continue to progress actions to prevent suicide in line with the priorities outlined in the IJB’s Strategic Plan. In reflection of the breadth and complexity of ongoing activity, a further update on developing plan(s) will be brought to the IJB in November 2022.

9. Mental Health and Wellbeing in Primary Care Services Update

- 9.1 On 24 June 2022, the NHSGGC Mental Health Strategy: Renfrewshire Implementation Report was presented to the IJB. The report included an update on the Scottish Government's Short Life Working Group on Mental Health in Primary Care and its recommendations to develop multi-disciplinary teams within Primary Care settings.
- 9.2 The Mental Health in Primary Care Development Group further developed this vision and produced Planning Guidance to support the implementation of the Mental Health and Wellbeing in Primary Care Services (MHWPCS). The Planning Guidance directed Integration Authorities to establish local planning groups. In response, local governance structures have been established in Renfrewshire and the HSCP submitted plans for development of mental health and wellbeing services to the Scottish Government by the required deadline of 30 May 2022. The Renfrewshire HSCP plan builds on existing services to:
- Develop a hub and spoke hybrid model aligned with GP clusters.
 - Increase on current staffing on Occupational Therapists and Community Wellbeing Nurses.
 - Develop Mental Health Support Worker posts.
 - Train mental health and frontline Primary Care staff including link workers, receptionists, and administration staff.
- 9.3 On 15 August 2022, Renfrewshire HSCPs one year costed plan was approved by the National Oversight Group and Minister for Mental Wellbeing and Social Care with some recommendations on additional areas to be covered in the 2023-24 plan. This funding is expected to be confirmed in September 2022 when the national implementation of MHWPCS services is due to commence.
- 9.4 When funding has been agreed and allocated, the HSCP will progress the first-year plan implementation and utilise the local planning group framework to further develop costed plans to 2026. The HSCP is required to produce a 6 monthly progress report, and in March 2023 to produce a detailed costed plan for the following 12-month period. A further update will follow at a later IJB on the development of these services.

10. Scottish Government Healthcare Framework for Adults Living in Care Homes

- 10.1 On 29 June 2022, the Scottish Government published the [My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes](#). The framework makes 78 recommendations that aims to transform the healthcare for people living in care homes by examining how the health and care of people living in care homes should be optimised, supported, and delivered. It will also enhance the assessment, monitoring and responding to the ongoing change of health and healthcare needs.
- 10.2 The recommendations were developed alongside various key stakeholders from across the sector - including people who live in care homes and their families, care home providers, representatives, and staff, HSCPs, the health and social care workforce, academics, and policymakers. The

recommendations are centred around 6 core elements; (i) Nurturing Environment; (ii) The Multi-Disciplinary Team; (iii) Prevention; (iv) Anticipatory Care, Supporting Self-management and Early Intervention; (v) Urgent and Emergency Care; and (vi) Palliative and End of Life Care.

10.3 The Scottish Government intends to begin a period of engagement and collaboration with key stakeholders from across the sector to implement and deliver the framework's recommendations and align individual policies across the health and social care system to build on what is now seen as good practice.

10.4 It has been agreed that NHSGGC system-wide consideration will be given to the implementation of the framework given its early stage. The HSCP Senior Management Team are considering the report and it will remain under review until further information is provided post-engagement phase. Alongside this, the Clinical and Care Governance Oversight Group will review the implications and its impact on governance arrangements and operational management.

11. Autumn/Winter COVID-19 Booster and Winter Vaccination Programme

11.1 An update on the Winter Flu and COVID-19 Vaccination Programme was provided to the last IJB in June 2022. This detailed the arrangements for the adult seasonal flu immunisation programme 2022/23 and the delivery of an extended programme to additional groups. The flu immunisation programme remains a strategic and Ministerial priority.

11.2 On 16 August 2022, the Scottish Government wrote to NHS Board Vaccination Leads regarding the Joint Committee and Immunisation (JCVI) [eligibility advice](#) on the COVID-19 vaccine types to be deployed during the winter booster programme. The JCVI advice was published 15 July 2022 and recommended a variant-led programme for all eligible groups this winter and authorised the following additional COVID-19 vaccine types:

- Moderna bivalent vaccine as booster dose for those 18 and over
- Pfizer-BioNTech vaccine as a booster for those 5 to 11 at paediatric formulation (10 micrograms), and full dose for 12 to 17 (30 micrograms)
- NovaVax vaccine authorised for additional use as a booster for those aged 18 and over have identified contraindications to mRNA vaccines

11.3 NHSGGC has lead responsibility for mass vaccination programmes. Community clinics will continue to work in partnership with Local Authorities and HSCPs across 16 separate venues to deliver the programme. This will be supplemented by a mobile bus service operated by the Scottish Ambulance Service. The HSCP will continue to lead on providing vaccinations to the housebound, care homes, secure units, and prisons.

12. NHSGGC Primary Care Support and GP Out of Hours Update

12.1 In June 2022, the NHSGGC Board's Operational Priorities for 2022/23 were approved. Aligned to the 4 Corporate Aims, the priorities are designed to support the delivery of NHSGGC's Corporate Objectives, whilst recognising

future system pressures and challenges. Primary and Community Care was identified as an operational priority – this includes the development of extended multi-disciplinary teams in Primary Care, whilst maintaining access to core services at the right time and the right place. The provision of a sustainable GP OOH service is also a NHSGGC priority.

- 12.2 In addition to Primary Care Support Services, it has recently been agreed with the Chief Executive of NHSGGC that Renfrewshire HSCP will lead on the development of GP Out of Hours (GP OOH) services on an interim basis. Operational responsibility for the GP Out of Hours Service (GP OOH) will sit in Acute Services, with Renfrewshire HSCP having strategic responsibility for the planning of the service. To support the ongoing management and development of the service, a new Director of Primary Care will be recruited by NHSGGC and will have operational and strategic responsibility for the service alongside the Deputy Medical Director.
- 12.3 Should there be a request to make this interim arrangement permanent, a further paper will be brought to the IJB for approval alongside the completion of necessary financial due diligence activities.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report, however further updates on workforce planning will be brought to future meetings of the IJB, in addition to a final version of the Workforce Plan for approval.
3. **Community Planning** – No implications from this report.
4. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Risks and issues arising from the contents of this report and tracked and managed on an ongoing basis and incorporated into reports to the Audit, Risk and Scrutiny Committee as appropriate.
11. **Privacy Impact** – None from this report.

List of Background Papers: None

Author: David Fogg, Strategic Lead and Improvement Manager

Any enquiries regarding this paper should be directed to Christine Lavery, Chief Officer (christine.lavery@renfrewshire.gov.uk)

To: Renfrewshire Integration Joint Board

On: 16 September 2022

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2022 to 31 July 2022

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	X

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 31 July 2022, and, the projected year end position for the year ending 31 March 2023.
- 1.2. Members are asked to note the key messages from the development session of 12 August where the Chief Finance Officer highlighted the current volatility of the IJB's budget due to the current economic and cost of living crisis and the likelihood that this will have a negative impact on projections as we move through the financial year. This is further detailed in paragraphs 3.4 to 3.8 of this report.
- 1.3. In addition, due to delays in receiving a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities including Action 15 and ADP it is not clear how the in-year budget will be impacted and what conditions will be attached to the funding when it is received, including whether it will be recurring or non-recurring.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 31 July 2022;
- Note the projected year-end position for 2022/23;
- Note the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2022/23;
- Approve the draw-down of reserves from the IJB's "Accommodation / Premises Investment fund" as required (para 8.5), in support of projects now underway to support the development of new service delivery models and to improve the fabric of our estate.

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an underspend of £753k and the projected outturn for 2022/23 an underspend of £2,856k (these

figures include the impact of COVID-19 which is funded from the draw-down of COVID-19 earmarked reserves).

Division	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (including COVID-19 and other ring-fenced funding)	Underspend £785k	Underspend £2,958k
Other Delegated Services	Overspend (£31k)	Overspend (£102k)
GRAND TOTAL	Underspend £753k	Underspend £2,856k

3.2. The following provides a high-level summary of the main reasons why the IJB is currently projecting an underspend against its budget this year:

- **Employee costs net underspend of £3,000k:** as previously highlighted, there are ongoing challenges in terms of recruitment and retention issues across all service areas due to the limited availability of the skills mix required within the workforce market. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
- **Transport - underspend £377k:** this underspend is reflective of services such as Day Care operating at a reduced capacity.
- **Prescribing - overspend (£402k):** This 'prudent' projected overspend reflects a number of issues currently impacting on the price of drugs as well as a number of items being on short supply.

3.3. Our Medium-Term Financial Plan 2022–2025 was approved by the IJB in March 2022 and reflects the impact of COVID-19 and other emerging issues facing the IJB. Bringing together a range of assumptions on future income and expenditure, it outlines in broad terms, specific service, and funding issues over the next three-year period and how the IJB should work towards achieving financial sustainability and resilience, whilst delivering its priorities.

3.4. As recently highlighted to the IJB at its Development session on 12 August, we are living in unprecedented times. As we emerge from the COVID pandemic, and its ongoing impact on service provision, we are now entering an economic and cost of living crisis which is expected to be as significant as that of the global recession in 2008.

3.5. The war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, and continuing COVID-19 impacts, are converging to create a hugely difficult funding scenario for the public sector across the UK. The full extent of which is still emerging. We are now projected to be entering a period of recession. Public sector strike action has already begun and will potentially increase amid ongoing pay negotiations. Members should be aware that it is highly likely that these scenarios will undoubtedly have a negative impact on the current year end projections for the IJB.

3.6. For health and social care, the future looks very challenging. Rising demand for and cost of delivering services, exacerbated by the challenges above, alongside the potential that local and national care providers will no longer be financially

sustainable due to increased operating costs, means that continuing to serve our communities within our current resources is increasingly difficult. Whilst our current financial position is projected to deliver an underspend, this position may well change as the financial year progresses. In addition, this position also masks the difficulties of the financial outlook in the medium term which includes an anticipated reduction in partner budgets arising from the Resource Spending Review and the increasing prevalence of non-recurring funding streams which create a lack of flexibility in how the IJB can use their funding.

- 3.7. The IJB's financial planning arrangements will remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios and help us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.
- 3.8. The IJB's transformation programme will be central to us achieving financial sustainability in the medium term. Therefore, as previously agreed by the IJB, in order to allow time for the IJB to develop and implement its transformation programme any underspends in the current financial year will be used to offset expected financial pressures in future years where and when possible.
- 3.9. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 5 and 6 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Pressures

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £785k	Underspend £2,958k

- 4.1. The overall net underspend for the HSCP at 31 July 2022 is an underspend of £785k, with an anticipated year-end underspend of £2,958k, assuming that the current trajectory of spend continues throughout this financial year.
- 4.2. The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume any underspends are transferred to earmarked reserves at the year-end in line with Scottish Government funding arrangements.
- 4.3. The current and projected underspend includes a drawdown of £6,752k to date, from earmarked reserves as detailed in the following table and in Appendix 8.

HSCP Funded Earmarked Reserves	Opening Position 2022/23	Amounts Drawn Down in 2022/23	Closing Position 2022/23	Movement in Reserves 2022/23
	£000's	£000's	£000's	£000's
Covid Funding	17,242	-754	16,488	-754
Scottish Government Ring Fenced Monies carried forward:				
PCIP	4,347	-4,347	0	-4,347
PCTF Monies Allocated for Tests of Change and GP Support	216	0	216	0
GP Premises Improvement Fund	462	0	462	0
ADP Funding	2,551	-117	2,434	-117
Mental Health Recovery and Renewal Funding	1,560	-66	1,494	-66
Mental Health Action 15 (19/20)_(20/21)_(21/22)	663	-663	0	-663
District Nurse Recruitment Programme	312	-178	134	-178
Winter Planning Monies / Care Home Liaison Monies	4,740	-333	4,407	-333
Health Visiting	32	0	32	0
SG Pay Award and LW Health & Social Care (21/22)	340	0	340	0
Mental Health Dementia Funding	119	0	119	0
Public Health Improvement Monies	168	0	168	0
Scottish Government Ring Fenced Monies carried forward	15,510	-5,704	9,806	-5,704
Grant Funding carried forward	534	-22	512	-22
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	33,286	-6,480	26,806	-6,480
ICT / Systems Related	643	-47	596	-47
Premises Related	662	0	662	0
Prescribing	2,000	0	2,000	0
Other IJB Reserves	8,677	-225	8,452	-225
TOTAL EARMARKED RESERVES	45,268	-6,752	38,516	-6,752

- 4.4. The main broad themes of the current and projected outturn are in line with those previously reported to members throughout 2021/22 and include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £328k	Underspend £1,273k

- 4.5. The main areas to note within Adults and Older People are in line with previous reports and largely relate to:

- *Care Homes* – Currently, the Care Home budget is projecting an underspend reflecting the impact of COVID-19 on the ability of care homes to take new admissions and the number of clients choosing to remain at home for longer.
- *Employee costs - Adult Social Care*
Underspends in direct employee costs reflecting ongoing difficulties recruiting to specialist posts, which through necessity and where possible are being covered through overtime and agency staff.
- *Transport costs - Adult Social Care*
Underspends reflecting services currently operating at a reduced capacity.

- *Adult Community Services*

Underspend, reflecting ongoing turnover and recruitment and retention issues across services, in addition, a number of supplies budgets were underspent reflective of services operating at a reduced capacity throughout the year.

Mental Health Services	Year to Date Position	Year End Outturn
	Underspend £72k	Underspend £271k

- 4.6. The underspend within Mental Health Services reflects vacancies due to recruitment issues throughout all mental health service areas. In order to maintain the recommended safe staffing and skill mix across these services, as well as the need to respond to increasing levels of demand and acute presentations, bank and agency staff are required to fill the current gaps due to vacancies – this position is likely to continue.

Learning Disabilities	Year to Date Position	Year End Outturn
	Underspend £242k	Underspend £845k

- 4.7. The underspend within Learning Disabilities is mainly due to vacancies across all areas of the service including within the newly created Assertive Outreach Team for which posts are currently actively being recruited to. In addition, there is an underspend on adult care packages reflective of the current client profile which will be subject to change depending on demand and the timescales for the implementation of planned adult care placements over the financial year.

Children's Services	Year to Date Position	Year End Outturn
	Underspend £121k	Underspend £483k

- 4.8. The underspend within Children's Services is mainly due to vacancies reflecting recruitment and retention issues across the service.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £77k	Underspend £308k

- 4.9. The underspend in Hosted Services is mainly due to vacancies within the Primary Care and Podiatry Services.

Prescribing	Year to Date Position	Year End Outturn
	Overspend (£101k)	Overspend (£402k)

- 4.10. This 'prudent' projected overspend reflects: Prescribing volumes now being on par with those experienced prior to the pandemic, as well as an unprecedented number of items being on short supply and, a number of issues currently impacting on the price of drugs including:
- limitations in manufacturing capacity due to COVID-19, Ukraine, lockdowns in Far East, staffing shortages
 - ongoing issues with availability and cost of card and cardboard packaging
 - ongoing issues with raw materials
 - manufacturing processes
 - increased testing for excipients in the manufacturing process

- increased shipping costs (fuel and containers - delays and strikes at ports in England)

5. Responding to the COVID-19 Pandemic

- 5.1. Throughout 2021/22, the CFO provided estimated costs to the Scottish Government through our Local Mobilisation Plan Financial Tracker on a quarterly basis. This fed into the collective NHSGGC response together with our five partner HSCPs in the NHSGGC Board wide area. These reflected regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments, as well as the impact of any other emerging changes to policy.
- 5.2. For 2022/23 submission of the financial tracker will revert to a monthly submission, to allow the Scottish Government to closely monitor the impact of their COVID Cost Improvement Programme. The first financial tracker for 2022/23 was submitted on 26 July 2022. At this time costs only extend until the end of the 2022/23 financial year however, it is anticipated that some expenditure commitments will extend into 2022/23.
- 5.3. The following table summarises the main areas of expenditure which the HSCP has incurred to date and an estimate of future commitments for 2022/23 in relation to our response to COVID-19. To date (in 2022/23) £778k has been spent responding to COVID-19, of which £437k relates to health services and, £341k relates to adult social care services.

Total Estimated Costs at 22/7/22							
Description of Cost Type	Health			Adult Social Care			TOTAL
	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	
Additional Staff Costs	420	(84)	336	269	-	269	605
Provider Sustainability Costs			-	(128)	1,895	1,767	1,767
PPE	5	-	5			-	5
Community Hubs	12	162	174			-	174
Loss of Income			-	52	105	157	157
FHS costs		-	-			-	-
Other Costs	-	110	110	148	2,206	2,354	2,464
TOTAL	437	188	625	341	4,206	4,547	5,172

- 5.4. Funding of costs associated with COVID-19, for services delegated to the IJB, is routed through NHSGGC and passed through to the IJB. In total, additional funding of £17.243m was received in 2021/22 reflecting funding in advance of need which is held in an earmarked reserve to address COVID-19 expenditure commitments in 2022/23 and beyond.
- 5.5. As detailed in the following table the opening earmarked COVID-19 reserve was £17.242m. Currently, we are projecting that expenditure in 2022/23 will be £5.172m leaving a projected balance of £12.070m which may be required to transfer to NHSGGC in line with the Scottish Government's 25 February allocation letter.

Confirmed Funding Sources to Support the HSCP's COVID-19 Response	Funding c/f Earmarked Reserves £000's	New funding received 2022/23 £000's	Anticipated Funding Required 2022/23 £000's	Estimated Costs @ 22/07/22 £000's	Remaining Balance £000's
Covid - Intergration Authority Support	16,545			5,172	11,373
Covid - Community Living Change	697		0	0	697
Total	17,242	0	0	5,172	12,070

6. Scottish Government Funding 2022/23

- 6.1. As highlighted in para 1.3 we have not yet received a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities including: Action 15 and ADP. It is therefore not yet clear how the in-year budget will be impacted and what conditions will be attached to the funding when it is received, including whether it will be recurring or non-recurring.
- 6.2. The 2022/23 Tranche 1 allocation for the Primary Care Improvement Fund (PCIF) has been received, however the allocation basis differs from that in previous years and assumes that PCIF reserves are uncommitted – which in the case of Renfrewshire is not the case. This change to the allocation basis will have a significant impact on our ability to deliver the PCIF full programme and as such the CFO, supported by members of the Local Medical Council and GP sub-committee has written to the SG outlining the impact this change in direction will have on our ability to deliver the programme.

Scottish Government Funding Streams

Funding Description	2022/23					
	Opening Balance Earmarked Reserves £000's	Drawdown from Reserves £000's	Current Reserves Balance P4 £000's	Core Budget £000's	Per Allocation Letter £000's	Received @ 31st July £000's
PCIF	4,347	4,347	-	260	581	-
Action 15	663	663	-	-	-	-
ADP (includes all ADP Related Funding Streams)	2,551	117	2,434	1,640	-	-
TOTAL	7,561	5,127	2,434	1,900	581	-

Note : No allocation letters for Action 15 or ADP to confirm funding for 22/23

- 6.3. Regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce, and delivery of stated outcomes.
- ## 7. Other Delegated Services
- 7.1. The following table shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB.
- 7.2. The Projected outturn position to 31 March 2022 is an overspend of £102k.

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	931	(102)	-12%	overspend
Women's Aid	239	239	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-12%	overspend

8. Reserves

8.1. It is essential for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 public bodies do not over-commit themselves financially.

8.2. The opening IJB reserves position for 2022/23 was £51,049k comprising:

- COVID-19 Funding £17,242k;
- Scottish Government Ring Fenced Monies £15,510k;
- Grant Funding £534k and
- IJB Ear Marked Reserves £11,982k.

The remaining balance of £5,781k is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. These reserves are considered appropriate to the level of risk faced by the organisation and equate to c2% of the IJB's net budget (including set aside), bringing this in line with the targeted 2% in the IJB's Reserve Policy.

8.3. As detailed in Appendix 8 and paragraph 4.3, based on current projections for 2022/23 a total of £6,752m of earmarked reserves have been drawn down to date.

8.4. Members are reminded that the Scottish Government agreed a flexible funding approach for a number of specific projects and government priorities whereby these reserves are accessed first before any further funding is released. This includes Mental Health, Primary Care and Alcohol and Drugs services. These will be drawn down in line with the flexible funding approach agreed with the Scottish Government.

8.5. At its meeting of 24 June 2022, the IJB agreed the creation of an earmarked reserve of £4,932k to invest in the property and accommodation currently utilised by the HSCP, to ensure that our estate is fit for the future and reflects the range of changes which have occurred during the pandemic. A number of projects are now underway to support the development of new service delivery models and to improve the fabric of our estate as part of the key enablers which support the delivery of the key workforce and property objectives set out within the Strategic Plan for 2022-25. The IJB is therefore asked to approve the draw down from reserves as required to fund these projects as they progress.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
 2. **HR & Organisational Development** – none
 3. **Community Planning** - none
 4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
 5. **Property/Assets** – none.
 6. **Information Technology** – none
 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
 8. **Health & Safety** – none.
 9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
 10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
 11. **Privacy Impact** – none.
-

List of Background Papers – None.

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Direction from the Integration Joint Board		
1.	Reference Number	160922-04
2.	Date Direction issued by IJB	16 September 2022
3.	Date from which Direction takes effect	16 September 2022
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend, or cancel a previous Direction – if yes include IJB reference number	Yes, 250322-09
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2022-25), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Appendix 1.
9.	Outcomes	The functions will be carried out in a manner consistent with the strategic objectives and outcomes set out in the Strategic Plan 2022-25.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	November 2022.

Appendix 1

HSCP Revenue Budget Position 1st April 2022 to 22nd July 2022

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	29,722	7	-	1,922	-	31,652	30,908	743	2.3%	underspend
Property Costs	142	0	-	-	-	142	167	(25)	-17.5%	overspend
Supplies and Services	6,443	177	(4,085)	91	-	2,626	2,730	(104)	-4.0%	overspend
Third Party Payments	23,204	14	-	-	-	23,218	23,031	187	0.8%	underspend
Purchase Of Healthcare	987	(11)	-	(24)	-	952	951	0	0.0%	overspend
Transport	259	(2)	-	-	-	258	142	116	45.0%	underspend
Family Health Services	31,556	860	-	-	-	32,416	32,517	(101)	-0.3%	overspend
Support Services	22	-	-	-	-	22	21	1	4.3%	overspend
Transfer Payments (PTOB)	2,278	(104)	-	-	-	2,174	2,178	(4)	-0.2%	overspend
Resource Transfer	7,736	(397)	(7,339)	-	-	-	-	-	0.0%	breakeven
Set Aside	21,193	-	-	-	-	21,193	21,193	-	0.0%	breakeven
COVID 19	-	-	-	242	-	242	242	-	0.0%	breakeven
Gross Expenditure	123,542	545	(11,424)	2,231	-	114,895	114,080	815	0.7%	underspend
Income	(9,641)	75	-	-	(2,231)	(11,797)	(11,736)	(61)	0.5%	overspend
NET EXPENDITURE	113,901	620	(11,424)	2,231	(2,231)	103,097	102,344	753	0.7%	underspend

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	25,068	594	-	243	(243)	25,663	25,335	328	1.3%	underspend
Mental Health	8,407	223	-	265	(265)	8,631	8,568	72	0.8%	underspend
Learning Disabilities	7,413	98	-	-	-	7,511	7,268	242	3.2%	underspend
Children's Services	2,124	110	-	26	(26)	2,234	2,113	121	5.4%	underspend
Prescribing	12,501	31	-	-	-	12,533	12,633	(101)	-0.8%	overspend
Health Improvement & Inequalities	324	(1)	-	-	-	324	320	4	1.2%	underspend
FHS	18,812	562	-	-	-	19,374	19,374	-	0.0%	breakeven
Resources	2,051	(708)	-	1,449	(1,449)	1,344	1,303	41	3.1%	underspend
Hosted Services	3,857	106	-	6	(6)	3,963	3,886	77	1.9%	underspend
Resource Transfer	7,736	(397)	(7,339)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	4,085	-	(4,085)	-	-	-	-	-	0.0%	breakeven
Set Aside	21,193	-	-	-	-	21,193	21,193	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	113,573	620	(11,424)	1,989	(1,989)	102,769	101,984	785	0.8%	underspend
Other Delegated Services	329	-	-	-	-	329	360	(31)	-9.6%	overspend
NET EXPENDITURE before COVID	113,901	620	(11,424)	1,989	(1,989)	103,097	102,344	753	0.7%	underspend
COVID 19	-	-	-	242	(242)	-	-	-		breakeven
NET EXPENDITURE	113,901	620	(11,424)	2,231	(2,231)	103,097	102,344	753	0.7%	underspend

HSCP Revenue Budget Position

1st April 2022 to 31st March 2023

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	91,973	17	-	5,795	-	97,785	94,785	3,000	3.1%	underspend
Property Costs	453	3	-	-	-	456	531	(75)	-16.4%	overspend
Supplies and Services	19,481	530	(12,254)	275	-	8,032	8,477	(445)	-5.5%	overspend
Third Party Payments	75,414	46	-	-	-	75,460	74,852	608	0.8%	underspend
Purchase Of Healthcare	2,960	(33)	-	(72)	-	2,855	2,854	1	0.0%	underspend
Transport	843	(5)	-	-	-	838	461	377	45.0%	underspend
Family Health Services	94,668	2,580	-	-	-	97,248	97,650	(402)	-0.4%	overspend
Support Services	70	-	-	-	-	70	67	3	4.3%	underspend
Transfer Payments (PTOB)	7,403	(337)	-	-	-	7,066	7,078	(12)	-0.2%	overspend
Resource Transfer	23,209	(1,192)	(22,017)	-	-	-	-	-	0.0%	breakeven
Set Aside	63,579	-	-	-	-	63,579	63,579	-	0.0%	breakeven
COVID 19	-	-	-	754	-	754	754	-	0.0%	breakeven
Gross Expenditure	380,053	1,609	(34,271)	6,752	-	354,143	351,088	3,055	0.9%	underspend
Income	(31,073)	257	-	-	(6,752)	(37,568)	(37,369)	(199)	0.5%	overspend
NET EXPENDITURE	348,980	1,866	(34,271)	6,752	(6,752)	316,575	313,719	2,856	0.9%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	80,445	1,790	-	760	(760)	82,235	80,962	1,273	1.5%	underspend
Mental Health	25,432	670	-	796	(796)	26,102	25,831	271	1.0%	underspend
Learning Disabilities	23,982	294	-	-	-	24,276	23,431	845	3.5%	underspend
Children's Services	6,372	330	-	77	(77)	6,702	6,219	483	7.2%	underspend
Prescribing	37,504	94	-	-	-	37,598	38,000	(402)	-1.1%	overspend
Health Improvement & Inequalities	973	(2)	-	-	-	971	955	16	1.6%	underspend
FHS	56,436	1,687	-	-	-	58,123	58,123	-	0.0%	breakeven
Resources	6,154	(2,123)	-	4,347	(4,347)	4,031	3,867	164	4.1%	underspend
Hosted Services	11,572	318	-	18	(18)	11,890	11,582	308	2.6%	underspend
Resource Transfer	23,209	(1,192)	(22,017)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	63,579	-	-	-	-	63,579	63,579	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	347,912	1,866	(34,271)	5,998	(5,998)	315,507	312,549	2,958	0.9%	underspend
Other Delegated Services	1,068	-	-	-	-	1,068	1,170	(102)	-9.6%	overspend
NET EXPENDITURE before COVID	348,980	1,866	(34,271)	5,998	(5,998)	316,575	313,719	2,856	0.9%	underspend
COVID 19	-	-	-	754	(754)	-	-	-		breakeven
NET EXPENDITURE	348,980	1,866	(34,271)	6,752	(6,752)	316,575	313,719	2,856	0.9%	underspend

