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

Date	Time	Venue
Friday, 19 November 2021	10:00	Remotely by MS Teams ,

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James MacLaren: Margaret Kerr: Dorothy McErlean: John Matthews: Frank Shennan: Karen Jarvis: Dr Shilpa Shivaprasad: Louise McKenzie: Diane Young: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Laverty: Sarah Lavers: John Trainer.

To Follow Item

I refer to the agenda for the meeting of the Renfrewshire Health and Social Care Integration Joint Board to be held on 19 November 2021 and enclose the undernoted reports relative to items 6 and 7 which were previously marked 'Not available - copy to follow':

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.

Items of business

6 **IJB Audited Annual Accounts 2020/21** **1 - 62**

Report by Chief Finance Officer.

7 **Strategic Plan 2022-25: Update on Approach and Progress** **63 - 144**

Report by Head of Strategic Planning and Health Improvement.

To: **Renfrewshire Integration Joint Board**

On: **19 November 2021**

Report by: **Chief Finance Officer**

Heading: **IJB Audited Annual Accounts 2020/21**

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 The 2020/21 Annual Accounts were submitted to the IJB for approval on 25 June 2021 and then submitted for audit to Audit Scotland.

1.2 The Assistant Director of Audit (Local Government) has provided an audit opinion which is free from qualification.

1.3 Under the Local Authority Accounts (Scotland) Regulations 2014, which came into force from 10 October 2014, the IJB must meet to consider the Annual Accounts and approve those accounts for signature no later than 30th September. However, for the 2020/21 Annual Accounts, due to the ongoing Coronavirus pandemic, additional flexibility in terms of the approval process for the audited accounts was provided under the Coronavirus (Scotland) Act 2020. In essence, each council (including IJB's as they are "section 106" bodies under the terms of the Local Government Scotland Act 1973) were permitted to set their own timetable for approval of the audited accounts; however, Scottish Ministers indicated in Finance Circular 10/2020 that they considered audited accounts should be published (and therefore approved by the IJB) no later than 30 November 2021.

1.4 In order to comply with these requirements, the 2020-21 Annual Accounts are now attached for approval.

1.5 The Assistant Director of Audit (Local Government) also provided a report to the IJB Audit, Risk and Scrutiny Committee detailing matters arising over the course of the audit which was considered at the meeting held on 12 November 2021.

2 Recommendation

2.1 It is recommended that the IJB:

- Approve the Annual Accounts for 2020/21 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

Implications of the Report

1. **Financial –** The 2020/21 Annual Accounts have been approved as providing a true and fair view of the financial position as at 31 March 2021.
2. **HR & Organisational Development –** none
3. **Community Planning –** none
4. **Legal –** An audit opinion free from qualification demonstrates the IJB's compliance with the statutory accounting requirements set out in the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.
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 IJB's website.
8. **Health & Safety –** none
9. **Procurement –** none
10. **Risk –** none
11. **Privacy Impact** – none

List of Background Papers – None

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk)

Renfrewshire
Health & Social Care
Partnership

Renfrewshire Integration Joint Board

Annual Accounts 2020/2021

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Management Commentary

Purpose

This publication contains the financial statements of Renfrewshire Integration Joint Board (IJB) for the year ending 31 March 2021.

This Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2020/21 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of Renfrewshire.

Faced with the ongoing global COVID-19 pandemic the IJB has sought to deliver, where possible, against its Strategic and Financial Plans. However, the reality of COVID-19 resulted in significant disruption to the delivery of these plans, the impact of which is expected to continue throughout 2021 and beyond. As the new financial year progresses and the world emerges from the unprecedented challenges of COVID-19, the IJB looks forward to a phase of recovery and renewal, supporting our communities through these most trying of times.

The IJB and Health and Social Care Partnership's (HSCP) Senior Management Team (SMT) would like to extend our gratitude for the magnificent work our staff have undertaken over the past year despite the challenges they faced on a daily basis, ensuring that services to those in need in Renfrewshire continued to be delivered safely and effectively.

Role and Remit of Renfrewshire Integration Joint Board

Renfrewshire IJB, formally established on 1 April 2016, has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within the Renfrewshire area. The functions which are delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014, are detailed in the formal partnership agreement between the two parent organisations, Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC).

This agreement, referred to as the Integration Scheme, is available within the IJB section of the HSCP's website at: Health and Social Care Partnership > About Us > Integration Joint Board.

Under the requirements of the Act, Local Authorities and Health Boards must review Integration Schemes within five years of the scheme being approved in Parliament. On 19 February 2020, Renfrewshire Council's Leadership Board approved a revised version of the Integration Scheme for consultation. However, in light of the pandemic and associated disruption, the NHSGGC Board was unable to progress their statutory consultation of the revised Integration Scheme.

At the time of writing, work is ongoing between Renfrewshire Council, the other five Local Authorities within Greater Glasgow and Clyde and NHSGGC to confirm the timescales for consultation and subsequent approval of Integration Schemes. The existing Integration Scheme will remain in place until this time.

The vision for the IJB is:

Renfrewshire is a caring place where people are treated as individuals and supported to live well.

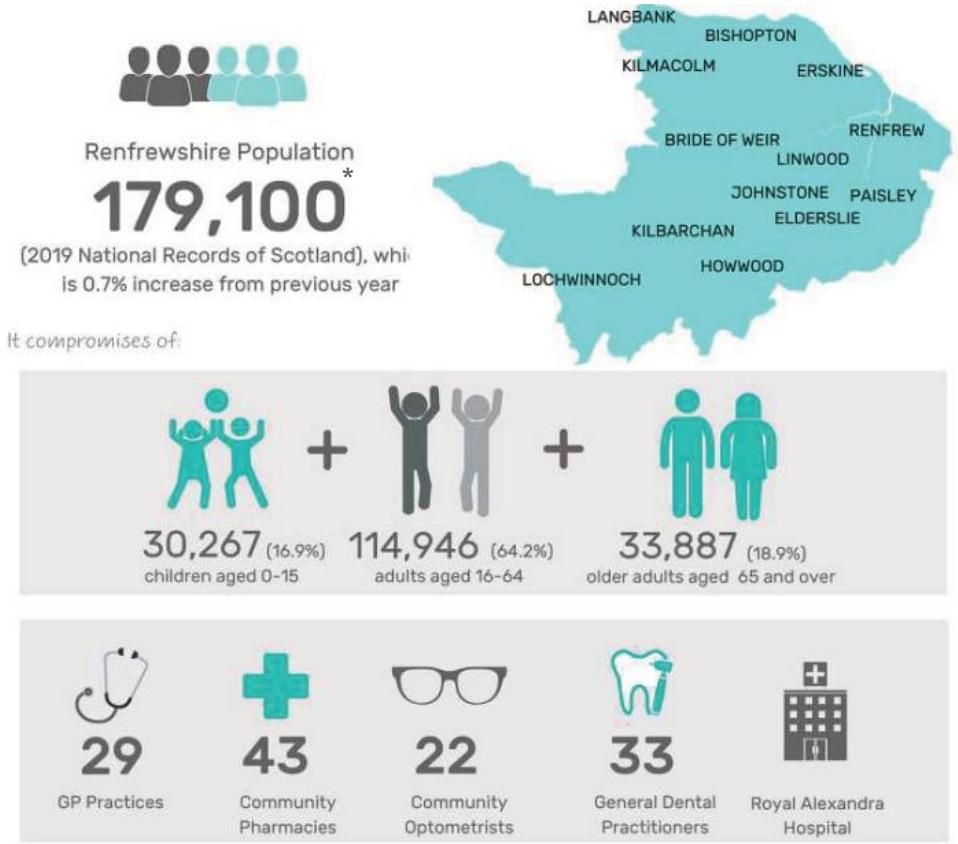
The IJB's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan.

The IJB comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHSGGC. Non-voting members include the Chief Officer, Chief Finance Officer (CFO), service professionals, third sector, carer and staff-side representatives.

There were three changes to the IJB non-voting membership this year, with the departure of the Chief Officer, David Leese, in December 2020. David was succeeded by the current Interim Chief Officer, Shiona Strachan. Shiona was succeeded in June 2021 by current Interim Chief Officer Christine Laverty. A new member of staff from NHSGGC representing frontline staff also joined the IJB.

A Profile of Renfrewshire

A full profile of Renfrewshire IJB is set out in the Strategic Plan. Some of the key population characteristics include the following:



* most recent update from NRS, 2020 data not yet available

HSCP Services in 2020/21

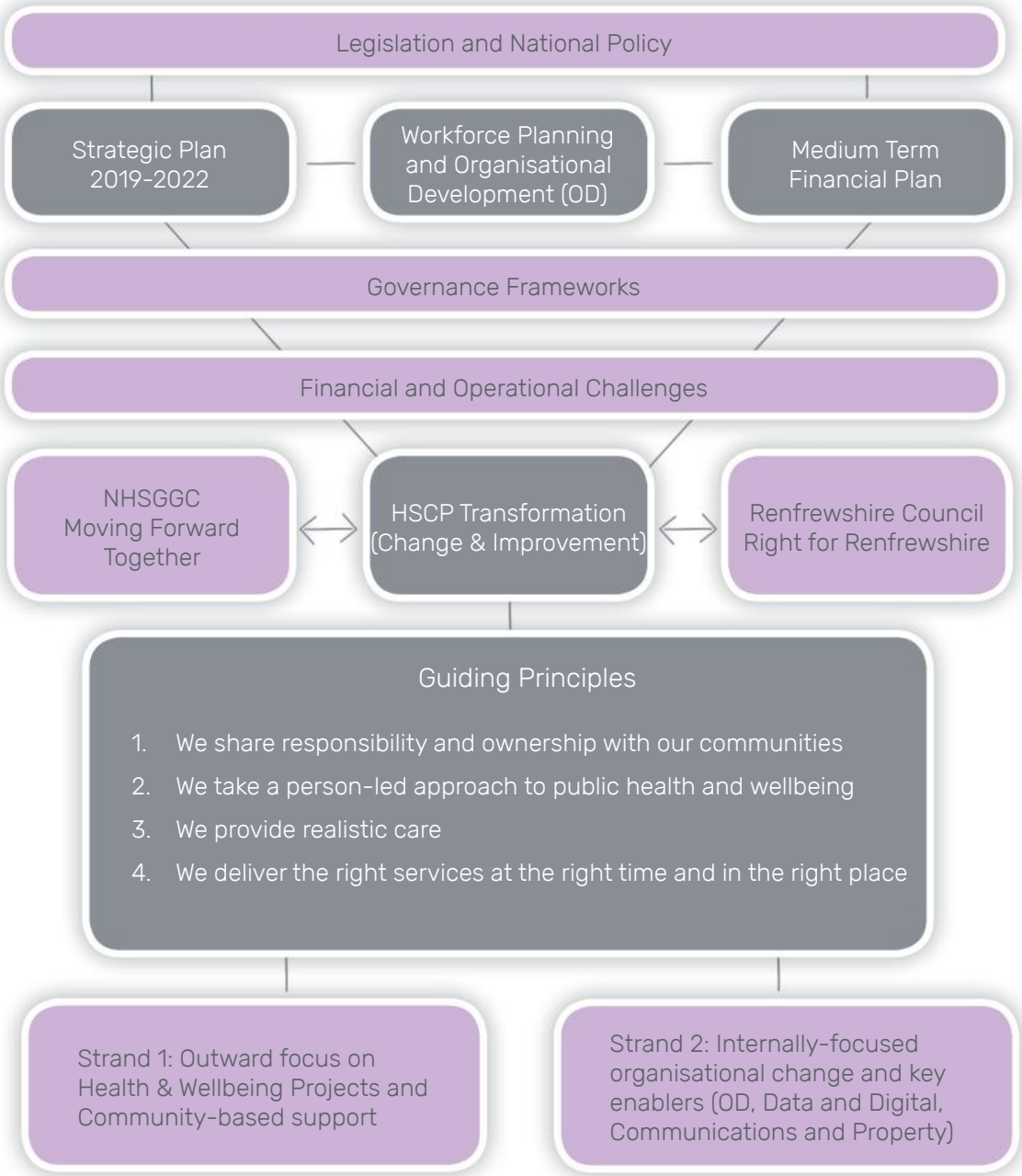
Renfrewshire HSCP sought to continue existing services wherever possible throughout the pandemic, adapting to reflect the most effective and appropriate way of working with patients and service users. We also developed a range of additional services as part of the COVID-19 response:

- COVID-19 Assessment Centre (CAC)
- 'Hear for You' helpline
- Care Homes - oversight arrangements
- Near Me consultations
- Test & Protect
- Digital and working from home
- COVID-19 vaccination programme
- Neighbourhood Hubs
- Befriending support
- Bereavement Network

Renfrewshire IJB Strategy and Business Model: Determining Operations for the Year

Activity undertaken by the IJB throughout 2020/21 was planned to be driven by our Strategic Plan (2019-22) and Medium Term Financial Plan (2020/21 to 2024/25). In reality, our activity was primarily driven by our vital emergency response to the pandemic, with focus accordingly shifted to the delivery of essential and critical services. Where appropriate, non-essential services were stepped back, and our transformation programme was paused in March 2020. However, throughout this period, our overall strategic direction remained in line with our Strategic Plan, underpinned by national legislation and policy within Renfrewshire's local context.

The pandemic has had a significant impact on our models of service delivery, enforcing an environment of change to take place, at pace. Conversely, this enabled us to continue to progress some of the priorities within our Strategic Plan and our guiding principles, set out in the following diagram. The pandemic, and recent developments in national policy such as the Independent Review of Adult Social Care also reinforce our guiding principles, which set the direction of travel for development of services locally.



Strategic Plan 2019-22

The HSCP's Strategic Plan sets out the vision and future direction of community health and adult social work services in Renfrewshire. It also outlines how we will continue to work with partners to deliver real improvements to Renfrewshire's health within local and national policy direction, taking account of national strategies and legislation, regional planning, Renfrewshire Council's Plan, 'Our Renfrewshire', Renfrewshire's Community Plan (2017-27) and NHSGGC's 'Moving Forward Together' programme . It articulates our three key priorities, which will enable us to deliver upon the national outcomes. These are:

- Improving Health and Wellbeing;
- Ensuring that the people of Renfrewshire get the health and adult social care services they need: the right service, at the right time, in the right place; and
- Working in partnership to support the person as well as the condition.

As documented throughout these Annual Accounts, the impact of the pandemic resulted in considerable disruption to the planned activity of the HSCP throughout 2020/21. However, during this period we have continued to drive forward activity against our Strategic Plan priorities.

As our Strategic Plan runs to March 2022 we are not yet in a position to report our outcomes. The following examples highlight some of the progress achieved against our Strategic Plan in the last year:

Setting the strategic direction for our services

Working with our partners to jointly develop and deliver plans, for example the development of a draft Unscheduled Care Joint Commissioning Plan and continued delivery of the Primary Care Improvement Plan (PCIP)

Development of an updated vision and objectives for our Health Improvement service

Planning and engaging with our staff

Conducting a Staff Experience Survey with employees redeployed to frontline COVID-19 specific services, to help inform our communications, organisational development and workforce plan, and to support staff health and wellbeing throughout the duration of the pandemic and beyond

Development of an Interim Workforce Plan for 2021/22, with a focus on staff health and wellbeing

Improving outcomes and services through continuous improvement

Completion of a Test of Change for Analogue to Digital Telecare

Progression of Totalmobile and ECLIPSE Programme towards implementation in early 2021/22

Empowering our communities through self-determination and choice

Supporting individuals to utilise their Self-directed Support (SdS) budgets in new ways to meet their agreed outcomes, such as through the provision of online support and facilitating the purchase of connective technologies

My laptop was broken and I wished to use my budget to purchase a new one to prevent social isolation. This allowed me to participate in Zoom classes, calls, make contact with my family and do my online shopping.

Agreement of Community Health and Wellbeing priorities with the Strategic Planning Group (SPG) and funding of 10 supporting projects including:

- promoting increased knowledge, awareness and training about healthy eating, healthy lifestyles, and active lifestyles through the provision of local volunteering opportunities, training, support, and resources which build community resilience, and;
- projects working with Local Partnerships to connect local groups with new approaches, information on tackling loneliness and isolation.

Early intervention, prevention and harm reduction

Progression of the Alcohol and Drug Recovery Service delivery model and Recovery Hub

Working with partners to deliver expanded Winter Flu and COVID-19 vaccination programmes

HSCP service delivery during 2020/21

4.1 million masks

3.5 million aprons

13.5 million gloves

19,000 litres hand sanitiser

2,310 LFT test kits

40,770 Flu vaccines

776 contacts Hear for You helpline

699,545 hours Care at home

234,647 Community meals

3,122 GP NearMe video consultations

77,804 doses COVID-19 vaccines

1,034 referrals to neighbourhood hubs

3,285 people seen at COVID-19 Community Assessment Centre

60,995 calls handled by District Nursing Single Point of Access service

161 support sessions through Renfrewshire Bereavement Network

496 Prescriptions delivered

COVID-19 Response, Recovery and Renewal

Throughout the past year the HSCP has continued to prioritise the operational response to the pandemic, whilst maintaining a flexible approach to recovery and renewal activity. Our focus was, and continues to be, the safe and effective delivery of health and social care services within infection control guidelines, and the continued roll out of the COVID-19 vaccination programme. To this end, we paused our transformation programme at the outset of COVID-19, to enable services to focus on adapting and responding to the pandemic. Our Change and Improvement team was deployed to support the HSCP's Local Response Management Team (LRMT) and services to develop and implement the significant organisational change required.

Delivery of a fast-paced, flexible, and robust response to the COVID-19 pandemic

Digital technology was instrumental in enabling our response. Following the announcement of lockdown restrictions in March 2020, a significant number of HSCP staff were required to move to remote working practices, utilising connective technology such as Skype and Microsoft Teams to develop the HSCP's pandemic response at pace.

Rapid implementation of digital technology for remote working and to ensure patient and service user access

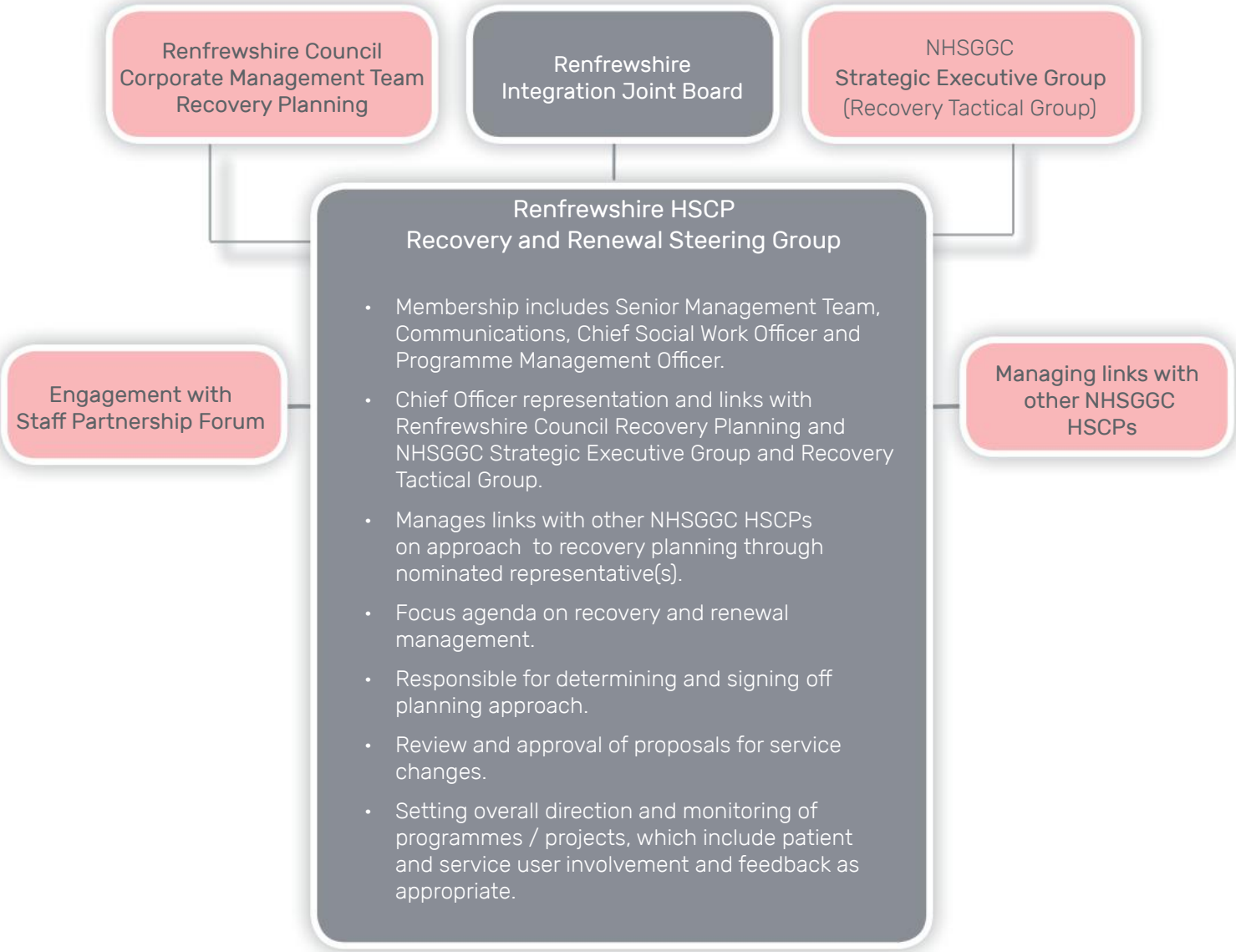
The roll out of technology to support patient and service user access was also accelerated to make greater strides than anticipated 12 to 18 months ago. This enabled service users to continue to access services where face to face interactions have not been possible, through the use of NHS 'Near Me' for consultations with GPs in Primary Care, and within Community Mental Health and Addiction services.