Appendix 2

Adult Social Care Revenue Budget Position 1st April 2022 to 22nd July 2022

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	11,166	(15)	-	111	-	11,261	11,296	(35)	-0.3%	overspend
Property Costs	108	6	-	-	-	115	148	(33)	-28.7%	overspend
Supplies and Services	609	(6)	-	13	-	616	578	39	6.3%	underspend
Third Party Payments	23,204	14	-	-	-	23,218	23,031	187	0.8%	underspend
Transport	258	(2)	-	-	-	257	141	116	45.1%	underspend
Support Services	22	-	-	-	-	22	21	1	4.3%	overspend
Transfer Payments (PTOB)	2,006	(104)	-	-	-	1,902	1,874	28	1.5%	underspend
COVID 19	-	-	-	108	-	108	108	-	0.0%	breakeven
Gross Expenditure	37,373	(105)	-	231	-	37,499	37,196	303	0.8%	underspend
Income	(8,597)	131	-	-	(231)	(8,697)	(8,636)	(61)	0.7%	overspend
NET EXPENDITURE	28,776	26	-	231	(231)	28,802	28,560	242	0.8%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Older People	18,690	27	-	124	(124)	18,717	18,689	28	0.2%	underspend
Physical or Sensory Difficulties	2,070	-	-	-	-	2,070	2,050	20	1.0%	underspend
Learning Difficulties	6,976	-	-	-	-	6,976	6,810	166	2.4%	underspend
Mental Health Needs	839	-	-	-	-	839	814	25	3.0%	underspend
Addiction Services	201	(1)	-	-	-	200	198	2	0.8%	underspend
COVID 19	-	-	-	108	(108)	-	-	-	0.0%	breakeven
NET EXPENDITURE	28,776	26	-	231	(231)	28,802	28,560	242	0.8%	underspend

Adult Social Care Revenue Budget Year End Position
1st April 2022 to 31st March 2023

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	36,288	(49)		360		36,599	36,712	(113)	-0.3%	overspend
Property Costs	352	21				373	480	(107)	-28.7%	overspend
Supplies and Services	1,979	(18)		42		2,003	1,877	126	6.3%	underspend
Third Party Payments	75,414	46				75,460	74,852	608	0.8%	underspend
Transport	840	(5)				835	458	377	45.1%	underspend
Support Services	70					70	67	3	4.3%	underspend
Transfer Payments (PTOB)	6,518	(337)				6,181	6,091	90	1.5%	underspend
COVID 19				350		350	350	-	0.0%	breakeven
Gross Expenditure	121,461	(342)	-	752	-	121,871	120,887	984	0.8%	underspend
Income	(27,940)	427			(752)	(28,265)	(28,066)	(199)	0.7%	overspend
NET EXPENDITURE	93,521	85	-	752	(752)	93,606	92,821	785	0.8%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	60,742	88		402	(402)	60,830	60,738	92	0.2%	underspend
Physical or Sensory Difficulties	6,727					6,727	6,661	66	1.0%	underspend
Learning Difficulties	22,673					22,673	22,132	541	2.4%	underspend
Mental Health Needs	2,726					2,726	2,645	81	3.0%	underspend
Addiction Services	653	(3)				650	645	5	0.8%	underspend
COVID 19				350	(350)	-	-	-	0.0%	breakeven
NET EXPENDITURE	93,521	85	-	752	(752)	93,606	92,821	785	0.8%	underspend

Appendix 3

Health Revenue Budget Position 1st April 2022 to 31st July 2022

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	18,497	22	-	1,812	-	20,331	19,553	778	3.8%	underspend
Property Costs	34	(6)	-	-	-	28	20	8	28.9%	underspend
Supplies and Services	5,831	183	(4,085)	78	-	2,007	2,150	(143)	-7.1%	overspend
Purchase Of Healthcare	987	(11)	-	(24)	-	952	951	0	0.0%	overspend
Family Health Services	31,556	860	-	-	-	32,416	32,517	(101)	-0.3%	overspend
Set Aside	21,193	-	-	-	-	21,193	21,193	-	0.0%	breakeven
Resource Transfer	7,736	(397)	(7,339)	-	-	-	-	-	0.0%	breakeven
COVID 19	-	-	-	135	-	135	135	-	100.0%	breakeven
Gross Expenditure	85,834	650	(11,424)	2,000	-	77,061	76,518	543	0.7%	underspend
Income	(1,037)	(57)	-	-	(2,000)	(3,094)	(3,094)	-	0.0%	breakeven
NET EXPENDITURE	84,797	594	(11,424)	2,000	(2,000)	73,967	73,424	543	0.7%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Addiction Services	131	5	-	-	-	136	136	-	0.0%	breakeven
Addiction Services - ADP	555	-	-	39	(39)	555	555	-	0.0%	breakeven
Adult Community Services	3,422	564	-	80	(80)	3,986	3,708	278	7.0%	underspend
Children's Services	2,124	110	-	26	(26)	2,234	2,113	121	5.4%	underspend
Learning Disabilities	436	98	-	-	-	534	458	76	14.2%	underspend
Mental Health	7,569	223	-	44	(44)	7,792	7,745	48	0.6%	underspend
Mental Health - Action 15	-	-	-	221	(221)	-	-	-	0.0%	breakeven
Hosted Services	3,857	106	-	6	(6)	3,963	3,886	77	1.9%	underspend
Prescribing	12,501	31	-	-	-	12,533	12,633	(101)	-0.8%	overspend
Gms	9,925	-	-	-	-	9,925	9,925	-	0.0%	breakeven
FHS Other	8,887	562	-	-	-	9,449	9,449	-	0.0%	breakeven
Planning & Health Improvement	324	(1)	-	-	-	324	320	4	1.2%	underspend
Primary Care Improvement Prog	-	94	-	1,449	(1,449)	94	94	-	0.0%	breakeven
Resources	2,051	(802)	-	-	-	1,249	1,208	41	3.3%	underspend
Set Aside	21,193	-	-	-	-	21,193	21,193	-	0.0%	breakeven
Resource Transfer	7,736	(397)	(7,339)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	4,085	-	(4,085)	-	-	-	-	-	0.0%	breakeven
Covid 19	-	-	-	135	(135)	-	-	-	-	breakeven
NET EXPENDITURE	84,797	594	(11,424)	2,000	(2,000)	73,967	73,424	543	0.7%	underspend

Health Budget Year End Position
1st April 2022 to 31st March 2023

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's		%	
Employee Costs	55,492	66		5,435		60,993	57,880	3,113	5.1%	underspend
Property Costs	101	(18)				83	51	32	38.6%	underspend
Supplies and Services	17,494	548	(12,254)	233		6,021	6,592	(571)	-9.5%	overspend
Purchase Of Healthcare	2,960	(33)		(72)		2,855	2,854	1	0.0%	underspend
Family Health Services	94,668	2,580				97,248	97,650	(402)	-0.4%	overspend
Set Aside	63,579					63,579	63,579		0.0%	breakeven
Resource Transfer	23,209	(1,192)	(22,017)			-	-		0.0%	breakeven
COVID 19				404		404	404		100.0%	breakeven
Gross Expenditure	257,503	1,951	(34,271)	6,000	-	231,183	229,010	2,173	0.9%	underspend
Income	(3,112)	(170)			(6,000)	(9,282)	(9,282)		0.0%	breakeven
NET EXPENDITURE	254,391	1,781	(34,271)	6,000	(6,000)	221,901	219,728	2,173	1.0%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	393	14				407	407		0.0%	breakeven
Addiction Services - ADP	1,664			118	(118)	1,664	1,664		0.0%	breakeven
Adult Community Services	10,266	1,691		240	(240)	11,957	10,847	1,110	9.3%	underspend
Children's Services	6,372	330		77	(77)	6,702	6,219	483	7.2%	underspend
Learning Disabilities	1,309	294				1,603	1,299	304	19.0%	underspend
Mental Health	22,706	670		133	(133)	23,376	23,186	190	0.8%	underspend
Mental Health - Action 15	-			663	(663)	-	-		0.0%	breakeven
Hosted Services	11,572	318		18	(18)	11,890	11,582	308	2.6%	underspend
Prescribing	37,504	94				37,598	38,000	(402)	-1.1%	overspend
Gms	29,776					29,776	29,776		0.0%	breakeven
FHS Other	26,660	1,687				28,347	28,347		0.0%	breakeven
Planning & Health Improvement	973	(2)				971	955	16	1.6%	underspend
Primary Care Improvement Prog		283		4,347	(4,347)	283	283		0.0%	breakeven
Resources	6,154	(2,406)				3,748	3,584	164	4.4%	underspend
Set Aside	63,579					63,579	63,579		0.0%	breakeven
Resource Transfer	23,209	(1,192)	(22,017)			-	-		0.0%	breakeven
Social Care Fund	12,254		(12,254)			-	-		0.0%	breakeven
Covid 19				404	(404)	-	-			breakeven
NET EXPENDITURE	254,391	1,781	(34,271)	6,000	(6,000)	221,901	219,728	2,173	1.0%	underspend

Appendix 4

Renfrewshire Council 'Other Delegated Services' 1st April 2022 to 22nd July 2022

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	59	59	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	2	2	-	0%	breakeven
Transport	1	1	-	0%	breakeven
Transfer Payments (PTOB)	272	304	(31)	-10%	overspend
Gross Expenditure	335	366	(31)	-10%	overspend
Income	(6)	(6)	-	0%	breakeven
NET EXPENDITURE	329	360	(31)	-10%	overspend

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	255	286	(31)	-11%	overspend
Women's Aid	74	74	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	329	360	(31)	-11%	overspend

1st April 2022 to 31st March 2023

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	193	193	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	8	8	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Transfer Payments (PTOB)	885	987	(102)	-12%	overspend
Gross Expenditure	1,089	1,191	(102)	-12%	overspend
Income	(21)	(21)	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-12%	overspend

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	931	(102)	-12%	overspend
Women's Aid	239	239	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-12%	overspend

Appendix 5

2022/23 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2022/23 Renfrewshire HSCP Opening Budget:	93,521
Adult Social Care Budget as reported @ 27th May 2022	93,521
<u>Budget Adjustment posted in month 3</u>	
<u>Recurring:</u>	
Transfer of WAN connection to ICT for the CIRCLE	-3
Transfer of Winter Monies from Health for Additional Posts	88
Adult Social Care Budget as reported @ 22nd July 2022	93,606

Appendix 6

<u>2022/23 Health Financial Allocation to Renfrewshire HSCP</u>	£k
2022/23 Renfrewshire HSCP Financial Allocation	190,812
Add: Set Aside	63,579
<u>less:</u> Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-23,209
= base budget rolled over	218,928
RT Adjustments	1,192
Budget allocated as per 2022/23 Financial Allocation 31st May 2022	220,120
<u>Budget Adjustments posted in month 3</u>	
<u>Non-Recurring Additions</u>	
Adjustment to Prescribing	42
Budget allocated as per 2022/23 Financial Allocation 30th June 2022	220,162
<u>Budget Adjustments posted in month 4</u>	
<u>Additions</u>	
General Dental Services (NCL) incentive workload payments	1,687
<u>Non-Recurring:</u>	
FHS Prescribing	52
Budget allocated as per 2022/23 Financial Allocation 31st July 2022	221,901

Scottish Government Funding Streams

Funding Description	2022/23									
	Opening Balance Earmarked Reserves £000's	Drawdown from Reserves £000's	Current Reserves Balance P4 £000's	Core Budget £000's	Per Allocation Letter £000's	Received @ 31st July £000's	Total Budget P4 £000's	Forecasted Expenditure £000's	Variance £000's	Anticipated Movement to Reserves £000's
PCIF	4,347	4,347	-	260	581	-	5,188	6,557	- 1,369	-
Action 15	663	663	-	-	-	-	663	663	-	-
ADP (includes all ADP Related Funding Streams)	2,551	117	2,434	1,640	-	-	1,757	1,757	-	-
TOTAL	7,561	5,127	2,434	1,900	581	-	7,608	8,977		-

Note : No allocation letters for Action 15 or ADP to confirm funding for 22/23

Movement in Ear Marked Reserves

HSCP Funded Earmarked Reserves	Opening Position 2022/23	Amounts Drawn Down in 2022/23	New Reserves 2022/23	Closing Position 2022/23	Movement in Reserves 2022/23	To be Drawn Down 2022/23	To be Drawn Down 2023/24	Ongoing
	£000's	£000's	£000's	£000's	£000's			
Covid Funding	17,242	-754	0	16,488	-754			
Scottish Government Ring Fenced Monies carried forward:								
PCIP	4,347	-4,347	0	0	-4,347	✓		
PCTF Monies Allocated for Tests of Change and GP Support	216	0	0	216	0	✓		
GP Premises Improvement Fund	462	0	0	462	0	✓		
ADP Funding	2,551	-117	0	2,434	-117			
Mental Health Recovery and Renewal Funding	1,560	-66	0	1,494	-66			
Mental Health Action 15 (19/20)_(20/21)_(21/22)	663	-663	0	0	-663	✓		
District Nurse Recruitment Programme	312	-178	0	134	-178			
Winter Planning Monies / Care Home Liaison Monies	4,740	-333	0	4,407	-333			
Health Visiting	32	0	0	32	0	✓		
SG Pay Award and LW Health & Social Care (21/22)	340	0	0	340	0	✓		
Mental Health Dementia Funding	119	0	0	119	0	✓		
Public Health Improvement Monies	168	0	0	168	0			
Scottish Government Ring Fenced Monies carried forward	15,510	-5,704	0	9,806	-5,704	✓		
Grant Funding carried forward	534	-22	0	512	-22			
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	33,286	-6,480	0	26,806	-6,480			
ICT / Systems Related	643	-47	0	596	-47			
Premises Related	662	0	0	662	0			
Prescribing	2,000	0	0	2,000	0			✓
Other IJB Reserves	8,677	-225	0	8,452	-225			
TOTAL EARMARKED RESERVES	45,268	-6,752	0	38,516	-6,752			

To: Renfrewshire Integration Joint Board

On: 16 September 2022

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Scorecard for 2022/23

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1 This paper sets out the HSCP's proposed Performance Scorecard for 2022/23. A list of the proposed changes is attached within Appendix 1.
- 1.2 The full Scorecard updating all performance measures will be presented twice yearly - at mid-year and end of year 2022/23.

2. Recommendation

It is recommended the IJB:

- Approve the HSCP's draft Performance Scorecard for 2022/23.

3. Performance Scorecard 2022/23

- 3.1 Each year, we carry out a review of the Performance Scorecard to ensure we have meaningful indicators with realistic and achievable targets. Having reviewed the Performance Scorecard for 2022/23, the following sections detail the performance indicators, that after consideration, we propose removing from the scorecard; changing the targets; applying new targets to existing indicators; and adding one new indicator.
- 3.2 The performance indicators will continue to be aligned to the 9 National Health and Wellbeing Outcomes. While we will still cross reference the performance indicators to the 9 outcomes, the data will continue to be presented and categorised under those indicators that have red, amber

and green status. Presenting the data in this way shows clearly which indicators are doing well with green status; those within 10% variance of target with amber status; and those indicators that are more than 10% variance from target with red status.

4. **Performance Indicators removed from the 2022/23 Scorecard**

4.1 There were 57 indicators in the 2021/22 Scorecard and we have reduced this to 51 in the 2022/23 Scorecard. This takes account of seven indicators being deleted and one new indicator being added. The seven indicators not included in the 2022/23 Scorecard and the reasons for this are included in Table 1.

Table 1

Performance Indicator	Reason for deletion from 2022/23 Scorecard
1. Reduce drug related hospital stays - rate per 100,000 population	There is an approximate time lag of 19/20 months in the reporting of this data.
2. Number of routine sensitive enquiries (SRE)	It has been identified at NHSGGC Board and nationally through the Public Health Scotland Gender Based Violence Leads Group there are issues with the e-health systems in place to record SRE.
3. Number of referrals made as a result of the routine sensitive enquiry being carried out	
4. Number of staff trained in sensitive routine enquiry	
5. Number of staff trained in Risk Identification Checklist and referral to MARAC	
6. Number of Alcohol Brief Interventions (ABIs)	Our ABI co-ordinator is leaving for another post which raises issues with training delivery. Without training, wider setting organisations will not be able to carry out ABIs. It is unlikely that this post will be filled by the end of 2022.

7. Number of adult support plans declined by carers (age 18+)	Data will continue to be monitored at service level. We are replacing this indicator with the number of new adult carers that are supported each year by the Carers' Centre and the HSCP.
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- 4.2 We are keen that the Performance Scorecard 2022/23 contains indicators where performance can be updated timeously. Performance against the indicators in table one will still be monitored but not included in the scorecard for 2022/23.
- 4.3 Work is continuing though with Sensitive Routine Enquiry. Within Children's Health Services an audit process has been established and bi-annual audits are progressing. Audits are also planned within Alcohol and Drug Recovery Services and Community Mental Health Services.
- 4.4 With regards to training, unfortunately no NHS staff have received SRE training since pre COVID days. All previous trainers have moved on to new posts and there is a shortage of trained staff to deliver the training. The NHSGGC Equalities and Human Rights Team has offered to fund Training for Trainers (T4T) for Renfrewshire staff. The training will be offered to Health Improvement, Children Services, Alcohol and Drug Recovery Services and Community Mental Health Services to increase trainer capacity.
- 4.5 While it is proposed to remove the SRE indicators for 2022/23, we will look at reporting on the number of staff trained in SRE and present the audit data in 2023/24.
- 4.6 It is unfortunate that our Alcohol Brief Interventions (ABI) co-ordinator post will become vacant shortly. As mentioned in table one, this does raise challenges for training delivery. We will look at other options on how we can progress with this, including buying in training in the short term.

5. **Change of Targets in 2022/23**

- 5.1 Performance for three of the indicators included in the 2021/22 scorecard exceeded the target for the year. We have therefore proposed the following changes to the targets to aim for further improved performance in these areas. The proposed changes are noted in Table 2 overleaf.

Table 2

Performance Indicator	Target for 2022/23	Target 2021/22	2021/22 value
1. Emergency Admissions from Care Homes	450	691	400
2. Number of adult support plans completed by carers	145	114	148
3. Number of carers accessing training	257	220	282

6. New Targets in 2022/23

- 6.1 Last year we reported that two of our social care indicators did not have targets allocated for 2021/22: homecare hours provided (rate per 1,000 population aged 65+) and population of clients receiving telecare (rate per 1,000 population aged 75+). We advised that performance against these indicators would be monitored throughout 2021/22 and if appropriate, targets would be set for 2022/23.
- 6.2 Targets have now been allocated to the two performance indicators in the 2022/23 scorecard and these are detailed in table 3. The target set for 2022/23 is based on the average performance over the last three years with a 10% increase added for each of the social care indicators.
- 6.3 Table 3 shows the 2022/23 target and the performance achieved in 2021/22.

Table 3

Performance Indicator	Target for 2022/23	2021/22 value
1. Homecare hours provided – rate per 1,000 population aged 65+	420	411
2. Population of clients receiving telecare (75+) - Rate per 1,000	60	58

7. New Performance Indicator

- 7.1 We are proposing to include another indicator on carers: the number of new adult carers supported. This will replace the number of adult support plans declined by carers. Table 4 details performance in 2021/22 and the proposed target for 2022/23.

Table 4

Performance Indicator	Target for 2022/23	2021/22 value
1. New Adult Carers Supported	913	963

- 7.2 The target for New Adult Carers Supported indicator is based on a 10% increase on the average figure for the previous four years combined. This takes into account the impact of an exceptionally high figure recorded for 2021/22 which, can likely be attributed to the substantial increase in carers following the COVID-19 pandemic and as such is unlikely to be replicated in 2022/23.

8. Local Government Benchmarking Framework (LGBF)

- 8.1 The Local Government Benchmarking Framework is a high-level benchmarking tool designed to support senior management teams and elected members to ask questions about key council services. It reflects a commitment by SOLACE (Scotland) and COSLA to develop better measurement and comparable data as a catalyst for improving services, targeting resources to areas of greatest impact and enhancing public accountability. The LGBF helps councils compare their performance against a suite of efficiency, output and outcome indicators that cover all areas of local government activity. The Improvement Service publishes the LGBF data annually (January/February) and it is then reported locally to the Council's Audit, Risk and Scrutiny Board, which supports the council's statutory requirements for public performance reporting. A separate report on the LGBF indicators will be presented to the IJB when the data is next available in 2023.

- 8.2 The suite of adult social care indicators included within the LGBF are as follows:

SW1: Home care costs per hour for people aged 65 or over

SW2: Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+

SW3a: Percentage of people aged 65 or over with long-term care needs receiving personal care at home

SW4b: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

SW4c: Percentage of adults supported at home who agree that they are supported to live as independently as possible

SW4d: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

SW4e: Percentage of carers who feel supported to continue in their caring role

SW5: Residential costs per week per resident for people aged 65 or over

SW6: Rate of readmission to hospital within 28 days per 1,000 discharges

SW7: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

SW8: Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality and Human Rights** – No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

Author: Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk / 0141 618 7656)

Renfrewshire Integration Joint Board

Scorecard 2022-2023 - Proposed Changes

Section 1 - Proposed Deletions

Performance Indicator	20/21 Value	21/22 Value	Target
Reduce drug related hospital stays - rate per 100,000 population	2020/21 data not available until Oct 2022	2021/22 data not available until Oct 2023	170
Number of routine sensitive enquiries	1,382	No data available	-
Number of referrals made as a result of the routine sensitive enquiry being carried out	Paused due to COVID19	No data available	-
Number of staff trained in sensitive routine enquiry	Paused due to COVID19	Paused due to COVID19	-
Number of staff trained in Risk Identification Checklist and referral to MARAC	Paused due to COVID19	Paused due to COVID19	-
Number of Alcohol Brief Interventions	53	7	-
Number of adult support plans declined by carers (age 18+)	51	36	46

Section 2 - Proposed Change of Targets

Performance Indicator	20/21 Value	21/22 Value	Target 21/22	Proposed Target 22/23
Emergency admissions from care homes	506	400	691	450
Number of adult support plans completed for carers (age 18+)	86	148	114	145
Number of carers accessing training	165	282	220	257

Section 3 - Proposed New Targets

Performance Indicator	20/21 Value	21/22 Value	22/23 Target
Homecare hours provided - rate per 1,000 population aged 65+	390	411	420
Population of clients receiving telecare (75+) - Rate per 1,000	46	58	60

Section 4 - Proposed New Performance Indicator

Performance Indicator	20/21 Value	21/22 Value	Target
Number of new Adult Carers supported	815	963	913



To: Renfrewshire Integration Joint Board

On: 16 September 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Renfrewshire Palliative and End of Life Care Strategy 2022-25

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1. This report provides an overview of the final version of the Renfrewshire Palliative and End of Life Care Strategy 2022-2025, following the Integration Joint Board's (IJB) approval of the draft version and subsequent consultation approach in June 2022.
- 1.2. This paper also provides an overview of the breadth of consultation carried out, the detailed feedback received, and how this has been incorporated and reflected within the final Strategy.

2. Recommendations

It is recommended that the Integration Joint Board:

- Approve the final version of the Palliative and End of Life Care Strategy 2022-2025, as attached in Appendix 1;
- Note the extensive consultation and engagement completed to ensure the final Strategy is as informed and insightful as possible; and
- Note that the impact of the Strategy will be appropriately monitored and evaluated by the Palliative Care Planning Group.

3. Background

- 3.1. At its last meeting in June 2022, the IJB approved the draft Palliative and End of Life Care Strategy and planned approach to formal consultation. Following this, formal consultation was launched with wider stakeholders on Wednesday 13 July. This aimed to obtain feedback on the themes, challenges, strategic priorities and presentation of the Strategy, as well as people's experiences of palliative and end of life care in general.

- 3.2. The feedback received as part of this consultation was detailed and insightful, and has been used to ensure the final Strategy is reflective of people's views, experiences and needs.

4. Breadth of Consultation Participation

- 4.1 Formal consultation was launched via the Consultation and Engagement Hub on Renfrewshire HSCP's website and our social media channels. This included a copy of the draft Strategy and a Consultation Questionnaire to capture people's views. Alternative formats were made available on request including in other languages and large print. The consultation was also shared across our existing networks including but not limited to:

- Strategic Planning Group
- Care Planning Groups
- HSCP Leadership Network
- HSCP Senior Management Team
- Voluntary Sector Leadership Network
- GP Forum
- Childrens Services

The formal public consultation closed on Monday 15th August.

- 4.2 20 responses were received via the general feedback questionnaire. This included 5 members of the public, 10 HSCP staff members, 1 third sector organisation and 5 'other' respondents, for example Care Home Managers.

- 4.3 In addition, tailored questionnaires were developed for specific groups including GPs/Primary Care, the Bereavement Network, Carers and staff groups including Care at Home. This approach allowed for more relevant and appropriate questions to capture people's views and experiences. 19 responses were received, 6 of which were from members of the public, 11 from staff and 2 from GPs.

- 4.4 Of the 39 respondents in total, 37 (95%) had experience of caring for someone who has received palliative care. No respondents had personal experience of receiving palliative care for a life limiting illness and 2 (7%) respondents had no experience of palliative care of any nature.

- 4.5 Focussed engagement sessions with key specific groups were also held. This provided an opportunity to present our Strategy in more detail, highlighting the priority areas and encouraging people to interact by sharing their views and asking questions. This included the following sessions:

- A briefing session with 14 managers and staff from Renfrewshire Care Homes.
- An informal discussion with 2 unpaid carers via the Carers Centre on their experiences of palliative and end of life care.
- Two 30 minute interactive sessions held with the HSCP Leadership Network containing roughly 50 managers.

- A session with GP Out of Hours leads.
- A spotlight and feedback session at a Strategic Planning Group meeting.
- A presentation to the Older Adults Care Planning Group.

4.6 Through our consultation a number of additional groups were identified where ongoing discussion and strengthened representation would be helpful going forward. A commitment to further engage with these groups has been added as a key action within our Plan.

- Improving the Cancer Journey – the Strategy now includes a case study on how local people are benefitting from this holistic support model, which is shaped around individual needs rather than their condition. Many of these needs can be non-medical but have profound impact on a person's mental health and overall wellbeing. A lead from the service has also agreed to join our Palliative Care Planning Group going forward.
- Children and Young People – We recognise that engagement was more limited than anticipated. A year 1 priority action has been agreed to work with our colleagues in Renfrewshire Council's Childrens Services and other key partners to develop a better mechanism for engaging with children and young people with palliative care needs, and their families and carers. This will help us to revisit how well current support services and systems work for parents in Renfrewshire and how we can do more locally. A lead from Childrens Services will join our Palliative Care Planning Group moving forward.
- GPs/Primary Care – the views shared by GPs as part of our focussed consultation have been reflected. The importance of collaborative working and communication between different services was a key theme throughout the consultation. We will ensure this is considered within our Pathways to Services workstream as part of our Plan.
- Ethnically diverse communities and our local BAME Community – a priority action has been included to work more closely with the Engage INRen Network to ensure we consider equality of access to palliative care for ethnically diverse communities.

5. **Summary of the Feedback Received**

5.1 Our more targeted approach to engagement with specific groups proved to be effective in terms of the volume of feedback we received. The views shared by those who responded, including via our public consultation, was detailed, informative and insightful.

5.2 Our consultation was centred around asking people to share their experiences of palliative care with us. Experiences from a variety of different perspectives were shared, including people who have supported family members in need

of palliative and end of life care, and those who provide support as part of their job role.

5.3 The following are some examples of the positive experiences shared;

- “Very positive experience. Able to provide maximum care and carry out the person’s wishes”
- “My dad was only in the centre for 3 days before he died but all staff were friendly and they looked after dad well”
- “Social care staff excelling in promoting a good death experience involving all relevant parties”

5.4 Some challenging experiences were also shared which will help us to reflect on current practices and identify areas of improvement:

- “There is a lack of reflective work together. The eKIS (Electronic Key Information Summary) can be better shared and there is a lack of mechanisms in place for sharing”
- “Lack of understanding of what palliative care is and what it should be. Families would benefit from awareness of the palliative trajectory with regular discussions around ongoing care, the ACP (Anticipatory Care Plan), the wishes and choices are kept updated.”
- “Sometimes there were too many people in at one time, carers, nurses. I think all the teams are great maybe just sort timings out. They were great as in they answered any questions and any worries as honestly as they could.”

5.5 The consultation aimed to capture what palliative care means to people and we received a number of varied responses to this, though primarily centred around caring for someone with a terminal illness or near the end of their life. Our discussion with carers highlighted that the words ‘palliative care’ are often feared, whereas they should be viewed as a positive. The importance of language and the interpretation of conversation should not be underestimated.

5.6 Our Leadership Network and staff groups were asked if they felt they had a good understanding of what palliative and end of Life Care means and what it involves. Of the 40 responses, 88% felt they had a good understanding. Though this is a positive, it may highlight the opportunity to provide training to services and staff who do not commonly or directly support clinical palliative care. We will ensure this is considered as part of our training and development work.

5.7 Many comments were shared on our proposed priorities and themes, which can be summarised as:

- Development of people that support and provide palliative and end of life Care.

- Establishing our Palliative Care Planning Group leadership and governance.
- Supporting children and young adults.
- Strengthening collaborative working to improve people's pathways through services.
- Enhancing and embedding Anticipatory Care Planning.
- Understanding and improving people's experiences of palliative and end of life care.

5.8 Several respondents agreed with the priorities and felt that they were positive, clear and person-centred. The current pressures facing services were highlighted as well as the need for further discussions with hands-on Palliative Care teams including District Nurses and those supporting children and young people.

5.9 There were key themes running through the feedback which align with the outlined priorities within the Strategy:

- Training and support for staff.
- Person-centred care and recognition of the impact that end of life has on the people providing support.
- The importance of communication and accessible, up-to-date medical information supported by Anticipatory Care Planning.
- Ensuring the person's wants and needs are at the heart of their journey.
- All services and care providers working together to provide the best possible care.
- Ensuring pathways and access to services are open to all.

5.10 Respondents also shared some suggestions for amendments or additions which we have reflected within the updated Strategy:

- Funding challenges for community, respite and hospice care were highlighted. We have outlined our aim to consider the workforce and financial implications of meeting the increased demand for palliative and end of life care in community settings. Within the Strategy, we have committed to working with partners to maximise resource utilisation and to identify future funding opportunities.
- The importance of carers and family members was repeatedly highlighted and we have revised the wording within our Strategy to ensure this is suitably reflected.

- Some of our Care At Home Staff felt that people with palliative care needs would benefit from consistent and familiar care givers. This would provide a more personal approach and help to alleviate any stresses they may have. Another suggestion was to consider a dedicated team to support individuals with palliative or end of life care needs. We will ensure such meaningful suggestions are considered as part of delivery of our Plan.
- It was proposed that section 4.5 on ACPs be worded more specifically on ensuring wider accessibility and completion of ACP and eKis information across all MDT teams. Access to relevant, appropriate and accurate medical information was highlighted as a priority and challenge throughout consultation, therefore we updated this section to ensure this is reflected.
- The importance of collaborative working and communication between Primary Care and Secondary Care was clear and this will be a key priority within our improving pathways and access to services action.
- The importance of reflection including the sharing of work that went well across services and to understand and learn from what did not work well. This includes feedback and reflection on people who have passed away.

5.11 The presentation of our Strategy was positively received and was commonly described as clear and easy to understand. However, some respondents suggested that it may be too wordy, and to include more visual content to make it more digestible. We agreed with this feedback and have now further developed the look and feel of the Strategy.

6. Informing the Final Strategy

Following the completion of the consultation exercise, the Palliative Care Planning Group collated and considered all received feedback. Based on this, the following updates to the draft Strategy were agreed and implemented:

- Reflecting 'What Palliative Care means to people' at the beginning of our Strategy and summarised the breadth of our consultation in a visual format.
- Acknowledging where further engagement with some key groups is required, with ethnic minority communities and children and young people identified as priorities. We will also ensure such groups are appropriately represented within our Care Planning Group.
- Developing our 'People's Experience's' section with the detailed, informative and insightful feedback received, including the powerful case studies that have been shared with us.
- Ensuring any challenges or opportunities in relation to pathways or interfaces between services are reflected within our agreed actions i.e. between GP Out of Hours and daytime Primary Care within our pathways and access to services workstream.

- Developing the look and feel of the Strategy, making it easier to read and digest and by bringing it to life through graphics and relevant visuals.
- Adding a case study of an individual's experience of Improving the Cancer Journey, highlighting the powerful impact of the service.
- Adding the importance of reflection and sharing both good practice and areas which did not work so well, to encourage learning and continuous improvement. This is also reflected within our 'People's Experience's' section.
- Completing an Equality Impact Assessment (EQIA) following the conclusion of the consultation exercise. This will be shared on our website alongside the final version of the Strategy.

7. Reflecting the Current Context

- 7.1. The impacts and pressures of the past two years remain challenging for everyone involved in palliative care. The Strategy has been reviewed and updated to reflect such challenges however there is still significant uncertainty across the health and social care system.
- 7.2. The current financial landscape is a challenging one exacerbated by the increasing cost of living crisis. This presents a considerable risk to future funding requirements and further compounds existing recruitment challenges and staff shortages, both for HSCP services and our local hospices.
- 7.3. The plans for a National Care Service are also wide ranging and may lead to significant structural change within the sector in the coming years. The extent and nature of this is yet unclear.

8. Next Steps

- 8.1. The Palliative Care Planning Group will be responsible for ensuring the commitments within this Strategy are delivered upon. The Group will produce an annual plan, aligned to the Strategy's priorities, which will take account of any significant changes over the lifetime of the Strategy such as new legislation and policy, demand trends and resources implications.
- 8.2. As part of this, the Strategy and action plan will be reviewed and updated based on national plans which are expected to be published within the next three years including:
 - A new National Strategy for Palliative Care which is expected to be published by Scottish Government in 2023.
 - An update to the National Dementia Strategy expected in 2022.
 - Updates based on the development of a National Care Service for Scotland.

Implications of the Report

1. **Financial** – No direct implications from this report. Financial implications of work completed as part of the Strategy will be considered in line with existing and potential future funding streams.
2. **HR & Organisational Development** – Training, development and support of staff is a key priority within the Strategy, and this aims to build on the extensive work already undertaken.
3. **Community Planning** – This strategy has been developed in partnership and formal consultation will ensure local communities are involved in the development and finalisation of the plan.
4. **Legal** – No direct implications from this report.
5. **Property/Assets** – No direct implications from this report.
6. **Information Technology** – No direct implications from this report.
7. **Equality and Human Rights** – An Equality Impact Assessment (EQIA) is currently being concluded and will be published alongside the final version of the Strategy on the HSCPs website.
8. **Health & Safety** – No direct implications from this report.
9. **Procurement** – No direct implications from this report.
10. **Risk** – No direct implications from this report.
11. **Privacy Impact** – No direct implications from this report.

List of Background Papers – N/A

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Renfrewshire IJB Palliative and End of Life Care Strategy 2022-25

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1.1 Introduction to Our Strategy

Background

This three-year strategy sets out the vision and future direction for palliative and end of life care in Renfrewshire. It has been developed as the area emerges from the Covid-19 pandemic where Scotland as a whole is witnessing a growing need for palliative care alongside a rising number of people choosing to die at home. The pandemic accelerated these trends, but even as the death toll from Covid-19 recedes, its impact will remain for years to come.

There is a growing recognition in government and national policy organisations that palliative care, end of life care and bereavement support requires investment, a more visible infrastructure, and support for local areas to grow and develop in a more sustainable way. Throughout the pandemic, many organisations in Renfrewshire stepped up to provide vital palliative and end of life support to the NHS and work collaboratively with community health and social care services to reach people in need. This model of joined-up working, with hospices and others as equal partners in the system, sets the tone in Renfrewshire for the way forward and provides an excellent foundation of person-centred care and services.

This strategy describes how we will endeavour to improve the quality of life of patients and their families in Renfrewshire who are living and dealing with a life limiting illness, ensuring everyone receives person-centred, dignified and compassionate care which reflects individual choices. It has been developed with the national priorities in mind and is complementary to Renfrewshire Health and Social Care Partnership's Strategic Plan 2022 – 2025.

We have considered the evidence base locally, nationally and beyond to inform our thinking as well as considering feedback from those people who have used services and their families.

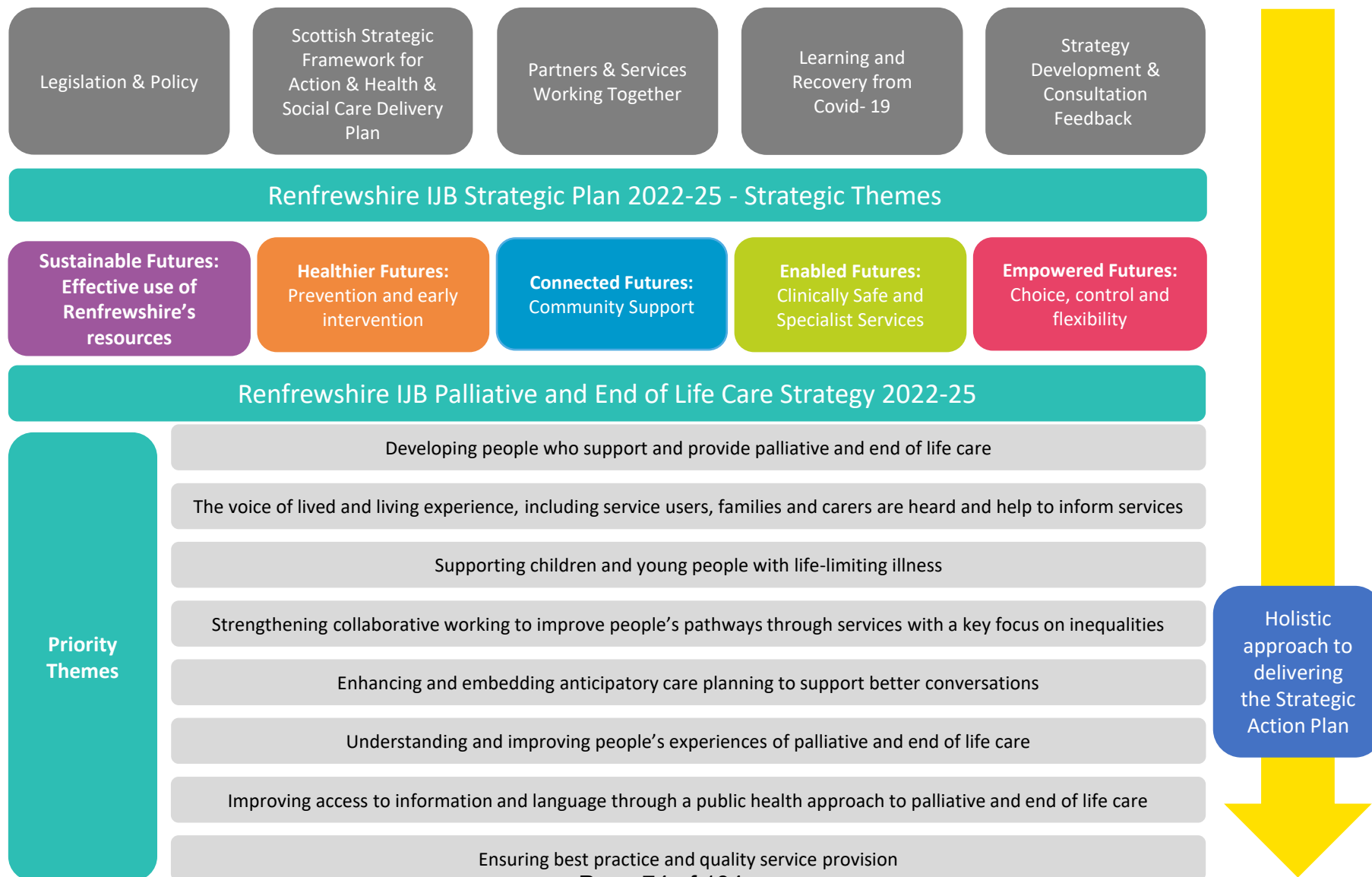
We have considered data on need, met and unmet. We have looked at local and national research depicting future likely need and demand and have focussed our strategy to support that demand as much as possible. We continue to seek and use feedback from people and their families as a key indicator of the quality of our services and to focus areas of improvement.

'You matter because you are you. You matter to the last moment of your life and we will do all we can, not only to help you die peacefully, but also live until you die'

Dame Cicely Saunders

1.2 Our Palliative and End of Life Care Strategy on a Page

How the elements of our Strategy fit together








1.3 Links with Renfrewshire IJB's Strategic Plan

Supporting palliative and end of life care through our Strategic Plan

The Renfrewshire IJB Strategic Plan 2022-25 was approved by the Integration Joint Board in March 2022. The Plan sets out how services will be shaped around individuals and communities to support everyone in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. The IJB Strategic Plan has a focus on delivering within five key themes, and the table below sets out how this Strategy's Vision links with them.

The Palliative Care Planning Group contributed to the development of the Strategic Plan and developed the Palliative Care Strategies priorities to ensure ongoing alignment with this separate but complementary plan. The Plan on the Page shown previously shows how these elements fit together.

Strategic Plan Themes		Palliative and End of Life Care Strategy Priorities
 Healthier futures	People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.	Everyone in Renfrewshire who needs palliative care will have access to it regardless of age, diagnosis or circumstance. Support will be identified and accessible as early as possible.
 Connected futures	People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible.	The Strategy aims to improve the quality of life of patients and their families. Ensuring everyone receives person-centred compassionate care which reflects individual choices.
 Enabled futures	Our services are clinically safe, and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.	Aims to support the workforce to promote person-centred discussions with people and families and which identifies and plans for resources to be available to support choice.
 Empowered futures	People access the right care at the right time and place and are empowered to shape their support at every stage of life.	A future where all people, their families and carers, living with a life limiting illness, have the support they need to live the best possible life and to experience the best possible death.
 Sustainable futures	We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.	Our workforce will have reliable access to appropriate palliative care education and training, and we will work to improve access and pathways between our services.

1.4 Informing the Strategy

How we consulted on the Strategy

This strategy has been developed through extensive collaboration and partnership engagement involving service users, carers, staff, providers and partners. The visual below demonstrates the breadth of stakeholder involvement in determining the content for the plan.



1.5 Reflecting on People's Experiences

What people shared with us

Through our robust and extensive consultation and engagement, a number of people have shared with us their own personal experiences of supporting someone in need of palliative or end of life care. This includes family members, carers and people supporting others as part of their job. These experiences are very powerful and emotive and help us to understand how everyone involved is impacted. It also provides us with the opportunity to reflect and learn from both positive and negative experiences.

"My dad was only in the centre for 3 days before he died but all staff were friendly and they looked after dad well."

"Sometimes there were too many people in at the one time. I think all teams are great, maybe just sort timings out."

"Very positive experience. Able to provide maximum care and carry out the person's wishes."

"From a personal experience it was negative, task orientated, not looking at the patient needs."

"There is lack of reflective work together. The eKIS can be better shared there is lack of mechanisms in place for sharing."

"I only wish he could have got in sooner as the hospital was not the right place for him, he was better looked after in the hospice."

"Having cared for my husband during Covid at home it was one of the most traumatic times of both my husband's and my children's life. We went through an emotional journey beyond what we could have imagined, my husband's wishes that he was with his family and didn't want to die alone in hospital and being able to do this gave me comfort when he passed away."

1.5 Reflecting on People's Experiences

What people shared with us

The two anonymous case studies below provide both a positive, rewarding experience and a more challenging experience within a care home from the perspective of a member of staff. They emphasise the impact palliative and end of life care can have on those providing it and reiterates the importance of supporting people to live and die where they wish to.

"This lady had been a resident in our care home for 18 years. As she had been with us for such a long-time staff were very close to her and her family. This lady became very frail quickly, staff got all the input they could from outside agencies and worked really well together to make sure there was always someone there. In the latter few days staff ensured there was someone at her bedside if family were unable to be there as we didn't want her to pass away on her own.

After this lady finally passed, it was a big loss for staff as they had attended to her every day for 18 years, it was a weird feeling her not being in the house she had lived for so long. Not seeing family regularly is a loss as they were part of staff lives for 18 years."

"This person arrived at our care home. He was a quiet but friendly man, he appeared quite frail but was fully independent and was cancer recovered. He didn't have any family but had a friend who visited. He became very frail and ill very quickly, staff got outside agencies involved and cared for him, all the while getting to know as much as they could about him until he was admitted to hospital.

Unfortunately, the cancer had returned and he was taken away to hospital and died in hospital with no one around him. Staff felt he and they had not had a choice as it was very quick when he was taken into hospital once a diagnosis was given. They were concerned however he was starting to settle in at home for the time he was with us, and would have been really nice if he could have spent his last days at "Home" with the staff where he would have got that tender loving care around faces he knew."

1.5 Reflecting on People's Experiences

A coordinated, partnership approach to providing care

Improving the Cancer Journey (ICJ) was established in Renfrewshire in January 2020 by Macmillan Cancer Support. The service provides tailored, personal support to individuals with a new cancer diagnosis. This support includes practical advice, understanding of individual circumstances and organising and coordinating the most relevant package of support available. The service has had a significant impact making an invaluable difference to people's lives.

Caroline - Macmillan ICJ Coordinator – Case Study

Caroline has been working as a Macmillan ICJ Co-Ordinator in Renfrewshire since the service started in January 2020. This is a recent case study documenting interventions she made to help a patient in Renfrewshire.

The referral came to ICJ from the Council's neighbourhood hub. The lady is 34 years old and had a brain tumour. She has a 9-month-old daughter and has recently split from her partner. She is receiving daily radiotherapy at the Beatson. The lady is Polish and is not entirely clear on what help is available to her and has concerns about her settled status. The lady has childcare issues, is worried about the future, her housing situation and finances.


Caroline worked with the health visitor and Families First to secure a nursery place for her daughter. She engaged with Community Meals to ensure food is delivered each lunchtime. The client has been referred to counselling and been given a free will through the Macmillan service. She has been supported to submit a housing application which is ongoing and Personal Independence Payment and Macmillan Grant applications which have been successful. The client was referred to Citizens Advice Bureau who arranged for an Immigration Officer meeting to start the process of securing her and her daughter's settled status.

"Thank you, so much, to Caroline and the ICJ service"

ICJ Renfrewshire Service User

1.5 Reflecting on People's Experiences

Highlighting the impact our local hospices have on people's lives




"I am so grateful to the team for coming to our home and supporting Peter and I to make the decision for him to be admitted to the hospice. He had a good death and I was next to him. I can't imagine what would have happened to us if the hospice team had not come to our house that day. He would not have died peacefully and I would have had to live with that. I have peace in my heart that it was the right decision and will always treasure that. I can't express how grateful I am to the hospice, thank you for everything you have done and continue to do to support me."

Peter's wife, Margaret on his time at St Vincent's Hospice

The Primary Care Team contacted St Vincent's Hospice (SVH) Community Team to urgently review Peter at home. Peter had cancer of his throat and had a tracheostomy in place to help him breathe, his cancer was causing him breathing difficulties.

When the team assessed Peter it was evident he was approaching the end of his life and that this would be best managed at the hospice. The team explained this to Peter and his wife. An ambulance was called to take Peter to SVH – when it arrived he was given the time to say goodbye to his four dogs who shared their home.

Peter sadly died the following day with Margaret lying beside him. SVH team supported Margaret throughout and continue to do so.



"For Colin and myself, home was always where we were together anywhere in the world and not a physical building in any location or country, our last home together was the Accord Hospice in Paisley, we were immediately made to feel at home and part of a large caring family, we were instantly cocooned by a selfless, caring, loving group of people, to ensure Colin had exactly what he needed when he needed during the final chapter of his life."

Colin's partner, Malcolm on his time at Accord Hospice

After moving back to the UK, Colin was diagnosed with two brainstem tumours. After a gruelling battle with cancer and the side effects of the treatment, it was sadly decided that there were no more clinical, medical or surgical options available to him to fight the disease. He had a very brave hard fight.

Throughout his entire cancer journey he was treated with dignity and care by the oncology team at the Beatson West of Scotland Cancer Centre and in the final stages of his life he had three weeks at the ACCORD Hospice in Paisley.

When the doors of the hospice were opened for Colin, he had begun the last heart breaking chapter of his life's journey. The team welcomed him with caring open arms as one of their family to make the hospice his final home.

1.6 Partners Supporting Palliative Care in Renfrewshire

A partnership approach to supporting people with a life-limiting illness

This Strategy recognises the important support that each of our partner organisations and services in Renfrewshire provide to those with a life limiting illness, and their families and carers.

This includes both generalist and specialist services provided by Renfrewshire Health and Social Care Partnership and Renfrewshire Council, as well as services provided by third sector partners such as our local hospices for adults and Children's Hospices Across Scotland (CHAS) for our children and young people.

The aim of our Strategy is to build on this system of strong partnership working already in place, to develop a robust structure of person-centred care and services.

We highlight, on the right, some examples of the partners working closely together locally.

Beyond the examples provided, partners engage and work with a wider range of further organisations to deliver palliative and end of life care in Renfrewshire.



1.7 Partners Supporting Palliative Care in Renfrewshire

Supporting the Bereaved in Renfrewshire

Bereavement support is one of our key priorities. We will commit to ensuring our Strategy aligns with the recommendations for Scotland in the UK Bereavement Commission read due to be published in September 2022 and builds on the support we already have in place locally. This will focus on inclusion and accessible services, partner collaboration for seamless pathways, support and access to statutory services.

Renfrewshire Bereavement Network

Renfrewshire Bereavement Network provides support to people who are experiencing difficulties with loss or dealing with grief – by offering access to the most appropriate advice, guidance and counselling available.

Led by Accord Hospice, in partnership with Renfrewshire Health and Social Care Partnership, the Bereavement Network is made up of other local organisations including Renfrewshire Council and RAMH.

Children and Young People's Service

The Children and Young People's service at St Vincent's Hospice supports children and young people from the ages of 2-18 years old who have been bereaved or have a special person with a life limiting illness. The team work in a person-centered way and meet the individual in a space that is comfortable to them either in school, home, hospice or community. This service is unique as it is not time limited and tailored around each child or young person in order to give them the very best support on a one-to-one level.

The team use a range of tools including talking therapy, play and creative ways to help build relationships and support them with their grief. The team have close relationships with schools who are our biggest referrers and offer them guidance and support when required. The hospice also offers bereavement support to those who have a loved one die within the service.



Helping you
cope when you
need us most

“Good to have someone to talk to and give me support out with my family. Also, let me cry a lot and understood”

Renfrewshire Bereavement Network client feedback

1.8 What Palliative and End of Life Care Means to People

The meaning of palliative and end of life care in people's own words

As part of our Strategy consultation, we asked people to share with us what palliative care means to them.

Throughout the Strategy we frequently refer to both palliative and end of life care, and we provide a detailed definition of both on the following pages. However, we understand that these terms can mean different things to different people based on their own experiences as shown in the quotes shared with us. We also recognise that conversations relating to palliative or end of life care can be misunderstood or misinterpreted.

Our Strategy aims to be reflective of this, ensuring the voices of our communities and people who need our support are listened to and understood.

"A positive and not something to be feared"

"Help, support and comfort given to someone who is suffering and is near death"

"To be able to be looked after, surrounded by family and be as pain free as possible"

"Giving the person, the best of care before they die"

"Caring for someone nearing the end of their life, keeping them comfortable and pain free as possible"

"It meant not dealing with things on our own. We would not have got through my husband's illness if it was not for the great Palliative Team"

1.9 Definition of Palliative and End of Life Care

The definitions of Palliative and End of Life Care

National definition

The Scottish Government adopted the World Health Organisation (WHO) definition for palliative care in its Strategic Framework for Action on Palliative and End of Life Care:

“Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”

Language within the Strategy

When we refer to palliative and end of life care within this document, we are describing the care provided to people whose health is declining and whose lives are coming to an inevitable close.

Palliative care is treatment, care and support for people with a life-limiting illness, and their family, friends and carers. Its aim is to help people in these circumstances to

have the best possible quality of life. Palliative care can be provided at any stage of illness, therefore the length of time people receive care can vary from days and weeks to several years.

Palliative care

Palliative care can be provided by both generalist professionals and specialist palliative care professionals. Generalist palliative care is provided to patients / clients / service users and families by all point of care health and social care professionals in a variety of settings. Specialist palliative care is provided to people with more complex palliative care needs by specially trained teams who are generally based in a hospice, a specialist palliative care unit or as part of a hospital palliative care team.

Specialist palliative care professionals provide care and support direct to patients / clients / service users and also provide support and advice to other health professionals like GPs, hospital clinical teams and district nurses, to name a few. They provide education to general teams and often initiate research or quality improvement projects that allow the continual development and improvement of palliative care and services.

1.9 Definition of Palliative and End of Life Care

The definitions of Palliative and End of Life Care

End of Life Care

End of life care provides treatment, care and support for people who are nearing the end of their life. It aims to help people to live as comfortably as possible in the time that they have left. This care can involve managing physical symptom, providing emotional and practical support for everyone. A major part of end of life care is discussing the future, ensuring people's needs and wishes are considered and reflected in the care that they receive.

Palliative and end of life care, regardless of type, should be available to anyone in Renfrewshire with a life-limiting or chronic illness regardless of age, culture, background, belief or location. This strategy focuses on the delivery of that aim by describing specific, measurable, actions that will be taken.

Children and Young People

Palliative care for children represents a specialist, albeit closely related field to adult palliative care. The World Health Organisation's (WHO) definition of palliative care appropriate for children and their families is as follows; the principles apply to other paediatric chronic disorders (WHO; 1998a):

- Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.
- It begins when illness is diagnosed and continues regardless of whether or not a child receives treatment directed at the disease.
- Health providers must evaluate and alleviate a child's physical, psychological, and social distress.
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited.
- It can be provided in tertiary care facilities, in community health centres and in children's homes.

'Palliative care for children and young people is an active and total approach to care, from the point of diagnosis, throughout the child's life, death and beyond. It embraces physical, emotional, social and spiritual elements and focuses on the enhancement of quality of life for the child or young person and support for the whole family. It includes the management of distressing symptoms, provision of short breaks, and care at the end of life and bereavement support.'

Together for Short Lives



Our Vision

2. Our Vision

2.1 The national position

Supporting the national ambition

We support the national ambition that describes a future where all people, their families and carers, living with a life limiting illness, have the support they need to live the best possible life and to experience the best possible death.

Renfrewshire Health and Social Care Partnership's (HSCP) strategic vision reflects the intentions of the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care as well as those of the Scottish Partnership for Palliative Care. The ambition being to ensure that everyone in Renfrewshire who needs palliative care will have access to it regardless of age, diagnosis or circumstance and that the care provided will be safe, effective, person-centred and person-led.

Our Aim

Our aim was to achieve this by 2021 however the impact of the pandemic in 2020 and beyond delayed progress in some areas of agreed development. This did however allow a greater focus on other areas including palliative support in the community and in care homes where a number of new and emerging services have shown great success for people and their families. Renfrewshire has a distance to go to deliver on the aim stated above but research currently underway will help us to accurately measure impact, unmet need and will support actions that reduce the gap further.

A new National Strategy and Action Plan for Palliative Care is expected to be published by Scottish Government in 2023. The Strategy for Renfrewshire will be reviewed and adjusted, where appropriate, to ensure alignment with a national vision and supporting objectives.

2. Our Vision

2.2 Our vision for Renfrewshire

Everyone's business

Renfrewshire will be a place where people live and die well

- We shall support and enable communities and individuals to help each other through declining health and ensure the best supportive care throughout their illness and end of life.
- We will harness the compassion and capability in our population to support our aim.
- We shall continue to care for their families and carers into bereavement.
- We recognise this is a population-wide aim and will address it as such. The Compassionate Communities Programme piloted in other areas in Scotland is one example of an approach aimed at harnessing support across entire communities.

Support for health and care staff

Our staff and volunteers will have reliable access to appropriate palliative care education and training and to the emotional wellbeing support they need

- Staff delivering care will be supported via learning and education opportunities
- To understand how best to make a significant difference to a person's wellbeing, even in the last months, weeks, days and hours of that person's life.
- Maintaining staff wellbeing and providing emotional support will be a key priority.
- We will work with partners across all sectors to understand needs and agree and develop delivery mechanisms and capacity.
- We recognise that this is a key area for increasing staff confidence, competence and wellbeing which will in turn support the delivery of high-quality care to those we serve.



Our Priorities

3. Our Priorities

Our priority areas for palliative and end of life care in Renfrewshire

Understanding local evidence and data

In Renfrewshire we will continue to build the evidence base for quality of care and service planning, commissioning and delivery. This will involve continuing to collect, analyse and report on data that shows current activity and we will complete research that helps us to understand the access to services that people need in that last year of life. We will commission a system-wide palliative care needs assessment during the life of this strategy that will allow us to evolve and improve in response to need.