Within this context, connectivity for service users and care home residents has been essential where social and family bonds have been impacted by the pandemic. During 2020/21, the HSCP has supplied iPads to care homes to support video calls and contact with loved ones where visiting has been reduced or stopped in line with national guidance, and we have made successful funding applications to Connecting Scotland to obtain 52 iPads and devices for vulnerable individuals within our communities to support them to be more connected via online groups.

As we embrace a tentative relaxation of restrictions, service stabilisation across the HSCP continues, with many services now evaluating potential recovery requirements for service areas which have been reduced or disrupted in the past year. Our Recovery and Renewal Programme is focused on the recovery of services, and Renfrewshire communities, from the impact of COVID-19, whilst being mindful and responsive to any further variation in restrictions. The programme reflects on the changes that were necessitated as a result of the pandemic and seeks to build on successes achieved during the response phase, whilst supporting the restart and increased provision of services paused or stopped.

Confirmed funding for a range of community-led health and wellbeing projects through the SPG, including a project to develop inclusive, multi-lingual information for those most at risk and isolated in BAME communities.

In support of the programme, the Recovery and Renewal Steering Group was formalised late in 2020/21 and now meets monthly. It is responsible for defining the overall vision of the programme and ensuring that activity is mobilised effectively, approving project scope/definitions. It provides strategic governance and assures progress, reviews risks and issues and is the first level escalation point for decision making.



Renfrewshire's Medium Term Financial Plan (2020/21-2024/25)

The IJB approved a revised Medium Term Financial Plan (2020/21-2024/25) in November 2019. This updated plan outlined the financial challenges and opportunities the HSCP expected to face over that five-year period and provided a framework for the HSCP to remain financially sustainable setting out a two-tiered model for delivering the plan:

- Tier 1 of the model focuses on initiatives designed to address short term-financial pressures.
- Tier 2 is the HSCP's transformation programme, which will enable a strategic approach to the prioritisation of transformational activity, the review of current service provision and the design of future innovative service models.

The Medium Term Financial Plan was completed and approved by the IJB prior to the pandemic. Consequently, it could not predict the approaching challenge of COVID-19 and the associated additional costs stemming from this.

In November 2020 the IJB approved the CFO's Financial Outlook 2021/22. This report described the Chief Finance Officer's estimated financial outlook for Renfrewshire IJB for 2021/22, taking into account the impact of COVID-19, and, recommending key actions with regards the IJB's Medium Term Financial Strategy, including:

- Remaining focused on the financial challenges facing the IJB and continuing to ensure decisions are taken to support medium and long-term financial sustainability.
- Continuing to work towards the IJB's agreed strategy to establish its targeted level of general reserves of 2%.
- Prudently progressing 2021/22 financial planning on the basis of a range of funding scenarios from our partner organisations from a reduction of 1% to an increase of 2%.

Medium Term Financial Strategy

Stemming future demand

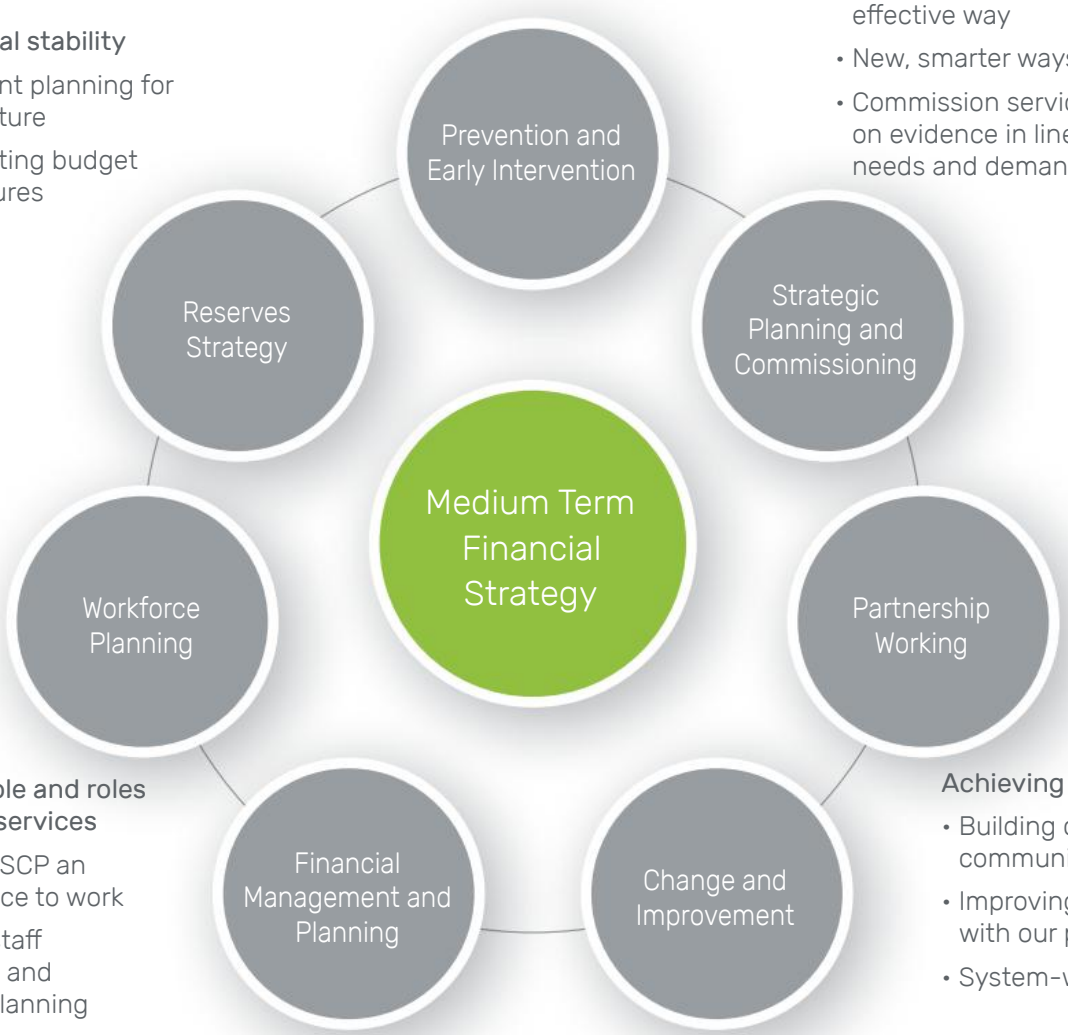
- Creating healthier communities that require less intervention
- Tackling inequalities that create pressure in the system

Aligning our resource to outcomes

- Plan and commission our services in the most cost effective way
- New, smarter ways of working
- Commission services based on evidence in line with future needs and demand

Financial stability

- Prudent planning for the future
- Mitigating budget pressures



The right people and roles to deliver our services

- Making the HSCP an attractive place to work
- Investing in staff development and succession planning
- Supporting attendance at work

Achieving more together

- Building capacity in our communities
- Improving interfaces with our partners
- System-wide working

Better value

- Financial management in line with Ministerial Steering Group (MSG) Review
- Robust financial planning process
- Good governance
- Monitoring pressures

Enabling and manging change

- Integrated working and shifting the balance of care
- Delivering on our statutory requirements and national policy
- Supporting service reviews and redesign
- Delivering safe and sustainable services within budget

The Medium Term Financial Plan will be updated in 2021/22 to reflect the impact of COVID-19 and other emerging issues facing the HSCP. It will be updated alongside the planned refresh of our Strategic Plan, ensuring the vision and objectives of both plans remain fully aligned. Meanwhile, the IJB's financial planning arrangements remain subject to active review using a scenario-based approach, continuing to plan for a range of potential outcomes across its key financial risks and challenges, and the likely impact these could have on the financial sustainability of the IJB.

Overview of our Services

Renfrewshire HSCP delivers adult social care services and all community health services for adults and children in the Renfrewshire area. Our service delivery model is structured to deliver the vision and future direction of community health and adult social care services in Renfrewshire as set out in the HSCP's Strategic Plan, which in turn aims to deliver the nine national health and wellbeing outcomes as identified by the Scottish Government.

We describe how we measure our performance in the next section, and further details on how this links to the national health and wellbeing outcomes can be found in our Annual Performance Report.

During 2020/21, the HSCP delivered the following range of services:

Older People Services - A range of supports for older adults to live independently through remote telephone and online support as well as provision of Care at Home, residential and extra care services, support to those with dementia and with end of life care.

Family Health Services (FHS) - The services delivered through the four primary care disciplines i.e. General Medical Practice, Community Pharmacy, General Dental Practitioners and Optometrists.

Mental Health - Our provision includes a community service providing access to a multidisciplinary secondary care service for people with mental health problems and inpatient services for those over the age of 16 with a mental health diagnosis.

Unscheduled Care - Our 'Set Aside' budget is used in respect of functions delegated by the Health Board which are carried out in a hospital setting. The IJB is responsible for the strategic planning of these, but not their operational delivery.

Hosted Services - On behalf of NHSGGC, Renfrewshire is the host partnership for Podiatry services and Primary Care Support and Development.

Adult Services - A wide range of support services provided to adults including: assessment and care management, adult support and protection, support to adults with incapacity, physical disability, sensory impairment, district nursing and rehabilitation services.

Alcohol & Drug Recovery Services - Teams of staff that focus on supporting and enabling recovery for individuals through a range of interventions and therapies.

Learning Disabilities - Specialist team of staff that provide services to 500+ adults with a learning disability through our day opportunities, Respite and Gateway services.

Children's Services - Services provided with an aim to improve the health and wellbeing of children, whilst reducing health inequalities. Service delivery includes Health Visiting and Family Nurse Partnership, childhood immunisations and additional support for breastfeeding and HomeStart. Our specialist services include child development, Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapy and support for children with disabilities.

Health Improvement and Inequalities (HI&I) – the HI&I team works with partners and our communities to improve health and wellbeing in Renfrewshire and to reduce inequalities.

Service Performance

The Partnership produced its fifth Annual Report in July 2021, which is available at https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports .

An overview of our performance for 2020/21 is included below. However, in light of the exceptional circumstances it should be noted that data remains unvalidated and should be seen as indicative. Performance data may be subject to change and may differ from National Official Statistics publications published at a later date. The full impact of the changes in demand across health and social care services, due to the pandemic, are unknown. At this point it remains unclear how substantial the continuing impact of the pandemic will be on our performance measures. The extent will become clearer as we move out of restrictions during 2021/22. Our performance in all areas will continue to be closely monitored and risks assessed appropriately.

Performance Indicator Status	Direction of Travel
Target achieved	↑ Improvement
Warning	↓ Deterioration
Alert	— Same as previous reporting period

13.5
direction of travel ↑

Sickness absence rate for HSCP Adult Social Care staff (work days lost per FTE). Local Target: 15.3 Days

Measures are in place to maintain sickness absence performance include:

- HR Teams continuing to work closely with service management teams to offer training and identify areas that require additional support.
- Ongoing health improvement activities and support through Healthy Working Lives (HWL), aimed at raising employee awareness of health issues.

Uptake rate of child health 30-month assessment. National Target: 80%

Performance remains above target despite pausing of assessments by Scottish Government during the first three months of lockdown. The service has made a significant recovery and performance is expected to improve as restrictions are eased.

87%
direction of travel ↓

26.8%
direction of travel ↓

23.3%
direction of travel ↑

Exclusive breastfeeding at 6-8 weeks. NHSGGC Target: 26.8%

Exclusive breastfeeding at 6-8 weeks in the most deprived areas. NHSGGC Target: 23.3%

In March 2021, Renfrewshire HSCP achieved the UNICEF Gold Award and is now accredited as a Gold Baby Friendly Service.

Support is being provided during the pandemic via the national breastfeeding helpline and the Breast Feeding Network have a Facebook support page and email address to provide support and virtual breastfeeding group chats.

Health Visitor (HV) support is available via phone. HVs are carrying out house visits at 11-15 days and 6-8 weeks.

Percentage of long term care clients receiving intensive home care. National Target: 30%

The service continues to actively review the needs of service users to ensure that the Partnership meets their care requirements appropriately. This may result in changes to the level and nature of services that some individuals receive.

29%
direction of travel
↑

Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies. National Target: 90%

86.8%
direction of travel
↓

During 2020/21, 86.8% of patients were seen within 18 weeks of referral (target: 90%), equating to 1,009 of 1,163 referrals. This compares with 92.3% in 2019/20 when 1,872 patients started treatment. The total number starting treatment has been impacted by COVID-19, and has also resulted in more people being seen over 18 weeks.

The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment. NHSGGC Target: 100%

Various contributing factors to this reduction: an increase in referrals – due to other services and supports not being available to parents - e.g., schools; staff vacancies; restrictions on face to face contact; and a lack of community venues for parents to access. While the use of digital appointments has been positive, it is not always clinically effective in some cases.

63%
direction of travel
↓

Number of carers accessing training. Local Target: 220

165
direction of travel
↓

This reduction in performance can be attributed to the pandemic, with all training courses provided via digital platform Zoom. Although carers were supported to access equipment via grants or the technology loan scheme, a number of carers, especially older carers, reported that they did not take up training places due to them being online. We continue to encourage and support access to training and anticipate increased participation as and when restrictions allow for in-person engagement.

Sickness absence rate HSCP NHS staff. National Target: 4%

The absence level in March 2021 does not reflect that absence had generally improved over the full calendar year for 2020 to be the best in the last six years at 5.41 %. It is also encouraging that absence levels were lower in January and February 2021 than the same months in 2020. Some of the long term absence cases with serious and enduring illness have become protracted due to COVID-19 restrictions e.g. restricted engagement and treatment delays. The absence level does not reflect any COVID-19 specific absence recording.

5.65%
direction of travel
↓

Percentage of diabetic foot ulcers seen within 4 weeks in Clyde sector* and percentage of diabetic foot ulcers seen within 4 weeks in NHSGGC. NHSGGC Target: 90%

77% (Clyde)
75% (NHSGGC)
direction of travel
↓

This deterioration in performance is due to the ongoing need for physical distancing and the unavailability of accommodation. The service is incrementally increasing virtual appointments which will help to improve performance, and continues to see all of the most vulnerable patients face to face in a COVID-19 secure environment.

* Note: Podiatry services are delivered on an NHSGGC-wide basis, with services segmented into sectors. Renfrewshire is situated within the Clyde sector and as a result performance statistics are provided at this level.

Financial Performance

The Financial Year 2020/21 was an unremitting year for public services. Budgetary restraints and financial pressures linked to reducing resources, a changing demographic and increased demand for services were compounded by the ongoing COVID-19 pandemic and the associated emergency response. In addition, COVID-19 impacted the IJB's delivery of its Medium Term Financial Plan, requiring a re-evaluation and reprofiling of the delivery of approved in year savings, and our transformational changes were disrupted and delayed.

Through regular updates to the IJB from the CFO and by ensuring decisions made throughout 2020/21 were taken to support medium and long-term financial sustainability, the IJB delivered a significant underspend in 2020/21. This was achieved through a combination of:

- Flexible use of recurring and non-recurring resources
- Drawdown of earmarked reserves in order to deliver on specific commitments including, for example, Primary Care Improvement Plan (PCIP) and Alcohol and Drug Partnership (ADP)
- Delivery of approved savings through the Change and Improvement Programme; and other operational efficiencies which delivered a significant underspend in 2020/21 reflecting the impact of COVID-19 on some areas of activity including: recruitment to key posts; the effects of the pandemic on Older People's Care Home admissions; reduction in prescribing costs.
- Funding in advance of need, e.g. ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers.

Resources Available to the IJB 2020/21

Renfrewshire IJB delivers and commissions a range of health and adult social care services to the population of Renfrewshire. This is funded through budgets delegated from both Renfrewshire Council and NHSGGC. The resources available to the IJB in 2020/21 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £335.392m.

Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £64.738m. This budget is in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area. The Set Aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year.

For 2020/21 the actual figures for Set Aside increased. The impact of COVID-19 resulted in a reduction in activity however this reduction in activity was offset by an increase in additional expenditure. The additional expenditure was predominantly as a result of additional staff costs, increased beds, additional cleaning, testing, equipment and PPE. The costs associated with COVID-19, that are included within the Set Aside total, were £43m for NHSGGC. These costs were fully funded by the Scottish Government.

Summary of Financial Position

Throughout 2020/21, the CFO's budget monitoring reports to the IJB projected an underspend, prior to the transfer of year end balances to General and Earmarked Reserves at the financial year end. This included the transfer of specific ring-fenced monies (including Scottish Government funding for: Primary Care Improvement Plan, Mental Health Action 15 and Alcohol & Drug Partnership monies) in line with Scottish Government guidance.

As detailed in the following tables the IJB's final outturn position for 2020/21 was an underspend of £8.396m, (prior to the transfer of year end balances to Earmarked and General Reserves) including the net impact of delivering additional services as part of the IJB's response to COVID-19, and for which additional funding was provided by the Scottish Government at regular intervals.

	Year End Outturn (prior to the transfer of balances to Reserves)	Year End Outturn
Total Renfrewshire HSCP (excluding COVID-19)	Underspend £6.078m	Breakeven
Other Delegated Services	Underspend £0.0285m	Underspend £0.0285m
TOTAL	**Underspend £6.363m**	**Underspend £0.0285m**
COVID-19	Underspend £2.033m	Breakeven
TOTAL (inclusive of COVID-19)	**Underspend £8.396m**	**Underspend £0.0285m**

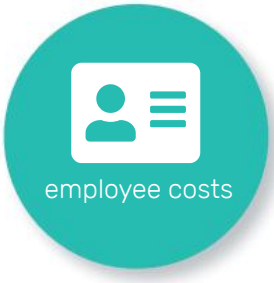
Final HSCP Outturn Position 2020/21

Care Group	Revised Budget	Spend to Year End (before movement to reserves)	Revised Variance
	£000's		
Adults and Older People	56,176	54,455	1,721
Mental Health	26,130	25,208	922
Learning Disabilities	17,579	17,245	334
Children's Services	6,482	5,943	539
Prescribing	36,926	35,814	1,112
Health Improvement and Inequalities	983	790	193
Family Health Services	53,358	53,351	7
Resources	9,099	8,438	661
Hosted Services	11,399	10,810	589
Resource Transfer	-	-	-
Social Care Fund	-	-	-
Set Aside	64,738	64,738	-
NET EXPENDITURE (before delegated services)	**282,870**	**276,792**	**6,078**
Other Delegated Services	1,051	766	285
NET EXPENDITURE before COVID	**283,921**	**277,758**	**6,363**
COVID-19	21,670	19,637	2,033
NET EXPENDITURE	**305,591**	**297,195**	**8,396**

Note: The net expenditure figure differs to that of the Comprehensive Income Expenditure Statement (CIES) due to differences in the presentation of earmarked reserves, resource transfer and social care adjustments.

The IJB's response to COVID-19 in 2020/21, accounts for £2.033m of the overall underspend position. This reflects funding in advance of need which has been placed in an earmarked reserve to address COVID-19 expenditure commitments in 2021/22.

Beyond this, there are a number of reasons for the HSCP operational underspend of £6.078m this year, and these include:



Employee costs underspend £2.997m: reflecting ongoing challenges in terms of recruitment and retention issues across all service areas. For a wide range of posts we have tried to recruit on a number of occasions but have been unsuccessful due to availability of the skills mix required within the workforce market, especially in the current pandemic. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.