Early identification and assessment of people who need care

In Renfrewshire, we aim to introduce a process and tools across GP practices that will support early identification and assessment of people who would benefit from a palliative approach to care. This will ensure those identified will have the opportunity to have a holistic needs assessment with a support/care plan. Support can then be delivered in various ways depending on the needs of the individual and drawing on the wide variety of services across the Partnership.

Integrated community care coordination

We will work to develop, roll out and sustain an integrated community palliative care multi-disciplinary team for people who would benefit from care coordination.

3. Our Priorities

Our priority areas for palliative and end of life care in Renfrewshire

Bereavement support

We will reflect on the recent pandemic and beyond to help us understand the demand and need for different types of bereavement support. We will make sure this informs service planning and commissioning. We will work in partnership with current and new providers of bereavement support to widen access and increase choice in bereavement care services available for adults and children/young people in Renfrewshire. This will ensure bereavement services are offered on an equitable basis across the area regardless of age, faith, belief or the location of death of the loved one.

Person centred discussions and care

At the end of this strategy, we will have a clear framework for the health and social care workforce that promotes person-centred discussions with people and families and which identifies and plans for resources to be available to support choice.

Anticipatory care planning

We will ensure that people and their families and carers have timely and focused conversations with appropriately skilled professionals to capture their goals and wishes, plan their care and agree the support they may need toward the end of life.

As reflected in our strategic plan priority activities, we will aim to achieve year on year increases in our use of anticipatory care plans. The National Anticipatory Care Planning tool, and local adaptations, will be used to support this process and capture people's needs and preferences, but whatever format is used it must be able to be shared across services with the permission of the person it relates too.

<http://ihub.scot/anticipatory-care-planning-toolkit/>

3. Our Priorities

Our priority areas for palliative and end of life care in Renfrewshire

Education and Wellbeing

We will agree and deliver an educational and wellbeing plan that supports all staff providing palliative and end of life care in Renfrewshire.

Accessible information for improved transitions

We will work to understand options that are available to improve the accessibility of patient / client / service user information to health and care teams, currently impeded by the barriers between sectors and organisations. This will enable care planning needs and wishes to be understood and transitions of care to be seamless for people through the palliative period and towards the end of their lives.

Supporting policy

The plan will not be used in isolation but as part of a suite of material aimed at engaging people in their care and improving quality of life and wellbeing. This includes for example:

- Scottish Government's third Dementia Strategy which is expected to be updated in 2022 (<http://www.gov.scot/Publications/2017/06/7735/downloads>)
- Realising Realistic Medicine (<http://www.gov.scot/Resource/0051/00514513.pdf>)
- The Carers Act 2016 (<http://www.legislation.gov.uk/asp/2016/9/contents/enacted>)
- HSCP's Carer Strategy www.renfrewshire.hscp.scot/CarersStrategy .
- NHS Recovery Plan 2021-2026 [NHS recovery plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/nhs-recovery-plan-2021-2026/pages/1-1-introduction.aspx)

3. Our Priorities

Our priority areas for palliative and end of life care in Renfrewshire

National Health and Social Care Delivery Plan

The Palliative & End of Life Care Plan will align with the aims set out in the Scottish Government's Health & Social Care Delivery Plan (<http://www.gov.scot/Resource/0051/00511950.pdf>), in particular the aim that (originally planned by 2021) everyone who needs palliative end of life care will have access to care that meets their individual needs and that "all who would benefit from a Key Information Summary (KIS) will receive one". The plan also indicates that people will receive more sensitive end of life care with the aim of supporting them in the setting that they wish. These objectives remain hugely important five years on from the publication of the delivery plan.

Supporting and working with our colleagues in NHS GGC, charities and the independent sector to develop a framework for identifying and resourcing the needs of those with life shortening/limiting illness will be vital for success of the wider strategy.

Effective use of people and resources

Renfrewshire HSCP will aim to maximise the impact of palliative and end of life care in Renfrewshire through the most effective use of our people and resources. This will support us to develop a coherent and connected approach to the provision of good palliative and end of life care by:

- Working with ACCORD and St Vincent's Hospices in the provision of care, using their specialist expertise to take forward new and innovative approaches to delivering palliative care in the community.
- Developing our relationship with charities and independent organisations in the planning and delivery of effective and sustainable service provision

By doing so, we will endeavour to meet patient preferences that may reduce the numbers of people who die in acute hospital settings and/or reduce the number of days people spend in hospital in the last 6 months of life.

A close-up photograph of a healthcare professional wearing blue scrubs and a stethoscope, gently holding the hand of an elderly person. The professional's hand is on the left, and the elderly person's hand is on the right. The background is blurred, showing a hospital setting. A teal rectangular box is overlaid on the lower left of the image, containing white text.

Our Actions – How will
we do this?

4. Our Actions – “How will we do this?”

Our identified action themes to deliver on our priorities

1.

Development of people that support and provide palliative and end of life care.

2.

Establishing our Palliative Care Planning Group leadership and governance.

3.

Supporting children and young adults.

4.

Strengthening collaborative working to improve people’s pathways through services.

5.

Enhancing and embedding Anticipatory Care Planning.

6.

Understanding and improving people’s experiences of palliative and end of life care.

7.

Public health approach to palliative and end of life care.

8.

Ensuring best practice and quality service provision.

4. Our Actions – “How will we do this?”

Our identified actions to deliver on our priorities

Theme 1: Development of people that support and provide palliative and end of life care

To improve outcomes for people who would benefit from a palliative approach to care we will work with our workforce and our partners to identify learning and education needs. We will use the NHS Education Scotland National Palliative Care Educational Framework ["Enriching & Improving Experience"](#) achieve a consistent approach.

To do this we will:

- Consider the education, training and support needs of families, carers and communities of people who need palliative care. Aim to ensure they feel sufficiently enabled to provide the best possible support and care.
- Understand the increased need for emotional support for families and carers following the pandemic, utilising the rich and informative feedback we have received through our consultation. We will ensure the Carers Centre is represented on our Care Planning Group and we work towards establishing a lived and living experience forum where families and carers have a voice.
- Continue to support ACCORD Hospice and St Vincent's Hospice in delivering palliative and end of life care training to Health and Social Care staff who work in community settings. The scope of this will be widened with the utilisation of ECHO.
- Consider the workforce and financial implications of meeting the increasing demand for palliative and end of life care in community settings, and work with partners to maximise resource utilisation while identifying future funding opportunities. This will need to link to the HSCP's Workforce Strategy 2022-25 and to the Scottish Government's National HSC Workforce Plan.
- Consider the psychosocial and health impact on everyone who works with and supports the very ill, the dying and the bereaved on a daily basis and explore ways of supporting them, aiming to alleviate work related stress and increase their resilience. Ensure the increased emotional impact of the Covid-19 pandemic is considered and suitable support is provided through e.g.
 - Clinical debrief sessions
 - Clinical and management supervision
 - Utilising National and local health and wellbeing resources including the National Wellbeing Hub.

4. Our Actions – “How will we do this?”

Our identified actions to deliver on our priorities

Theme 2: Establishing Our Palliative Care Planning Group Leadership and Governance

Renfrewshire HSCP has tasked us – the Palliative Care Planning Group - with implementing the Plan and ensuring implementation reflects an understanding of specific population needs in relation to palliative and end of life care.

To do this we will:

- Ensure our Palliative Care Planning Group includes a full range of partners, including e.g. Improving the Cancer Journey (ICJ), Hospices, charities and private care providers, Health & Social Care staff across all services, and Carer services or organisations. We will bring the voice of service users and families into the group.
- Ensure the outputs and outcomes from the group are able to influence the HSCP’s Senior Management Team and Integrated Joint Board and are shared with the wider palliative care community via the HSCP’s website and the NHSGGC palliative care website.
- Continually review data sources and agree a suite of measures that can be used to determine the impact of the strategy over its lifespan. This will include provision for ongoing monitoring and development of measures including new initiatives such as Excellence in Care.
- Continue to be closely aligned with the wider Glasgow and Clyde Palliative Care Network which will provide a platform for shared communication and learning.
- Continue to work with Scottish Government departments and related bodies to share practice innovation and to refine reporting and feedback mechanisms to give greater clarity on the impact of good palliative care e.g.
 - Emerging National Palliative Care Network and new Clinical Lead once appointed
 - HIS frailty collaborative
 - HIS collaborative testing approaches to meet Commitment 1 of the Strategic Framework for Action
 - Working with NES to influence national approaches to Confirmation of Death.

4. Our Actions – “How will we do this?”

Our identified actions to deliver on our priorities

Theme 3: Supporting children and young people

To do this we will:

- Work in partnership with individuals and organisations to develop and implement reliable systems that allow the voices of children and young people to shape and influence care and service provision in Renfrewshire and to develop a more detailed understanding of the availability of palliative care services for them.
- This will complement the work undertaken for adult services. It will involve work with HSCP children's services staff, children's hospice representatives, paediatric/acute hospital services and charity and private care providers.
- We will work to make clear the unmet need, if any, and will work to ensure babies, children and young people are offered in-house hospice care and CHAS at Home.
- We will ensure that Family Support Teams provide emotional and practical support including during transition from children to adult services. The Activities Team offer therapeutic support to siblings pre- and post-bereavement.

4. Our Actions – “How will we do this?”

Our identified actions to deliver on our priorities

Theme 4: Strengthening collaborative working to improve people’s pathways through services

To do this we will:

- Outline the pathways between general and specialist palliative care and end of life care. We will ensure these are clearly communicated at a local level and understood by those requiring or delivering services.
- Develop a greater understanding of the palliative care and palliative service needs of people with progressive terminal illnesses that shorten life like Motor Neurone Disease. We will then agree clearer pathways for people across Renfrewshire.
- Develop our relationships with all partners in these pathways to ensure care delivery is seamless for the people we serve.
- Aim to ensure effective and timely transitions between places of care with particular emphasis on the involvement of families and carers in planning care, and the provision of appropriate patient information at the point of discharge.
- Improve collaborative and seamless ways of working between services by implementing more fluid means of sharing patient information, data and care plans. Aim to ensure this improves people’s care pathways and helps to direct their treatment and care.

4. Our Actions – “How will we do this?”

Our identified actions to deliver on our priorities

Theme 5: Enhancing and embedding anticipatory care planning

Anticipatory care planning (ACP) is a priority for all HSCPs.

To do this we will:

- Work with staff groups across all sectors to promote planning conversations that can be recorded in the most appropriate shareable format. This will support our strategic plan priority to achieve year on year increases in our use of Anticipatory Care Plans.
- Work with primary care governance groups to enhance the quality of ACP and the number of people with an electronic key information summary (eKIS). Ensuring wider completion and accessibility of ACP and eKIS information across all MDT teams and services.
- Work to embed Anticipatory Care approaches, using National ACP documentation where appropriate. We will ensure staff are equipped to take a holistic approach to facilitating conversations about an uncertain future, including:
 - The potential benefits or side effects of various care and treatment options
 - Concerns about social aspects of life i.e., isolation and loneliness
 - Financial concerns
 - ‘Red Bag’ scheme for care home residents.

4. Our Actions – “How will we do this?”

Our identified actions to deliver on our priorities

Theme 6: Understanding and improving people’s experiences of palliative and end of life care

We aim to ensure people’s experiences inform and shape everything that we do including how we deliver, plan and shape services.

To do this we will:

- Ensure the views and experiences shared with us through our Strategy consultation is used to inform our future work to improve service delivery.

“Social care staff excelling in promoting a good death experience involving all relevant parties.”

“We went through an emotional journey beyond what we could have imagined, my husbands wishes that he was with his family and didn’t want to die alone in hospital and being able to do this gave me comfort after he passed away”

- Establish in collaboration with patients, carers and carer groups, an ongoing feedback mechanism that informs the HSCP about people’s experiences and areas where further development might be required. This could include feedback on the care provided or the impact on family/carer wellbeing.
- It will also consider ways in which to reflect on examples where things worked well and to understand and learn from what did not. This includes feedback and reflection on the experience of people who have passed away and ensuring this is a reflective exercise which is shared across services. Validated tools will be used where possible and direction will be sought from key national reports including the ‘Trees that Bend in the Wind report’ by Scottish Care.

4. Our Actions – “How will we do this?”

Our identified actions to deliver on our priorities

Theme 7: Public health approach to palliative and end of life care

To do this we will:

- Continue to promote the wider public health messages around palliative care, with the HSCP and partners supporting initiatives such as ‘Big Conversation’ and ‘Palliative Care is Everyone’s Business’.
- Introduce the Compassionate Community model to maximise the capacity and capability of the people in Renfrewshire’s communities that is available to support people to live and die well at the end of their lives.
- Improve access to information for people requiring palliative care and their carers and families. This will include online and written information and will cover medical/clinical issues as well as non-medical issues such as Power of Attorney and financial advice.
- Work within locality groups to ensure that service provision is equitable and consideration is given to identifying and engaging with harder to reach groups, including e.g. ethnic minorities, people with a learning disability and the homeless.
- Aim to provide agreement on a common language used within palliative care to ensure all staff within all partner organisations, patients and their families are clear what we mean when palliative and end of life care discussions occur. This will be supported by means of written material.

4. Our Actions – “How will we do this?”

Our identified actions to deliver on our priorities

Theme 8: Ensuring best practice and quality service provision

To do this we will:

- Work in partnership with Equipu to monitor the provision of equipment to people with palliative care needs. This will include:
 - identification of commonly used equipment
 - planning of future provision
 - ongoing review of service response particularly to those who require items urgently.
- Explore advances in telecare and telehealth for people with palliative and end of life care needs to enhance monitoring and safety within the community.
- Continue work and development within Local Authority and private provider Care Homes with the implementation of the Supportive Palliative Action Register. This will allow Care Homes to identify residents who are deteriorating and to be supported to assess and manage their care appropriately.
- Continue to roll out and engage with GP Practices to identify patients who have palliative care needs. The aim is to provide access to all to the Community Palliative and Supportive Care MDT to ensure all who would benefit from care coordination have access to it.
- Work towards ensuring best practice around the prescribing, administering, and prompting of medications used in palliative and end of life care in all care settings.
- Continue to learn and build on innovative new ways of working which have been implemented in and around palliative and end of life care services during the pandemic. This includes utilising more flexible, community-based working to provide people with care in the settings most comfortable to them.
- Continue to develop and utilise enhanced digital capabilities for communication and education purposes.

A healthcare professional, a man with dark hair and a blue shirt, is standing and talking to an elderly couple. The woman, with short grey hair and a light blue top, is smiling. The man, with grey hair and a white t-shirt, is sitting in a bed with white railings, holding a white cup. The scene is set in a bright, home-like environment with a white bedside table and a lamp.

Monitoring and Evaluating our Progress

5. Monitoring and Evaluating our Progress

Measuring the impact of our Plan

Measuring the impact of our Plan

- Each year of the Strategy our Palliative Care Planning Group will produce a yearly action plan that outlines our priority actions aligned to the local and national themes that these relate to. The Palliative Care Planning Group will take forward the action plan for implementation, ensuring our commitments are delivered upon and our objectives are met.
- We will look to continually review data sources and agree a suite of measures that can be used to determine the impact of the strategy over its three-year lifespan. This will include provision for ongoing monitoring and development of measures including new initiatives such as Excellence in Care.
- The Palliative Care Planning Group sits within the HSCP's care planning governance structure and will report on the priority activities relating to palliative care within the HSCP's Strategic Plan. This ensures performance against agreed local and national performance indicators are monitored and reported on.

Related Renfrewshire HSCP Strategic Plan Objectives

In Renfrewshire, palliative care is everybody's business. We will deliver Renfrewshire's updated Palliative Care and End of Life Care Strategy in partnership, with a particular focus on (i) improving access for all; (ii) improving pathways between services; and (iii) providing training and information across services to broaden understanding of generalist and specialist forms of palliative and end of life care. We will do this with the aim of meeting the emotional support needs of families and unpaid carers and supporting the wellbeing of staff.

Anticipatory Care Planning (ACP) is a priority. We will work with staff groups across all sectors to promote planning conversations that can be recorded in a shareable format via clinical portal, supported by staff attending training to have the competence and skill to have sensitive discussions with patients. This will also contribute to our objective to achieve year on year increases in our use of Anticipatory Care Plans that are reflective of people's individual wishes, inclusive of times where the individual does not wish to have this conversation. We will work with primary care governance groups to enhance the quality of Anticipatory Care Planning and increase the number of people with an eKIS (electronic key information summary).

A photograph of an elderly patient lying in a hospital bed, wearing a white ribbed sweater. A caregiver's hand, wearing a light blue sleeve, is gently holding the patient's hand. The patient's other hand has a medical device attached, secured with white tape. The background is a plain white sheet.

Appendices

Appendix 1 – Our Year One 2022-2023 Action Plan

Our identified actions for year one of the Strategy

This action plan identifies specific high level action areas that will support the delivery of the Palliative and End of Life Care Strategy and our vision for Renfrewshire. The Palliative Care Planning Group will be responsible for ensuring these are delivered upon. The plan will be formally reviewed and updated twice per year for the duration of the strategy. The detailed year one actions will help to inform priority actions for years two and three.

Theme	Year 1 Action	To inform years 2 & 3
Development of people that support and provide palliative and end of life care	Continue to identify the education, training and support needs of our workforce, including appropriate sufficient health and wellbeing support, building on the significant work already completed.	Identified gaps from year 1 to inform workforce implications and commissioning needs.
Establishing leadership and governance of our Palliative Care Planning Group	Continue to review and enhance the governance structure of the Palliative Care Planning Group, ensuring appropriate representation of partners, service users and families. Include and engage further with the voices of children and young people and hard to reach groups including ethnic minority communities.	Frequent review of the CPG and its impact. Evidence of service user input influencing service provision and planning.
	Implement the Palliative and End of Life Care Strategy and action plan.	Informing a longer-term year 2 and 3 workplan to be developed in 2023.

Appendix 1 – Our Year One 2022-2023 Action Plan

Our identified actions for year one of the Strategy

Theme	Year 1 Action	To inform years 2 & 3
Identifying best practice and Learning to improve people's pathways through services	<p>Map existing palliative care pathways in Renfrewshire to establish and understand what is currently in place, including the following:</p> <ul style="list-style-type: none"> Consider the efficiency of respite beds for patients and carers living and dealing with a life limiting illness. Look to identify and evaluate health inequalities prevalent in Renfrewshire, and related disparities in access to our services. Continue to roll out and engage with GP Practices to identify patients who have palliative care needs. Consider as a priority the pathways and interfaces between Primary, Secondary and Community care. 	Develop our pathways based on the mapping exercise completed in year 1.
	Complete a needs analysis desktop exercise to ascertain existing issues and gaps in access and provision of people's needs. This will help to inform people's preferences to care and provide a shared understanding of equalities. This will also include current provision of Palliative Care for children in Renfrewshire.	Year 1 analysis will help to inform specific areas of work to resolve existing issues and gaps in access and provision.

Appendix 1 – Our Year One 2022-2023 Action Plan

Our identified actions for year one of the Strategy

Theme	Year 1 Action	To inform years 2 & 3
Public health approach to palliative and end of life care	Introduce the Compassionate Community model to maximise the capacity and capability of the people available in Renfrewshire's communities to support people to live and die well at the end of their lives.	
		Utilise the year 1 work around pathways and feedback mechanisms to inform the improvement of access to information for people requiring palliative care and their carers and families. This will include online and written information and will cover medical/clinical issues as well as non-medical issues such as Power of Attorney and financial.
	Aim to provide agreement on a common language used within palliative care to ensure all staff within partner organisations, patients and their families are clear what we mean when palliative and end of life care discussions occur.	

Appendix 1 – Our Year One 2022-2023 Action Plan

Our identified actions for year one of the Strategy

Theme	Year 1 Action	To inform years 2 & 3
Enhancing and Embedding anticipatory care planning	Continue to work with staff groups to promote planning conversations that can be recorded in a shareable format, supported by staff attending training to have the competence and skills to have sensitive discussions with patients.	
	Identify and develop a mechanism for recording and measuring the quality and impact of Anticipatory Care Planning.	Improved recording and measuring to inform the quality of ACP and areas for potential improvement.
	Continue to work with Primary Care governance groups to enhance the quality of Anticipatory Care Planning and increase the number of people with an eKIS.	

To: Renfrewshire Integration Joint Board
On: 16 September 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Unpaid Adult Carers' Strategy 2022-25, Short Breaks Services Statement for Adult Carers 2022, and Adult Carer Eligibility Criteria 2022.

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1 Following the formal consultation on the Review of the Unpaid Adult Carers' Strategy, Short Breaks Services Statement for Unpaid Adult Carers, and Unpaid Adult Carer Eligibility Criteria, during July and August 2022, this report provides an overview of the feedback received.
- 1.2 This paper describes how, where appropriate, this feedback has been reflected within the final version of the documents, which are provided as appendices to this paper for the IJB's approval. Subject to approval, these documents will act as a framework for how Renfrewshire will support unpaid adult carers over the next three years.
- 1.3 This report also sets out next steps, which focus on delivering on the priorities and the high-level activities set out the strategy. These activities will be linked to existing performance indicators where possible, to be tracked and reported to the IJB through existing performance management processes.
-

2. Recommendations

It is recommended that the IJB:

- Approve the final version of the Unpaid Adult Carers' Strategy 2022-25, the Short Breaks Services Statement for Unpaid Adult Carers 2022, and the Unpaid Adult Carer Eligibility Criteria 2022; and
- Note the next steps outlined regarding delivery and monitoring of the priorities and high-level activities set out in Strategy, including the development of detailed underpinning actions in consultation with the wider unpaid adult carer community.

3. Background

3.1. Renfrewshire's Integration Joint Board (IJB) is required by the Carers (Scotland) Act 2016 to:

- Prepare a local carers strategy.
- Set local eligibility criteria.
- Prepare a short breaks services statement.

The Act requires the IJB to review the documents after three years.

3.2 In June 2022 the IJB approved the review process which included a formal consultation plan. This consultation period ran from 1 July 2022 to 22 August 2022. Section 5 of this paper provides a summary of the nature and detail of the feedback received and how this has been reflected within the final documents.

3.3 The contents of these documents align with national legislation and policy, including:

- Carers (Scotland) Act 2016 which sets out the information that should be included in a Carers' Strategy – the Unpaid Adult Carers' Strategy 2022-25 includes this information (Appendix 1).
- The Government-published guidance on eligibility criteria for unpaid carers. The Adult Carer Eligibility Criteria 2022 reflects much of this guidance (Appendix 2).
- The Government-commissioned Shared Care Scotland guide to the content and format of a Short Breaks Services Statement. This is reflected in the Short Breaks Services Statement for Adult Carers 2022 (Appendix 3).

4. Summary of the formal consultation process undertaken

4.1. The HSCP sought to consult widely on the documents over July – August 2022 to:

4.1.1 Test the challenges and priorities from the previous strategy and those which have emerged over the last two years to ensure it captures what matters most to carers; and

4.1.2 Target new unpaid carers with a complementary aim of raising awareness that support is available, and developing a better understanding of what support they value.

4.2 Formal consultation was launched via the Consultation and Engagement Hub on Renfrewshire HSCP's website and social media channels. The consultation was also shared across existing networks including but not limited to:

- The launch of an online survey through the HSCP's consultation webpage, setting out a range of questions to obtain feedback on the priorities within the existing strategy, The survey also asked for views on the Short Breaks Services Statement, and Unpaid Adult Carer Eligibility Criteria, as well as other factors that are important to carers. 40 surveys were completed.
- Paper surveys with the same questions as above distributed via three local organisations to ensure that people not able to respond digitally could still have their say. 30 responses were received in this manner.
- Focus groups with 52 members of staff from seven locality teams, to gather feedback using a set of questions, consistent with those included in the survey.
- A session with eight members of the RAH Social Work Team to gather feedback specific to hospital settings using a set of questions consistent with those included in the survey.
- Input to the Leadership Network of approximately 50 managers, using Menti (a survey tool) to gather views on questions related to service users who are unpaid carers and staff who are unpaid carers.
- Six unpaid carers responded to the survey via the groups they attend at the Carers Centre.
- Carers Centre Drop-in – 11 unpaid carers attended 2 x in person and 1 x Zoom sessions held to give unpaid carers the opportunity to discuss the consultation and their caring experience.
- An input was provided to the Strategic Planning Group, with the offer of dedicated consultation sessions with Voluntary and Independent Sector partners.
- A short survey of the GP Forum, with questions specific to GP settings. Four responses were received.
- Various sessions with the Unpaid Adult Carers Planning Group to agree how the consultation feedback would be best reflected in the strategy.

4.3 Two national consultations also ran during this same period, namely the Carers Trust Annual Carers Survey and the Carers UK State of Caring Survey which may have impacted on response return rates to the local survey. Renfrewshire Carers Centre have agreed to co-ordinate future consultations so that unpaid carers are not being asked to respond to multiple surveys at the same time. The feedback from these

national surveys will however provide further valuable insight which will be considered by the Adult Unpaid Carers Planning Group.

5. Informing the Updated Strategy

- 5.1 The Unpaid Adult Carers' Strategy 2022-25 looks to continue to progress the priorities from the previous strategy, which unpaid carers have told us have increased in importance in the last 24 months. It aims to set out how the HSCP will deliver better outcomes for unpaid carers living or caring in Renfrewshire and support them on a consistent basis to allow them to continue caring, if they wish. Actions undertaken will aim to reduce the impact on their health and wellbeing, life balance, and social and financial inclusion, where these are affected by their caring roles.
- 5.2 Following the completion of the consultation exercise, the Unpaid Adult Carers Planning Group collated and considered all received feedback. Based on this, the following updates to the draft strategy were agreed and implemented.
- 5.3 People told us that refreshing the previous strategy was the right approach to take, and that the previous strategy's priorities, outlined below, were still as relevant, although exacerbated by COVID and the cost-of-living crisis.

Unpaid Adult Carers Strategic Priorities:

- 1. Unpaid carers are identified early and offered the right support at the right time.
 - 2. Unpaid carers get a break from caring.
 - 3. Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.
 - 4. Unpaid carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring.
 - 5. We live in unpaid carer-friendly communities, where unpaid carers' needs and rights are understood, and they are not excluded or discriminated against by virtue of their caring role.
 - 6. Unpaid carers have the information, skills, and resources they need to care.
 - 7. Staff who are unpaid carers are identified and supported within the workplace.
- 5.4 A number of key points which consistently came to light in the consultation are summarised below. These are reflected within the priorities and high-level activities that underpin the Strategy
- Unpaid carers need continued support with the cost-of living-crisis, including support to get the benefits they are entitled to, and support to get access to emergency grants, when available.