Prescribing: underspend £1.112m: Prescribing volumes were lower throughout 2020/21 than in previous years reflecting changes to GP appointments caused by COVID-19. This helped to negate the impact of higher prices due to short supply. The IJB also saw a higher than expected return from discounts and rebates which contributed to the overall financial position.

Care Home Placements: underspend £2.376m: the Care Home budget delivered a significant underspend in 2020/21 reflecting the impact of COVID-19 on the ability of care homes to take new admissions. As a result of outbreaks and infection control issues within the care homes, along with greater numbers of clients choosing to remain at home for longer, occupancy levels for 2020/21 were 13.6% below those of the previous year.

Transport / Supplies Budgets: underspend £0.947m: this underspend is reflective of services operating at a reduced capacity throughout the past year.

Care at Home: overspend of (£1.751m): spend within care at home has continued to increase year on year as the service continues to support delayed discharges and demand. In addition, the current pandemic has seen an unprecedented increase in sizeable care at home packages significantly impacting an already pressured budget.

The Comprehensive Income and Expenditure Statement (CIES) on page 46 describes income and expenditure by client group across the HSCP. The financial statements (pages 46 to 58) are prepared in accordance with the Code of Practice on Local Authority Accounting supported by International Financial Reporting Standards (IFRS). These figures therefore differ from the figures in the previous table which shows the year end position recorded in both the Health and Social Care financial ledgers.

The CIES is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2020/21 was an overall surplus / increase to reserves of £17.489m, (a net increase of £4.380m to general reserves and £13.109m to earmarked reserves).

The following table summarises how the £17.489m overall surplus / increase to reserves in 2020/21 was realised:

	£000's
2020/21 Final Outturn	8,396
less:	
Other Delegated Services	-285
= 2020/21 underspend transferred to reserves at year end	8,111
add:	
In year adjustments approved by the IJB on 26 March 2021	10,824
less:	
total reserves drawn down in 2020/21	-1,446
= movement in reserves 2020/21	17,489

Responding to the COVID-19 Pandemic

In addition to the areas of pressure described earlier, the most significant challenge faced by Renfrewshire HSCP (since March 2020) has been responding to the COVID-19 pandemic.

Throughout 2020/21, the CFO regularly provided estimated costs to the Scottish Government through our Local Mobilisation Plan supported by an associated Financial Tracker. 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.

The following table shows a total of £14.077m was spent responding to COVID-19, of which £5.035m relates to health services, and £9.042m relates to adult social care services.

Description of Cost Type	Health Costs	Social Care Costs	Total
	£000's		
Additional Staff Costs	930	1,098	2,028
Provider Sustainability Costs	-	4,820	4,820
PPE	49	717	766
Delayed Discharge & Care at Home	-	390	390
Community Hubs	1,085	-	1,085
Unachieved Savings	-	-	-
Loss of Income	-	538	538
FHS Costs	859	-	859
Other Costs	644	1,479	2,123
Subtotal	3,567	9,042	12,609
Hospice Loss of Income	1,468	-	1,468
TOTAL	5.035	9,042	14,077

The following table shows that in 2020/21, the IJB received COVID-19 funding of £21.670m and have utilised £14.077m. The balance of which has been transferred into Earmarked Reserves.

Confirmed Funding Sources to Support the HSCP's COVID-19 Response	£000's
Allocation of funding for Adult Services	9,042
Allocation of funding for Health	11,160
Hospice Funding Allocation (Accord and St Vincent's)	1,468
Total Confirmed Funding to date	**21,670**
Less: Costs at 31/03/2021	14,077
= Surplus	**7,593**
Transfers to reserves:	
- COVID-19 Winter Planning	-1,649
- COVID-19 Integrated Authority Support	-5,247
- COVID-19 Community Living Change	-697
	-7,593
= Surplus (Deficit)	**0**

IJB Annual Accounts can only include expenditure which is undertaken on a principal basis. The IJB acts as principal when it controls the transaction and has responsibility for making decisions in relation to how it is enacted. During 2020/21 the Scottish Government passported £1.468m of funding for Hospices for which the IJB acted as agent and simply passed the funding on. The Accounting Code of Practice requires these to be omitted from our accounts, therefore this expenditure is not included within the CIES.

The 2020/21 Annual Accounts therefore only includes £12.610m of additional costs as a result of COVID-19. This has been fully funded by the Scottish Government and these Accounts have been prepared on the assumption that this will continue to be the case moving forward into 2021/22. Total Set Aside costs for NHSGGC also include £43m of COVID-19 costs, which have been fully funded by the Scottish Government.

The 2020/21 Annual Accounts also include the £500 payment to NHS employees funded by the Scottish Government. The payment to Council employees and external providers will appear in the 2021/22 accounts and is reflective of when this was instructed for payment.

Reserves

The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 bodies do not over-commit themselves financially.

General Reserves

The IJB reserves policy allows for flexibility in terms of potential fluctuations. This allows for the IJB to increase unallocated reserve balances significantly where resources permit, providing future financial resilience for those years where the level of resources available to the IJB may be significantly constrained and will require a draw down from unallocated reserves in order to deliver financial balance.

The impact of COVID-19 on the ability of both the HSCP and our providers to respond to service demand during the past year has meant that many services have been required to prioritise service delivery to critical only, resulting in underspends within some service areas. However, as lockdown restrictions are eased, expenditure within these areas will start to increase, it is therefore essential that as part of the IJB's financial planning for 2021/22 that funding is held in reserves to meet the costs associated with any unmet need which has arisen over the past year.

In order to protect the financial resilience of the IJB in the context of an increased financial risk profile, the IJB was asked to approve a transfer of £4.380m from the 2020/21 in year underspend to General Reserves bringing this in line with the targeted 2% in the IJB's Reserve Policy.

Earmarked Reserves

It is also important that in year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, to allow spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes. This includes Mental Health, Primary Care and Alcohol and Drugs services and, COVID-19 funding. The Scottish Government have agreed a flexible funding approach for these priorities whereby these reserves are accessed first before any further funding is released.

As these ring-fenced funding allocations are to meet specific commitments, they must be carried forward to meet the conditions attached to their receipt. The amounts allocated in 2020/21 are significantly higher than in previous years, reflecting additional funding allocated in 2020/21 to implement national policy commitments. The level of funding to be carried forward via earmarked reserves is also reflective of the timing of when this funding was received, and the limitations in delivering full spend prior to the financial year end.

During 2020/21 in line with the IJB's Reserves Policy, the IJB approved the creation of earmarked reserves totalling £14.555m, increasing cumulative earmarked reserves to £21.225m. These will be drawn down in line with their relevant spending profiles and where appropriate in line with the flexible funding approach agreed with the Scottish Government.

Risk Management Framework

During the last year the HSCP completed a review of the IJB's Risk Management Framework, which was last approved in November 2017. The review considered the impact of COVID-19 on the IJB's risk management arrangements and its ability to tolerate and effectively manage a higher degree of risk over a prolonged period. A review of risk management approaches adopted by IJBs across Scotland was also undertaken to inform the further development of the Risk Management Framework.

The proposed changes to the Framework were approved by the IJB in March 2021 and these included updates to the IJB's risk tolerance statement to provide greater flexibility, a refresh of the approach to risk management governance, and a review of roles and responsibilities within the Framework.

The Risk Management Framework also provides a consistent approach for identifying and managing key risks and issues. In particular, there are a number of financial challenges facing the IJB which have the potential to affect the financial sustainability of the partnership, with consequent impact to service delivery. These challenges continue to be captured and managed through the revised framework.

Managing Increasing Demand from Changing Population

By 2043, National Records of Scotland projects (based on 2018 statistics) that in Renfrewshire those aged 75+ will increase by 71.6%The changing financial and demographic pressures facing services poses a risk to the HSCP being able to successfully deliver services to the most vulnerable people in Renfrewshire.

Implementing the recommendations of the Independent Review of Adult Social Care

There is a risk that the Independent Review of Adult Social Care recommendations result in potentially significant structural, organisational and governance change which may impact resources and finances of the HSCP, and its ability to deliver alongside operational commitments.

Prescribing costs

The volatility of global markets, the impact of drug tariffs in relation to contracts with community pharmacy and, more recently, the anticipated but currently unknown impact of COVID-19 means prescribing costs continue to be one of our main financial risks. In mitigation, the IJB agreed a net increase of £1.0m to the prescribing earmarked reserve for 2021/22.

Delivering the HSCP's Transformation Programme and Savings Proposals

Agreed savings to be achieved within Financial Year 2020/21 were predicated on continued delivery of existing service reviews and the wider implementation of Renfrewshire HSCP's Transformation Programme. As previously noted, this change activity was paused. Consequently, the savings plan has been re-profiled and realigned over future years with the proposed 2021/22 savings (circa £885k) representing a continuation of the Tier 1 savings approach.

Shortage of key professionals

A shortage of key professionals, including but not limited to district nursing staff, psychotherapies and frontline Care at Home staff - compounded by COVID-19, Brexit, and an ageing workforce – continues to present a challenge. This could negatively impact upon:

- The sustainability of, access to, and quality of, our services;
- The resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources; and
- The additional cost of using bank and agency staff.

Workforce succession planning in key areas is underway and a one-year interim workforce plan (April 2021 to March 2022) is in place to help to mitigate the impact of this.

Brexit

The EU Exit transition period formally ended on 31 December 2020. The impact of Brexit on the IJB is yet to be fully realised, though the deadline for applications for settled status for EU and EEA citizens in 30 June 2021 which poses a risk to HSCP resourcing. The HSCP is working with partners to mitigate this risk.

COVID-19 Response

The delayed impact of disruption to planned care for individuals due to COVID-19 and the anticipated increase in service demand from adults with mental health concerns and other conditions which have been unmet or unidentified during the pandemic, present a level of uncertainty never before faced by the HSCP. The challenges arising from this situation are unprecedented, and, will continue to impact beyond this financial year.

Acknowledgements

We would like to acknowledge the significant effort required to both produce the Annual Accounts and successfully manage the finances of the IJB; and to record our thanks to the Finance team and colleagues in other services within the Partnership for their continued hard work and support.

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board
Date:

Christine Laverty
Interim Chief Officer
Date:

Sarah Lavers CPFA
Chief Finance Officer
Date:

Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this IJB, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far, as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of Renfrewshire IJB held on 19 November 2021.

Signed on behalf of Renfrewshire IJB

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board

Date:

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- kept proper accounting records which were up-to-date
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of Renfrewshire IJB as at 31 March 2021 and the transactions for the year then ended.

Sarah Lavers CPFA
Chief Finance Officer

Date:

Remuneration Report

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Voting Board Members

Voting IJB members constitute councillors nominated as board members by constituent authorities and NHS representatives nominated by the NHS Board. The voting members of the Renfrewshire IJB were appointed through nomination by NHSGGC and Renfrewshire Council.

Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and the Vice Chair of the IJB should therefore be included in the IJB remuneration report if they receive remuneration for their roles. For Renfrewshire IJB, neither the Chair nor Vice Chair receives remuneration for their roles.

Taxable Expenses 2019/20 £	Post(s) Held	Post(s) Held	Nominated by	Taxable Expenses 2020/21 £
-	Cllr Jacqueline Cameron	IJB Chair	Renfrewshire Council	-
-	Dr Donny Lyons	IJB Vice Chair (April 2020 - June 2020)	NHS Greater Glasgow and Clyde	-
-	Rev John Matthews	IJB Vice Chair (July 2020 - March 2021)	NHS Greater Glasgow and Clyde	-

The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2020/21, no voting members received any form or remuneration from the IJB.

There were no exit packages payable during the financial year.

Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The remuneration terms of the Chief Officer's employment were approved by the IJB.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the following table:

Total Earnings 2019/20 £	Name and Post Title	Total Earnings 2020/21 £
128,646	D Leese Chief Officer, Renfrewshire IJB (April 2020 – December 2020)	102,410 (*FYE 136,547)
	S Strachan Interim Chief Officer, Renfrewshire IJB (December 2020 – March 2021)	46,100 (**FYC 108,298)
91,690	S Lavers Chief Finance Officer, Renfrewshire IJB	94,168

*FYE: Full Year Estimate includes an estimate of the full year salary to 31/03/21 for David Leese who left his post in December 2020

**FYC: Full Year Cost relates to the total cost of Shiona Strachan filling both her role as Head of Service (April - November 2020) and Interim Chief Officer (December 2020 - March 2021)

Pension Benefits

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or the Chief Finance Officer.

The IJB, however, has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Name and Post Title	In Year Pension Contributions [1]		Accrued Pension Benefits [2] [3]		
	For Year to 31/03/20 £	For Year to 31/03/21 £		As at 31/03/20 £	As at 31/03/21 £
D Leese Chief Officer, Renfrewshire IJB	25,238	19,496	Pension	28,155	27,218
			Lump sum	62,293	-
S Lavers Chief Finance Officer, Renfrewshire IJB	17,677	18,174	Pension	41,332	42,602
			Lump sum	64,328	66,258

[1] Accrued pension benefits have not been accrued solely for IJB remuneration.
[2] D Leese left post of Chief Officer, Renfrewshire IJB on 31 December 2020.
[3] Interim Chief Officer is employed as a consultant and therefore not part of the current pension scheme.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees 31 March 2020	Remuneration Band	Number of Employees 31 March 2021
1	£90,000 - £94,999	1
-	£100,000 - £104,999	1
1	£125,000 - £129,999	-

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board

Date:

Christine Laverty
Interim Chief Officer

Date:

Annual Governance Statement

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHSGGC and Renfrewshire Council systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

This system can only provide reasonable and not absolute assurance of effectiveness.

The IJB has adopted governance arrangements consistent where appropriate, with the principles of CIPFA[1] and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". This statement explains how the IJB has complied with the governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the IJB's Strategic Plan. The governance framework is continually updated to reflect best practice, new legislative requirements and the expectations of stakeholders.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

Governance Framework and Internal Control System

The Board of the IJB comprises eight voting members; with one from each parent organisation assuming the role of Chair and Vice Chair. Four are Council Members nominated by Renfrewshire Council, and, four are non-Executive Board Members of NHSGGC. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include third sector, carer and staff-side representatives, professional members include the Chief Officer and CFO. The IJB, via a process of delegation from NHSGGC and Renfrewshire Council, and its Chief Officer, has responsibility for the planning, resourcing and operational delivery of all delegated health and social care within its geographical area.

The IJB is ordinarily scheduled to meet five times per year. In March 2020, owing to the uncertainty and evolving situation of COVID-19, the IJB approved exceptional governance measures, delegating authority to the Chief Officer in consultation with the Chair and Vice Chair to make all decisions relating to the functions of the IJB if any decision is required, as a matter of urgency, to be taken in advance of the next available IJB meeting. This arrangement was confirmed by the IJB in June 2020, at which time additional meetings of the IJB to be held in July and August 2020 were also agreed. These were held to ensure connectedness and updates on emerging issues.

[1] CIPFA – The Chartered Institute of Public Finance and Accountancy

The main features of the governance framework in existence during 2020/21 were:

Principles

- The IJB follows the principles set out in Council of Scottish Local Authorities (COSLA) Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the IJB by the Health Board and Local Authority and resources paid to its Local Authority and Health Service partners.

Formal Frameworks

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within: Standing Orders and Scheme of Administration; Contract Standing Orders; Scheme of Delegation, and, Financial Governance arrangements; these are subject to regular review.
- A Local Code of Corporate Governance was approved by the IJB early in 2017 which is subject to ongoing updates as required. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development. Staff 'Performance and Personal Development' (PPD) schemes are also in place, the aim of which is to focus on performance and development that contributes towards achieving service objectives.
- The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. This is reported annually to the IJB and provides a variety of evidence to demonstrate the delivery of the core components within the HSCP's Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.

Strategic Planning

- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its Health Service and Local Authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
- The Medium-Term Financial Plan 2020/21 to 2025/26 outlines the financial challenges and opportunities the HSCP faces over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It complements the HSCP's Strategic Plan, highlighting how the HSCP Medium-Term Financial Planning principles will support the delivery of the IJB's strategic objectives and priorities.
- The HSCP has an Organisational Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an update on the Workforce Plan, is reported annually to the IJB.

Oversight

- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team, the main Board and the Audit, Risk and Scrutiny Committee, as appropriate.
- Performance management, monitoring of service delivery and financial governance is provided by the HSCP to the IJB, who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget. This ensures there is regular scrutiny at senior management, committee and Board level. Performance is linked to delivery of objectives and is reported regularly to the IJB. Information on performance can be found in the Annual Performance Report published on the IJB website.

Risk Management

- The IJB's risk management processes are well developed. The Risk Management Framework was reviewed in early 2021 and a number of revisions have been made. These changes were submitted to the Audit, Risk and Scrutiny Committee in March 2021 and were approved. Risk management is undertaken through regular reporting to the Senior Management Team and also to the IJB Audit, Risk and Scrutiny Committee for their review and comment.

Financial Control

- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Finance Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by managers within the HSCP supported by NHSGGC and Renfrewshire Council in relation to the operational delivery of health and social care services.

Transformational Change

- The HSCP's medium term approach (Tier 2) to financial planning recognised the need to transform the way in which the HSCP delivers services, to ensure the sustainability of health and social care services going forward. Whilst our transformation programme was paused in March 2020 to enable a focus on critical and essential services, the IJB, through its Recovery and Renewal Steering Group is now progressing with its transformation programme, reflecting delivery of our four guiding principles.

COVID-19 Supplementary Governance Arrangements

In response to the COVID-19 pandemic a number of key meetings were established to enable regular dialogue on key and emerging issues. Across NHSGGC a Strategic Executive Group (SEG) was set up, chaired by the Chief Executive with whole-system representation. The SEG met daily for an extended period with subgroups, including a Chief Officers (HSCP) Tactical Group being formed to consider and agree arrangements for HSCPs and IJBs within the NHSGGC area. A similar arrangement was created for Chief Finance Officers across NHSGGC with regular weekly meetings established to ensure regular and connected discussions on key areas of activity, including funding allocations to support increased demand and latterly Local Mobilisation Plan (LMP) planning and sustainability payments.

Locally in Renfrewshire the Local Authority Corporate Management Team (CMT) established an Emergency Management Team (EMT) which similarly met on a daily basis, with Council-wide representation from all service areas, including the HSCP through the Chief Officer, Chief Finance Officer and Head of Strategic Planning and Health Improvement, to ensure requirements and considerations for HSCP services were effectively planned for within the wider contingency planning arrangements. Renfrewshire HSCP also established a Local Response Management Team (LRMT), per the HSCP Business Continuity Plan approach, in order for all areas of service control to be considered through this singular group. The membership of the LRMT was extended to include the co-chairs of our Staff Partnership Forum (SPF) to ensure that pertinent staff issues were trailed and considered in an appropriate and timely manner.

Naturally the frequency across all of these meetings mirrored the requirements at the time, with groups moving to less frequent but continued discussions in the months ahead.

In addition to the new fora created to review and manage issues relating to the pandemic, the IJB approved and initiated temporary decision-making arrangements at its meeting of Friday 20 March 2020 to enable quick and decisive action to be taken in respect of pressures on health and social care services in Renfrewshire. Under these temporary arrangements, authority is delegated, if required, to meet immediate operational demand, to the Chief Officer in consultation with the Chair and Vice Chair of the IJB. These temporary measures continue to be in place and are subject to ongoing review.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Management Team (SMT) (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "Self-assessment Checklists" as evidence of review of key areas of the IJB's internal control framework, these assurances are provided to Renfrewshire Council and NHSGGC. The SMT has input to this process through the CFO. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no significant internal control issues identified by the review.

Internal Audit undertakes an annual programme following an assessment of risk completed during the strategic audit planning process. The appointed Chief Internal Auditor provides an annual report to the Audit, Risk and Scrutiny Committee and an independent opinion on the adequacy and effectiveness of the governance framework, risk management and internal control.

Due to the nature of IJB Board Membership, a conflict of interest can arise between an IJB Board Members' responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon.

The Management Commentary provides an overview of the key risks and uncertainties facing the IJB. Although no system of internal control can provide absolute assurance, nor can Internal Audit give that assurance, on the basis of audit work undertaken during the reporting period and the assurances provided by the partner organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation.

Roles and Responsibilities

The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, with oversight from the IJB.

The IJB complies with the CIPFA Statement on "The Role of the CFO in Local Government 2014". The IJB's CFO has overall responsibility for Renfrewshire HSCP's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

The IJB complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2019". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017".