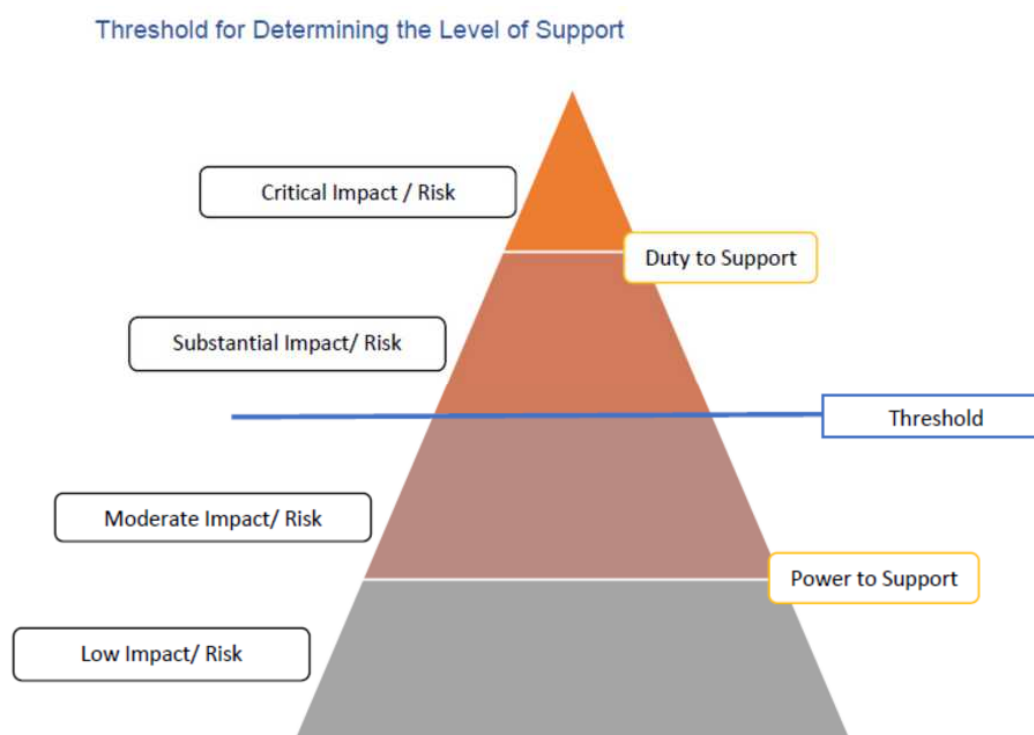
- Supporting the cared-for person should be a partnership between unpaid carers and professionals.
- Unpaid carers should be recognised, valued and treated with the dignity they deserve.
- The pandemic has shown that providing the option of in person and online support works well for unpaid carers. However, unpaid carers should be able to develop their digital skills to ensure they are confident online.
- Unpaid carers should be able to have a life alongside their caring role, and be supported to get access to further education, training and employment. Many unpaid carers would be interested in getting a recognised qualification in health and social care, which in turn could help with sector workforce challenges.
- Many unpaid carers said that traditional forms of breaks do not meet their needs. They also do not meet the needs of the cared-for person. The HSCP and its partners should explore innovative ways of providing unpaid carers with a break.
- Staff and managers said they need more information about the support available to unpaid carers in the community and for staff who are unpaid carers.
- Unpaid carers said there was a need for better communication when the cared-for person was in hospital. Staff and managers also echoed the need for improved communication between HSCP and Hospital staff in relation to unpaid carers.
- Staff and unpaid carers believe that unpaid carers should have choice and control over personalised support that meets their needs.

6. Consultation feedback on Short Breaks Services Statement for Adult Carers 2022, and Adult Carer Eligibility Criteria 2022.

- 6.1 The Short Breaks Services Statement for Adult Carers 2022, aims to help carers understand what short breaks are available, how they can be accessed and any eligibility criteria that apply. The statement is intended to help carers to be better informed about the assistance available to support them achieve a break from caring.
- 6.2 The statement was agreed by the Unpaid Adult Carers Planning Group, and the consultation highlighted the need to publicise available short breaks and how carers can access them. To address this, the statement will be complemented by up to date accessible information on breaks on Renfrewshire Carers Centre's website and Renfrewshire HSCP website.
- 6.3 The Adult Carer Eligibility Criteria 2022 proposes the process to be followed to determine an unpaid carer's identified needs and whether there is a duty or power to

provide support to meet them. It will ensure a clear and transparent way to determine eligibility so that unpaid adult carers in Renfrewshire are appropriately supported.

- 6.4 The Eligibility Criteria was agreed by the Unpaid Adult Carers Planning Group, and the consultation highlighted the need to publicise the Criteria widely and to use it to make unpaid carers aware of the support they can access.
- 6.5 It is proposed that there is a duty to provide support when the level of impact (and risk) is “Critical” or “Substantial”. The aim is to reduce the impact to a manageable level for the unpaid carer. Unpaid carers can request a new Adult Carer Support Plan if they believe their circumstances have changed. The eligibility triangle below demonstrates the position of the threshold.



7. Next Steps

- 7.1 Subject to IJB approval, the final version of the documents will be published alongside an Easy Read version of the Strategy. These documents will also be widely shared with our staff, partners and specifically the Renfrewshire Carers Centre and unpaid carers.
- 7.2 The Unpaid Adult Carers Planning Group will be responsible for the delivery and monitoring of the priorities and high-level activities set out in Strategy. The Group will work with unpaid carers to develop detailed underpinning actions. The delivery plan will link the key activities to existing performance indicators where possible and will be tracked and reported to the IJB through existing performance management processes.

7.3 The strategy and supporting delivery plan will also be regularly reviewed and updated take account of any significant changes over the lifetime of the strategy, including where we need to reflect new national legislation, strategies and plans which are expected to be published within the next three years, namely:

- A new national strategy for carers which is expected to be published by Scottish Government in 2022.
- Updates based on the development of a National Care Service for Scotland.

Implications of the Report

1. **Financial** - the ambitions of the strategy will be funded via the local allocation of Scottish Government funding to deliver provisions under the Carers Act
2. **HR & Organisational Development** – Nil
3. **Community Planning** – Nil
4. **Legal**
Section 21 of the Carers (Scotland) Act 2016 sets out the requirement to set and publish local eligibility criteria.
Section 31 of the Carers (Scotland) Act 2016 sets out the requirement to prepare and publish a local carers' strategy.
Section 35 of the Carers (Scotland) Act 2016 sets out the requirement to prepare and publish a short breaks services statement.
5. **Property/Assets** – Nil
6. **Information Technology** – Nil
7. **Equality & Human Rights** – an EQIA has been completed on the Strategy.
8. **Health & Safety** – Nil
9. **Procurement** – Nil
10. **Risk** – Nil
11. **Privacy Impact** – Nil.

List of Background Papers:

[Carers \(Scotland\) Act 2016](#)

[Carers \(Scotland\) Act 2016 Statutory Guidance](#)

[Making a Statement Developing Your Short Breaks Services Statement](#)

Author: Allan Mair, Senior Community Partnerships Officer

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Supporting our Unpaid Carers

Renfrewshire IJB's
Unpaid Adult Carers' Strategy 2022-25



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Introduction

Background to this Strategy

This is Renfrewshire Integration Joint Board's (IJB) third Unpaid Adult Carers' Strategy since it was established in 2016.

This strategy reaffirms the value we place on unpaid carers and the contribution they make to the wider community of Renfrewshire. It will set out our commitment to unpaid carers, by prioritising a preventive approach to supporting them.

Our aim is to help them to remain in their caring roles and to manage their own life alongside their caring responsibilities.

Our most recent strategy for unpaid carers covered the period from 2020-2022. At the time, our strategy identified a range of priority areas to deliver upon, alongside our partners.

However, for over half the duration of our previous strategy, the IJB and wider society have been responding to the COVID-19 pandemic. The pandemic has had a significant impact on everyone's lives. In many areas, we have worked flexibly to refocus our priorities and adapt to the needs of the rapidly changing environment. More recently, the cost-of-living crisis and other factors are also placing greater strain on unpaid carers.

In developing our new strategy for the next three years, we have started by considering the priorities from our most recent strategy and tested them within the current environment to understand if they remain the most important priorities for unpaid carers.

We have consulted with carers with lived experience, to ensure the strategy has undergone meaningful engagement with those who know what it is like to devote a significant proportion of their time to caring for a loved one or friend. We have also worked with our staff, carer organisations and a range of delivery partners to make sure those who have responsibilities to support carers have had the chance to shape this strategy.

Key areas that were considered as part of this review were:

- Consultation feedback from carers, staff and partners
- Review of most recent demographics
- The impact of COVID and new challenges such as the cost-of-living crisis
- Key Performance
- New Legislation and Policy
- What is changing from the previous strategy to reflect the current context

This refreshed strategy reflects the feedback we have received throughout this process and outlines what we believe must change. We would like to thank everyone involved in developing this strategy. Only by working together can we realise our vision for carers:

Our Carers Vision - Renfrewshire is a caring place where unpaid carers are supported to live well and continue to care in good health.

About this Strategy

How we Consulted on the Strategy

An overview of the engagement we have undertaken:

HSCP staff



Focus groups and
internal
communication

HSCP Leadership
Network



Interactive
engagement

Older People's Care
Planning Group



Interactive
engagement

Strategic Planning
Group



Presentation and
open questions

Carers Centre



Drop-in focus
groups and
group interaction

Unpaid Carers
(known and unknown)



Online and paper copies of
survey shared via:

- Social media
- Carers Centre newsletter
- AST encouragement

Members
of the public



Online survey via
social media

Voluntary
organisations



400 paper surveys
distributed

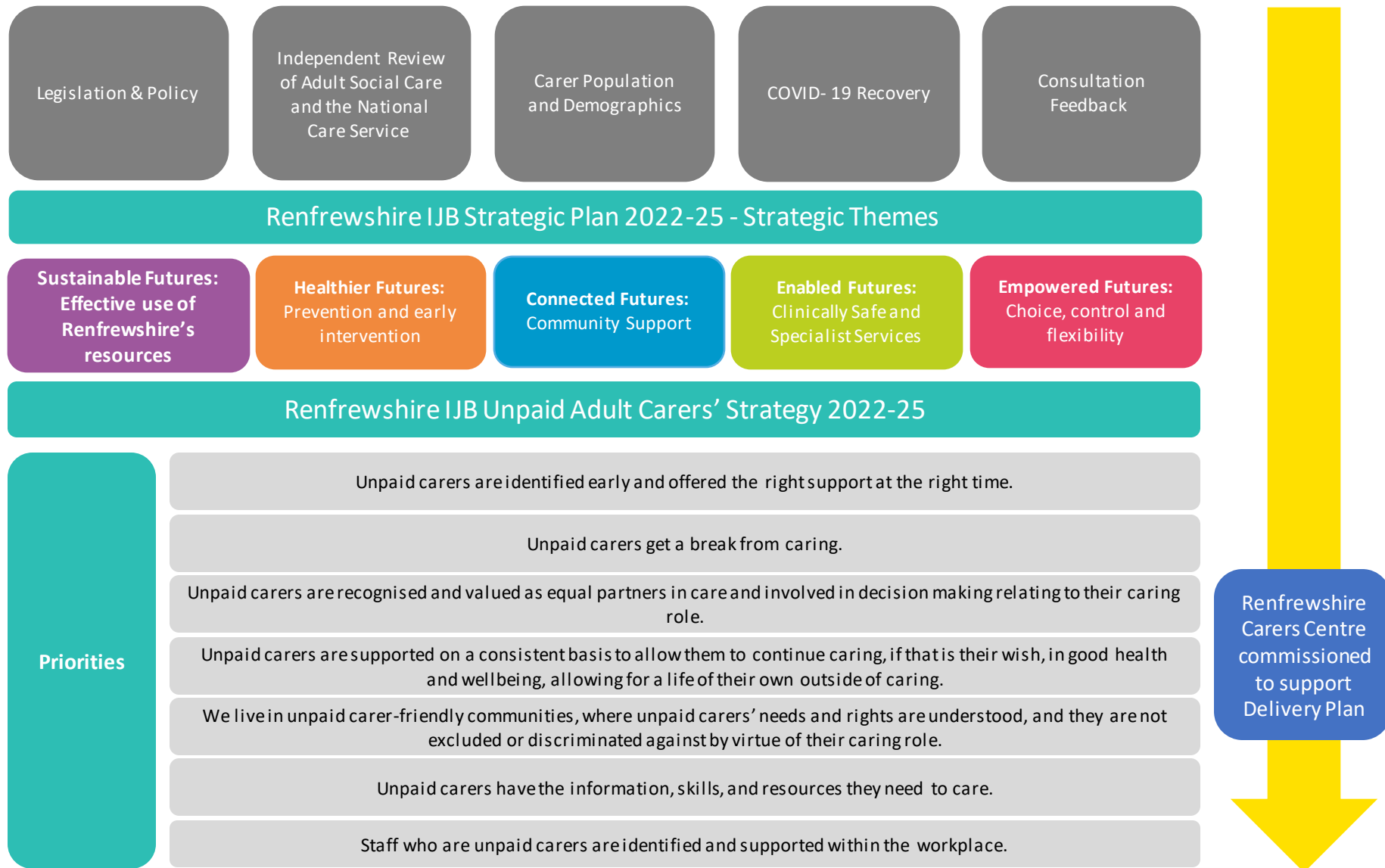
GP practices



Survey sent to
GP group

Our Unpaid Adult Carers' Strategy on a Page

How the Elements of our Strategy fit Together





The Strategic Context

The Strategic Context

National and Local Policies and Strategies

The national and local context for health and social care is increasingly complex and continues to evolve. As a result, our strategy will not be delivered in isolation, but will need to reflect and interact with each of these policies and strategies. We provide an indicative, but not exhaustive, view of this context below. Our strategy is a live document and will continue to be shaped by these policies and strategies and be refined to reflect new developments.

National Context

Legislation and Policy

- Social Work (Scotland) Act 1968
- Community Care and Health (Scotland) Act 2002
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014
- Carers (Scotland) Act 2016
- Social Security (Scotland) Act 2018
- National Care Service (Scotland) Bill 2022

Local Context

Plans and Strategies

- Renfrewshire IJB Strategic Plan 2022-25
- Renfrewshire IJB Workforce Plan 2022-25
- Renfrewshire Young Carers' Strategy
- Renfrewshire Council Plan 2017-22
- NHSGGC Public Health Strategy 2018-2028

National Health and Wellbeing Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

The Strategic Context

Carers (Scotland) Act

Definition of a Carer

The Carers (Scotland) Act 2016 defines a carer as "an individual who provides or intends to provide care for another individual".

An adult carer is aged 18 or over.

This strategy uses the term unpaid adult carer to distinguish from paid care staff.

The Carers (Scotland) Act 2016 came into force on 1 April 2018. It aims to support unpaid carers' health and wellbeing, helping them to remain in their caring roles and to manage their own life, alongside their caring responsibilities.

Renfrewshire IJB implemented all relevant duties by the commencement date in April 2018.

The Unpaid Adult Carers Planning Group continues to monitor the implementation of the Act and new developments such as 'The Carers (Scotland) Act 2016 (Adult Carers and Young Carers of Terminally Ill Persons: Timescales for Adult Carer Support Plans and Young Carer Statements etc.) Regulations 2021', which came into force in July 2021.

The Government provides funding to implement the duties in the Carers Act. At its meeting on 26 January 2018, the IJB agreed to ring-fence Renfrewshire's local allocation of the Scottish Government's funding solely to fulfil its new duties and provisions under the new Carers Act. The funding is used for a range of support including:

- Commissioning Renfrewshire Carers Centre.
- Funding a post to support the HSCP's partnership with the Carers Centre and co-ordinate the HSCP'S unpaid carers' agenda.
- Respite, care packages and replacement care where additional support is required to keep the cared-for person in the community, including increasing Self-Directed Support (SDS) budgets where appropriate to facilitate this.
- Awareness raising training for staff.



Carers (Scotland) Act 2016
Supporting Carers

The Strategic Context

The Independent Review of Adult Social Care and the National Care Service

The Independent Review of Adult Social Care, and the subsequent consultation on proposals to create a National Care Service, were created in response to the pandemic.

Following the consultation, the Scottish Government introduced the National Care Service (Scotland) Bill to Parliament on 20 June 2022.

The Bill committed Scotland to establishing a functioning National Care Service by the end of 2026.

It includes a section on the 'rights to breaks for carers', which amends the Carers Act and aims to ensure that unpaid carers get the support they need to take 'sufficient' breaks. Being able to take 'sufficient' breaks will also be an identified personal outcome of every unpaid carer.

The 'rights to breaks for carers' provision can be introduced prior to the National Care Service, and ahead of its introduction. The IJB will continue to work with our partners to develop new and innovative ways to give unpaid carers a break from their caring role.

The extent and nature of the National Care Service is still being developed, so there remains a lot of uncertainty. However, the Independent Review and consultation also set out a broad principle for the future of support for unpaid carers, which in our view all stakeholders will support and wish to progress.

"We need to support and enable unpaid carers to continue to be a cornerstone of social care support. The contribution they make is invaluable. Their commitment and compassion is humbling. We need to provide them with a stronger voice and with the networks, support and (breaks) they need to continue in their vital role."

Independent Review of Adult Social Care in Scotland

The Strategic Context

Scotland's Unpaid Carers



759,000

unpaid carers aged 16+*

Source: Scotland's Carers



41%

have one or more long-term health conditions*



4%

have a mental health condition*



12%

are retired*



27%

provide 50+ hours of unpaid care*



59%

are female*



28%

said they do not feel supported to continue caring

Source: Health and Care Experience Survey 2021/22

*Source: Scotland's Carers

The Strategic Context

Renfrewshire's Unpaid Carer Population



17,760

Renfrewshire's unpaid carer population

Source: Scotland's Census 2011



19%

aged 65 and over

Source: Scotland's Census 2011



963

new unpaid
carers Supported
2021/22

Source: Renfrewshire HSCP/Carers Centre



59%

have a good balance
between caring and
other things in their
life

Source: Health and Care Experience Survey 2021/22



63%

provide 100+
hours of
unpaid care

Source: Renfrewshire HSCP



2,695

received
Carers Allowance
Supplement in
October 2021

Source: Scottish Government



95%

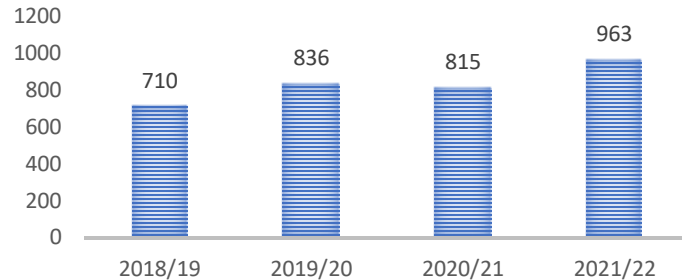
mental health and
wellbeing impacted
by the pandemic

Source: Renfrewshire Carers Centre Survey 2020

The Strategic Context

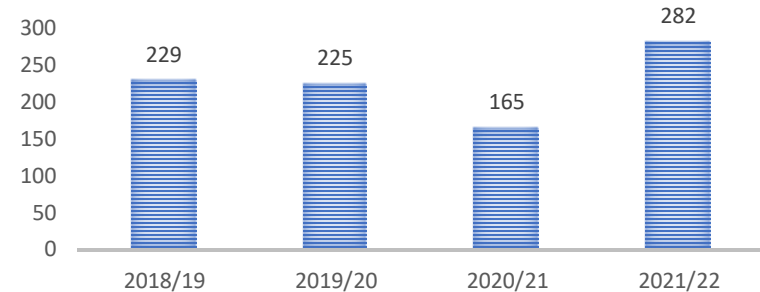
Key Performance Summary

NEW UNPAID CARERS SUPPORTED



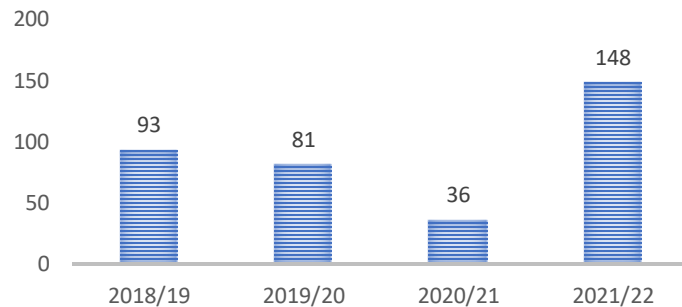
2021/22 saw the highest number of new unpaid carers to the Carers Centre since we began recording this data.

UNPAID CARERS ATTENDING TRAINING



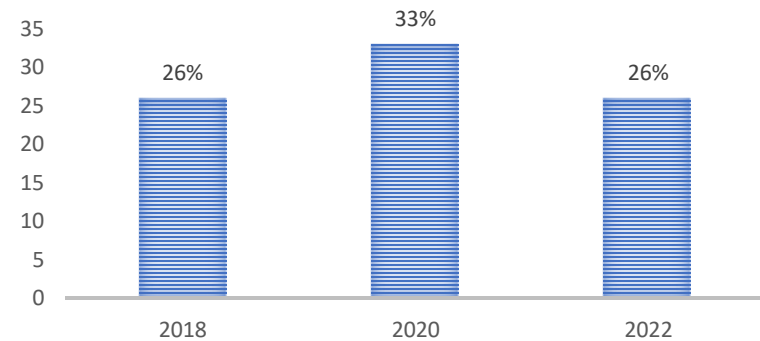
2021/22 saw the highest number of unpaid carers attending Carers Centre training, since we began recording this data.

ADULT CARER SUPPORT PLANS COMPLETED



2021/22 saw an increase in the number of ACSP's completed following an expected decrease during the pandemic.

I FEEL SUPPORTED TO CONTINUE CARING



2022 saw a decrease in the number of unpaid carers who feel supported to continue caring (Health and Care Experience Survey 2022).

The Strategic Context

The Impact of COVID-19

COVID-19 continues to have an unprecedented impact on every aspect of life. Local and national research has highlighted the impact on unpaid carers.

The HSCP, along with our partners across the health and social care system, and in the voluntary sector, implemented new service pathways and ways of delivering services in response to the pandemic. This included working with the Carers Centre to move all support online to ensure that unpaid carers continued to receive the support they needed as well as making sure unpaid carers had access to the technology they needed.

Carers Centre Survey During COVID

- 95% said their emotional health & wellbeing was affected
- 78% had an increased caring role of 50+ hours per week
- 65% were concerned about what would happen to the cared for person if they became ill
- 45% said their caring role had increased due to local services being paused
- 47% had been impacted financially.

Supporting Carers During COVID

In April 2020, the Government published guidance setting out the process for unpaid carers to access PPE. The HSCP worked with the Carers Centre to implement an ordering and delivery process for carers in Renfrewshire.

We also continued to ensure unpaid carers could access the support they needed by moving support online and changing the way we engaged with and identified what support they needed.

The Strategic Context

Key Feedback from the consultation process

A consensus of the feedback told us that refreshing the previous strategy was the right approach to take. It also highlighted that the priorities were the right ones, although exacerbated by COVID and the cost-of-living crisis. We also heard throughout the consultation that identifying unpaid carers was key to supporting them and that is why identifying unpaid carers will once again be our core priority.

Several emerging points came to light in the consultation. These are summarised below and are reflected in the priorities section.

Unpaid carers need continued support with the cost-of-living-crisis, including support to get the benefits they are entitled to, and support to get access to emergency grants, when available.

Supporting the cared-for person should be a partnership between unpaid carers and professionals.

Unpaid carers should be recognised, valued and treated with the dignity they deserve.

The pandemic has shown that providing the option of in person and online support works well for unpaid carers. However, unpaid carers should be able to develop their digital skills to ensure they are confident online.

Unpaid carers should be able to have a life alongside their caring role, and be supported to get access to further education, training and employment. They would be interested in getting a recognised qualification in health and social care, to help with sector workforce challenges.

Many unpaid carers said that traditional forms of breaks do not meet their needs. They also do not meet the needs of the cared-for person. The HSCP and its partners should explore innovative ways of providing unpaid carers with a break.

Staff and managers said they need more information about the support available to unpaid carers in the community and for staff who are unpaid carers.

Unpaid carers said there was a need for better communication when the cared-for person was in hospital. Staff and managers also echoed the need for improved communication between HSCP and Hospital staff.

Staff and unpaid carers believe that unpaid carers should have choice and control over personalised support that meets their needs.

A close-up photograph of a woman with blonde hair and an older man with grey hair and glasses. They are both smiling and looking towards each other, suggesting a warm and supportive interaction. The woman is on the left, and the man is on the right. The background is softly blurred, showing what appears to be an indoor setting with a wooden door and some framed pictures on the wall.

Supporting Carers Through our IJB Strategic Plan






Renfrewshire IJB Strategic Plan 2022-25

Supporting Carers through our IJB Strategic Plan

The Renfrewshire IJB Strategic Plan 2022-25 was approved by the Integration Joint Board in March 2022.

The plan sets out how services will be shaped around individuals, unpaid carers, and communities to support everyone in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. The plan has a focus on delivering within five key themes. The table below sets out how the strategy's vision links with them.

The Unpaid Adult Carers Planning Group contributed to the development of the Strategic Plan and developed the Unpaid Adult Carers Strategy's Priorities.

Strategic Plan Themes		Unpaid Adult Carers Strategy Priorities
 Healthier futures	People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.	Unpaid carers are identified early and offered the right support at the right time
 Connected futures	People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible.	Unpaid carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring. Unpaid carers get a break from caring.
 Enabled futures	Our services are clinically safe, and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.	Unpaid carers have the information, skills, and resources they need to care.
 Empowered futures	People access the right care at the right time and place and are empowered to shape their support at every stage of life.	Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.
 Sustainable futures	We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.	We live in unpaid carer-friendly communities, where unpaid carers' needs and rights are understood, and they are not excluded or discriminated against by virtue of their caring role Staff who are unpaid carers are identified and supported within the workplace

An elderly couple is walking away from the camera on a paved path in a park. The man is wearing a brown jacket and a baseball cap, and the woman is wearing a teal jacket and using a walking stick. The path is flanked by green grass and trees with autumn foliage. The sky is blue with some clouds.

Our Priorities

Unpaid Adult Carers Strategy Priorities

Focusing our activity on priorities which reflect our support to unpaid carers

1.

Unpaid carers are identified early and offered the right support at the right time.

2.

Unpaid carers get a break from caring.

3.

Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.

4.

Unpaid carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring.

5.

We live in unpaid carer-friendly communities, where unpaid carers' needs and rights are understood, and they are not excluded or discriminated against by virtue of their caring role.

6.

Unpaid carers have the information, skills, and resources they need to care.

7.

Staff who are unpaid carers are identified and supported within the workplace.

Priority 1

Unpaid Carers are identified early and offered the right support at the right time.

Most unpaid carers take years to recognise their role, missing out on crucial financial, practical, and emotional support. When not receiving support at an early stage, the negative impacts of caring are intensified with many unpaid carers missing out on benefits and entitlements, and others forced to give up work altogether, with a significant long-term effect on personal and family finances. A lack of practical help can have a huge impact on health and wellbeing, from long-term physical health effects such as back pain, to mental ill health and social isolation because of caring without a supportive network. The longer it takes to identify as an unpaid carer, the more likely it is that unpaid carers will struggle without the support and advice they need.

By identifying unpaid carers earlier, we can provide support to ensure they remain healthy, but also to help prevent a breakdown of the caring role.

We recognise the need to refresh our approach to service provision and strategic commissioning. This includes identifying and supporting more unpaid carers, including those identified as 'hard to reach', such as Black and Minority Ethnic (BME) communities, Gypsy, Travellers, and people with a head injury, mental health, drug, or alcohol issues. We will work with our partners to develop a co-ordinated approach to identifying and supporting all unpaid carers across Renfrewshire.



In 2021 / 22, 963 new unpaid carers were supported via the Carers Centre - the highest number of new carers identified and asking for support since we started reporting this information.

38% had accessed support first by themselves, 19% were helped by a Social Care Professional, 19% were helped by Renfrewshire Carers Centre, 5% were helped by a Health Professional, 5% were helped by Family.

Delivering on Priority 1

Unpaid Carers are identified early and offered the right support at the right time.

High-Level Priority Activity	Outcome	Measure
<ul style="list-style-type: none"> • Design and deliver a programme of unpaid carer awareness and engagement sessions, to our services, acute and community health partners, the voluntary sector, and communities • Run campaigns targeting communities of unpaid carers less well known to us. • Increase the number of Adult Carer Support Plans being offered and completed. • Review, and where appropriate, update the self-referral process, ensuring it is user-friendly. • Run regular roadshows in community settings to target unpaid carers. 	Unpaid Carers are supported to continue to care.	<ul style="list-style-type: none"> • Number of new unpaid carers. • Number of ACSPs offered and completed. • Unpaid carers saying they feel supported to continue to care.

Supporting Our Staff to Identify and Support Unpaid Carers

HSCP staff have a crucial role in identifying unpaid carers. Identifying an unpaid carer could happen in many settings, but for staff this is most likely when engaging with a service user. Many service users will have someone with them when they need support. This provides an opportunity for our staff to recognise an unpaid carer and to sensitively make them aware of their role, and to signpost them to information and sources of support they can access.

What HSCP staff said

"Asking a series of questions which identifies if a service user is a carer would be better, as sometimes, they don't realise"

"Provide carer packs, which have information on rights, financial supports, available services"

"Provide training for staff and managers so they have more of an understanding of what it is like to be an unpaid carer"

Priority 2

Unpaid carers get a break from caring

A short break is any form of service or assistance which enables unpaid carers to have regular and sufficient periods away from their caring routines or responsibilities. The purpose is to support the caring relationship and promote the health and well-being of the unpaid carer, the supported person, and other family members affected.