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit Risk and Scrutiny Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Committee's core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

In January 2020 the IJB approved a series of revisions to the Audit Committee. The remit of the Committee was widened with a revised Terms of Reference agreed and the title of the group was renamed as the IJB Audit, Risk and Scrutiny Committee, reflecting the broader scope. It was also agreed that the meeting frequency would increase from three to four meetings per annum.

Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB's governance. Regular updates on progress of the agreed actions will be monitored by the IJB Audit, Risk and Scrutiny Committee.

A copy of the agreed Action Plan is included in the following table:

Agreed Action	Responsible Person	Date
Further the implementation of the IJB's Risk Management Framework through delivery of risk management training with the IJB Audit, Risk and Scrutiny Committee.	Head of Strategic Planning and Health Improvement	November 2021
Establish a Complaints Manager post to lead on the development and implementation of the HSCP Records Management Plan and improvement planning to ensure compliance with GDPR and information governance requirements.	Head of Strategic Planning and Health Improvement	Complete
Work with the Strategic Planning Group to develop and consult on an updated Strategic Plan 2022-25, reflecting the impact of COVID-19 and the need for flexibility within the current policy environment, for IJB approval in March 2022.	Head of Strategic Planning and Health Improvement	March 2022
Update the HSCP Medium Term Financial Plan to account for the ongoing impact of COVID-19, aligning where possible to the recommendations in the Independent Review of Adult Social Care, and link to the refreshed HSCP Strategic Plan.	Chief Finance Officer	March 2022
As set out in our Strategic Plan 2019-2022 we will further the establishment of unified quality care and professional governance arrangements.	Head of Strategic Planning and Health Improvement	Ongoing
Assess the implications of agreed recommendations taken forward following the Independent Review of Adult Social Care (Feeley Review), with a particular focus on implications for IJB governance, and provide regular assessments to the IJB.	Chief Officer	Ongoing

Update on 2019/20 Action Plan

Agreed Action	Progress	Responsible Person	Date
Reprofile scheduling of 2020/21 savings targets and transformational activity for period to 2022/23 in response to COVID-19 crisis and implement robust programme and benefits management to ensure continued financial control.	The IJB considered and approved a re-profiled suite of savings for 2020/21 in March 2021. Our Transformation Programme was paused in March 2020 to enable the HSCP to focus on critical and essential services and will be re-profiled during 2021/22.	Chief Finance Officer	Updated timescale: November 2021
Implement standing agenda item at each IJB Audit, Risk and Scrutiny Committee to provide update on transformational activity and benefits management in line with above reprofiling.	As above, our Transformation Programme was paused in March 2020 to enable the HSCP to focus on critical and essential services. Following IJB approval in March 2021 of a re-profiled suite of Tier 1 savings and the establishment of a financial benefits tracker, this standing agenda item will be implemented later in 2021/22.	Chief Finance Officer	Updated timescale: November 2021
Put in place a plan to review, on a rolling basis, IJB key governance documents, including for example Standing Orders, Scheme of Delegation and Financial Regulations.	Key governance documents, such as the IJB Financial Regulations, were reviewed on an ad-hoc basis throughout 2020/21. A revised scheduled review plan is currently in progress and is being taken forward by the Head of Strategic Planning and Health Improvement. Key governance documents will be reviewed, as required, over the coming year and considered through the IJB's Audit, Risk and Scrutiny Committee and/or the IJB as appropriate.	Head of Strategic Planning and Health Improvement	Ongoing

Update on 2019/20 Action Plan cont...

Agreed Action	Progress	Responsible Person	Date
Working with NHSGGC and the five other GGC HSCP's, develop commissioning plans in relation to acute Set Aside resources.	In June 2020, NHSGGC's draft Unscheduled Care Joint Commissioning Plan was submitted to the IJB and was approved at this time. The report outlined the work undertaken pre-COVID-19 by all six NHSGGC HSCPs to develop a system-wide Strategic Commissioning Plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft Unscheduled Care Joint Commissioning Plan builds on the GGC Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme. The draft Unscheduled Care Joint Commissioning Plan was submitted to all six IJBs for consideration and approval, recognising that further work was required on key aspects. One key aspect of the unscheduled care work was learning from the pandemic, during which there had been a fall in unscheduled care activity. The GGC HSCP Delivery Group has oversight for the delivery of the Plan and is leading on the work currently underway to finalise its completion. An updated draft of the Plan was presented to IJB in September 2021 and a further update on the draft will be presented to IJB towards the end of 2021/22. The 22 Actions with the Plan will be phased over the next 3 years with each HSCP developing its own Local Delivery Plan in order to meet local needs and priorities.	Head of Health and Social Care (Paisley)	March 2022
Review existing Risk Management arrangements, including an agreed risk appetite statement.	The Head of Strategic Planning and Health Improvement is now the member of SMT responsible for risk management. The IJB's Risk Management Framework was reviewed in early 2021 and a number of revisions have been made. These changes were approved by the Audit, Risk and Scrutiny Committee in March 2021.	Head of Strategic Planning and Health Improvement	Complete

Update on 2019/20 Action Plan cont...

Agreed Action	Progress	Responsible Person	Date
Review existing Business Continuity arrangements, in light of current COVID-19 impact on service delivery and lessons learned.	The Head of Strategic Planning and Health Improvement is now the member of SMT responsible for risk management. The existing Business Continuity Plan was reviewed and updated in December 2020. Business Continuity arrangements will be further reviewed and updated at an appropriate point in 2021 to ensure they further reflect lessons learned from the COVID-19 pandemic.	Head of Strategic Planning and Health Improvement	Complete

Update on 2018/19 Action Plan

Agreed Action	Progress	Responsible Person	Date
Implement Ministerial Steering Group Review of Integration Proposals and Self Actions identified to be delivered over 2019/20, including: the development of commissioning plans to support the implementation of the Set Aside arrangements; working closely with the IJB and the Director of Finance for NHSGGC to ensure that all possible steps are taken to enable the IJB to approve the delegated health budget prior to the start of the financial year.	As above, work continues to be progressed in this area with the six NHSGGC wide HSCP's. A detailed action plan with an associated financial framework is due to be submitted to the IJB later this autumn 2021, thereafter it is hoped that work on the priorities identified will commence. The IJB will continue to work with our partners to ensure that future budgets/savings plans are agreed in advance of the financial year end.	Head of Health and Social Care (Paisley)	Ongoing
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014)	Over the latter half of 2019 and into 2020 officers reviewed the Integration Scheme, working collaboratively with the other 5 HSCPs in the Greater Glasgow & Clyde Health Board area. On 19 February 2020, Renfrewshire Council's Leadership Board approved a reviewed version of the Integration Scheme for consultation. The NHS Board was unable to progress at that time. The necessary response to the pandemic has clearly impacted on the capacity to carry out the consultation. Discussions are underway between the Council and Health Board to agree a timeline for the approval of the updated, draft Scheme; the statutory consultation period; and the approval of the final Scheme through both governance structures.	Chief Officer	Ongoing

Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board

Date:

Christine Laverty
Interim Chief Officer

Date:

AUDIT SCOTLAND

Independent auditor's report to the members of Renfrewshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Renfrewshire Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of Renfrewshire Integration Joint Board as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 7 January 2019. The period of total uninterrupted appointment is three years. I am independent of Renfrewshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to Renfrewshire Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Renfrewshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and the Audit, Risk and Scrutiny Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing Renfrewshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Audit, Risk and Scrutiny Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how Renfrewshire Integration Joint Board is complying with that framework;
- identifying which laws and regulations are significant in the context of Renfrewshire Integration Joint Board;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Renfrewshire Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Report on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Finance Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or

- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or

- I have not received all the information and explanations I require for my audit. ; or

- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

AUDIT SCOTLAND

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Cornett, FCPFA

Audit Director

Audit Scotland

4th Floor, The Athenaeum Building

8 Nelson Mandela Place

Glasgow

G2 1BT

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. It includes, on an accruals basis, all expenses and related income.

2019/20 Gross Exp. £000's	2019/20 Gross Income £000's	2019/20 Net Exp. £000's		Note	2020/21 Gross Exp. £000's	2020/21 Gross Income £000's	2020/21 Net Exp. £000's
84,226	(12,282)	71,944	Adults and Older People		83,587	(10,959)	72,628
25,409	(425)	24,984	Mental Health		27,146	(319)	26,827
28,554	(1,285)	27,269	Learning Disabilities		29,473	(1,612)	27,861
6,381	(411)	5,970	Children's Services		6,389	(446)	5,943
35,276		35,276	Prescribing		34,814		34,814
883	(173)	710	Health Improvement and Inequalities		963	(73)	890
51,464	(2,929)	48,535	Family Health Services		53,633	(282)	53,351
6,587	(314)	6,273	Resources		6,902	(237)	6,665
-	-	-	COVID-19		12,610	-	12,610
11,427	(329)	11,098	Hosted Services	14	10,995	(185)	10,810
56,497		56,497	Set Aside for Delegated Services Provided in Large Hospitals		64,738		64,738
1,076	(164)	912	Services Delegated to Social Care	8	893	(127)	766
307,780	(18,312)	289,468	Total Costs of Services		332,143	(14,240)	317,903
	(293,512)	(293,512)	Taxation and Non-Specific Grant Income	5		(335,392)	(335,392)
307,780	**(311,824)**	**(4,044)**	**(Surplus) or deficit on Provisions of Services (movements in Reserves)**		**332,143**	**(349,632)**	**(17,489)**

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the CIES. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts as it is not required to provide a true and fair view of the IJB's finances.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

	General Fund Balance £000's	Earmarked Reserves £000's	Total Reserves £000's
Movement in Reserves during 2019 – 2020:			
Opening Balance at 31 March 2019	(930)	(4,543)	(5,473)
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2019/20	(471)	(3,573)	(4,044)
Closing Balance at 31 March 2020	(1,401)	(8,116)	(9,517)
Movement in Reserves during 2020 – 2021:			
Opening Balance at 31 March 2020	(1,401)	(8,116)	(9,517)
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2020/21	(4,380)	(13,109)	(17,489)
Closing Balance at 31 March 2021	(5,781)	(21,225)	(27,006)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2021. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2020 £000's		Notes	31 March 2021 £000's
9,517	Short Term Debtors	6	27,006
9,517	**Current Assets**		27,006
-	Short Term Creditors	6	-
-	Current Liabilities		-
9,517	**Net Assets**		27,006
(1,401)	Usable Reserves: General Fund	7	(5,781)
(8,116)	Usable Reserves: Earmarked	7	(21,225)
(9,517)	**Total Reserves**		(27,006)

The Statement of Accounts presents a true and fair view of the financial position of the IJB as at 31 March 2021 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 25 June 2021 and the audited accounts were authorised for issue on 19 November 2021.

Balance Sheet signed by:

Sarah Lavers CPFA
Chief Finance Officer

Date:

Notes to the Financial Statements

Note 1: Significant Accounting Policies

General Principles

The Financial Statements summarise the transactions of Renfrewshire IJB for the 2020/21 financial year and its position at 31 March 2021.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. It is a joint venture between NHSGGC and Renfrewshire Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through funding contributions from its statutory funding partners, Renfrewshire Council and NHSGGC. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Renfrewshire area and service recipients in Greater Glasgow & Clyde, for services which are delivered under Hosted arrangements.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. All transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. This has resulted in there being no requirement for the IJB to produce a cash flow statement. The funding balance due to, or from, each funding partner as at 31 March, is represented as a debtor or creditor on the IJB's balance sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its balance sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partners are treated as employee costs. Where material, the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken. In the case of Renfrewshire IJB any annual leave earned but not yet taken is not considered to be material.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but, is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but, is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

Reserves have been created from net surpluses in current or prior years, some of which are earmarked for specific purposes, the remainder is the general reserve. Considering the size and scale of the IJB's responsibilities, the IJB's approved Reserves Policy recommends the holding of general reserves at a maximum of 2% of the net budget of the IJB.

When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be processed through the Movement in Reserves Statement.

Indemnity Insurance / Clinical and Medical Negligence

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities through the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). scheme. NHSGGC and Renfrewshire Council have responsibility for claims in respect of the services for which they are statutorily responsible and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB's participation in the Scheme is, therefore, analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material, the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Debtors

Financial instruments are recognised in the balance sheet when an obligation is identified and released as that obligation is fulfilled. Debtors are held at fair value and represent funding due from partner bodies that was not utilised in year.

Note 2: Critical Judgements and Estimation Uncertainty

In preparing the 2020/21 financial statements within NHSGGC, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts are:

- Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risks and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which Renfrewshire IJB accounts have been prepared and is based on the Code of Practice.

- In responding to COVID-19 the IJB has been required to act as both principal and agent. An assessment of all COVID-19 expenditure has been undertaken and this assessment has concluded that the IJB acted as agent in relation to the payments made to Hospices at the request of the Scottish Government. In line with the Code, this expenditure has been excluded from the accounts.

The Annual Accounts contain estimated figures that are based on assumptions made by Renfrewshire IJB about the future or that which are otherwise uncertain. Estimates are made using historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made. In applying these estimations, the IJB has no areas where actual results are expected to be materially different from the estimated used.

Note 3: Events after the Balance Sheet Date

The Annual Accounts were authorised for issue by the Chief Finance Officer on 19 November 2021. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2021, the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Events taking place after the date when the Accounts were authorised are not reflected in the financial statement or notes.

Note 4: Expenditure and Income Analysis by Nature

The following table shows the gross expenditure and income for Renfrewshire IJB against subjective headings.

Expenditure and Income Analysis by Nature	2019/20 £000's	2020/21 £000's
Employee Costs	79,473	87,939
Property Costs	708	1,057
Supplies and Services	9,997	8,761
Third Party Payments	67,318	72,147
Transport	748	489
Support Services	59	72
Transfer Payments	3,307	4,720
Purchase of Healthcare	2,915	3,249
Family Health Service	86,758	88,971
Set Aside	56,497	64,738
Income	(18,312)	(14,240)
Total Cost of Services	289,468	317,903
Partners Funding Contributions and Non-Specific Grant Income	(293,512)	(335,392)
(Surplus)/Deficit on Provision of Services	(4,044)	(17,489)

Note 5: Taxation and Non-Specific Grant Income

The following table shows the funding contribution from the two partner organisations:

Taxation and Non-Specific Grant Income	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	199,715	230,819
Renfrewshire Council	93,797	104,573
TOTAL	293,512	335,392

The funding contribution from the NHS Board shown above includes £64.738m in respect of 'Set Aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 6: Short Term Debtors and Creditors

At 31 March 2021, Renfrewshire IJB had short term debtors of £27.006m relating to the reserves held, there were no creditors. Amounts owed by funding partners are stated on a net basis.

Short Term Debtors	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	7,110	22,347
Renfrewshire Council	2,407	4,659
TOTAL	**9,517**	**27,006**

Short Term Creditors	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	-	-
Renfrewshire Council	-	-
TOTAL	**-**	**-**

Note 7: Usable Reserves

As at 31 March 2021 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition, the general reserve has been increased as part of the financial strategy of the IJB. This will be used to manage the risk of any future unanticipated events and support service provision that may materially impact on the financial position of the IJB in later years.

The following tables show how reserves are allocated:

General Reserves	2019/20 £000's	2020/21 £000's
Renfrewshire HSCP	1,401	5,781
TOTAL GENERAL RESERVES	**1,401**	**5,781**

HSCP Funded Earmarked Reserves	2019/20 £000's	2020/21 £000's
Technology Enabled Care Grant	20	98
ICT Swift Update Costs	27	0
Information Communication Funding - Care at Home Scheduling System	882	732
Analogue to Digital Contribution to Programme		434
ECLIPSE Support Costs (2 Year)	156	156
ICT / Systems Related:	1,085	1,420
Mental Health Improvement Works	150	395
Mile End Refurbishment	89	89
Local Authority Care Home Refurbishment	300	300
Primary Care Support Building Works		30
Care at Home Refurbishment and Uniform Replacement	24	0
Premises Related:	563	814
PCTF Monies Allocated for Tests of Change and GP Support	380	299
Facilitation of Multidisc teams in GP Practices - Renfrewshire Share of NHSGGC Programme	49	49
District Nurse Rolling Recruitment Programme	202	219
Training for Mental Health Officers in HSCP	288	288
Prescribing	1,000	2,000
Funding to Mitigate any Shortfalls in delivery of approved savings from prior years	1,080	1,080
Mental Health Strategy interim support pending completion of Psychology Review	115	0
Care at Home Senior Lead (2 year funding)		206
HSCP Respiratory Nursing		421
HSCP Transformation Programme Funding for temp staff in post	500	500
HSCP Transformation Programme Funding 20/21_23/24	1,329	1,329
Renfrewshire wide Prevention and Early Intervention Programme	100	193
Other:	5,043	6,584
TOTAL HSCP FUNDED EARMARKED RESERVES	6,691	8,818
Primary Care Improvement Programme (19/20)_(20/21)_(21/22)	264	2,457
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	277	224
Alcohol and Drug Partnership (ADP) Funding	708	941
Reduce Drug Death Funding		104
Drug Death Task Force		141
Mental Health Action 15 (19/20)_(20/21)_(21/22)	130	763
District Nursing Workforce Allocation 20/21		69
Henry Programme - Pre 5 Obesity Training	15	15
Health Visiting	32	32
Adult Support & Protection Grant		68
COVID-19 - Winter Planning		1,649
COVID-19 - Integration Authority Support		5,247
COVID-19 - Community Living Change		697
Scottish Government Ring Fenced Monies	1,426	12,407
TOTAL EARMARKED RESERVES	**8,116**	**21,225**
OVERALL RESERVES POSITION	9,517	27,006

Note 8: Additional Council Services Delegated to the IJB

The following table shows the costs of Renfrewshire Council services delegated to the IJB. Under the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. HSCP monitor the delivery of these services on behalf of the IJB.

Additional Council Services Delegated to the IJB	2019/20 £000's	2020/21 £000's
Housing Adaptations	829	544
Women's Aid	247	349
Grant Funding for Women's Aid	(164)	(127)
NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)	912	766

Note 9: Related Party Transactions

The IJB has related party relationships with NHSGGC and Renfrewshire Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships. The table shows the funding that has transferred from the NHS Board via the IJB to the Council. This amount includes Resource Transfer Funding.

Service Income Received	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	(4,504)	(1,413)
Renfrewshire Council	(13,808)	(12,827)
TOTAL	**(18,312)**	**(14,240)**

Expenditure on Services Provided	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	201,764	217,165
Renfrewshire Council	106,016	114,978
TOTAL	**307,780**	**332,143**

Funding Contributions Received	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	199,715	230,819
Renfrewshire Council	93,797	104,573
TOTAL	**293,512**	**335,392**

Debtors	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	7,110	22,347
Renfrewshire Council	2,407	4,659
TOTAL	**9,517**	**27,006**

Note 10: IJB Operational Costs

NHSGGC and Renfrewshire Council provide a range of support services for the IJB including finance services, personnel services, planning services, audit services, payroll services and creditor services. There is no charge to the IJB for these support services.

The costs associated with running the IJB are shown in the following table:

IJB Operational Costs	2019/20 £000's	2020/21 £000's
Staff Costs	308	320
Audit Fees	27	27
TOTAL	335	347

Note 11: VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the Accounts depends upon which of the partners is providing the service as these bodies are treated differently for VAT purposes.

The services provided by the Chief Officer and Interim Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

Note 12: External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2020/21 are £27,330. Audit Scotland did not undertake any non-audit services.

Note 13: New Standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its Annual Accounts.

Note 14: Services Hosted by other Health & Social Care Partnerships (HSCPs)

The services hosted by Renfrewshire are Podiatry and Primary Care Support (included in the CIES under hosted services) which includes expenditure for 2020/21 and the value consumed by other IJB's within NHSGGC.

Host	Service	Actual Net Expenditure to Date £000's	Consumed by other IJB's £000's
Renfrewshire	Podiatry	6,906	5,919
Renfrewshire	Primary Care Support	3,904	3,357
TOTAL		10,810	9,276

The services which are hosted by the other five Greater Glasgow and Clyde IJBs, on behalf of the other IJBs including Renfrewshire are detailed in the following tables (these figures are not included in Renfrewshire IJB's Annual Accounts). The tables also include expenditure in 2020/21 and the value consumed by Renfrewshire IJB.