The Short Breaks Services Statement for Unpaid Adult Carers sets out in more detail what a short break is and how a short break can support unpaid carers.

Short breaks can take any number of forms and can also be for extended periods. Short breaks should be personalised to meet the unpaid carer's needs and be planned around what matters to them.

Examples of short breaks include:

- Traditional holiday type short breaks, often overnight away from caring situation.
- Receiving services e.g., massage, alternative therapies.
- Requiring equipment e.g., computers / tablets.
- Receiving space e.g., a shed or a greenhouse.
- Receiving time e.g., driving lessons to shorten time to the caring role.

ScotSpirit Holiday Voucher Scheme

The VisitScotland ScotSpirit Holiday Voucher Scheme, funded by Scottish Government, forms part of the Scottish tourism pandemic recovery programme. The scheme offers a contribution towards a holiday stay in hotels, campsites, bed and breakfasts or day visit activities in Scotland.

The Scheme focused on supporting unpaid carers affected by the pandemic, while at the same time providing financial support to the Scottish tourism sector.

The Renfrewshire scheme was administered by the Carers Centre, supported by the HSCP, and 93 unpaid carers in Renfrewshire got a break.

In our consultation, only 37% of carers said that someone had spoken to them about getting a short break from caring.

Delivering on Priority 2

Unpaid carers get a break from caring

High-Level Priority Activity	Outcome	Measure
<ul style="list-style-type: none"> Support unpaid carers to access a break from caring. Help unpaid carers understand what short breaks are available, how they can be accessed and any eligibility criteria that apply. 	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	Number of short break hours provided.

Case Study: Supporting Unpaid Carers to Access Innovative Short Breaks Options

As COVID restrictions eased during 2021, the HSCP, the Carers Centre and OneRen initiated a carer's passport pilot across OneRen facilities, supporting unpaid carers to access leisure facilities free for a 12-week period, beginning in October 2021. 77 carers signed up to the initial pilot and agreed to share their experience.

Due to the continuing COVID restrictions, several of the participants were unable to make full use of the initiative, and some felt that they were not able to continue participating in the pilot. It was therefore agreed that the pilot would be extended to 30 June 2022 to facilitate the 39 unpaid carers who expressed an interest in continuing. OneRen, the Carers Centre, and the HSCP are currently working on an evaluation of the pilot, which will inform the development of the passport as well as wider work to support carers to get a break from caring.

"What a wonderful, life changing experience the Carers' Passport scheme trial has been for me. Due to my daughter's illness, I picked up a lot of weight being isolated at home and stress eating. I became unwell myself and my mental health was in a very bad state. I now really understand the positive effect exercise has on mental health and have found that elusive fitness bug that I never understood before. The potential for healing is quite amazing."

Unpaid Carer - Carers Passport Pilot

Priority 3

Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role

Equal Partners

When HSCP staff are planning and delivering care for the cared-for person, it's important that the unpaid carer is involved so they can provide their expert knowledge. Any decisions about the cared-for person's care will also have an impact on the unpaid carer.

In Renfrewshire, unpaid carers are involved at all levels of our organisation. At a strategic level, there is unpaid carer representation on the Integration Joint Board, the Strategic Planning Group and across our different care group planning structures. The HSCP also has a dedicated Carers Planning Group. HSCP staff ensure that unpaid carers are involved in decisions about the cared-for person. Unpaid carers are also supported to represent local unpaid carers at Council, Community Planning, NHS and national meetings.

The HSCP recognises that this involvement will improve partnership working across services and will work with partners to continue to support unpaid carers to be involved in decisions which affect them and the person they care for.

Working in Partnership in Hospital Settings

One example the consultation with unpaid carers highlighted was the cared-for person's hospital journey. The consultation also heard from key staff involved in supporting unpaid carers during this time.

The feedback highlighted two areas for development:

- The links between staff based in hospitals and Renfrewshire Carers Centre to keep up to date with the support available to unpaid carers.
- The support pathways for unpaid carers when the person they care for begins their patient journey.

55% said they were involved in the hospital discharge planning for the person they care for.

18% said they had been asked if they were a carer when the cared for person was in hospital.

Delivering on Priority 3

Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role

High-Level Priority Activity	Outcome	Measure
<ul style="list-style-type: none"> • Provide our staff with the training, information and support to support carers in decision making • Provide regular updates to staff on unpaid carer support. • Support Unpaid Carer representatives to attend relevant meetings and fora. • Support Unpaid Carer representatives to hear from the wider unpaid carer population, and feedback. • Where appropriate, support unpaid carers to access advocacy. • Provide unpaid carer Awareness sessions for people who live and work in Renfrewshire. • Publicise and promote the national Carers' Charter, so that unpaid carers and staff understand carers' rights under the Carers Act. • Work with senior HSCP and NHS GGC managers to develop improved pathways for unpaid carers. • Develop a Renfrewshire Unpaid Carers Forum. 	<ul style="list-style-type: none"> • The voices of unpaid carers are heard, and their views and experiences are considered in decisions which affect them. • Practitioners, managers, local organisations, and the wider public are more aware of unpaid carers, the rationale for supporting them, and their rights under the Carers Act 	<p>Number of unpaid carers saying they feel supported to continue caring</p>

“Carers should be identified as early as possible on admission of the cared for person and asked about previous history/ anything staff need to know. Accurate information should always be given, and carers kept updated. Consultants should meet carer before discharge and discharge plan discussed and agreed...Carer should be able to stay with (cared for)...especially if they can't speak for themselves. They should be treated with respect and involved in all aspects of care. I would have liked to have been given the form that is "all about me" to fill in for my husband instead of me having to ask. It made such a big difference to his mental state and recovery. His own wheelchair should have been there too as I was anxious leaving him in case he fell going to the toilet.” **Unpaid Carer - Hospital Experience**

Priority 4

Unpaid carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring.

Health Inequalities

Unpaid carers who provide high levels of care are more likely to be in poor health. In addition, more unpaid carers took on intensive caring roles during the pandemic. Our consultation showed that 63% of unpaid carers are providing 100+ hours of care each week. The consultation also found that 68% of unpaid carers said they had a mental or physical health condition or illness, which is higher than the national figure of 41%, and higher than the figure for the general population of Renfrewshire (31%).

Identifying unpaid carers is crucial to ensure that they get support early, before their health and well-being deteriorates, and ultimately, they are not able to continue to care. It is also important to provide the right support to unpaid carers, whether that is via support groups, counselling, yoga, social groups, or money advice – all these can benefit physical and mental health.

41% said that Caring Commitments were a barrier to accessing support. 21% said Work Commitments, 17% said transport, and 10% said confidence was a barrier.

44% accessed Information and Advice, 15% had accessed Support Groups, 13% accessed training.

Impact of the cost-of-living crisis

A survey carried out by Renfrewshire Carers Centre in 2020, found that 47% had been impacted financially by the pandemic. A more recent survey by Carers Scotland found that 52% of unpaid carers could not afford their monthly expenses. The main financial support for unpaid carers, Carers Allowance, or Scottish Carer's Assistance as it will become known, is administered nationally. However locally, we can ensure those carers who need it most have access to grants and information about what financial support they are entitled to.

In March 2022, the Carers Centre and HSCP worked together to distribute the Scottish Government's Winter Recovery Fund to eligible unpaid carers to help with energy bills and other essentials.

Delivering on Priority 4

Unpaid carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring.

High-Level Priority Activity	Outcome	Measure
<ul style="list-style-type: none"> Review the ACSP process, ensuring unpaid carers get access to personalised support. Work with unpaid carers and condition specific organisations to develop and deliver support to unpaid carers and the person they look after. Ensure unpaid carers have access to information and advice about what benefits they are entitled to. Continue to access funding to support unpaid carers who need help the most. Provide a range of support to improve unpaid carers physical and mental health and well-being. Review options for providing support at different times of the day. Work with Renfrewshire Council Children's Services to develop a pathway and protocol for young carer to adult carer transition planning, to ensure consistency of support. 	<ul style="list-style-type: none"> People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. Unpaid young adult carers are supported when transitioning from education to training and work while balancing an ongoing caring role. 	<p>Number of unpaid carers saying they feel supported to continue caring</p>

"Training in good health and social care practices and condition-specific illnesses has given me the skills to care with confidence. At the start of my caring journey, I completed an unpaid Adult Carers Support Plan self-assessment, which helped me focus on planning for a healthy work life balance in my caring role. When my mum was diagnosed with dementia, Alzheimers Scotland training taught me to understand this illness and apply dementia friendly communication tools and techniques to help us enjoy our time together. As an unpaid carer we have a wealth of lived caring experience plus opportunities to access health and social care training and qualifications to further develop our confidence and skills."

Priority 5

We live in unpaid carer-friendly communities, where unpaid carers' needs and rights are understood, and they are not excluded or discriminated against by virtue of their caring role.

Assessing the impact of the Strategy

We are committed to ensuring that all unpaid carers should have equal access to services and support.

Good health and well-being is not evenly distributed across our communities and unpaid carers are more likely to be affected by poor outcomes. This can be because of a range of factors, including social issues, prejudice and discrimination. The HSCP will do all it can to address these wider issues that cause inequalities in unpaid carers health and well-being.

This strategy will be equality impact assessed and the assessment will be available on the HSCP's [website](#).

"No one wishes to become an unpaid carer, or to have to rely upon them. it's a position that has been imposed on individuals through unfortunate events. Virtually overnight, and after both working a lifetime in full-time employment, my wife and I have gone from having professional careers, to depending on benefits."

Unpaid Carer

Treating unpaid carers with dignity

During the consultation, unpaid carers said they should be treated with **dignity**, when working in partnership with professionals, as well as in terms of access to financial support.



Delivering on Priority 5

We live in unpaid carer-friendly communities, where unpaid carers' needs and rights are understood, and they are not excluded or discriminated against by virtue of their caring role.

High-Level Priority Activity	Outcome	Measure
<ul style="list-style-type: none"> • Introduce a 'Renfrewshire Unpaid Carers Card', to provide discounted activities across culture, leisure, and hospitality. • Monitor and review the delivery of the Unpaid Adult Carers strategy. • Ensure that staff are aware of their duties in relation to the Carers Act. • Publicise and promote the national Carers' Charter, so that unpaid carers and staff understand carers' rights under the Carers Act. • Ensure unpaid carers have access to information and advice about what benefits they are entitled to. • Continue to access funding to support unpaid carers who need help the most. • Support unpaid carers to gain a qualification related to health and social care. • Support unpaid carers to access training, further education, and employment. 	That the social and economic contribution, impacts and scale of caring are recognised, understood, and reflected in local policy making across all areas	Number of new unpaid carers supported.

Priority 6

Unpaid Carers have the information, skills, and resources they need to care.

Information

The consultation has highlighted the continued importance of information, with unpaid carers, staff, managers, and the public highlighting it as a key support for unpaid carers. The Carers Act includes a duty to ensure the establishment and maintenance of an information service. The HSCP commissions Renfrewshire Carers Centre to provide an Information Service, including an Information Worker post.

How information is Provided:

The centre provides information in a variety of ways, including:

- Website which averages 3,000 visits per quarter.
- E-bulletin with 2,552 subscribers.
- Social media promoting services and support, key policy changes, and consultations.
- Information for unpaid carers on the HSCP website.

The HSCP and Carers recognise the need to continually update and innovate the way information is provided, especially to encourage new unpaid carers to identify themselves and ask for support.

"Being able to participate on zoom has enabled me to learn new skills that I use whenever I feel stressed and anxious"

Meeting Information Needs through Training

The Carers Centre has offered 282 training courses over 2021/22 to carers. 149 of these were new to the Centre. Training is delivered through a mixture of face-to-face and on-line training and is reviewed regularly to reflect the needs of Carers, as identified through a training needs analysis.

Current training ranges from condition-specific courses such as Dementia, Autism and Mental Health, to practical training such as First Aid, Power of Attorney, Self-Directed Support, Carers Rights and Digital skills. Well-being sessions continue to be popular included relaxation, mindfulness and facial pamper courses.



Delivering on Priority 6

Unpaid Carers have the information, skills, and resources they need to care.

High-Level Priority Activity	Outcome	Measure
<ul style="list-style-type: none"> Produce information booklets specific to each caring situation. Develop innovative ways of providing information, including use of new platforms. Run regular roadshows in community settings to target unpaid carers. Update information on the HSCP's website and provide information relevant to each caring situation. Revisit training programme to make sure it continues to meet the needs of unpaid carers. 	<ul style="list-style-type: none"> Unpaid carers have the skills, knowledge, and confidence to continue caring. Unpaid carers can obtain relevant, understandable, and usable advice and information 	<p>Number of unpaid carers saying they feel supported to continue caring</p>



Priority 7

Staff who are Unpaid Carers are Identified and Supported Within the Workplace

Many of the HSCP's staff juggle their unpaid caring responsibilities with working. Balancing work and care can be a real struggle and the HSCP is committed to ensuring that staff who are unpaid carers get the support in the workplace they need.

Research by [Carers UK](#) in 2021, found that in Scotland:

- 70% of working carers have benefitted from home working
- 45% said that home working, flexible working, and paid carers leave helped them juggle work and care.
- 78% said they felt anxious about caring when working.
- 74% of working carers are worried about being able to continue to juggle work and care

HSCP staff are employed by Renfrewshire Council and NHS Greater Glasgow and Clyde. Both are [Carer Positive Employers](#), an award presented to employers in Scotland who have a working environment where carers are valued and supported.

104 Renfrewshire Council staff are registered as Unpaid Carers.



[Renfrewshire Council](#)
[Carers Leave Policy](#)



[NHSGGC - Information for staff](#)
[who are unpaid carers](#)

Workforce Plan

The HSCP's Workforce Plan sets out the objectives and supporting actions the HSCP and our partners will seek to deliver to develop a sustainable workforce which provides career choices and opportunities for those who currently work in the sector, and attracts people with a range of experiences and skills to work in health and social care in Renfrewshire.

The Plan includes a specific section on unpaid carers in recognition of the critical role they have in supporting health and social care.

Staff Unpaid Carers Story

"I work in the HSCP's Care at Home team. I also care for my child who has a learning disability.

I became aware of the Council's carers leave policy via the staff intranet, which gives me up to one week's paid leave. The leave is flexible, and I don't need to take it all at the same time and this has been a great help."

Delivering on Priority 7

Staff who are unpaid carers are identified and supported within the workplace

High-Level Priority Activity	Outcome	Measure
<p>Provide regular awareness raising sessions to staff and managers in health and social care, on available support for unpaid carers in the community and in the workplace</p> <p>Support employers in Renfrewshire to include unpaid carers within equality, diversity and inclusion policies –</p> <p>Support employers in Renfrewshire to become 'Carer Positive'.</p> <p>Supporting unpaid carers to gain employment, if they so wish.</p> <p>Support employers to include unpaid carers in equalities and diversity monitoring, so that employers can recognise and identify unpaid carers.</p>	<p>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.</p>	<p>Number of unpaid carers saying they feel supported to continue caring.</p> <p>Number of employers in Renfrewshire who are Carer Positive.</p>

What those managing staff told us

The main challenges in supporting our staff who are unpaid carers

- Striking the right balance between supporting staff and providing a service.
- No awareness of available support.
- Lack of information about the support that is available.
- We need to ensure there is wider awareness of the Carers Leave Policy, that it is applied consistently, and we consider how we do this with current staffing pressures.
- Consider additional action we can take to better support staff.
- Training or briefings for staff and managers on available support/ Carers Leave Policy.
- Reassure staff Carers Leave Policy is an entitlement – do not feel guilty requesting.
- Access to money and debt advice.



Delivering our Strategy

Delivering our Strategy in Partnership

The Carers Act included a duty to set eligibility criteria to determine whether unpaid carers have eligible needs. In its Eligibility Criteria for Unpaid Adult Carers, the IJB agreed that when unpaid carers have **critical or substantial** needs, there is a **duty to support**, e.g., more traditional formal breaks arranged by HSCP Locality Teams, and when unpaid carers have **moderate or low** needs there is a **power to support**, e.g., commissioned support from Renfrewshire Carers Centre. All unpaid carers can access Information and Advice.

The HSCP works with its partners in health and social care to support unpaid carers who have critical or substantial needs and works with the Carers Centre and other partners in the voluntary sector to support unpaid carers who have moderate or low needs.

HSCP Locality Teams

Unpaid carers can request an Adult Carer Support Plan from a Locality Team, where they will get the opportunity to discuss what services and support they need. If an unpaid carer has eligible needs, the Locality Team will arrange appropriate support based on the level of need.

HSCP Unpaid Adult Carers Post

The Head of Strategic Planning and Health Improvement is the HSCP's lead for unpaid adult carers and is supported by a post funded by Scottish Government Carers Act Funding. The duties of the post include work to support:

- The partnership with Renfrewshire Carers Centre.
- The development and implementation of strategic documents.
- The implementation of the duties in the Carers Act.

Renfrewshire Council Children's Services

The HSCP has responsibility for supporting adult unpaid carers and Renfrewshire Council Children's Services has responsibility for supporting young carers. The HSCP works with Renfrewshire Council's Children's Services recognising that many young carers are caring for adults and also to ensure a smooth transition to adult support as they become of age.

Hospital Settings

The HSCP's team at the Royal Alexandra Hospital works in partnership with hospital staff to support unpaid carers during the cared-for person's hospital journey. The team also supports the identification of unpaid carers in hospitals.

NHS Greater Glasgow and Clyde Corporate Carers Group

The group brings carer leads and Carers Centre managers from across the NHSGGC area together to develop initiatives to better support unpaid carers in acute settings.

The HSCP commissions Renfrewshire Carers Centre to develop and deliver support to unpaid carers. Commissioned support includes:

Information and advice	Completion of Adult Carer Support Plans	Emergency Planning	Counselling
Mental health support	Young carers support and activity groups	Newsletters	Activity based classes and support groups
Training	Advocacy	Respite	Individual Support
Support with volunteering	Development and Partnership Working	Reaching Hidden Carers	Health and Wellbeing

At the time of writing, work was underway to put in place a new three-year contract with the Centre and the feedback from the consultation will inform what services and support the Centre will provide.

These will also align with the priorities in the strategy. The HSCP and the Carers Centre will regularly ask unpaid carers if the services and support being provided are the right ones to help manage their caring role, and to support them through other challenges such as the cost-of-living crisis.

Delivering our Strategy in Partnership

Commissioning the Renfrewshire Carers Centre

The Carers Centre provide valuable support, and on many occasions are considered a lifeline by unpaid carers. The Centre continually looks for ways to improve the support available. Key commitments the Carers Centre will progress over the life of this strategy include:

- A shortened version of the Adult Carers Support Plan to make it easier to complete.
- Establish Carer Ambassadors throughout Renfrewshire.
- Work with colleges to help Carers to gain qualifications for their caring role.
- Develop digital opportunities to support and identify new Carers such as WhatsApp groups; a new, interactive website
- Establish a short breaks bureau
- Develop Carer Awareness Training for all volunteers
- Work with organisations and communities to identify and support carers from hard-to-reach communities.
- Develop information days on issues affecting carers, such as finance / energy workshops and looking after yourself.
- Improve the transition from Young Carers to Young Adult Carers and then to Adult Carers services within the Centre.



"I cannot say enough about the help I received since I was put in touch with RCC not just emotionally but financially. With their help, I have managed to get a new sofa and cooker, this wouldn't have been possible without their help."

"As a carer I so appreciate all the care & attention you give to us all."

Delivering our Strategy in Partnership

Third Sector Unpaid Carers Partnership

Most third sector organisations will be supporting unpaid carers, even if they do not provide unpaid carer specific services.

As part of work to develop new support for unpaid carers across the voluntary sector, the Strategic Planning Group created a carers subgroup to develop a carers partnership.

The partnership will support developing carer friendly communities across Renfrewshire.



Shaping Services Through Unpaid Carers Voices and Experience

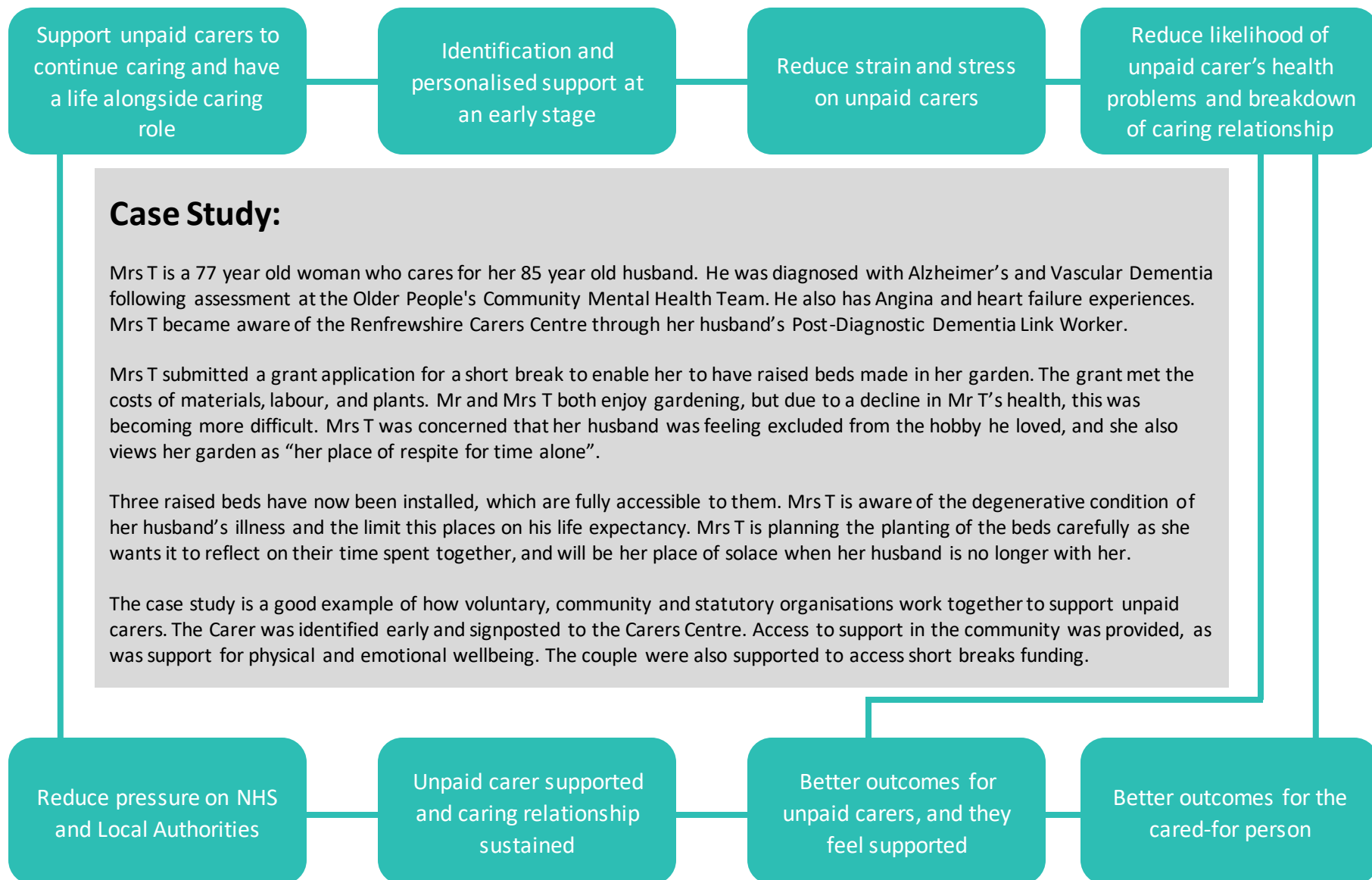
Unpaid carers interact with a wide range of health & care services and their experience of this, and supporting the people they care for, means that they have a key role in shaping local services. Unpaid Carers are represented at all levels of our organisation in Renfrewshire including the Integration Joint Board and the Strategic Planning Group.

Care Planning Groups: these groups have a dual role; acting as a consultation group for the development of strategic plans, and undertaking Joint Strategic Needs Assessments for each Care Group. In addition to the dedicated Carers Planning Group, carers are also represented across the planning group structure providing them with the opportunity to feed in the broad carer viewpoint.

Carers Forum: the Carers Centre have been commissioned to develop a Carers Forum. The Forum will provide an opportunity for unpaid carers' representatives to feed back to the wider unpaid carer community, and for the wider unpaid carer community to feed into the planning structure.

Improving outcomes for unpaid carers

How the elements of our Strategy fit together



Delivering and Monitoring our Strategy

Measuring the Impact of our Strategy

The Unpaid Adult Carers Planning Group will oversee the implementation of this strategy on behalf of the HSCP. The Group will produce annual delivery plans aligned our priority actions, ensuring our commitments are delivered upon and our objectives are met.

The Group will look to continually review data sources and agree a suite of measures that can be used to determine the impact of the strategy. This will also include ongoing progress monitoring, and consideration of where any potential wider societal or policy changes which may need to be reflected during the strategy's 3-year lifespan.

The Group sits within the HSCP's care planning governance structure and will report on the priority activities relating to carers within the HSCP's Strategic Plan. This ensures performance against agreed local and national performance indicators are monitored and reported on. The local priority activities within Renfrewshire HSCP's Strategic Plan are shown below:

Build unpaid carer-friendly communities across Renfrewshire so that unpaid carers can access the support they need to continue to care. This will increase the number of unpaid carers being identified by a wide-reaching awareness and development programme with our services, acute and community health partners, the voluntary sector and communities, and run campaigns targeting communities of unpaid carers less well known to us.

Review the Unpaid Carer Short Breaks Services Statement and strengthen the partnership approach to supporting unpaid carers to access personalised breaks from caring, using innovative ways to achieve positive outcomes, and sustain carers in the essential support they provide.

Unpaid Carer Performance Indicators	2021/22 Value	Target 2022/23
Number of new unpaid carers	963	913
Number of Adult Carer Support Plans completed	148	145
Number of Unpaid Carers accessing training	282	257



Supporting Our Unpaid Carers

Renfrewshire IJB's Unpaid Adult Carer Eligibility Criteria

2022

Background

The Carers (Scotland) Act 2016 commenced on 1 April 2018. The Act recognises the immense value of the unpaid care that is provided in Scotland and the impact that a caring role can have. The Act's aim is to support unpaid carers' health and well-being and ensure that they are better supported and able to continue to care, if they wish to, and have a life alongside their caring role.

The Act also builds on National Health & Wellbeing Outcome 6: "People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing". The Act places a duty on Renfrewshire Integration Joint Board (IJB) to introduce Adult Carer Support Plans (ACSPs), to enable unpaid adult carers to identify their needs and outcomes.

The Carers (Scotland) Act 2016 also requires that Renfrewshire Integration Joint Board develop Local Eligibility Criteria. Where unpaid carers have needs that meet these criteria, there is a duty to provide support. The IJB also has a power to provide support to meet other needs that are identified.

The legislation envisages a preventative approach will be taken when support is planned. The Scottish Government issued a suite of indicators which summarise the impact of the caring role in order to support decision making on eligibility. These indicators link closely to the outcomes which form the basis of the Adult Carer Support Plan.

This document outlines the process to be followed to determine an unpaid carer's identified needs, and whether there is a duty or power to provide support to meet these. It will ensure a clear and transparent system to determine eligibility so that unpaid adult carers in Renfrewshire are appropriately supported.

In developing this Eligibility Criteria, the Health and Social Care Partnership (HSCP) consulted the most comprehensive range of unpaid carers possible: the wider public, Renfrewshire Carers Centre, HSCP staff and managers, voluntary sector partners, and relevant health colleagues.

This document sits alongside the Unpaid Adult Carers Strategy and Short Breaks Services Statement for Unpaid Adult Carers.

Definition of an Unpaid Carer

The Carers (Scotland) Act 2016 sets out the definition of a carer.

What is a Carer?

A carer is an individual who provides care, or intends to provide care, for another individual. The cared-for person may have an illness, disability, a mental health problem or a substance misuse problem.

Exceptions are:

- Where the cared for person is under 18 years of age and is receiving care proportionate to their age.
- Where the carer is paid to provide care.

Adult Carer

An adult carer is a carer who is at least 18 years of age and not at school.