Host	Service	Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's
East Dunbartonshire	Oral Health	9,820	1,431
TOTAL		9,820	1,431
East Renfrewshire	Learning Disability Tier 4 Community & Others	1,955	434
East Renfrewshire	Scottish Centre of Technology for the Impaired	166	33
TOTAL		2,121	467
Glasgow	Continence	4,102	613
Glasgow	Sexual Health	11,130	1,404
Glasgow	MH Central Services	7,326	1,337
Glasgow	MH Specialist Services	12,472	2,006
Glasgow	Alcohol & Drugs Hosted	16,003	1,560
Glasgow	Prison Healthcare	7,407	1,009
Glasgow	HC in Police Custody	2,256	343
TOTAL		60,696	8,272
West Dunbartonshire	MSK Physio	6,247	936
West Dunbartonshire	Retinal Screening	719	111
TOTAL		6,966	1,047

Host	Bed Activity	Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's
East Renfrewshire	Learning Disability Admission & Assessment	5,424	1,508
East Renfrewshire	Learning Disability Complex Care	1,916	
TOTAL		7,340	1,508
Glasgow	General Psychiatry	45,149	841
Glasgow	Old Age Psychiatry	15,121	85
TOTAL		60,270	926
Inverclyde	General Psychiatry	6,542	766
Inverclyde	Old Age Psychiatry	4,065	131
TOTAL		10,607	897
Renfrewshire	General Psychiatry	8,931	8,612
Renfrewshire	Old Age Psychiatry	7,386	5,725
TOTAL		16,317	14,337
West Dunbartonshire	Old Age Psychiatry	1,037	
TOTAL		1,037	

To: **Renfrewshire Integration Joint Board**

On: **19 November 2021**

Report by: **Head of Strategic Planning and Health Improvement**

Heading: **Strategic Plan 2022-25: Update on Approach and Progress**

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 a further update to the Integration Joint Board (IJB) on the progress made by the HSCP in developing the IJB's Strategic Plan for 2022-25. In particular, this report provides a consultation draft of the Strategic Plan which has been developed for the IJB's review and approval.

1.2. Subject to the IJB's approval, a period of formal consultation will be undertaken during December 2021 and January 2022 with prescribed consultees and key stakeholders to test the draft Plan and obtain further feedback.

1.3. Following consultation, a final draft of the Plan will be developed, incorporating feedback received as appropriate, to be submitted to the IJB for approval in March 2022.

2. Recommendations

It is recommended that the IJB:

1. Approve the consultation draft of the Strategic Plan; and
2. Approve the consultation plan to be taken forward, which sets out the engagement process to be followed during the formal consultation period.

3. Background

3.1. Renfrewshire's Integration Joint Board (IJB) is required by the Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') to produce a Strategic Plan on how community health and social care functions delegated to it by Renfrewshire Council and NHS Greater Glasgow and Clyde will be planned and delivered over the medium term (three years).

3.2. In September 2021, an update was provided to the IJB on progress being made in developing a 'framework' for the Strategic Plan 2022-25. This included a focus on core 'themes' rather than setting out chapters based on care groups and specific services, reflecting the diverse and complex needs of individuals who may access a range of support.

4. Development of a draft Plan for consultation

4.1. Following the last update to the IJB, the HSCP has continued to engage with stakeholders to test the Strategic Plan framework. This has included the sharing of developing versions of the framework with the Strategic Planning Group in their role as the IJB's planning group. Based on the feedback received, a consultation draft of the Strategic Plan (Appendix 1 of the report) is submitted for IJB approval.

4.2. In developing the Plan, the HSCP has continued to focus on ensuring that it is:

- Shorter, more concise and with less jargon.
- More interactive, easier to navigate and formatted to suit everyone.
- More visual.
- Incorporates the lived experience of people more clearly and those in harder to reach groups.

4.3. The Plan has been structured around a 'Plan on a Page' which sets out the core elements which are included in the Plan. This 'Plan on a Page' will form the basis of short videos and interactive content on the HSCP's website which will be developed to support the publication of the final Plan in March 2022. In particular, the Plan includes:

- The strategic context of the plan, including legislation, national and local policies, the proposals for a National Care Service and COVID-19.
- A central focus on equalities and importance of lived and living experience within the Plan and future service development.
- The five key themes which will form the basis of our activity, and the supporting priority actions which have been identified to take these forward. These themes have been aligned under our agreed 'Futures' branding and will each contribute to the overall branding for our Strategic Plan, 'Shaping Our Future'.
- The SPG's well established Health and Wellbeing priorities;
- A summary of the ongoing work to develop a Housing Contribution Statement by March 2022, providing an initial direction of travel on key commitments
- The financial context for this Plan.

4.4. The attached Plan reflects the importance of partnership working in delivering person-centred support to the people of Renfrewshire and recognises that the health and care system is far broader than the HSCP itself. It is representative of the increasingly strong emphasis placed on collaborative working between the HSCP, our partners (NHS GGC and Renfrewshire Council), third sector and independent providers over the last three years, which has brought a

number of successes and enhanced relationships and has been further strengthened through our collaborative response to the pandemic. The commitments set out in the Plan provide further opportunity to build on these successes and bring partners together, through joint approaches such as the recently launched Community Mental Health & Wellbeing fund, which will improve outcomes for our local citizens.

4.5. In considering the consultation draft of the Plan, this report also seeks to highlight the current limitations of the detail that has been provided. These elements will be further developed for the final Plan presented to the IJB in March 2022. In particular:

- Each Care Group will develop a one-year action plan to align with the themes set out in the Plan. These will be published alongside the final version of the Plan and are therefore not yet fully developed.
- The page (p6) outlining the depth of engagement and consultation undertaken includes proposed statistics relating to the formal consultation not yet undertaken. These have been included in this draft version to show how this information will be presented in the final Plan and will be updated following the consultation period.
- Due to current challenges and levels of uncertainty and the impact of the pandemic on service provision since March 2020, specific targets have not been set in the draft plan for areas including hospital admissions, length of stay and delayed discharges. This will be further explored over coming months in advance of the final plan being developed.
- The Housing Contribution Statement included within the Plan is a summary version of a more detailed statement document which will sit alongside the Strategic Plan. This is currently in development. The content included therefore represents a direction of travel rather than the complete Statement as required under the Public Bodies Act.

5. Formal Consultation: Engagement Approach

5.1. A Communication and Engagement plan for the formal consultation on the draft Strategic Plan is provided as Appendix 2 to this paper. This approach seeks to build on the collaboration and co-production which has been central to the development of themes and priorities within the Strategic Plan.

5.2. The Communication and Engagement Plan sets out a range of activities that aim to ensure prescribed consultees - and additional key stakeholders - have the opportunity to review and feedback on the draft Plan. Where appropriate, discussion around the draft Plan will be included on the agenda of existing key stakeholder group meetings to allow for more interactive engagement.

5.3. The plan also includes a range of additional forms of communication to encourage as much ‘meaningful’ engagement as possible from all relevant stakeholders. Section 3 of the Communication and Engagement Plan sets out further detail on the specific consultees, subgroups and engagement approaches that will be adopted. This includes various minority groups, such as BAME and LGBT stakeholders, as well as more robust engagement with partner organisations to incorporate significant forums such as CMTs, the

Council Leadership Board and NHS GGC Finance Planning & Performance Committee.

5.4. To facilitate a consistent approach for individuals or groups to feedback on the consultation draft, we have designed the consultation to focus on responses to a series of related but non-leading questions. To ensure the consultation is inclusive and accessible to all, individuals and groups responding to the consultation will be able to access these through a variety of channels and formats.

5.5. The HSCP also recognises that our partners and stakeholders are currently working under significant pressures and will adapt the engagement approach where appropriate to support their involvement.

6. Next Steps

6.1. Should the IJB approve the consultation draft of the Plan and the engagement approach for the formal consultation process, the HSCP will undertake the formal consultation process during December 2021 and January 2022.

6.2. A final draft of the Plan, taking account of consultation feedback and ongoing partnership discussions, will be presented to the IJB in March 2022 for approval prior to publication.

Implications of the Report

1. **Financial –** No implications from this report. However, the IJB's Medium Term Financial Framework is being refreshed alongside the development of the Strategic Plan and will seek to align with the priorities identified.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – The Strategic Plan has been developed in partnership and reflects the IJB's role within the context of Community Planning. It sets out how health and social care will be delivered jointly within Renfrewshire to improve outcomes for local communities.
4. **Legal –** This paper sets out the approach to meeting the statutory strategic planning requirements set out in 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 –** No implications from this report.
11. **Privacy Impact** – No implications from this report.

List of Background Papers: N/A

Author: David Fogg, Change and Improvement Manager

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

Appendix 1

Shaping our future

Strategic Plan 2022-25
Consultation draft

Contents

What we cover within our Strategic Plan

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Foreword

An introduction from our Chief Officer and the Chair of Renfrewshire IJB

This is Renfrewshire Health and Social Care Partnership's (HSCP) third Strategic Plan since it was established in 2016.

We have made good progress towards delivering on the priorities agreed in our most recent Plan, which covered 2019-2022. In that period, our Plan considered each individual Care Group in detail and identified priority areas which the HSCP would strive to deliver upon, alongside our partners.

However, for over half the duration of our previous Plan, the HSCP and wider society have been responding to the COVID-19 pandemic.

The pandemic has had a significant impact on everyone's lives and in many areas, we have worked flexibly to refocus our priorities to adapt to the needs of the rapidly changing environment.

This Plan looks to continue to progress those priorities which have increased in importance in the last 24 months.

John Matthews MBE
Chair, Renfrewshire
Integration Joint Board

Christine Laverty
Interim Chief Officer,
Renfrewshire HSCP

The following sections provide further information on how we have developed this Plan, and the context in which we have engaged with a range of people, groups and organisations to develop a set of agreed priorities.

We have taken a different approach to identifying our objectives, focusing on a range of themes which underpin how we deliver services, rather than looking at individual service areas themselves. We have also sought to place equalities and lived and living experience at the heart of our Plan.

This Plan is a plan for the health and social care system in Renfrewshire, not just the Partnership. Its wider context remains challenging with the potential for significant future change in how social care services are delivered across Scotland. We also continue to deliver COVID-specific services which were unanticipated only a short time ago.

We would like to thank everyone involved in developing this plan. Renfrewshire is a people organisation, providing support for people, by people. We are immensely lucky to have such dedicated staff who more than ever, through the pandemic, have shown their commitment to the people of Renfrewshire they care for and support.

Only by continuing to work together can we realise our vision:

Our vision is for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well.

Introduction

Overview of our Services

Overview of the HSCP's Services

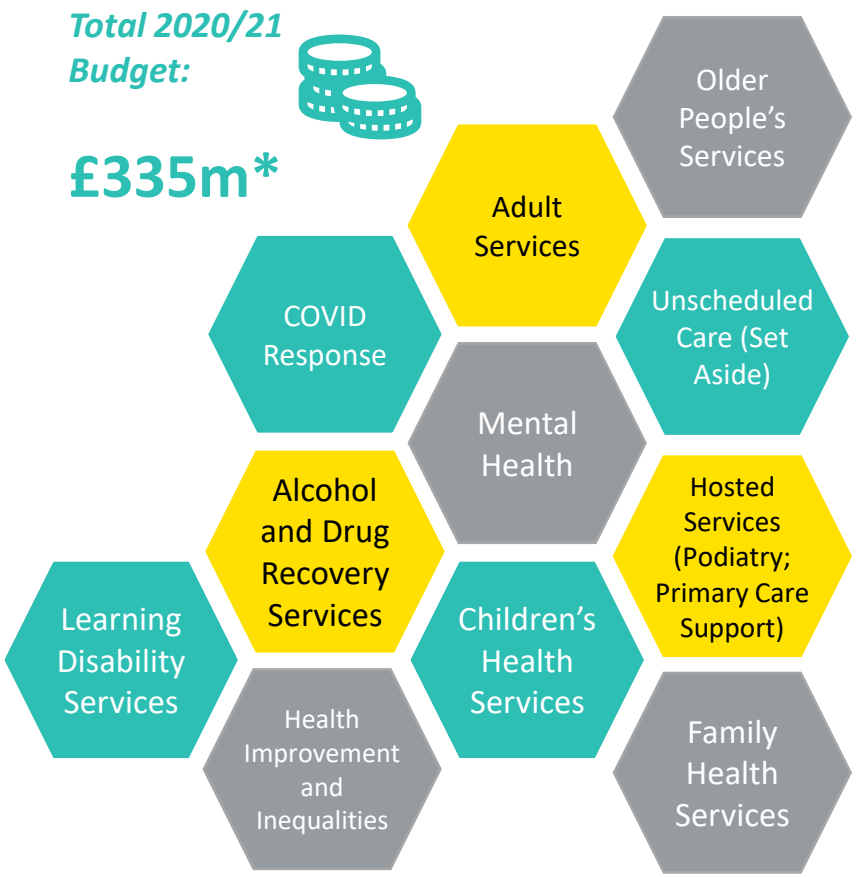
Our Strategic Plan covers the breadth of services integrated within Renfrewshire, as agreed by NHS Greater Glasgow and Clyde and Renfrewshire Council. We deliver adult social care services and all community health services for adults and children, with a core objective of shifting the balance of care from acute settings to supporting people in their communities and closer to home wherever possible. Further detail on delegated services can be found within the Integration Scheme.

The HSCP works closely with our partners to ensure that services are planned and delivered collaboratively and on a 'whole system' basis. This includes, for example, the Renfrewshire Alcohol and Drug Partnership and Integrated Children's Partnership. This helps to ensure that adults and young people are able to access support that is joined up and shaped around them rather than by organisational structures. In addition to our delegated services, the HSCP, since March 2020, also delivered an ongoing response to the pandemic alongside our partners.

Localities

Our services are delivered within two geographical localities (Paisley and West Renfrewshire) and each has a Locality Manager co-ordinating a range of multi-disciplinary teams and services. In addition, our 29 GP practices in Renfrewshire operate within six clusters which each contribute to oversight of the local healthcare system within their geographies.

When planning services we seek to reflect the diverse needs of our communities in how they are delivered and we adapt where it is appropriate to do so. The HSCP is also a key partner within Renfrewshire's Community Planning Partnership, through which we contribute to the delivery of local priorities through our seven Local Area Partnerships.



*includes Set Aside and COVID-19 response budgets

About this Plan

Our approach to developing the Strategic Plan

Developing this Plan

This Strategic Plan is one element of the very complex landscape in which health and social care is provided to our local citizens. In developing this Plan, we were focused on ensuring that collaboration and engagement were at the heart of a co-produced set of themes and priorities.

This process of engagement has helped us to shape the approach and structure of our Strategic Plan for 2022-25 and we have sought to reflect the feedback we have received throughout. This Plan looks very different to our previous Strategic Plan for 2019-22, with a focus on our Strategic Themes rather than a detailed overview of each Care Group the HSCP supports. We believe that this better represents how people utilise health and social care support in Renfrewshire – people are not defined by a diagnosis or the nature of support they access. However, where further information on the specific priorities for each Care Group would be helpful, we have supplemented this Plan with Care Group Action Plans setting out objectives for the first year of the Plan term (2022-23). These action plans will be published alongside our final Plan in March 2022.

This approach reflects the difficulty many stakeholders have identified in thinking about the next three years at a time where we are still responding to the COVID-19 pandemic. We recognise this challenge and have therefore aimed to set out an overarching direction of travel within this Plan.

The diagram below sets out the collaborative approach taken to developing this Plan. This includes ongoing testing of the emerging Plan with our Strategic Planning Group (SPG) and also incorporates the statutory requirements set out for strategic planning.

About this Plan

Shaping our Plan around consultation and engagement

Developing and testing our Plan through consultation and engagement

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out particular requirements for the development of strategic plans to ensure that stakeholders are fully engaged in the preparation, publication and review of the Strategic Plan. Recognising that this Plan reflects the needs of our communities, and will be jointly delivered with our partners, each stage of the development process has centred on robust consultation to inform the approach taken and priorities identified. We also increased the breadth of groups consulted beyond those prescribed in legislation to ensure equality of access and input.

Developing our approach, themes and priorities

5 Sessions with the Strategic Planning Group

2 IJB Development Sessions

18 Sessions with partners and Care Group leads to develop approach

17 Care Group workshops to identify challenges and priorities

Formal Consultation

X Views of the consultation platform

X Engagement events

X Responses received

X Comments analysed

Note: this content will be updated for the final Plan to reflect the full extent of consultation undertaken

Our Methods of Engagement and Consultation

- Virtual meetings and discussions
- In-person engagement
- Promotion through existing channels and partner networks
- Targeted communications
- Formal consultation with prescribed and extended consultee groups

'Shaping Our Future' around each person

Jointly delivering our Plan with our partners and communities

Our communities, third sector and primary care colleagues (e.g. GPs, Pharmacists) have the knowledge, expertise and networks to provide advice and support which can help avoid crises and help people live independently. As needs increase, the HSCP ensures that people have access to the specialist help they need to recover and maintain independence for as long as possible. In doing this, **we aim to shift the balance of care** from hospital to community settings – an objective which runs through this Plan.

Provide me with the specialist clinical support I need to help with my recovery and rehabilitation, or to support me when I have a life-limiting illness or need end of life care

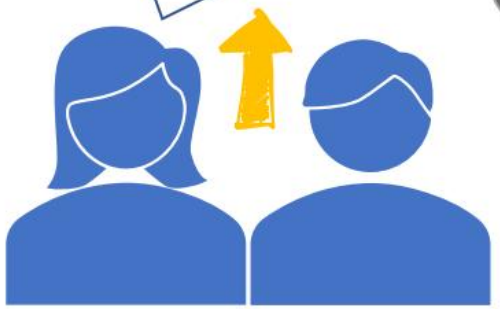
When my needs increase

Give me choice and flexibility to do the things, and build relationships, that are meaningful to me

When I am able to recover my support can change too

Give me advice to manage my own health and wellbeing and understand what help is available in my community as soon as I need it to maintain my independence

Support for those who care for me is also essential



I want my support to…

Every individual's health is influenced by a range of 'social determinants'. These include economic stability, education, healthcare, social and community, and neighbourhood and the environment.

These have informed our Health and Wellbeing priorities and are reflected throughout our Plan.

'Shaping Our Future' around each person

Focusing our activity around themes which reflect our support to people

We aim to shape our services around individuals and communities to support everyone in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. We seek to support the person rather than a condition or particular demographic with a focus on helping people to live independently, exercise choice and control over their care and support, and where necessary access the appropriate specialist support to help their recovery and rehabilitation where this is possible.

This underpins our Strategic Plan, through which we are ***'Shaping Our Future'.*** We will do this through a focus on activity within **five key themes**:

Sustainable futures

We work collaboratively to make sure Renfrewshire's resources are used to have the greatest impact on health and care.

Healthier futures

We reduce inequalities and improve health and wellbeing through early action and prevention.

Connected futures

People are supported to recover and manage their disabilities or long-term conditions within their communities and to stay at home.

Enabled futures

We provide clinically safe services, within the community wherever possible, and people are able to access the appropriate specialist support to aid them in their recovery.

Empowered futures

People access the right care at the right time and in the right place and are empowered to shape their support at every stage of life.

Our Plan on a Page

How the elements of our Strategic Plan fit together

The context of our Strategic Planning includes…

- National Health and Wellbeing Outcomes
- National legislation, policies and strategies
- Local plans, strategies and change programmes
- Renfrewshire's Population and Demographics
- Independent Review of Adult Social Care (Feeley Review)
- **COVID-19 Recovery: Principles**
  - Health and wellbeing
  - Stability
  - Maintaining flexibility
  - Evaluating COVID practice and impact

The objectives of these drivers will be delivered by...

'Shaping our Future' around each person

and focusing activity on our themes...

Informing:

- Care Group Action Plans
- SPG Health and Wellbeing Priorities

Sustainable Futures: Effective use of Renfrewshire's resources

- **Healthier Futures:** Prevention and early intervention
- **Connected Futures:** Community Support
- **Enabled Futures:** Clinically Safe and Specialist Services
- **Empowered Futures:** Choice, control and flexibility

Which are also enabled, informed and delivered through a range of strategies and plans...

- Workforce & Organisational Development
- Digital & Data
- Property
- Communication
- Governance
- Medium Term Financial Plan

The Strategic Context

Related Strategies

The national and local strategy and policy context for health and social care is increasingly complex and continues to evolve, not least as a result of COVID-19 and the impact that this has had on the way in which services are accessed and delivered. National legislation and policy, aligned with local frameworks and strategies, exist to provide guidance to Partnerships.

As a result, our Plan will not be delivered in isolation, but needs to reflect, interact with, and support the delivery of each of these policies and strategies. We provide an indicative, but not exhaustive, view of related plans and strategies below.

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
- Children and Young People (Scotland) Act 2014
- Community Empowerment (Scotland) Act 2015
- Carers (Scotland) Act 2016
- Social Security (Scotland) Act 2018
- The 2018 General Medical Services Contract in Scotland

Strategies and Guidance

- A National Clinical Strategy for Scotland
- Realising Realistic Medicine
- Health and Social Care Standards
- Getting it Right for Every Child (GIRFEC)
- A Fairer Healthier Scotland 2017-2022
- Public Health Scotland's Strategic Plan 2020 to 2023
- Digital Health and Social Care
- SDS Framework of Standards
- IRASC and National Care Service Consultation, 2021
- NHS Recovery Plan, August 2021

9 National Health and Wellbeing Outcomes

Local Context

Strategies and Guidance

NHS Greater Glasgow and Clyde
- NHS GGC Remobilisation Plan(s)
- Turning the Tide through Prevention
- Unscheduled Care Commissioning Plan
- Moving Forward Together
- Adult Mental Health Strategy

Renfrewshire Council
- Social Renewal Plan
- Renfrewshire Council Plan
- Local Housing Strategy
- Renfrewshire's Plan for Net Zero

Joint Plans
- Integrated Children's Services Plan
- Local Outcome Improvement Plan
- Primary Care Improvement Plan

The Strategic Context

Renfrewshire's current demographics; NRS 2020 mid-year estimates

Renfrewshire Population

179,390

0.2% from 2019

48.4% **51.6%**

30,182 (16.8%) **children aged 0-15**

115,055 (64.1%) **adults aged 16-64**

34,153 (19.0%) **adults aged 65 and over**

Ethnicity

National Records of Scotland data in 2020 shows that in Renfrewshire:

The **Black, Asian and Minority Ethnic (BAME)** population accounts for **2.8%** of the overall local population

This equates to **4,781 people**. Of these, **65%** are **Asian**, **17%** are **African**, **9%** are from **multiple ethnic backgrounds**, **2% Caribbean** and **7%** from **other ethnic groups**

The population will increase to **181,091**

0.9% increase on 2020 population

The **75 and over** population will increase to **17,247**

11.6% increase on 2020 75+ population

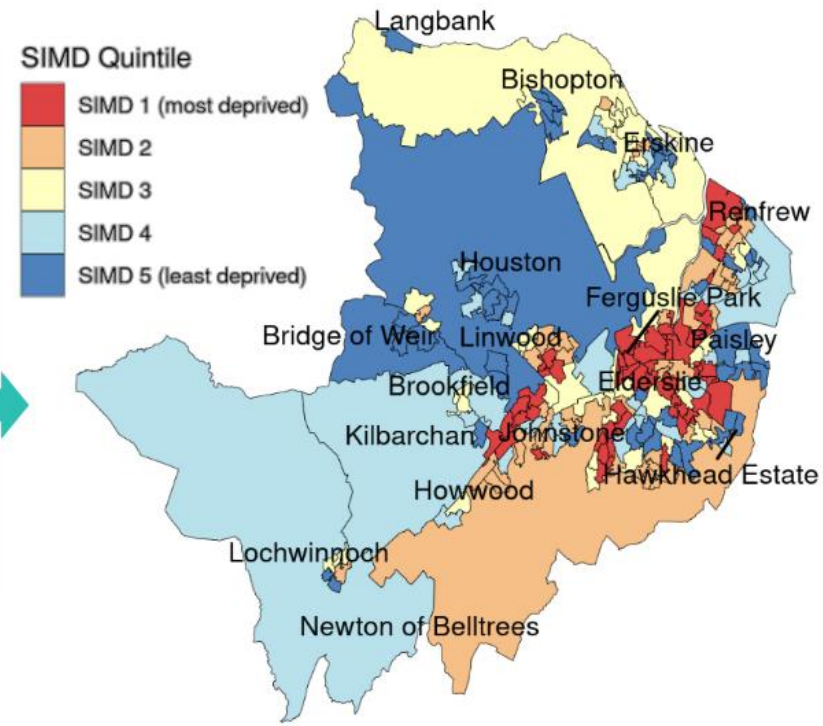
The Strategic Context

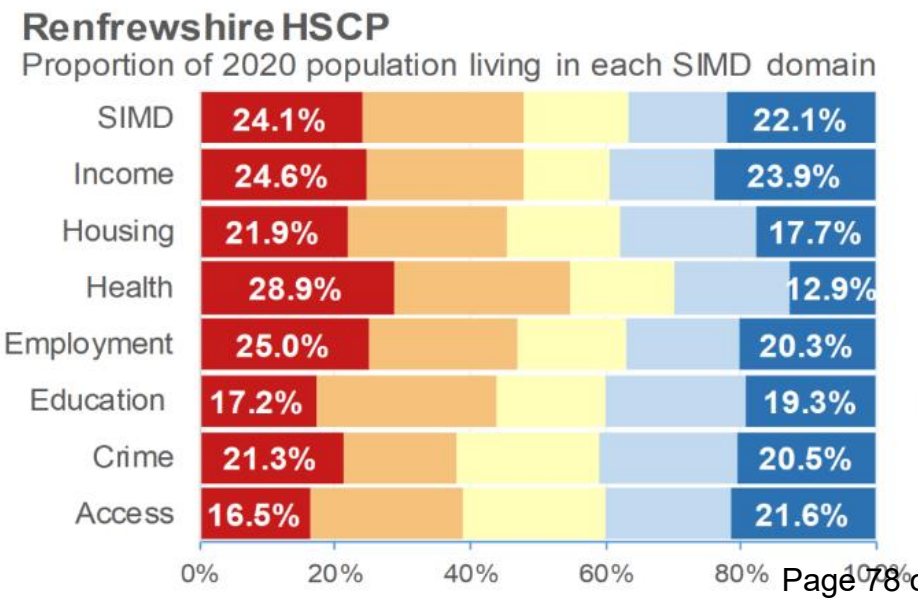
Renfrewshire's current demographics: Scottish Index of Multiple Deprivation (SIMD)

Deprivation and Inequalities

The Scottish Index of Multiple Deprivation (SIMD) assesses 6,976 small areas known as 'data zones'. 2020 figures show:

- There **are 2 'data zones'** in Renfrewshire **within the 10 most deprived** zones nationally
- Almost **25% of all data zones** in Renfrewshire are in the **20% most deprived nationally** (24.1% of 2020 population)
- Renfrewshire has the **9th highest share of deprived data zones** nationally (of 32 areas)





SIMD Domains

Individual domains which make up the overall SIMD ranking show that:

- Renfrewshire is more deprived compared to the Scotland average for **Employment, Crime, Health, Housing and Income**
- For Health, **28.9%** of residents are in the **20% most-deprived areas nationally.**

Scottish Government SIMD 2020 v2, National Records of Scotland

The Strategic Context

Renfrewshire's current demographics: Health Inequalities

"Inequalities in health are not inevitable, but do exist and are preventing people from living longer, healthier lives. These inequalities cannot be resolved by providing good healthcare alone, and are largely determined by circumstances beyond an individual's control"

Chief Medical Officer for Scotland: Recover, Restore, Renew Annual Report: 2020 to 2021

***During this Plan we will** take action to mitigate the negative impacts of the pandemic on health and wellbeing by supporting our most vulnerable and disadvantaged communities.*

People with a disability are **twice as likely to face isolation** and **71% have difficulty taking part in things locally** (Glasgow Disability Alliance Action Research 2018)

It is estimated that in 2019/20 **6,997 (23.1%) children in Renfrewshire were living in poverty** after housing costs. This is **almost 1 in every 4 children.**

Compared with the least deprived areas, in the most deprived communities across Scotland*:

- people are **9 times more likely** to have an alcohol-related admission to hospital
- people are **18 times more likely** to have a drug-related death
- the rate of **premature deaths (age 15-44)** is almost **five time higher**
- the rate of probable deaths by suicide is **three times the rate** of least deprived areas

- **men** are likely to live **19 fewer years** and the gap has increased by 1.3 years since 2008
- **women** are likely to live **13.9 fewer years** and the gap has increased by 1.6 years since 2008

**National Records of Scotland, 2021 and ScotPHO indicators*

The Strategic Context

The Impact of COVID

Delivering in unprecedented circumstances

COVID-19 continues to have an unprecedented impact on every aspect of life within Renfrewshire, nationally and globally. We have all had to adapt and respond to the greatest personal and collective challenge many of us have faced in our lifetimes. We recognise the incredible input of staff within healthcare, social care and primary care who have all gone above and beyond throughout the pandemic, adapting their roles and keeping people safe.

Many lives have been lost during this period, and Renfrewshire IJB and HSCP extend our sympathies to everyone affected. We also understand the additional strains placed on unpaid carers and those who receive health and social care support as a result of the need to reduce service capacity during the pandemic amid efforts to maintain the safe delivery of critical services.

There was an almost 20% increase in referrals to Recovery Across Mental Health (RAMH) services in April-September 2021 compared to same period in 2020.

A Renfrewshire Carers Centre survey found that 95% of carers felt their emotional health and wellbeing were affected by the pandemic. 78% stated their caring role increased to over 50 hours per week in mostly personal care.

Reflecting COVID-19 in our Strategic Plan 2022-25

The COVID vaccination programme has had a significant impact on the links between infections, hospitalisations and deaths. However, we expect that we will need to learn to live with COVID and that the emerging recovery will last well into the term of our Strategic Plan. Indeed, at the time of developing this Plan the impact of increasing demand on our A&E services and hospital admissions is clearly evident and is expected to continue.

We have therefore developed a set of principles for this recovery which have informed the priorities we have identified. These are set out below.

COVID-19 Recovery: Our Principles

- Maintaining Health and wellbeing
- Focusing on service stability
- Maintaining flexibility in our pandemic response
- Evaluating COVID practice and impact and building on what works

The Strategic Context

Partnership working throughout COVID

A partnership approach to health and wellbeing

The HSCP is committed to partnership working and has a strong track record of delivering with our partners. So, when the pandemic began to impact upon people's lives across Renfrewshire, we had the infrastructure and relationships already in place to provide a quick, flexible response to address people's rapidly changing needs in this challenging period.

This approach has resulted in a variety of new or enhanced support for individuals. Some examples of these, which the HSCP continues to support or fund, are highlighted below.

"In many ways, the crisis has brought Strategic Planning Group members closer than ever; the relationships formed and developed during 2020 are strong. A recognition perhaps, that only in working together can we possibly tackle the aftermath of the pandemic, because we need one another".

Karen McIntyre, Engage Renfrewshire, Co-chair of the Strategic Planning Group

COVID Assessment Centre (CAC)	The CAC ensures that COVID-19 symptomatic people can be cared for within the community, while also ensuring hospital and GP capacity is used for those with the most serious illnesses.
'Hear for you' helpline	'Hear For You' is a free phone service, managed by RAMH, and designed to provide support for anyone who wants to talk about their feelings around the practical, emotional and financial impact that COVID-19 has had on their lives.
Befriending Support	Befriending gives people who may be lonely or socially isolated the opportunity to talk to someone in person or by phone. Some of our partners, such as ROAR and Active Communities, have volunteers who have been carrying out this vital role during the pandemic.
Care Homes - oversight Group	Supporting the Multi-Disciplinary Team to strengthen and enhance professional clinical and care oversight of care homes and care at home services across Renfrewshire.
Neighbourhood Hubs	The Hubs recruited local volunteers to carry out a range of tasks for people who had to shield or self-isolate. This included delivering food packages, befriending, delivering medicines, and dog walking.
Renfrewshire Bereavement Network	A funded collaboration, led by Accord Hospice, the Bereavement Network provides support to people experiencing loss or dealing with grief by offering access to the most appropriate advice, guidance and counselling from a single point of access.

Delivering in Partnership

Working with our Partners to deliver our objectives

Building upon the strong partnership working ethos set out on previous pages, this Strategic Plan sets out the objectives and priorities of Renfrewshire IJB and HSCP. When making challenging decisions we are committed to acting on the experience of people and communities and our partners. We aim to ensure equality of access and involvement.

We also recognise that we are not always best placed to deliver all forms of support ourselves, with our communities, third sector and other voluntary organisations being crucial in supporting people, particularly in ways which can prevent more complex needs arising. We work with:

- Our Strategic Planning Group and Voluntary Sector Group partners to improve health and wellbeing.
- NHS GGC and partner HSCPs to tackle complex issues.
- Community Planning partners to deliver local social and environmental priorities such as the Social Renewal Plan.
- Colleagues to keep people safe and to deliver joint plans such as the Children's Services Partnership Plan.
- Service users, families and unpaid carers to develop and improve services.
- Independent contractors in GP practices, pharmacies, dental practices and optometrists.

Delivering our Themes in partnership

The themes set out within this plan aim to reflect and build on the existing breadth of partnership working:

- We deliver on Renfrewshire's health and wellbeing priorities, supported by a range of funded projects, focusing on **prevention** and **community support.**
- We aim to empower people to exercise **choice, control and flexibility** over the support they receive at all stages of life.
- We **keep people safe and enable access to appropriate specialist services** in the right place at the right time through our delivery of Renfrewshire's Primary Care Improvement Plan, Adult and Child Protection arrangements and provision of specialist services such as Child and Adolescent Mental Health Services (CAMHS) and mental health support.
- We work with all our partners to determine the **best use of resources**, including thinking differently as to who is best placed to deliver.

"When you become a carer it's difficult to find a bit of 'me' time, which is so important. The **Carers' Passport scheme** has been a godsend for many carers across Renfrewshire. I have taken advantage by making time to access a gym a few times a week. This wouldn't otherwise have been possible for me and is making a real difference to my own mental and physical health."

Fiona Milne, Carers Representative, Renfrewshire IJB

Shaping services through people's voices and experience

Embedding lived and living experience in how we plan and deliver services

We are committed to listening to the voices of people with lived and living experience at every stage of the development and delivery of our services. Their ideas and insight can help us to tailor services to ensure they meet the range of needs and challenges that people face every day.

We recognise though that while we have good examples of how we do this working with a number of our care groups, we have not progressed as far in some areas. This is a key area of focus in this Plan.

We will continue to learn from where we do this well, for example in the development of the CIRCLE Recovery Hub and through our implementation of peer support models to support people to recover from addictions or mental ill-health. We will also continue to work with our partners to identify opportunities to improve. This commitment is embedded in many of the priority activities outlined in this Plan.

"It's amazing. This place is a complete blank canvas and it's all about what the service users want to see. Being in recovery, we know that you can feel invisible, but CIRCLE aims to reiterate that our service users are here and they're contributing to society again."

CIRCLE (Continuing in Recovery Changes Lives Entirely) has been developed to provide enhanced recovery-focused and trauma-informed support to local people who are on a drug or alcohol recovery journey. CIRCLE will provide people with improved recovery opportunities and improved links to and from other related services, ensuring individuals feel sufficiently supported throughout their journey. This will increase opportunities for people to have more independence and choice on how they manage their own recovery.

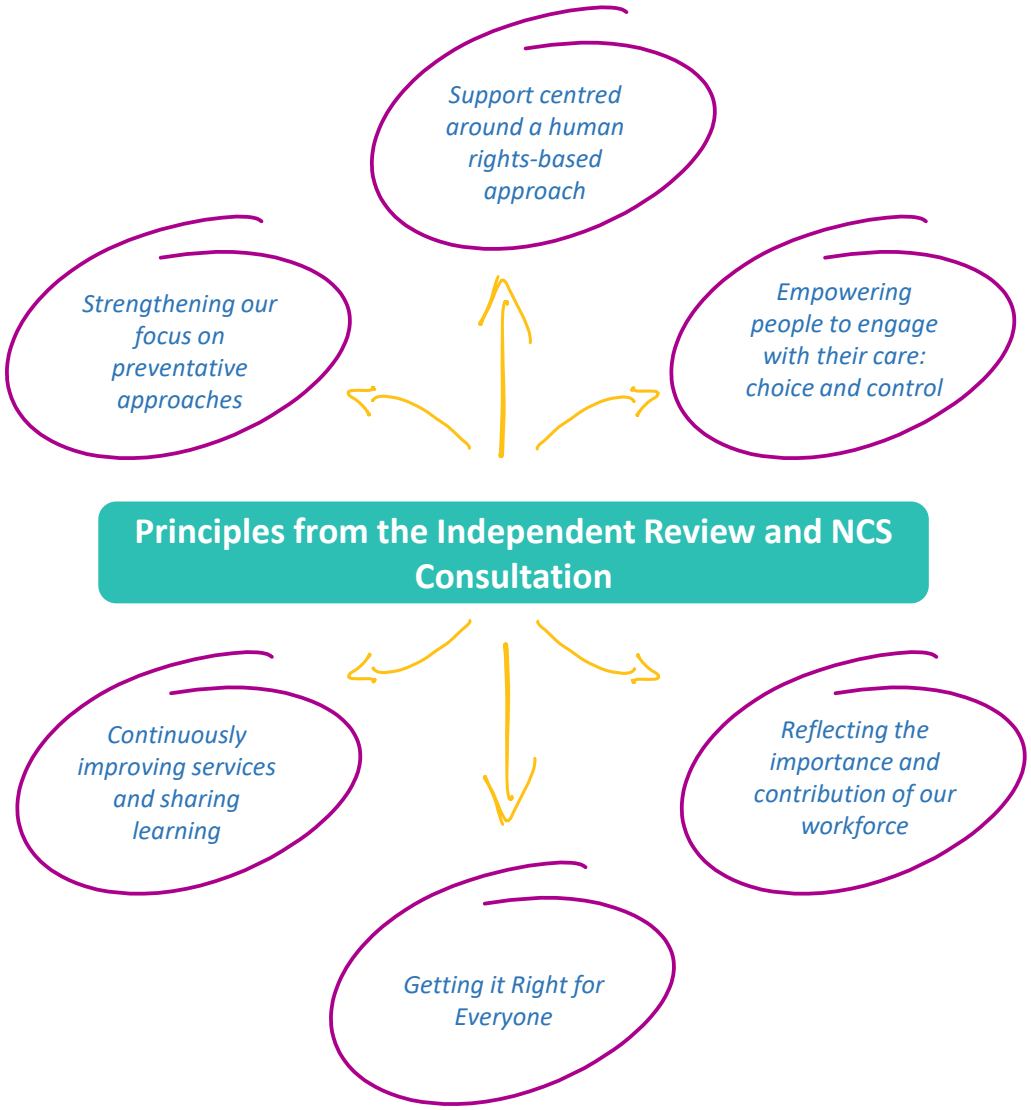
The Strategic Context

The Independent Review of Adult Social Care and the National Care Service (NCS)

The COVID-19 pandemic has shown the incredible strengths of community health and social care (highlighted on page 15), but also the real challenges that face the sector. 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 to consider how social care in Scotland can be further developed.

The National Care Service consultation, launched in August 2021, set out proposals for a National Care Service which built upon the recommendations of the Independent Review. These proposals are wide ranging and may lead to significant structural change within the sector over coming years. The extent and nature of this is currently unclear. This means there is a high level of uncertainty over the future structure of health and social care in Scotland at this time. Our Strategic Plan does not aim to address this.

However, the Independent Review and Consultation also set out broad principles for the future of health and social care which in our view all stakeholders will support and wish to progress. We have sought to include these throughout our Plan.



Focusing on equalities throughout our Plan...

During the last three years, we have demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable to all. Our commitment to ensuring equality continues to be central to this Strategic Plan.

Focusing on equalities throughout our Plan

Enabling everyone to have equal access to health and social care

During the last three years, Renfrewshire HSCP has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable to all, in meeting our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. Our commitment to ensuring equality continues to be central to this Strategic Plan.

Protected characteristics

We have outlined actions throughout this Plan to help us deliver on our 2020-2024 Equality Action Plan. We will:

- Build Carer friendly communities and increase the number of carers being identified.
- Work towards the LGBT Youth Scotland Charter of Foundations Award and become a champion of LGBT inclusion through development of an LGBTQ+ charter.
- Continue to co-fund a post to establish an integration network forum (IN-Ren), to co-ordinate and promote partnership across support, resources and services available to people from BAME communities.
- Improve the experience of people with physical disabilities and those with sensory impairments through our Independent Living Care Group.
- Continue to deliver training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias. Our IJB, SPG and Senior Management Team have already undertaken this Unconscious Bias training.
- Continue to tackle stigma in all its forms.

"The information you shared with our participants will go a long way to encourage improving mental health and wellbeing activities among ethnic minority communities but will be highly appreciated if more resources are provided to support our work."