Unpaid Carer

Renfrewshire HSCP uses the term 'unpaid carer' to distinguish from employed paid care providers.

Support Planning

The Carers (Scotland) Act (2016) sets out a process to be followed before determining whether there is a duty, or a power, to provide support to meet an unpaid carer's identified needs. The four steps are:

Step One An unpaid carer wishing to access support can request an Adult Carer Support Plan. Completion of the Adult Carer Support Plan will involve conversations between the unpaid carer and the appropriate practitioner to discuss their caring role, its impact, and their personal outcomes (what is important to the unpaid carer). Together, the unpaid carer and practitioner will identify what might help the unpaid carer to achieve these outcomes.

Step Two This conversation (or conversations), including the personal outcomes and action plan, will be captured in an Adult Carer Support Plan. After both the practitioner and the unpaid carer have signed the Plan, the unpaid carer will be given a copy.

Step Three The unpaid carer and practitioner will consider how any identified needs might be met either wholly or partially, starting with informal supports, services that are generally available, or assistance to the cared-for person (other than "replacement care" to provide a break from caring). If the remaining needs meet the eligibility threshold in relation to any of the suite of indicators, there is a duty to provide support to the unpaid adult carer and this will be met using the four self-directed support options. Unpaid carers will be involved at each stage of the process and in all decision-making. If the remaining needs do not meet the threshold, a decision will be made by the local authority about whether the discretionary power to provide support should be used.

Step Four When the level of support has been agreed and is in place, an initial review date for the Adult Carer Support Plan will be set to review how the supports are enabling / have enabled the unpaid carer to meet their personal outcomes.

An Overview of Eligibility

The eligibility criteria focus on the impact of the caring role on the unpaid carer and the associated risks if this impact is not reduced. When assessing this, the following questions should be considered:

- Is the caring role sustainable?
- How great is the risk that the caring role will become unsustainable?

In Renfrewshire there is a duty to provide support when the level of impact (and risk) is “Critical” or “Substantial”. The aim is to reduce the impact to a manageable level for the unpaid carer. Unpaid carers can request a new Adult Carer Support Plan if they believe their circumstances have changed. The eligibility triangle on Page 8 demonstrates the position of the threshold in Renfrewshire.

The table on Page 9 shows how the impact will be defined for unpaid adult carers. The right type and level of support will be shaped by the identified needs and outcomes which, if achieved, would reduce the impact (and associated risks) of caring, enabling the unpaid carer to provide, or continue to provide care, if this is their wish.

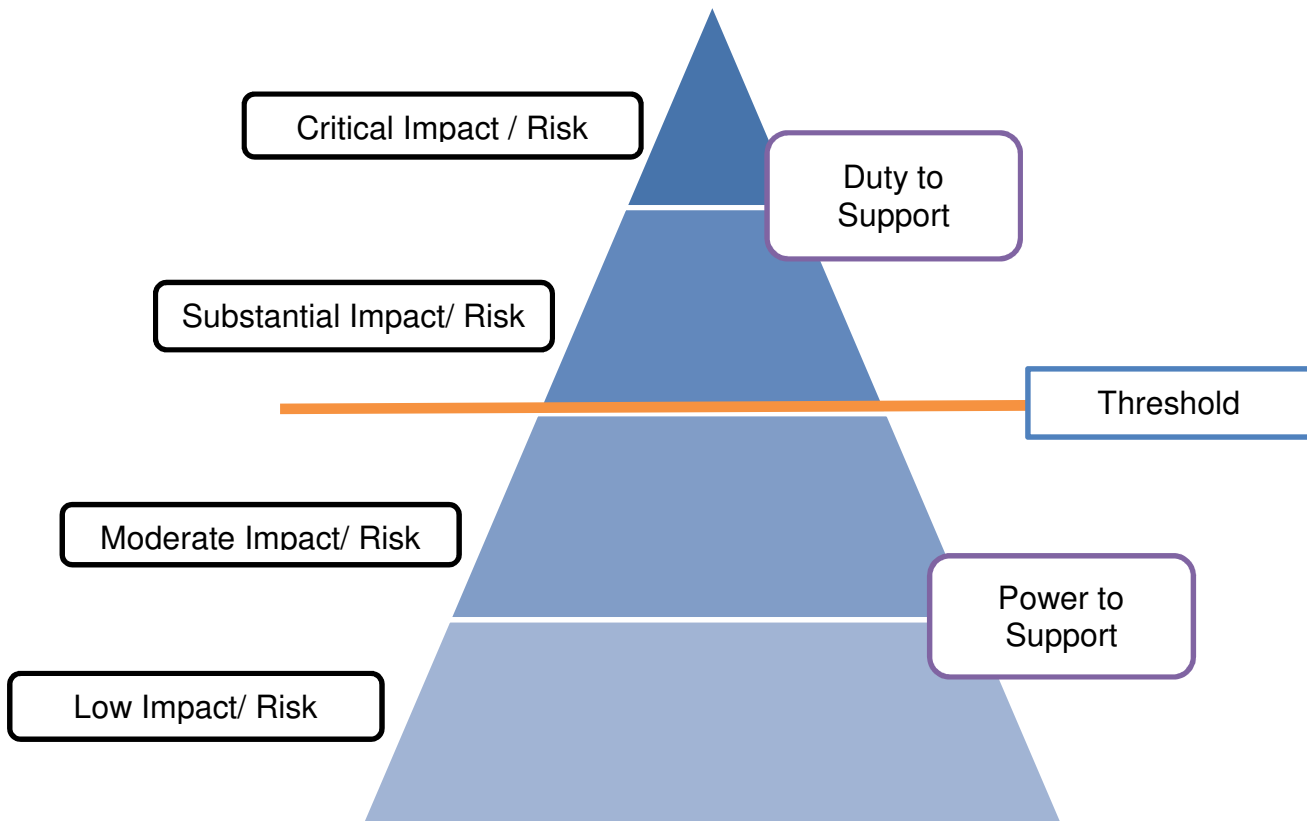
Types of Support and Services

Where there is a **POWER** to support, this may include, but is not limited to, universal or preventative services. Where there is a **DUTY** to support, more targeted services may be available in addition. Unpaid carers may be signposted to external organisations for some of these services. Some examples of supports and services are:

Information and advice services	Leisure activities/services
Welfare rights services (income maximisation services)	Volunteer services
Employability/return to work services	Advocacy services
Training courses	Counselling services
Befriending services	Short breaks from caring
Complementary social therapies	Health and wellbeing services
Community support	Bereavement support services
Emergency care planning	Social care services

N.B. This list is not exhaustive. Appropriate support and services to meet identified needs and outcomes will be considered during the completion of the ACSP.

Threshold for Determining the Level of Support



Indicators of Eligibility

	Caring has low impact LOW RISK	Caring has moderate impact MODERATE RISK	Caring has substantial impact SUBSTANTIAL RISK	Caring has critical impact CRITICAL RISK
Health & Wellbeing	Carer's health beginning to be affected. Caring role beginning to have an impact on emotional wellbeing.	Carer's health at risk without intervention. Some impact on carer's emotional wellbeing.	Carer has health need that requires attention. Significant impact on carer's emotional wellbeing.	Carer's health is breaking/has broken down. Carer's emotional wellbeing is breaking/has broken down.
Relationships	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.	Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.	The carer's relationship with the person they care for is in danger of breaking down and/or they no longer can maintain relationships with other key people in their life.	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.
Living Environment	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person.

Employment & Training	<p>Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term.</p> <p>Carer is not in paid work or education but would like to be in the long term.</p>	<p>Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term.</p> <p>Carer is not in paid work or education but would like to be in the medium term.</p>	<p>Carer has significant difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term.</p> <p>Carer is not in paid work or education but would like to be soon.</p>	<p>Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education.</p> <p>Carer is not in paid work or education but would like to be now.</p>
Finance	<p>Caring is causing a risk of financial hardship e.g., some difficulty meeting housing costs and utilities.</p>	<p>Caring is causing some detrimental impact on finances e.g., difficulty meeting either housing costs OR utilities.</p>	<p>Caring is having a significant impact on finances e.g., difficulty meeting housing costs AND utilities.</p>	<p>Caring is causing severe financial hardship e.g., carer cannot afford household essentials and utilities, not meeting housing payments.</p>
Life Balance	<p>Carer has some opportunities to achieve the balance they want in their life.</p> <p>They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.</p>	<p>Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life.</p> <p>They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.</p>	<p>Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life.</p> <p>They have little access to breaks and activities which promote physical, mental, emotional wellbeing.</p>	<p>Due to their caring role, the carer has no opportunities to achieve the balance they want in their life.</p> <p>They have no access to breaks and activities which promote physical, mental, emotional wellbeing.</p>
Future Planning	<p>Carer is largely confident about planning for the future but has minor concerns about managing caring.</p>	<p>Carer is not confident about planning for the future and has some concerns about managing caring.</p>	<p>Carer is anxious about planning for the future and has significant concerns about managing caring.</p>	<p>Carer is very anxious about planning for the future and has severe concerns about managing caring.</p>



Supporting Our Unpaid Carers

Renfrewshire IJB's Short Breaks Services Statement for Unpaid Adult Carers

2022

Background

The Carers (Scotland) Act 2016 came into force on 1 April 2018, placing new legislative requirements on the Renfrewshire Integration Joint Board (IJB) and the Renfrewshire Health and Social Care Partnership (HSCP). Section 35 of the Act¹ sets out the requirement to publish a statement containing information about the short breaks available to unpaid carers.

In developing this statement, the HSCP consulted the most comprehensive range of unpaid carers possible: the wider public, Renfrewshire Carers Centre, HSCP staff and managers, voluntary sector partners, and relevant health colleagues.

This statement sits alongside the Unpaid Adult Carers Strategy and Unpaid Adult Carer Eligibility Criteria.

Definition of an Unpaid Carer

The Carers (Scotland) Act 2016 sets out the definition of a carer.

What is a Carer?

A carer is an individual who provides care, or intends to provide care, for another individual. The cared-for person may have an illness, disability, a mental health problem or a substance misuse problem.

Exceptions are:

- Where the cared for person is under 18 years of age and is receiving care proportionate to their age.
- Where the carer is paid to provide care.

Adult Carer

An adult carer is a carer who is at least 18 years of age and not at school.

Unpaid Carer

Renfrewshire HSCP uses the term 'unpaid carer' to distinguish from employed paid care providers.

¹ <http://www.legislation.gov.uk/asp/2016/9/contents/enacted>

What is a Short Breaks Services Statement?

The Carers Act requires Local Authorities to publish a 'Short Breaks Services Statement' to help unpaid carers understand what short breaks are available, how they can be accessed and any eligibility criteria that apply.

A Short Break Services Statement is intended to help unpaid carers to be better informed about the assistance available to support them achieve a break from caring.

This statement provides information about Renfrewshire HSCP's approach to short breaks for unpaid adult carers, and is complemented by up to date information on breaks and support on Renfrewshire Carers Centre's [website](#) and Renfrewshire HSCP's [website](#).

This statement was informed by Shared Care Scotland's 'Making a Statement' [guide](#).

What is a Short Break?

This statement adopts the Shared Care Scotland description² of what constitutes a short break:

Definition

A short break is any form of service or assistance which enables the unpaid carer(s) to have periods away from their caring routines or responsibilities.

Purpose

The purpose is to support the caring relationship and promote the health and well-being of the unpaid carer, the supported person, and other family members affected by the caring situation.

The term '*respite*' is sometimes used to describe a break from caring. In general, '*respite*' is more often associated with breaks in institutional settings or emergency situations. The term 'short breaks' is considered a more positive term and more in line with the flexibility and creativity that unpaid carers have said they require.

² <https://www.sharedcarescotland.org.uk/wp-content/uploads/2018/06/Making-a-Statement-FINAL.pdf>

Types of Short Breaks

There are many ways an unpaid carer can have a short break from their caring role. The type and length of a break will be proportionate to every situation and will require the completion of an Adult Carer Support Plan (ACSP) and the application of eligibility criteria for unpaid carers.

Short breaks can take any number of forms and can be for short or extended periods. Short breaks should be personalised to meet the unpaid carer's needs and be planned around what matters to them. Examples of short breaks can include:

- traditional holiday type short breaks, often overnight away from caring situation
- receiving services e.g., massage, alternative therapies
- requiring equipment e.g., computers / tablets
- receiving space e.g., a shed or a greenhouse
- receiving time e.g., driving lessons to shorten time to the caring role.

How do Unpaid Carers Access Short Breaks?

To access a short break an unpaid carer must complete an ACSP. The plan will identify the unpaid carer's needs and intended outcomes. Renfrewshire Carers Centre is the point of contact for unpaid carers who would like an ACSP or to discuss anything about their caring role.

If the unpaid carer's needs meet the eligibility threshold, the Carers Centre will refer them on to Renfrewshire Health and Social Care Partnership (RHSCP) where a worker will complete an ACSP with the unpaid carer.

If the unpaid carer's needs do not meet the eligibility threshold, other forms of support will be agreed when they complete an ACSP with the Carers Centre.

More information on all the support unpaid carers can access is available on the Carers Centre's [website](#). You can also contact the Carers Centre on 0141 887 3643 or enquiries@renfrewshirecarers.org.uk.

Information on short breaks available across Scotland is available on Shared Care Scotland's website <https://www.sharedcarescotland.org.uk/>.

Costs to the Unpaid Carer

Short breaks and other support which is agreed through an ACSP may be eligible for waiving of charges (as detailed in the Carers Act guidance).

Review of Short Breaks Services Statement

Scottish Government guidance on the preparation of a statement sets out that a statement should be reviewed “*as and when required, whilst giving regard to changes such as new short breaks services becoming available locally or nationally; or short breaks services that are no longer available.*”³

The HSCP will review the Short Breaks Services Statement for Unpaid Adult Carers every 3 years.

Feedback and Further Information

If you have any questions about the Short Breaks Services Statement, please contact Renfrewshire HSCP at:

Renfrewshire HSCP
Renfrewshire House
Cotton Street
Paisley
PA1 1AL

Phone: 0141 618 7629

Email: Renfrewshire.HSCP@ggc.scot.nhs.uk

³ <https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/>

To: Renfrewshire Integration Joint Board

On: 16 September 2022

Report by: Head of Health and Social Care

Heading: Quality, Care and Professional Governance Annual Report 2021/2022

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Purpose

- 1.1 This paper is to present the HSCP's Quality, Care and Professional Governance Annual Report for the period April 2021 - March 2022 to the Integration Joint Board (IJB).

2. Summary

- 2.1 The Renfrewshire Quality, Care and Professional Governance Annual Report provides a variety of evidence to demonstrate the continued delivery of the governance core components within Renfrewshire HSCP and the Clinical and Care governance principles specified by the Scottish Government. The governance core components within Renfrewshire HSCP are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.
- 2.2 Arrangements remain in place to support enhanced multidisciplinary arrangements to support care home and care at home settings. This aims to provide granular scrutiny, support and oversight of care home and care at home services.

3. Recommendation

It is recommended that the IJB:

- Note the content of the report (as attached in Appendix 1) provided on HSCP governance to provide the necessary assurance to the IJB that services continue to operate safely and effectively; and
- Note a number of examples are included within the report but not limited to.

Implications of the Report

1. **Financial** – Nil
 2. **HR & Organisational Development** – Nil
 3. **Community Planning** – Nil
 4. **Legal** – Nil
 5. **Property/Assets** – Ongoing COVID guidelines around physical distancing continue to guide the nature of service provision and the ability to use existing property.
 6. **Information Technology** – Managing information and making information available may require ICT input.
 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored and the results of the assessment will be published on the NHS website.
 8. **Health & Safety** – Nil
 9. **Procurement** – Nil
 10. **Risk** – Nil
 11. **Privacy Impact** – None.
-

List of Background Papers – None

Authors: Angela Riddell, Change and Improvement Officer

Any enquiries regarding this paper should be directed to Jackie Dougall/Carron O'Byrne, SMT Governance Leads Email: jackie.dougall@ggc.scot.nhs.uk / carron.obyrne@renfrewshire.gov.uk Tel: 0141 618 7898

Renfrewshire HSCP

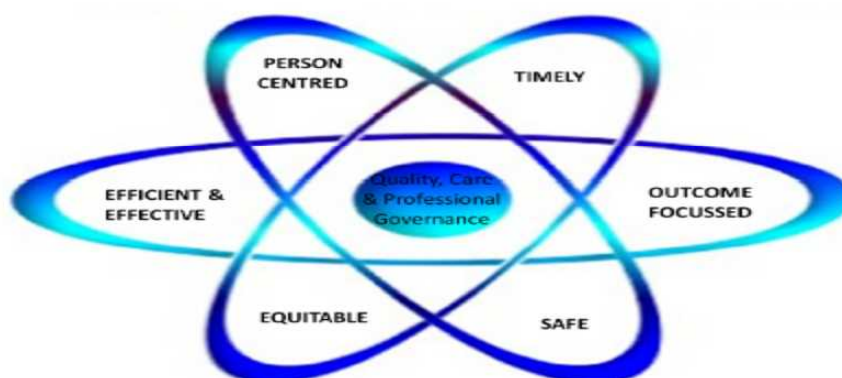
Quality, Care & Professional Governance Annual Report (April 2021– March 2022)

1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period April 2021 - March 2022.

The governance core components within Renfrewshire HSCP are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.

Renfrewshire Health & Social Care Partnership Quality, Care & Professional Governance



2. Clinical & Care Governance Arrangements

2.1 Scottish Government's Policy Statement on Integration states that:

"Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal committee structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care".

- 2.2 Renfrewshire Health and Social Care Partnership is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire.

Services included are:

- Renfrewshire Council's adult and older people community care services e.g. Addictions, Learning Disability, Residential Care Homes and Care at Home.
- Renfrewshire Community Health Services, e.g. District Nursing, Health Visiting, Mental Health and Learning Disability Services.
- Elements of Housing Services relating to adaptations and gardening assistance.
- Aspects of Acute services (hospitals) relating to unscheduled care.

Renfrewshire HSCP hosts two NHS Greater Glasgow & Clyde Board-wide services: Podiatry and Primary Care Support.

Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 23 community ophthalmic practices and 37 general dental practices. Within the 29 Renfrewshire GP practices there are a registered list population of Approximately 186,239 (as at January 2022). Note: One Renfrewshire GP practice closed on 31 March 2022 with supported allocation of patients to existing GP practices. As at 1 April 2022 there will be 28 GP practices in Renfrewshire.

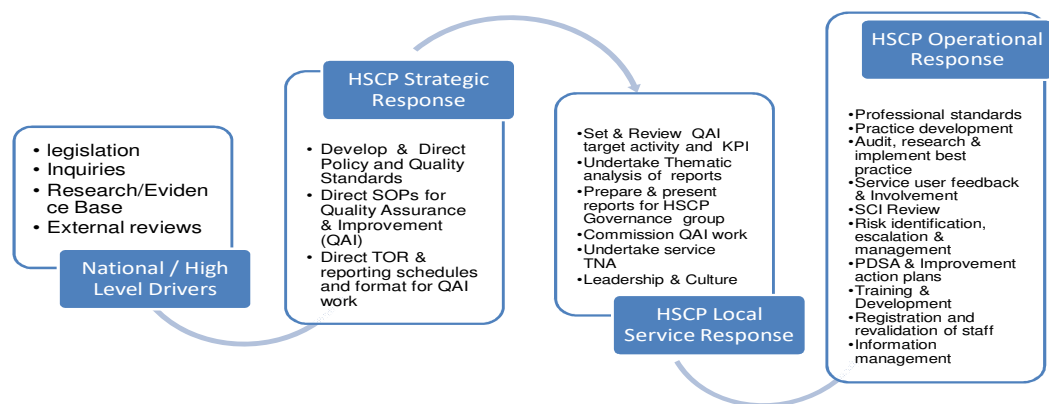
2.3 The HSCP have a number of supporting governance arrangements in place.

HSCP governance arrangements include:

Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Executive Group	Chief Officer	<ul style="list-style-type: none"> • Twice Yearly <p>This is the overarching HSCP governance group to ensure clear strategic objectives for clinical and care governance are in place, delivered and are reported on.</p>
Renfrewshire Localities Services Governance Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all quality, clinical and care governance activity.</p>
Renfrewshire Mental Health, Alcohol and Drug Recovery (ADRS) and Learning Disability Services Governance Groups.	Head of Mental Health, ADRS and Learning Disability Services	<ul style="list-style-type: none"> • Mental Health Governance Group (Monthly) • Learning Disability Governance Group (Monthly) • ADRS Clinical Services Group (Monthly) • Mental Health Clinical Services Group (Monthly) <p>These groups provide a focus for all quality, clinical and care governance activity.</p>
Chief Social Work Officers Professional Group	Chief Social Work Officer	<ul style="list-style-type: none"> • Quarterly <p>This group ensures the HSCP's responsibilities for Renfrewshire Council's statutory Social Work duties and functions are discharged to the appropriate standards.</p>
Medicines Management Group	HSCP Lead Clinical Pharmacist	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all medicines management and prescribing budgets.</p>
Renfrewshire Health & Safety Committee	Co-chaired by the Head of Social Care (West Renfrewshire)	<ul style="list-style-type: none"> • Quarterly <p>This group has responsibility for a co-ordinated framework for the management of health and safety issues.</p>
Renfrewshire Operational & Procedures Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> • Bi-monthly/or Quarterly (subject to requirement) <p>This group provides a forum to discuss, develop, review and ratify local operational procedures & guidelines associated with Adult Services.</p>

Attendance levels at each of these groups is regularly monitored and a requirement for deputies to be identified where members are not able to attend.

- 2.4 In addition, the HSCP have an established structure for professional governance, including system wide arrangements, providing leadership, guidance, support and advice for relevant staff. The HSCP Chief Nurse attends the hospice governance groups, and provides an advisory role in relation to training and development, local and national policy and best practice. The HSCP Clinical Director is a member and chair of the NHS GG&C Primary Care and Community Clinical Governance Forum.
- 2.5 Arrangements remain in place to support enhanced multidisciplinary arrangements to support care home and care at home settings. This aims to provide granular scrutiny, support and oversight of care home and care at home services. This includes ongoing assurance visits across Care Homes expected until at least March 2023.
- 2.6 Within Renfrewshire Quality, Care & Professional Governance arrangement continue to be a dynamic process as illustrated below:



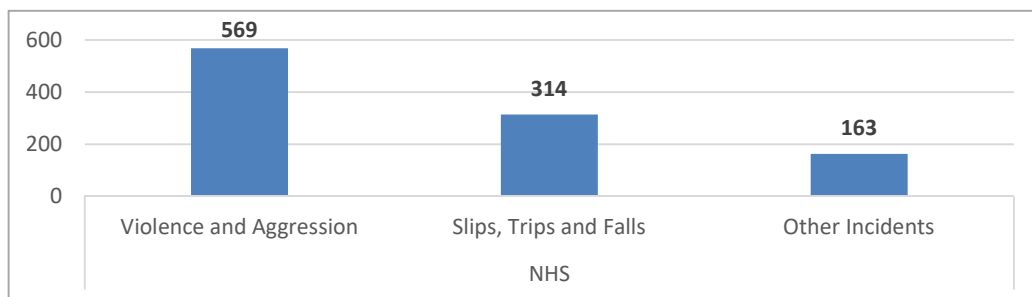
The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach

3. Safety (Incident Management, Reporting and Investigation)

- 3.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. Incident reports are produced and discussed on a regular basis at the relevant governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.
- 3.2 The DATIX Incident Reporting System is used within health to provide a clear reporting structure to record clinical incidents, near misses and complaints. From April 2021 – March 2022 there were **1934** incidents reported on DATIX, compared to **1821 (+113)** in the previous report. Note: this increase may be attributable to more accurate recording/alignment to relevant service on Datix.

The highest reported categories relate to:

Highest Incident Categories



3.3 The Incident Reporting Database which allows users within social work services to record incidents/accidents electronically is called Business World. Note this system is being rebuilt with aim to provide better recording and reporting function. A total of **443** accidents and incidents were reported on this system. This compared to **371 (+72)** in the previous report.

Breakdown includes:

Non-Employee Accidents/Incidents:	<p>A total of 385 accidents/incidents were reported during 2021-2022.</p> <p>This compared to 333 (+52) in the previous report.</p> <p>The highest reported types of accidents were:</p> <ul style="list-style-type: none"> • Slips, Trips and Falls (256) • Fall from Height e.g. from a chair/WC (30) • Violence and Aggression (25).
Employee Accidents/Incidents:	<p>A total of 48 accidents/incidents were reported during 2021-2022.</p> <p>This compared to 38 (+10) in the previous report.</p> <p>The highest reported types of accidents were:</p> <ul style="list-style-type: none"> • Other kind of accidents (15) • Violence and Aggression (11) • Slips, Trips and Falls (11).

3.4

Actions that continue to be in place to address the highest reported incident categories:

- **Violence and Aggression:** Training and refresher training are in place for staff and an e-learning module is available. The Violence Reduction service is also available for staff to provide advice and support around violence reduction and de-escalation strategies. Identified staff also carry a pin point alarm.
- **Slips/Trips and Falls:** All accidents/incidents are investigated locally. Follow up actions are identified, risk assessments are reviewed and care plans updated.
- **Other incidents:** Work continues with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the "other" category if appropriate. This will enable better analysis and action planning of known incidents.

- 3.5 Serious Adverse Events (SAEs) are those events that have or, could have significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery). The purpose of an SAE investigation is to determine whether there are any learning points for the partnership and wider organisation. All SAEs must have a Briefing Note Template completed.

From April 2021 – March 2022 a total of **9** SAEs have been commissioned within Renfrewshire HSCP. This compared to **9** SAEs in the previous report. Description of these incidents varied between suicides, unexpected deaths and pressure ulcer care. All staff involved in commissioning/conducting SAEs investigations must adhere to a series of principles and key requirements.

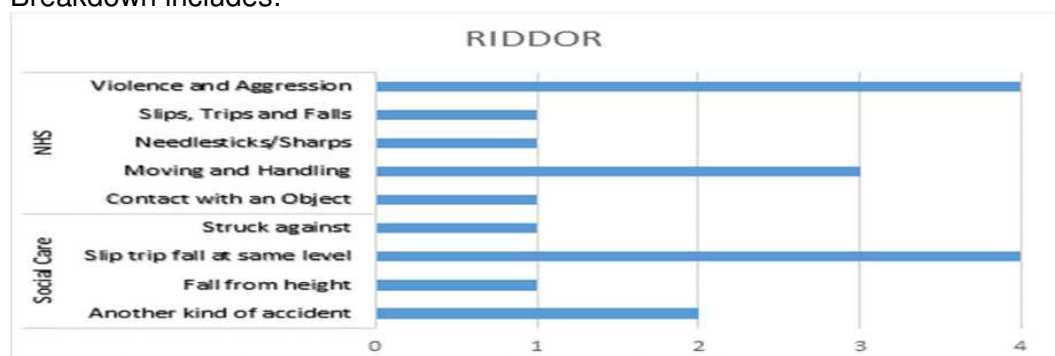
- 3.6 **Examples of incident management/investigation/reporting improvements:**
- Learning from SAEs is shared at various meetings.
 - A process is in place to share learning across HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum.
 - A Mental Health Incident review group in place.
 - Any learning from SAE Reviews shared as appropriate via Chief Nurse Structure.

- 3.7 One Large Scale Investigation was also initiated. This compares to three large scale investigations undertaken between April 2020 - March 2021. The previous number of large scale investigations during April 2020 and March 2021 may indicate the impact that the COVID-19 pandemic had on residential care homes.

- 3.8 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) regulations require organisations to report certain incidents to the Health & Safety Executive (HSE) that occur as a result of, or in connection with the work that is undertaken. If an incident meets the criteria stipulated in the regulations then it must be reported under RIDDOR within a set timescale.

- 3.9 From April 2021 – March 2022 a total of 18 incidents were investigated as RIDDORs within health and social work/care services, this was increase of **(+10)** from the number of 8 incidents in the previous reporting period. Note this increase may be attributable to better recording.

Breakdown includes:



- 3.10 **Some examples of recommendations as a result of RIDDOR**
- Violence and aggression training refresh for staff
 - Sharing of information with the Health and Safety Department and Committee for shared learning and governance.
 - Review of risk assessments.