Chinenye Anameje from Pachedu

Our Strategic Themes and Health and Wellbeing Priorities

"If care is to be person-centred, then what it looks like will depend on the needs, circumstances and preferences of the individual receiving care. What is important to one person in their health care may be unnecessary, or even undesirable, to another. It may also change over time, as the individual's needs change"

Health Foundation, 2016

The development of our themes

Working with Care Planning Groups to determine priorities

The Role of Care Planning Groups in defining our priorities

Our five key themes represent a different approach from our 2019-22 Plan, which was structured around each care group. While this Plan does not focus on individual care groups, our themes have been agreed with refreshed Care Planning Groups and our priorities have been identified through engagement and discussion with them. We have also engaged with a range of partnership forums to ensure that joint priorities have also been captured.

In addition to supporting the definition of the priorities described in this Plan, our Care Planning Groups will also support the ongoing delivery and monitoring of achievement of these priorities within our services over the lifetime of our Plan.

Each group has also developed an action plan for Year 1 (2022/23) to set out activities that will be progressed within services. These action plans will be published alongside the final Strategic Plan in March 2022.

Through our Care Planning Groups and planning with partners we will ensure we deliver the priorities set out within this Plan

Our Care Planning Groups (HSCP-led)

- Learning Disabilities
- Autism
- Older People
- Carers Strategy Group
- Independent Living
- Palliative Care Strategy Group
- Mental Health & Wellbeing

Our Partnership Planning Groups

- Primary Care
- Adult and Child Protection Committees
- ADP and Alcohol and Drugs Commission
- Community Planning Partnership
- NHS GGC Mental Health Steering Group
- Integrated Children's Partnership
- NHS GGC Unscheduled Care Group
- Future Paisley

Improving outcomes in partnership: C&YP Mental Health

Working with partners to support children in Renfrewshire

In Renfrewshire a range of services support children, young people, families and carers in relation to children and young people's mental health and wellbeing. We work collaboratively with partners to deliver and provide care at the right place at the right time, and enable children and young people to access support within their community:

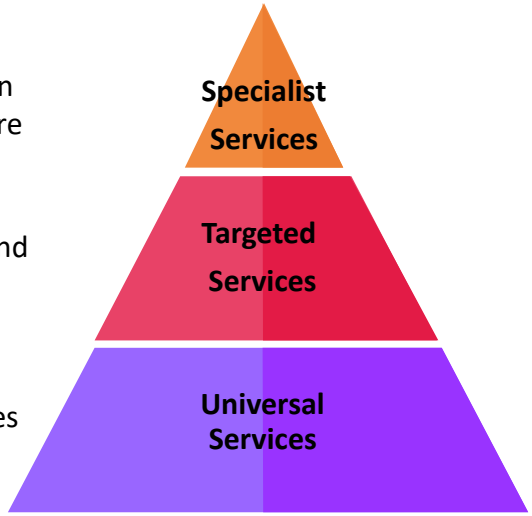
Renfrewshire Integrated Children's Service planning partnership, including third sector organisations, to support the development of the REN 10 service.

Renfrewshire Council and NHS GGC to take forward The Promise, ensuring our care experienced young people are listened to and receive the best possible support.

Renfrewshire Council Education Services to embed the School-based Counselling Service, and with **Third Sector organisations** to develop evidence-based interventions for children and young people.

Renfrewshire HSCP provides a range of services including:

- **Specialist**: Our CAMHS team, a tier 3 specialist service, works to ensure that children and young people up to age 18 with moderate to severe mental health difficulties are identified and have access to appropriate assessment, interventions and treatment.
- **Targeted**: Introducing the school nursing mental health and wellbeing pathway to quickly identify children experiencing poor mental wellbeing, offering assessment and evidence-based interventions.
- **Universal / Targeted**: Health Visiting teams promote secure attachments to ensure that children grow up in a close and loving environment.
- **Universal**: Health Improvement work with third sector partners who support families in the Perinatal period, and with Early Years establishments to deliver protective messages.



Our priority for the next three years is to improve children and young people's experience of services by:

- *Investing in the expansion of the multidisciplinary CAMHS team*
- *Expanding and refocusing the school nursing team*
- *Working with partners to support the development of evidence-based tier 2 services such as REN 10 and School Counselling*
- *Developing a Young Persons' Mental Wellbeing Service as a test of change*

Improving outcomes in partnership: Alcohol & Drug Recovery

How services are working together as part of the Alcohol and Drug Commission

Purpose of the Alcohol and Drug Commission

Renfrewshire, like many other areas, has continued to experience a range of issues in relation to alcohol and drugs. Driven by concerns about the levels of harm being experienced by local people, partners established an independent Commission in 2019 to assess the true impact of alcohol and drugs in Renfrewshire and to take the opportunity to support local people and improve outcomes.

Over **300** local people, families, frontline staff and organisations were consulted during the Commission.

"BTHA, Renfrew Project service users and staff were delighted to be asked to be part of this consultation, this allowed us as a local service to be heard and our service users were supported to share their very honest opinions and lived experiences."

Service Manager. Blue Triangle Housing Association

We are working with the Alcohol and Drugs Programme Board to support delivery of some of the Commission's recommendations, including:

- Developing a programme to ensure services in Renfrewshire are **trauma informed and responsive**.
- Further developing a peer support model to ensure **recovery and lived experience** is valued in Renfrewshire.
- Recruiting a partnership officer to **change alcohol policy.**
- An independent **review of existing family support provision** to identify gaps in support for families of people in crisis.
- Aiming to develop **wrap around support for people with complex needs** who potentially need support from different services and organisations.
- Developing a **Language Matters Initiative** to help challenge preconceptions and stigma around alcohol and drug use.

There were 67 drug-related deaths in Renfrewshire during 2020, this is the highest number in a decade and an increase of 49% compared to 2019. These, and recent alcohol-related death statistics, make clear the critical importance of the continued delivery of the Commission's recommendations. This is a priority for all Community Planning Partners.

Improving outcomes in partnership: Care Homes

A multi-disciplinary approach to safeguarding residents and staff

Purpose of the Clinical and Care Oversight Group

The Renfrewshire Clinical and Care Oversight Group was established at the beginning of the pandemic to support the newly established Multi-disciplinary Team (MDT) to strengthen and enhance professional clinical and care oversight of **care homes** and **care at home services.**

This approach builds upon existing good practice, and brings together colleagues from the HSCP, Public Health and the Care Inspectorate. Residents' wellbeing is our primary focus, and this way of working enables faster access to specialist support from a range of sources, such as the HSCP Clinical Director and Senior Clinician, HSCP Chief Nurse, HSCP Contracts and Commissioning Manager, Service Planning and Policy Manager, Chief Social Work Officer and the Chief Executive's Service.

It's great to know we can call and ask for advice. The direction is good and is developing into much more of a team involvement - encouraging for all staff and residents.

Independent Renfrewshire Care Home provider feedback

Building upon success to help shape the future

New collaborative forums created during the pandemic, such as the care home peer group which provides a forum for clinical and care advice and support to all registered homes in Renfrewshire, have brought additional value and we are considering how these may be continued in the long term.

We also recognise the value of investing in our care homes nursing team who have continued to deliver great results, despite being subject to significant pressure and increasing demand. Over the last year, Renfrewshire has funded an additional three Care Home Liaison Nurses and four trainee Advanced Nurse Practitioners to help support the delivery of care within Renfrewshire care homes.

This investment will be enhanced by NHS GGC's Multi-Disciplinary 'Care Homes Collaborative' teams, which will provide access to a range of specialist support for Care Homes, including dietetics and tissue viability.

The HSCP are also strengthening Partnership working with Independent Sector providers through a three-year commitment to support a dedicated Scottish Care, Independent Lead post. This will help us ensure equity of information, shared vision, learning and representation to help achieve a mixed provision of care that is fit for purpose.

Sustainable Futures…

Our aim is to work collaboratively across sectors to deliver integrated services and maximise the impact of our people and resources.

Sustainable Futures

Effective Use of Renfrewshire's Resources

Sustainable futures

What do we mean by effective use of Renfrewshire's resources?

As we have outlined in previous Strategic Plans, the medium-term financial outlook for public services continues to be very challenging. Increasing demands such as an ageing population place greater pressure on the Partnership's available budgets and people. COVID has also significantly impacted on our staff and unpaid carers and we expect demand to increase throughout recovery.

We need to ensure that the services we provide are financially and environmentally sustainable and provide value for money. This will require us to make difficult decisions to ensure that resources are effectively targeted.

Further transformation of our services will be essential. This will consider how services are delivered and how our workforce is developed and supported to deliver in changing circumstances. There is also an opportunity to consider how Renfrewshire's resources, as a whole, can contribute to improving outcomes, and partnership working with providers and public and third sector partners will be an essential strand of the Partnership's approach to leading the delivery of health and social care in Renfrewshire.

"We recognise the financial sustainability challenges of the pre-COVID health and care system. We will design a new sustainable system, focused on reducing inequality and improving health and wellbeing outcomes, and sustainable communities."

Quote from the NHS Recovery Plan, 2021

The outcome we want to achieve:

We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.

Key Challenges

- Remobilising services whilst maintaining flexibility and supporting staff with their health and wellbeing.
- Ongoing financial and demand pressures meaning savings continue to be required.
- Recruitment and retention challenges, including a shortage of care workers and specialist skills nationally, continues to stretch our workforce.
- The HSCP's proposed transformation programme was paused due to the pandemic – the need for service redesign remains essential.
- Quantifying the full extent of health and social care support provided across Renfrewshire as part of efforts to utilise our combined resources.
- Shifting the balance of care and investment in prevention and early intervention needs to happen alongside ongoing service provision.

Sustainable Futures: Some Examples

Effective Use of Renfrewshire's Resources

Sustainable futures

RLDS: Using Digital to stay in touch during COVID

Amidst the challenges of the pandemic, Renfrewshire Learning Disabilities Service (RLDS) worked hard to find alternative ways to connect with and support people.

Through crisis we identified an opportunity and worked collectively across the service to find ways to digitally include and engage with as many individuals as possible, source equipment, upskill / develop and most importantly build real and meaningful content.

Staff, supported by people and carers, came together to develop this new approach and the online groups and support have been highly valued. A video created to showcase the changes made can be found online.

Community In-Reach Service

The Community In-Reach service aims to prevent unnecessary admissions and re-admissions to hospital.

The service supported an individual with a diagnosis of Bi-Polar Effective Disorder following admission to hospital. Over the course of several discussions, a therapeutic relationship was established, and the individual was supported to agree a comprehensive package of care to help sustain a safe and supported discharge plan. With consent, the individual's referrals were implemented, and family were kept in regular contact.

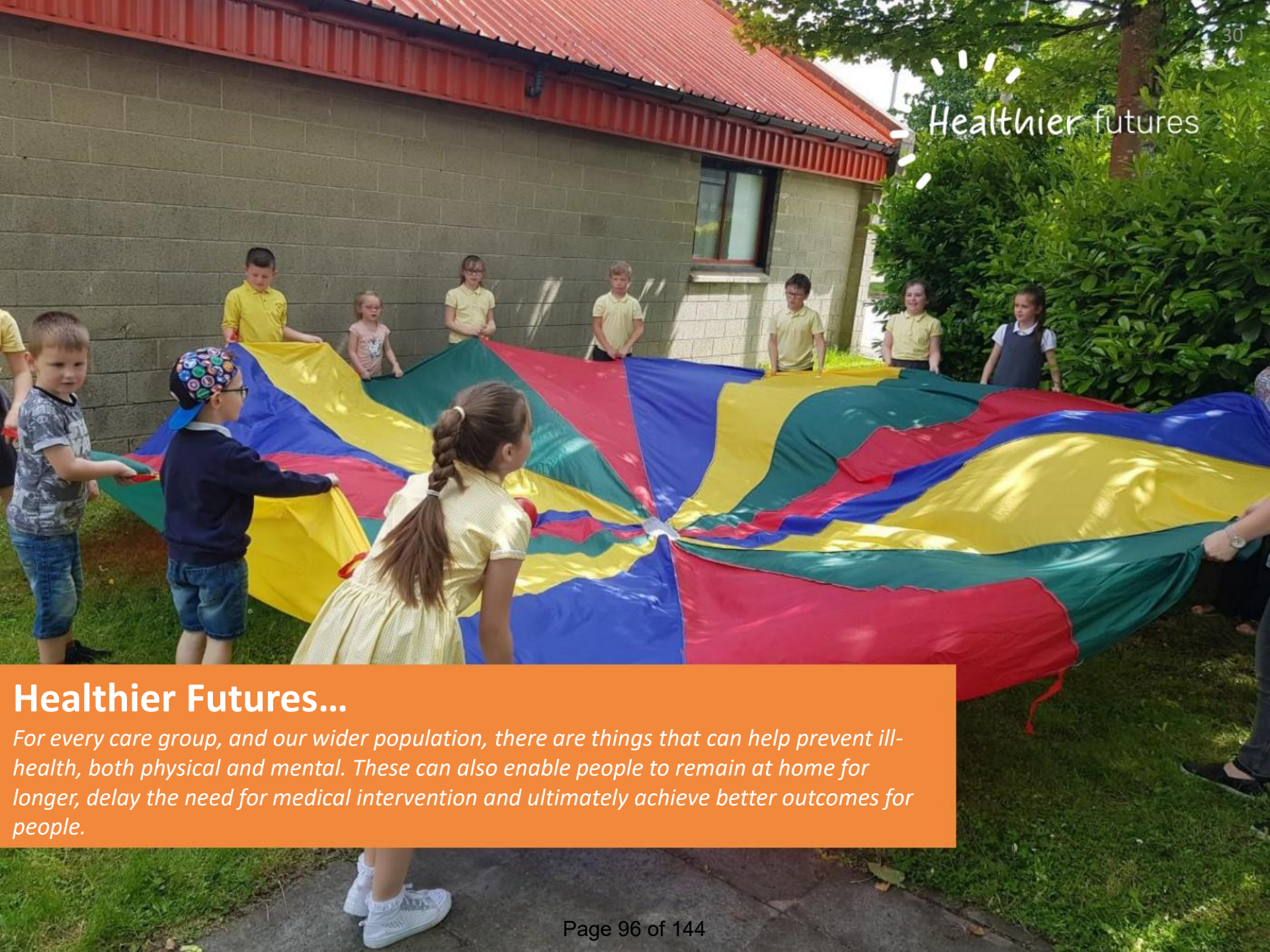
The individual has since benefited from the longest period where readmission has not been required due to the coordinated discharge planning.

Sustainable Futures

Priority Activities

Sustainable futures

Reference	Description	National Outcomes
EURR.1 New initiative	Prioritise recovery from COVID and develop the HSCP's transformation programme to reflect (i) the impact of the pandemic; (ii) the themes and priorities set out in this Plan; and (iii) the requirements for a National Care Service when confirmed. This will link with any future programme of work for the National Centre for Sustainable Development.	• All outcomes
EURR.2 New initiative	Undertake an assessment of existing HSCP spend to assess allocation of resources under each of the other four supporting themes, to support the scoping and focus of the HSCP's transformation programme to influence this in future.	• Outcome 9
EURR.3 Building on existing practice	Work with partners, providers and the third sector to gather available data on health and social care demand and provision in Renfrewshire and develop a refreshed Market Facilitation Plan.	• Outcome 2 • Outcome 4 • Outcome 5 • Outcome 9
EURR.4 New initiative	Develop a Climate Change (Net Zero) action plan for HSCP services to reflect and support Renfrewshire Council's Plan for Net Zero, working with the Council's Climate Change Sub-committee, and taking into account the Scottish Government's commitments in the 2021-22 Programme for Government.	• Outcome 9
EURR.5 Building on existing practice	Further develop how the HSCP works in partnership with the third sector, partners and providers, building on the positive developments achieved during COVID. We will embed coproduction in service design to ensure Renfrewshire's resources are structured around supporting people in the most meaningful way to them.	• All outcomes
EURR.6 Building on existing practice	Work with our partners to deliver joint strategic objectives and plans, including (but not limited to) Moving Forward Together, Renfrewshire's Social Renewal Plan, and the Children's Integrated Partnership Plan.	• Outcome 9



Healthier Futures…

For every care group, and our wider population, there are things that can help prevent ill-health, both physical and mental. These can also enable people to remain at home for longer, delay the need for medical intervention and ultimately achieve better outcomes for people.

Healthier Futures

Prevention and Early Intervention

Healthier futures

What do we mean by Prevention and Early Intervention?

For every care group, and our wider population, there are things that can help prevent ill-health, both physical and mental, enable people to remain at home for longer, delay the need for medical intervention and ultimately achieve better outcomes for people. However, preventative factors can be challenged by deep-rooted inequalities which impact on the health and wellbeing of our local residents.

Early interventions can include providing people with information about services and resources in their local areas, promoting active and healthy lifestyles and providing training on specific topics. We can also look to intervene at the earliest stages in life to support our children to have the best start possible.

Community-led support and joint working with our partners, the third sector and community groups is vital to tackling these challenges, as well as encouraging people to ask for help or advice at an early stage before they feel they are at crisis point. If we intervene early we can build on the breadth of skills and experience of people in Renfrewshire to create capacity within our communities and help people maintain their health and independence.

"Social Care should be a springboard not a safety net"

Quote from the Independent Review of Adult Social Care

The outcome we want to achieve:

People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.

Key Challenges

- Whilst the importance of prevention and early intervention is fully recognised, it can sometimes be difficult to measure the impact of prevention when it causes something *not* to happen.
- Many benefits of preventative and early intervention activity are more likely to be visible in the medium- to long-term. They need to be delivered alongside actions which meet short-term priorities.
- Moving towards a preventative focus requires changes to the HSCP's existing models of care.
- Tackling deep-rooted health inequalities is complex, and can only be effectively achieved through partnership-working over a long period. In addition, Renfrewshire has high levels of health inequality, as is set out in the demographics section of this plan.

Healthier Futures: Some Examples

Prevention and Early Intervention

Healthier futures

Falls Prevention

'80andUp' is a new funded project in Renfrewshire, including ROAR (Reaching Older Adults in Renfrewshire), HSCP and GP practices. It aims to help the active elderly from falling and uses evidence-based advice and exercises to prevent falls.

Between December 2020 and March 2021, 81 patients who were 80 or older, consented to take part in this initiative. Early 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, preventing hospital admissions as well as improving quality of life for those taking part.

"I fell in the shower while on holiday and if I had not received the training from ROAR on how to get myself back up I dread to think what would have happened. I remembered all the trainer had told us and eventually managed to get back on my feet. I'm so thankful I had done the training!"

***Betty, 75**, commenting on Falls training provide by ROAR.*

Perinatal work – Home Start

Home Start Renfrewshire received funding from the HSCP to develop a programme which offers parents who have, or are at risk of developing, perinatal mental ill health, the chance to take part in a peer support and parenting support model which also offers active 'hand-holding' for parents who need to access specialist counselling. The parenting support programme element increases attachment between parents and child.

The HSCP Health Improvement Team have devised a package of support for the Home Start team ranging from provision of health resources to sourcing and delivering robust training when gaps or areas for development have been identified, such as delivery of the Understanding Dads Perinatal Mental Health Training (Fathers Network/NHS GGC).