4. Contracts Management - Contracts and Commissioning Team

- 4.1 In 2021/2022 the HSCP invested in a new Contracts and Commissioning team. This team brings together the pre-existing Contracts management team with a newly formed Commissioning team.
- 4.2 Over the last year in-person contract management visits resumed in some service settings. This has allowed for more thorough monitoring and oversight of purchased service contracts and clearer analysis of risks, issues, sustainability and outcomes.
- 4.3 In the effective management of HSCP social care contracts, the team have 4 key workstreams:
1. To review, monitor and audit the services we design and purchase to ensure that contracts are delivered effectively and safely. This involves ensuring these services are delivered in a professional, timely and proportionate manner and in accordance with the levels of risk associated with the contract.
 2. To take the lead role in responding to urgent matters or concerns relating to purchased services including service failures, complaints and concerns, significant incidents, adult protection matters or where contractual conditions are not met. This may include acting under the authority of the Chief Social Work Officer and Chief Officer of the Renfrewshire HSCP and in collaboration with key partners, to progress to enforcement action if required.
 3. To provide direction, advice and guidance on service delivery options as part of the commissioning and contracting process and to work with service managers and procurement specialists to undertake strategic reviews, develop service specifications and support procurement activity.
 4. To work closely with the Care Inspectorate and colleagues within the Renfrewshire HSCP and other partnerships to collate and share information on our care providers and to work jointly with partners and providers to ensure compliance with national care standards, regulations and to promote the continuous improvement of services.
- 4.4 As with the prior year, much of the team resources have been focussed on the ongoing COVID response.

This includes:

- Monitor compliance with the NES online TURAS reporting tool and follow up concerns/issues with providers
- Participate in NHSGGC care and governance group, its sub-groups and the NHSGGC Tactical Group
- Participate in MDT COVID oversight management huddle
- Facilitate care home managers peer support meeting
- Distribute COVID related guidance to all social care providers
- Support the programme of distributing payments to all social care providers to promote sustainability
- To work with providers with their COVID related mobilisation and sustainability planning
- Provider support to the social care provider forums
- Provide the first point of contact to all social care providers on COVID related concerns.

- 4.5 Over the last year the team has responded to 503 reported significant events submitted by providers – this figure is lower than in previous years but this reflects periods during the year where providers were required to submit weekly management status reports rather than through the normal significant event reporting process due to the prevalence rates of COVID.

5. Risk Management

- 5.1 Renfrewshire HSCP continues to embed the revised risk management framework across services to ensure that risks and issues are managed and escalated accordingly and consistently to the appropriate management levels/forums.
- 5.2 In April 2021 the IJB approved the implementation of a revised risk framework and this was soft launched to all of our HSCP services in July 2021. As part of the implementation a risk network was established with representation from all services to give the process a revised focus and to assure the consistent capture, escalation and reporting of risks and issues across services.
- 5.3 A consolidated risk and issue register continues to be maintained with regular updates and reporting to the HSCP Senior Management Team monthly and a report to the IJB Audit, Risk and Scrutiny Committee quarterly. The Audit, Risk and Scrutiny Committee provide the updates to the IJB as required

5.4 **Example of risk management improvements:**

- The cross risk network encompassing all 6 HSCPs and NHS has been established and this continues to meet monthly, with the HSCP also being represented at the Council's Corporate Risk Management Group.
- The HSCP Risk Network continues to be in place with identified 'Champions' and 'Delegates' from each service area within the HSCP.
- As part of the NHS Datix system replacement the Cross Risk group has been looking at the recording and reporting of risk and in particular the Data hierarchies used across the various HSCPs in a bid to standardise them.
- A Risk Framework Guide and Training Module has been developed and signed off and these will be launched in July and August respectively.

6. Public Protection

- 6.1 Renfrewshire HSCP remains committed to ensuring children and vulnerable adults remain safe from harm and that, where necessary, appropriate action is taken to reduce risk and protect them. Training is regularly reviewed to ensure it is fit for purpose, and that learning and development is available through practice forums, communication in a variety of formats, and events such as significant case reviews.
- 6.2 **Adult Support & Protection (ASP)**
- 6.2.1 The total number of Adult Support and Protection and Adult Welfare concerns between April 2020 and March 2021 was 3483. In comparison between April 2021 and March 2022 the total number is 4526. This is a **29.9%** increase.
- 6.2.2 Following initial inquiries 86 investigations were completed. Of these investigations 39 initial case conferences were conducted. This represents 45.34% of investigations progressing to an initial case conference
- 6.2.3 Police Scotland continue to be the primary referral source, we have received 2896 referrals from our Police Scotland colleagues between April 2021 and March 2022

6.2.4 The undernoted provides examples of key areas of work taken forward in the last year to support ASP:

- **ASP National Minimum Dataset – Learning Partner with IRISS (Institute for research and innovation in Social services):** IRISS have been commissioned by the Scottish Government to work with all Adult Protection Committees and other members of the sector to develop a new National Minimum Data Set for Adult Support and Protection. Renfrewshire have been selected as a learning partner to co-design, test and refine a National Minimum Data set for quarterly indicators and support package. There have been a number of workshops held from September 2021 which Renfrewshire have attended and contributed towards. The dataset prototype has now been agreed in draft form and the initial test run is due to be completed in September 2022. There will be 2 test runs completed before the dataset is rolled out across the sector.
- **Renfrewshire Partnership Missing Persons Protocol:** Renfrewshire have worked with Missing People on the National Implementation Project to develop a best practice protocol for missing people. This work was completed in August 2021 and the Renfrewshire missing person's protocol was launched. The protocol introduces a pathway for return discussions to occur with adults who have returned from a missing episode. The protocol also includes templates for use in risk assessments for children, young people and adults at risk of going missing.

6.3 Child Protection

During the past year all staff within Children Services and Specialist Children Services have continued to ensure the protection and safety of all Renfrewshire children. Staff have continued to attend core groups, case conference meetings in line with our Child Protection procedures, submitting their reports and contributing to the child's Child Protection Plan. All staff have continued to work with families, services and colleagues to ensure the safety and protection of children across Renfrewshire to make certain we are getting it right for every child. We continue to liaise and work together across services to learn and improve our practice from significant adverse events.

Child Protection supervision between health visitors and their Team Leader has also been maintained throughout the past year, allowing for staff reflection, containment and learning. Where required advice and support has been sought from our Child Protection Service.

6.4

Examples of work undertaken to support Public Protection:

- A full range of public protection training is offered to all staff across the partnership. This training is targeted at the duties carried out by each professional.

7. **Healthcare Associated Infections (HAI)/Healthcare Environment Inspectorate (HEI)/Core Audits**

- 7.1 Renfrewshire HSCP aim to comply with core audit schedules, ensuring improvements are implemented where required.

Some examples to support core audits include:

- New SharePoint has been developed for board wide DN core audit system, which will aim to provide accurate local reports.
- Work has commenced in relation to Excellence in Care, progressing to testing of the Combined Care Assurance Audit Tool (CCAAT) to provide assurance/generate reports in terms of clinical quality indicators, this will phase out the current Core Audit Schedule.

8. **Professional Registration**

- 8.1 Registration, revalidation and assurance are essential to maintaining a high level of professionalism. There are systems and processes in place to monitor clinical and non-clinical staff registration and revalidation to ensure that any lapses are minimised and any issues are escalated and actioned accordingly.

9. **Patient Centred**

9.1 **Complaints**

The following provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2021 to 31 March 2021.

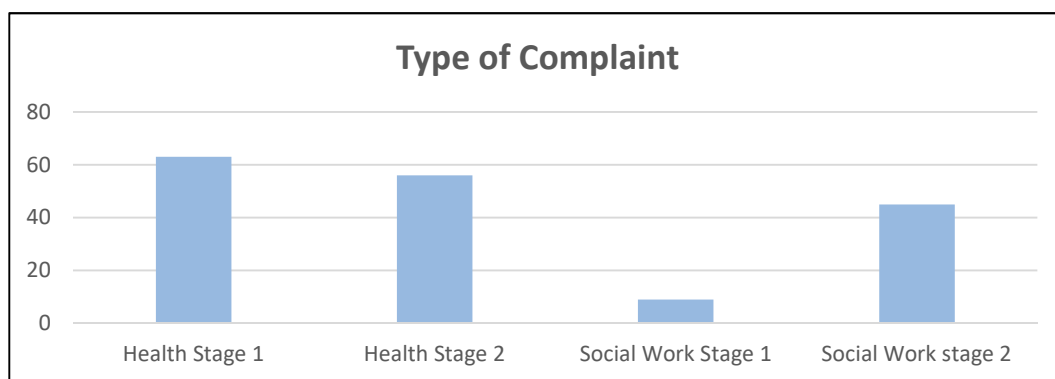
- 9.2 A complaints process review was carried out in September and October 2021 and the following changes were introduced:

- Complaints website reviewed and updated
- All correspondence templates updated for improved compliance and structure
- Complaints recording paperwork updated
- Client Facing Complaints Handling Procedure reviewed and updated
- Unacceptable Actions Policy established
- Full Time Complaints Support Officer post approved and recruited to in January 2022.

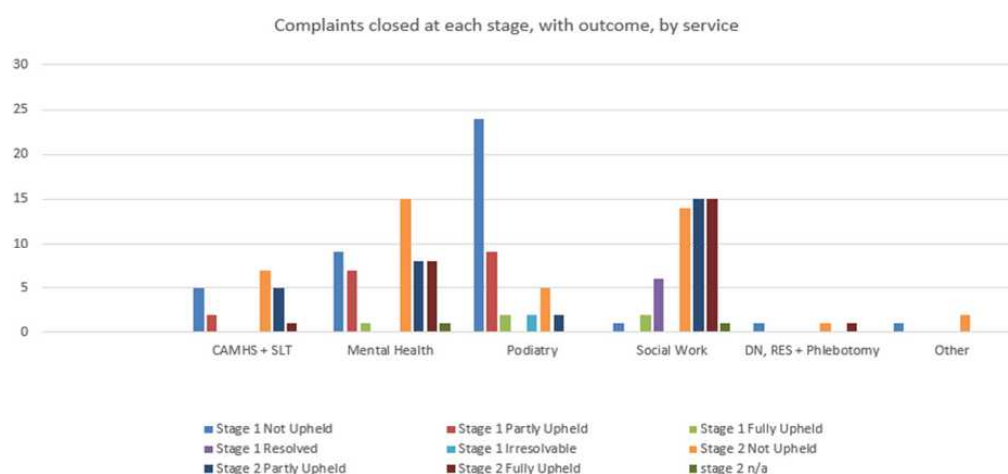
- 9.3 **Total complaints received from April to March 2021 – 2022; 2020 - 2021 and; 2019 – 2020:**

2021-2022	2020-2021	2019-2020
173	113	148

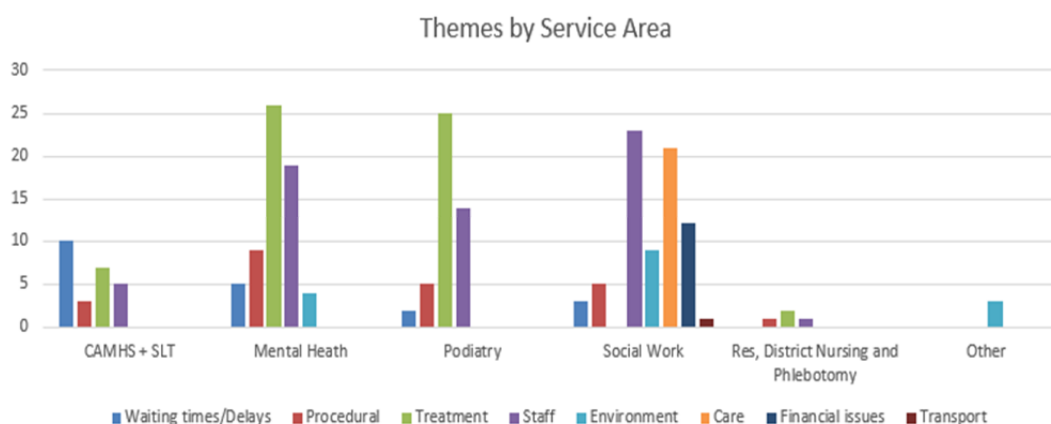
- 9.4 There was a drop in complaint numbers during 2020-2021 (likely due to COVID) however numbers for 2021-2022 highlight a 16.9% increase in complaints received compared to pre-pandemic numbers in 2019-2020.



9.5 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP split between Health and Social Work Services from 1 April 2021 to 31 March 2022.



9.6 The issues and themes identified from Health and Social Work complaints are shown in the table below. Treatment and Staffing Issues are recurring complaint themes raised by complainants.



9.7 Where a complainant remains dissatisfied with the final response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). During the period 1 April 2021 – 31 March 2022 Renfrewshire HSCP received requests for information from the SPSO relating to 3 complaints. All 3 complaints were not investigated further by the SPSO.

Service improvements in response to complaints:

- 9.8
- One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services. Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment, Service Quality and Staff Attitude are key issues for complaints and steps are being taken by services to improve these.

10. Patient/Service User/Client and Carer Feedback

- 10.1 Renfrewshire HSCP have a positive approach to feedback and aim to use this to inform continuous improvement in service provision and ways of working. The HSCP continues to ensure mechanisms are in place to obtain feedback from patients/service users/carers. Various mechanisms have been used to capture experience of people who have been using/receiving our service(s) so that we can learn both from what works for people and their priorities.

10.2 Example of a Patient Experience Initiative which has led to improvements in services based on feedback from patients/carers:

- Alcohol and Drug Recovery Service (ADRS):** CIRCLE Recovery Hub now operational has been informed by local focus groups involving service users and people with lived experience and a Recovery Taskforce involving various local partner providers (see section 13.5 for fuller detail about the Recovery Hub)..

- 10.3 The Podiatry Service have also worked collaboratively with patients to gain feedback on new ways of working.

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
70% of all patients will have a positive experience of the podiatry service with the opportunity to feedback on their Virtual Patient Management experience	Patient Experience Survey: The service worked collaboratively with patients to gain feedback on our new ways of working in telephone, virtual and face to face clinics.	Themes gathered from the feedback were used to influence the development of the new templates which have improved patient flow. Patients were offered a further opportunity to join any future work carried out by the service and 21 patients have now volunteered.	1. How happy were you with the outcome of your call or visit? 86% reported a positive experience. 2. Would you recommend our service to friends and family? 87% participants responded that they would recommend,

11. Mental Health Officer (MHO) Service

- 11.1 Mental Health Officer Service provides a responsive service to requests for consent to detentions under the Mental Health (Care and Treatment) (Scotland) Act (MHCTA) and ensures that individuals who are subject to detention receive information regarding their rights to appeal detention, access to independent advocacy and independent legal advice or representation. The service also ensures identification of Named Person in terms of the MHCTA.
- 11.2 Demand for Adult with Incapacity (AWI) reports, which require to be completed by a qualified Mental Health Officer (MHO), has risen steadily over recent years (this mirrors increases across Scotland). In 2021/2022 Renfrewshire received requests for AWI MHO reports. In 2020/2021 we received **238** AWI referrals **(+52)** on previous year. It is worth noting that **75%** of all new orders granted are for periods of less than 5 years which now brings additional work pressure in respect of renewal reports required from an MHO.
- 11.3 Often such requests arrive with less than 4 weeks until the expiry of the existing order. Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen significantly in recent years, from **79** in March 2015, to **107** in March 2016, to the figure of **125** at the time of this report. Each order requires a qualified social worker to act as the “nominated officer” on behalf of the CSWO for day to day management of the case. In addition, there are currently in excess of approximately **550** private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a guardianship supervisor after being granted
- 11.4 The other main area of work for the Mental Health Officer Service is around the Mental Health (Care and Treatment) (Scotland) Act 2003. The number of detentions under the Act has risen by **25%** in the past year. This figure is replicated nationally.
- 11.5 The MHO service along with many other service areas within the HSCP has during the pandemic felt the pressures of increased workload, staff pressures and the other demands COVID placed upon us. We now have a waiting list for the provision of AWI reports a situation that was not experienced prior to the pandemic and this reflects the levels of demand in this area. Approximate waiting time for allocation is lengthy. The service have also experienced a 25% increase in the number of mental health tribunals being held which adds to the demands on MHO's.

12. Care Inspectorate

- 12.1 The Care Inspectorate regulates and inspects care services to make sure that they meet the right standards. They also jointly inspect with other regulators to check how well different organisations in local areas work to support adults and children. They carry out inspections of registered services such as care homes, day services and care at home and publish inspection reports which grade care services according to set criteria.

13. Quality Improvement / Clinical Effectiveness

- 13.1 Renfrewshire HSCP aim to ensure that priorities are identified that lead to improvement in services.
- 13.2 Renfrewshire HSCP has an established Change and Improvement Programme which is focused on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach.

- 13.3 In the HSCP's last HSCP Annual Quality, Care & Professional Governance report, a number of specific commitments. Some examples on progress include:

Commitment	Update on progress made
Governance:	
Care Homes: Continuing enhanced oversight role for Care Homes.	Arrangements remain in place to support enhanced multidisciplinary arrangements to support care home and care at home settings. This aims to provide granular scrutiny, support and oversight of care home and care at home services.
Flu Clinics: Work to support mass flu vaccination clinics as a new way of working.	The flu clinic approach was tested and has worked well through Community Vaccination Clinic approach. The flu programme is now organised by NHS Greater Glasgow and Clyde, whilst Renfrewshire HSCP deliver the flu vaccine to people who are registered as housebound and Care Home Residents.
Integration Scheme: The HSCP will continue to work with our partners in Renfrewshire Council and NHS Greater Glasgow and Clyde to progress necessary updates to, and consultation on, Integration Schemes. This work was in progress during 2019 and early 2020 however was paused at the onset of the COVID-19 pandemic. This activity is being progressed jointly with HSCPs within the NHS GGC boundary, chaired by the Chief Officer of West Dunbartonshire HSCP.	Work is ongoing to support. Looking to take through governance arrangements in the next year. This commitment will therefore be carried forward as a key priority for 2022/2023.
Look at recommendations from the Commission's report on the use of the Mental Health Act during the Covid-19 pandemic July 2019.	This is in relation to Emergency powers under COVID Act (Bill) that Local Authorities could utilise if needed. We did not need to activate any. Only powers utilised were the general provisions of the COVID legislation that applied to the Mental Health Act.
Report by the Mental Welfare Commission for Scotland into decision making for people in hospital who lack capacity: Discharge to Care Home. The Commission has made eleven recommendations, eight of which are relevant to HSCPs. Some of these recommendations although directed towards HSCPs will also fall on other partners, including NHS Greater Glasgow and Clyde where actions to address issues of staff training and awareness within Acute settings will fall to the Health Board to implement.	An action plan to support has been completed and submitted on request to the Mental Welfare Commission. All actions are completed or are rolling actions for areas that involve continual training. This aims to provide assurance that the necessary legal requirements and accountability measures are in place in Renfrewshire and in accordance with Adults with Incapacity (Scotland) Act 2000 and Section 13ZA of the Social Work (Scotland) Act 1968.

<p>Health and Care (Staffing) (Scotland) Act 2019 Update Once the Act is implemented, Health Boards will be required to ensure that appropriate clinical advice is sought and taken into account when decisions are taken regarding staffing. In advance of this implementation, the Cabinet Secretary requested that the key principles and intent of the Act be taken into account within current working practices.</p>	<p>Scottish ministers have announced a 21-month programme of work which will see the Health and Care (Staffing) (Scotland) Act in force by April 2024. As a result a local programme of work will be established to understand the model and the implications for our services.</p>
<p>Review the Renfrewshire HSCP Clinical and Care Governance workplan.</p>	<p>The HSCP Clinical and Care Governance workplan has been refreshed to support work over the next few years. As a working document it will be amended as needed to incorporate any new areas of focus or in need of attention.</p> <p>A Professional Assurance Framework for Nursing has also been developed by the HSCP Chief Nurse from Scottish Government framework across the board.</p>

- 13.4 In addition, a number of additional improvements have been taken forward within specific Renfrewshire HSCP services in the last year.

Some examples of improvements which have been developed in specific Renfrewshire Services include:

Children and Adolescent Mental Health Service (CAMHS)

- **Business Process Review:** The Change and Improvement Team have supported CAMHS to undertake a business process review of the service. This has involved regular development workshops with practitioners and administrative staff aimed at documenting the service delivery pathway from 'referral to discharge'. During this time, staff have been supported to identify blockages, inconsistencies, and efficiencies in the current pathway and develop a local action plan to implement improvements in the service.
- **Development CAMHS National Service Specification Delivery Plan:** The Change and Improvement Team have supported CAMHS in the development of a local delivery plan to ensure the National CAMHS Service Specification requirements are firmly embedded in the local CAMHS Service priorities over the next three years.

- 13.5 We also enclose below a few examples to demonstrate how our services have worked together, to ensure they provide the best possible services and care to our patients/service users.

HSCP, GPs and Third Sector	Mental Health and Child and Adolescent Mental Health Services
<p>A funded project continued in 2021/2022 in Renfrewshire with ROAR (Reaching Older Adults in Renfrewshire), HSCP and GP practices to help the active elderly from falling and prevent fractures. It is called 80andUp and aims to use evidence-based advice and exercises to reduce falls.</p> <p>Between Dec 2020 and March 2022 224 patients who had reached their 80th birthday provided consent to take part in this initiative. Feedback has been positive and suggests that with help from ROAR it has allowed them to walk more and walk with more confidence. Evidence suggests this simple intervention will reduce falls and fractures as well as improving their quality of life</p>	<p>Joint working between Mental Health and CAMHS: There was a review of the GG&C board wide Mental Health Service CAMHS Transition guidance in 2020, Renfrewshire have updated this to develop local guidance amending some of the time frames. This guidance outlines the processes that would ensure a smooth transition for young people moving between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) within Renfrewshire. This work included monthly transition meetings where CAMHS present the young adult at 17 years and 6 months (the board document is 17 years and 9 months). This process also helps referrals being directed for the appropriate pathway early on rather than being rejected. A discussion at the meeting looks at what is the best option for the young adult. Once identified as suitable transfer they begin engagement and carry out joint working until the young adult can fully transfer to adult services at 18 years of age.</p>
Community Mental Health Team (CMHT), Alcohol and Drug Recovery Service (ADRS) and CIRCLE	HSCP, Primary Care Support, Human Resources, eHealth and GP Practices
<p>ADRS – CIRCLE Recovery Hub: One of the key recommendations of the Whole System Review was to implement a new service model which includes more community-based recovery orientated systems of care and assertive outreach. The Mental Health and Addiction Recovery Hub – CIRCLE - will play a significant part in helping deliver on that recommendation. Now operational and receiving referrals CIRCLE has an established Steering Group and has been established involving management from CMHT, ADRS and CIRCLE. It will be responsible for monitoring and reviewing service provision and ensuring that areas of improvement and good practice are realised.</p> <p>As part of the Mental Health Strategy Action 15 an Occupational Therapist (OT) within CIRCLE will also utilise a strength-based recovery focused approach to care that proactively involves the person and optimises self-management. A further Family Support Worker post is also being progressed to support a whole family approach via CIRCLE.</p>	<p>A dedicated HSCP team supported the planning/exit process for the closure of St James Medical Centre, in Paisley at the end of March 2022. The GP Practice had been operated as a 2c board managed practice since January 2022 following the resignation of the GP contract holder.</p> <p>This worked supported arrangements around:</p> <ul style="list-style-type: none"> • Practice allocation process and communication with patients, public, staff and elected members. • Identification of vulnerable patients and communication with new practice, HV team, Social Work colleagues and wider multidisciplinary team. • Engagement with community pharmacy to ensure smooth transfer of medication. • Redeployment process for staff subject to TUPE. • Practice catchment areas – ensuring partnerships where aware what is in their contract. • Administrative support within the HSCP for written, email and telephone communication/correspondence with patients.

- 13.6 Other examples of improvements which have been developed in the HSCP services over the last year include:

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Podiatry: Hosted Service			
Health Improvement Scotland Access Quality Improvement Project: To achieve a 70% improvement in longest waiting time for a Tier 1 new patient appointment by February 2022, in line with national target of 4 weeks.	Change idea: Develop new virtual patient management clinic build (Intersystems, Trakcare) to offer patients telephone, video and face to face appointments.	The breadth of stakeholders from management, clinical, staff and patient background greatly enhanced the project quality and expedited the implementation. Key learning was taken from the staff groups around managing risk. The staff were happy to embrace new technology however were less comfortable with clinically assessing the patient during a virtual consultation. Providing support through decision making algorithms and telephone scripts greatly improved confidence levels and enhanced the care experience of patients.	By October 2021 the service has achieved a reduction in the maximum waiting time for offer of a first appointment for Tier 1 patients by 76% . This reduction has been maintained at 70% or over in each subsequent month up to and including January 2022.
100% of all active clinical sites will have an Infection Control Audit completed along with associated action plan.	Quarterly Audits were completed in each locality and action raised through Health & safety Groups for governance	All active sites at 1 April 2022 had completed infection control audit with associated actions within an assigned	100% completion
90% of all staff at work will have had opportunity to participate in Clinical Supervision, in line with the GGC AHP Clinical Supervision Policy.	Clinical Supervisors (CS) offered a range of 1-1, triadic and group supervision in accordance with the AHP CS Policy. Invitations to join session CS sessions were sent to all staff and a total of 9 sessions were cancelled. The policy requires 6 sessions to be offered per year and each locality	A session with the supervisors provide insight into common themes of nonattendance, lack of engagement with agenda setting and mixed feedback on preferences for 1-1 v group sessions. These will be taken forward by the Clinical Supervision Network group for	Achieved 95.8% (April 2021 – March 2022)

	was offered an average of 8 sessions. Taking into account the cancelled sessions, this gives an overall figure of 95.8% for the service.	discussion and future planning. ACTION: Suggestions for next year would include measurement of attendance and qualitative outcomes.	
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14. Implementation of Guidance/Policies

- 14.1 Renfrewshire HSCP aims to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed and actioned accordingly.

15. Good News - Recognising and celebrating success

- 15.1 Renfrewshire HSCP aim to recognise and celebrate success, whereby a number of staff and services within the HSCP have received a number of awards.

Some examples of areas of success to celebrate:

- **District Nursing:** The previous interim Service Manager for DN/RES was one of the nurses across Scotland to be awarded a 2021 Queen's Nurse Title. This title is awarded to clinical leaders who can demonstrate their impact as expert practitioners. Five nurses within Renfrewshire have now gained this title.
- **Recognising efforts:** Each year, our staff awards programme shines a light on all the great work that takes place across our services. We ask all HSCP staff to nominate the colleagues they feel have made a difference or special contribution, gone the extra mile, or had a significant impact. The aim of the awards is not only to celebrate the achievements of those nominated by their peers, but also to help raise awareness and recognise the efforts of individuals, right across the Partnership. The categories include Team of the Year, Employee of the Year, Leader of the Year and Innovation of the Year. The pride, motivation and confidence generated from our annual staff awards makes a big difference to the wellbeing of our staff.

16. Conclusion

- 16.1 Renfrewshire HSCP will continue to work in a way that fosters continuous improvement in clinical, quality and safety at all times. Through our governance arrangements we will ensure safe and effective quality care has a focus on management of risk, of improving care and delivering better outcomes.

Key priorities for 2022/2023 include:

- **National Care Service:** Further detail and ongoing engagement is required to fully understand the implications of the National Care Service (Scotland) Bill.
- **Equality Impact Assessment (EQIA):** Train additional HSCP staff members to support the Lead EQIA Reviewer role.
- **HSCP Workforce Plan:** Oversee implementation of the HSCP Workforce Plan for 2022 - 2025. Draft was submitted to the IJB in June with final to be submitted by November 2022.

As outlined in section 13.3 of the report two commitments will be carried forward to 2022/2023 as they require ongoing work with other parts of the organisation to implement this work.

Carry forward priorities will include:

- **Integration Scheme:** The HSCP will continue to work with our partners in Renfrewshire Council and NHS Greater Glasgow and Clyde to progress necessary updates to, and consultation on, Integration Schemes.
- **Health and Social Care (Staffing) (Scotland) Act 2019:** Following the recent parliamentary announcement on its publication. Full implementation of the Act will take place providing time for the necessary preparations.