Healthier Futures

Priority Activities

Healthier futures

Reference	Description	National Outcomes
P&EI.1 New initiative	Implement a local Strategic Group for suicide prevention and collaboratively develop a Renfrewshire suicide prevention strategy, which should reflect the priorities set out in the new Suicide Prevention Strategy for Scotland (in development).	• Outcome 1 • Outcome 4 • Outcome 5 • Outcome 7
P&EI.2 Building on existing practice	Work collaboratively with individuals and families with lived and living experience, as well as frontline workers and partners, to tackle stigma through training and awareness raising (for example around mental health, alcohol and drug use), and encourage early engagement with services and support recovery.	• Outcome 1 • Outcome 3 • Outcome 4 • Outcome 5 • Outcome 7
P&EI.3 Building on existing practice	Work with partners to review existing information and advice sources for people in Renfrewshire, such as ALISS (A Local Information System for Scotland) to ensure that information on local and national support is available to people when they need it and in the format they need.	• Outcome 1 • Outcome 2 • Outcome 6 • Outcome 9
P&EI.4 Building on existing practice	Continue to work with partners to support young people and contribute to the Scottish Government's mission to end child poverty, through (i) supporting delivery of income-based targets within the Child Poverty (Scotland) Act; (ii) delivering Local Child Poverty Action Report actions; (iii) continuing to support Renfrewshire's Tackling Poverty Programme and; (iv) supporting the delivery of actions to be identified in the Tackling Child Poverty Delivery Plan 2022-26.	• Outcome 5 • Outcome 9
P&EI.5 New initiative	Work with Renfrewshire Council and third sector partners to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.	• Outcome 1 • Outcome 4 • Outcome 6 • Outcome 7

Healthier Futures

Priority Activities

Healthier futures

Reference	Description	National Outcomes
P&EI.6 Building on existing practice	Work with partners within the ADP to prevent alcohol & drug related deaths across Renfrewshire through the ongoing development and implementation of the Drugs Deaths Prevention Action Plan.	• Outcome 1 • Outcome 4 • Outcome 5
P&EI.7 Building on existing practice	We will continue to work collaboratively with partners to further develop our joint approach to frailty and falls prevention pathways within communities and acute settings, aiming to maintain/improve health and wellbeing while avoiding harm from frailty. A key focus will be in ensuring that service users have access to support and good quality information about falls and physical activity and promoting the support available in key locations across Renfrewshire.	• Outcome 2
P&EI.8 New initiative	We will work with Renfrewshire Leisure and the Carers Centre to provide carers with better access to leisure and cultural opportunities to improve their health and well-being. We will engage with carers to understand the barriers to accessing leisure and culture and work to overcome them.	• Outcome 6
P&EI.9 New initiative	Our new Sexual Health Planning Group will co-ordinate efforts to address teenage pregnancy and STI rates in Renfrewshire and to undertake a range of work focussed on helping children and young people have positive, healthy and mutually respectful relationships. This includes continued delivery of: (i) the Early Protective Messages (EPM) programme in early years settings; and (ii) the Mentors in Violence Prevention (MVP) programme to staff supporting young people.	• Outcome 4 • Outcome 5
P&EI.10 Building on existing practice	Through our CAHSC (Culture, Arts, Health and Social Care) coordinator, we will lead work with colleagues and partners involved in the Future Paisley programme through the CAHSC group to develop a range of arts and culture-based activities in a variety of settings to improve health and wellbeing.	• Outcome 1 • Outcome 4 • Outcome 5 • Outcome 6
P&EI.11 Building on existing practice	As part of Renfrewshire's ongoing commitment to tackling Gender Based Violence, the HSCP will ensure that Sensitive Routine Enquiry is embedded in key HSCP services (or settings).	• Outcome 3 • Outcome 7

Connected Futures…

Supporting people to manage long-term conditions - including both physical and mental health - and enabling them to live as independently as possible, for as long as possible, is central to how we provide care and support.

Connected Futures

Community Support

Connected futures

What do we mean by Community Support?

Supporting people to manage long-term conditions, including both physical and mental health, and enabling them to live as independently as possible for as long as possible is central to how we provide care and support.

A vibrant community-led approach to supporting people, alongside the services provided by the HSCP, can make a significant contribution to prevention and early intervention and improve the health and wellbeing of our citizens. Where people have long-term conditions or are recovering from more intensive health and care interventions, the provision of support focusing on individuals' strengths and abilities within a community setting can lead to better outcomes. The benefits of community-led support have also been clear throughout the COVID-19 response.

As we move through recovery and further transformation of our services, the HSCP will work with partners to further strengthen the thriving ecosystem of advice, support and care already provided in our local communities.

"We must shift beyond the mindset of existing systems and services to embrace individual and community capacities, and collaborative opportunities to enable innovative support mechanisms"

Quote from the Independent Review of Adult Social Care

The outcome we want to achieve:

People are supported to recover and manage disabilities or long-term conditions in their communities and to stay in their own homes or a homely setting.

Key Challenges

- People, families and carers can find it difficult to access information about services and support available to them in the community and from the HSCP, and to know what questions to ask.
- Ensuring all parts of the health and care system, (e.g. HSCP services, primary care and the third sector) are fully aware of community support available.
- Support to carers is a key element of community support however carers don't always recognise themselves as such, and the HSCP may not be able to identify everyone with caring responsibilities.
- Ensuring people have access to suitable accommodation (working with our partners) which enables them to live as independently as possible.

Connected Futures: Some Examples

Community Support

Connected futures

Social Prescribing

We have commissioned 'We Are With You' to place a Community Link Worker in every Renfrewshire GP practice. These workers support people who might otherwise visit their GP with non-medical issues such as loneliness, isolation or financial worries. They do this by delivering 1-1 supportive sessions and / or signposting people to an appropriate activity or service to meet their specific needs. This relieves some of the pressure on GPs and means that people with non-medical issues can access help in a more holistic way.

"The creation and enjoyment of the arts helps promote holistic wellness and can be a motivating factor in recovery. Including the arts in healthcare delivery has been shown to increase positive clinical outcomes for patients while also supporting other stakeholders, including healthcare providers, the patient's loved ones and the wider community."

World Health Organisation

Culture, Arts, Health and Social Care

The Culture, Arts, Health and Social Care (CAHSC) Group was established during the City of Culture bid process, recognising the positive impact that arts and culture can have on health and wellbeing. Part of the Future Paisley programme, the group co-ordinates a range of activities, from the Renfrewshire strand of the Scottish Mental Health Arts Festival to arts in hospitals initiatives. Over the next 2 years the group aims to increase the range of arts and culture-based opportunities in health and care settings, and for people at risk of health inequalities, and the Mental Health Arts Festival will be further developed to reach even more people.

Connected Futures

Priority Activities

Connected futures

Reference	Description	National Outcomes
CS.1 Building on existing practice	Development and implementation of a Renfrewshire Dementia Strategy, reflecting the objectives and priorities of the National Dementia Strategy (which is expected to be published soon).	• Outcome 2 • Outcome 3 • Outcome 6
CS.2 Building on existing practice	Support people to live well by strengthening links between community resources and primary care, through testing and evaluation of new roles in several GP practices (Mental Health and Wellbeing Workers and Welfare Rights Workers) and maximising the impact of Community Link Workers.	• Outcome 1 • Outcome 2 • Outcome 4 • Outcome 5
CS.3 New initiative	We will build carer friendly communities across Renfrewshire so that carers can access the support they need to continue to care. We will increase the number of carers being identified by a wide-reaching carer awareness and pathway development programme with our services, acute and community health partners, the voluntary sector and in the community, and run campaigns targeting communities of carers less well known to us.	• Outcome 6
CS.4 Building on existing practice	We will work with our housing partners to deliver the commitments in our Housing Contribution Statement with the aim of supporting people to access the right home and to live longer healthy lives in their own community.	• Outcome 1 • Outcome 2 • Outcome 4 • Outcome 5
CS.5 Building on existing practice	Embed the Recovery Orientated System of Care (ROSC) in Alcohol and Drug Recovery Services (ADRS) to promote individuals' recovery through access to, and benefit from, effective, integrated person-centred support. This includes delivery of the new Mental Health and Addictions Recovery Hub (CIRCLE) and increasing Peer Support Worker capacity.	• Outcome 1 • Outcome 3 • Outcome 4 • Outcome 5
CS.6 New initiative	We will work with our partners to help children and young people and their families get appropriate and timely support to improve their mental wellbeing through a multi-agency community-based family support service.	• Outcome 4 • Outcome 5 • Outcome 6

Enabled futures

Enabled Futures…

At different times we will all need to access specialist support to help us recover from illness, to manage long-term conditions, and to keep us safe. This could include access to primary care services, support with our mental health, or support to recover from alcohol or drug-related addictions. Helping people to get back on their feet and supported at home and in their community is essential.

Enabled Futures

Clinically Safe and Specialist Services

Enabled futures

What do we mean by clinically safe and specialist services?

Our themes rightly focus on providing support within our communities to help prevent more intensive and specialist support where possible. However, at different times we will all need to access this specialist support to help us recover from illness, to manage long-term conditions, and to keep us safe. This could include access to primary care services, support with our mental health, or support to recover from alcohol or drug-related addictions.

We will help people to access appropriate specialist support in the most suitable setting. This could be in a hospital, but we are focused on shifting the balance of care and preferably people will be able to access such support in our communities. Care will be provided as close to home as possible and should help avoid unnecessary attendance and admissions to hospital. We will also continuously improve service quality, supported by Clinical and Care Governance.

In doing so, we also want to ensure that we do not over-medicalise the treatment and care we provide for people. Working with partners, we will build on individuals' strengths, skills and abilities to aid their recovery.

"Keep no patient in hospital a day longer than is absolutely necessary. The patient may have to recover not only from illness or injury but from hospital"

Florence Nightingale, 1878

The outcome we want to achieve:

Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery.

Key Challenges

- Wait times across services have increased as a result of the pandemic and demand increasing following the easing of restrictions. We expect that some people will need more intensive support.
- Maintaining low levels of delayed discharges within a pressurised system.
- Primary Care services are facing unprecedented levels of demand with a significant increase in mental health problems and people suffering deterioration in chronic diseases because of the impact of COVID-19.
- Tackling all forms of stigma around accessing specialist services.
- Specialist skills across services, including but not limited to Primary Care, CAMHS, Psychotherapies and Mental Health, are in short supply nationally.
- Expectations of what specialist services provide can differ from clinical opinion and the aim of preventing over-medicalisation.

Enabled Futures: Some Examples

Clinically Safe and Specialist Services

Enabled futures

Mental Health Assessment Units (MHAUs)

MHAUs are a specialist service which provide assessment, diagnosis and management to patients who are in Mental Health crisis or distress and would have sought assistance at an Emergency Department or via Police Scotland and the Scottish Ambulance Service. MHAUs offer a single point of access for emergency mental health assessment 24/7.

Standardised care pathways have been agreed with Acute Hospitals to reduce footfall within Emergency Departments due to the impact of the pandemic. This has reduced the number of people who need to attend the Royal Alexandra Hospital Emergency Department.

Advanced Nurse Practitioners (ANP)

Our Advanced Nurse Practitioners (ANPs) work across multi-disciplinary teams and are clinical leaders who manage the complete clinical care of their patients. They aim to provide a person-centred approach to improve the patient's journey and experience, whilst moving work away from GPs.

Our ANPs have supported 75% of GPs so far in Renfrewshire and data between 2019 and March 2021 suggests 89% of consultations with ANPs were completed independently (i.e., did not require onward GP referral), contributing to avoidance of admission and unnecessary appointments where appropriate.

My Diabetes My Way

The local diabetes interface group aims to improve care for people with diabetes. The group promotes the use of My Diabetes My Way (MDMW) which gives people access to information to help them understand their diabetes, see their blood results and follow their blood pressure readings. Patients are also supported by Multi-Disciplinary Teams (MDTs) to access care in a seamless way, improving the care they receive.

Together, these support people to better control their diabetes with fewer complications. This leads to fewer admissions to hospital and longer and healthier lives.

Enabled Futures

Priority Activities

Enabled futures

Reference	Description	National Outcomes
CS&SS.1 New initiative	Focus on recovery of HSCP services, working jointly with partners to deliver the NHS Recovery Plan and local remobilisation plans for health and care services. Within this maintain focus on staff health and wellbeing, and recruitment and retention to support remobilisation (linking to our Workforce Plan 22-25)	• Outcome 7 • Outcome 8 • Outcome 9
CS&SS.2 New initiative	Continue to assess the pandemic's impact on demand for services and the complexity of need emerging, and shape services to respond (considering adult mental health, child development and prevalence of Long COVID).	• Outcome 9
CS&SS.3 Building on existing practice	Work with NHS GGC and the other HSCP partners to continue activity to reduce unnecessary attendance at A&E, reduce hospital admissions and lengths of stay in hospital. This includes working to implement (i) opportunities to shift the balance of care; and (ii) joint commissioning plans for Unscheduled Care. (Note: this draft plan does not include a defined target due to the complexities caused by the pandemic. This will be further assessed in advance of the publication of a final Plan)	• Outcome 1 • Outcome 2 • Outcome 3 • Outcome 4 • Outcome 9
CS&SS.4 New initiative	Work with partners in NHS GGC and other HSCPs to build on and further coordinate the positive developments achieved in reforming urgent care during the pandemic, including Mental Health Assessment Units, GP Out of Hours, Urgent Care Resource Hubs, COVID Assessment Centre and the flow navigation centre.	• Outcome 1 • Outcome 2 • Outcome 3 • Outcome 9
CS&SS.5 Building on existing practice	Continue to embed multidisciplinary team working across HSCP services to enhance person-centred care, including but not limited to (i) progression of Renfrewshire's Primary Care Improvement Plan objectives; and (ii) delivery of the Care Home Hub model developed during the COVID pandemic.	• Outcome 1 • Outcome 2 • Outcome 4 • Outcome 8 • Outcome 9

Enabled Futures

Priority Activities

Enabled futures

Reference	Description	National Outcomes
CS&SS.6 New initiative	Work with NHS GGC and HSCP partners within the board area to deliver the Strategic Pharmacy Framework with (i) an empowered pharmacy workforce enabled to work at the highest level of practice and (ii) enhanced public awareness of the community pharmacy options available to them.	• Outcome 1 • Outcome 4 • Outcome 7 • Outcome 8 • Outcome 9
CS&SS.7 Building on existing practice	Seek to minimise delayed discharges through the HSCP's programme of work to support prompt discharge from hospital, led by the Partnership's Delayed Discharge Strategic Group. Within this we will continue to support the aim of discharging people for assessment through Renfrewshire's Home First approach. (Note: this draft plan does not include a defined target due to the complexities caused by the pandemic. This will be further assessed in advance of the publication of a final Plan)	• Outcome 2 • Outcome 3 • Outcome 4 • Outcome 9
CS&SS.8 New initiative	Work in partnership with Renfrewshire Council's Children's Services to implement the National Neurodevelopmental Pathway.	• Outcome 1 • Outcome 4
CS&SS.9 New initiative	Currently over 1200 children and young people are engaged with Renfrewshire CAMHS service, and over 450 are waiting to begin treatment. We will improve patient experience of our services by reducing the waiting times for access to CAMHS. We will do this by investing in the expansion of the multidisciplinary team and streamlining patient pathways within CAMHS to identify and eliminate delays.	• Outcome 1 • Outcome 3 • Outcome 7 • Outcome 9
CS&SS.10 Building on existing practice	We will continue to modernise the nursing workforce to be fit for the future and maximise the contribution of nursing to shifting the balance of care to community and primary care settings at, or near, people's homes. This includes the continued development of Advanced Practice Roles across Mental Health, Addictions and Children's Services and we will evaluate emerging evidence to influence future delivery models.	• Outcome 1 • Outcome 2 • Outcome 8 • Outcome 9

Empowered Futures…

As we develop our services, we will ensure the support provided by the HSCP, and in communities, broadens the choice available for people to meet changing demand. Support will be built around individuals' needs and where appropriate, provide options which move beyond more traditional, often building-based, service models.

Empowered Futures

Choice, Control and Flexibility

Empowered futures

What do we mean by choice, control and flexibility?

Enabling people to exercise choice control and flexibility over the services they access, and when and where, has been at the heart of national policy for several years. It was embedded in the Social Care (Self-directed Support) (Scotland) Act 2013 and was a central theme within the Independent Review of Adult Social Care (and subsequent consultation).

Over the course of our previous Strategic Plans, Renfrewshire HSCP has supported increasing numbers of people to have control over their budget. We recognise, though, that we have further to go in improving the choice and flexibility available to people locally. As we develop our services we will ensure that the support provided by the HSCP and in communities broadens the choice available for people to meet changing demand. Support will be built around individuals' needs and where appropriate, provide options which move beyond more traditional, often building-based service models.

"A person-centred approach to social care support must be premised on ensuring citizens are able to fully exercise autonomy and choice in the supports available to them"

Quote from the Independent Review of Adult Social Care

The outcome we want to achieve:

People access the right care at the right time and place and are empowered to shape their support at every stage of life.

Key Challenges

- Maximising opportunities for patients, people who use services, families and carers to share their lived experience as part of a co-productive approach to service design.
- Congregate services remain highly valued by service users, families and carers however they do not meet the changing demands and choices of many people supported by the HSCP – this requires us to consider how to develop care to provide greater flexibility.
- Shaping services to enable greater choice, control and flexibility which reflects the broad range of needs and experiences of people who use services and carers can bring uncertainty and requires ongoing engagement and support for people to help them through the process.
- The transition from Children's Services to Adult Services can be difficult for young people and their families.

Empowered Futures: Some Examples

Choice, Control and Flexibility

Empowered futures

Autism Reference Group

We have been engaging with the autistic community in Renfrewshire to better understand their priorities and how we can work together to achieve the best outcomes for individuals. In our most recent 'in-person' event, the group worked together to develop a 'mind map' diagram as a basis for how we might work better together in future. We are encouraging additional work with the Autism Lived Experience Group to agree our strategy implementation plan.

Using SDS (Self-Directed Support) flexibly

Laura lives alone but is very sociable. She is a full-time wheelchair user. She normally enjoys attending Day Services, but this has not been possible during the pandemic. Her laptop was broken, and she was having difficulty using her mum's temperamental iPad, due to her tremors.

Laura chose to use SDS money to purchase a laptop with an adapted mouse and large screen. This allowed her to participate in zoom classes, calls and stay connected with her friends and family, as well as doing her online grocery shopping.

Empowered Futures

Priority Activities

Empowered futures

Reference	Description	National Outcomes
CC&F.1 New initiative	44% of adults with a learning disability attended day centres in 2019, compared with 18% across Scotland. We will co-produce modern models of care for older people, people with physical disabilities and people with learning disabilities to exercise choice, control and flexibility. This will include support options within our communities which, where appropriate for each person, enables a broader choice beyond congregate services and supports innovative use of our buildings.	• Outcome 2 • Outcome 3 • Outcome 4 • Outcome 6 • Outcome 9
CC&F.2 Building on existing practice	Develop the HSCP's approaches and mechanisms for supporting and enabling people with lived experience to contribute to the improvement of existing services and development of new forms of support.	• Outcome 3 • Outcome 4
CC&F.3 New initiative	Work with Renfrewshire Council to improve the experience of young people with autism or with a learning disability making the transition to adult services through review of existing pathways and information available for individuals and their families to exercise choice and control. These pathways will meet the specific educational, employment and housing needs of each individual.	• Outcome 4 • Outcome 5 • Outcome 6
CC&F.4 New initiative	Deliver a Renfrewshire autism action plan to improve opportunities and outcomes for people with autism, with an initial focus on practical community-based support around life skills, reducing social isolation, benefits, housing and employment.	• Outcome 4 • Outcome 5 • Outcome 6

Empowered Futures

Priority Activities

Empowered futures

Reference	Description	National Outcomes
CC&F.5 Building on existing practice	Continue to place Equalities at the heart of our activity to ensure our services are inclusive and provide equality of access to information, support and involvement for all children and adults.	• Outcome 3 • Outcome 4 • Outcome 5
CC&F.6 New initiative	We will develop an LGBTQ+ charter, continue to co-fund the IN-Ren Network Officer post hosted by our partner Engage, and deliver training for our staff.	• Outcome 3 • Outcome 4 • Outcome 5
CC&F.7 Building on existing practice	We will ensure that our services are fully accessible to people with a physical disability or sensory impairment by engaging and communicating in the most appropriate and effective way for individuals. This will include refreshing and building on our BSL (British Sign Language) action plan.	• Outcome 3 • Outcome 5
CC&F.8 Building on existing practice	Achieve year on year increases in our use of anticipatory care plans – supporting people to determine and control the care they receive to manage long-term conditions or where they are approaching the end of their life.	• Outcome 3 • Outcome 7
CC&F.9 Building on existing practice	Deliver Renfrewshire's Palliative Care and End of Life Care Strategy, revised following COVID, with a particular focus on (i) improving pathways between services, (ii) providing training and information for people to broaden understanding of palliative and end of life care and where it can be provided; and (iii) meeting the emotional support needs of families and carers following the pandemic.	• Outcome 3 • Outcome 6 • Outcome 7 • Outcome 8

Improving Health and Wellbeing in our Communities

Renfrewshire Strategic Planning Group's Health and Wellbeing Priorities

The Development of Health and Wellbeing Priorities for Renfrewshire

Renfrewshire HSCP has agreed with Community Planning partners that it will coordinate Renfrewshire's approach to improving health and wellbeing in our communities. In response, our Strategic Planning Group (SPG) has agreed six health and wellbeing priorities, which are described below. We also feature some examples of projects funded to deliver against these priorities on the following pages. These priorities support the delivery of the themes set out in this Strategic Plan and in particular align with the focus of the HSCP and our partners on prevention and early intervention and the development of support within our communities to improve the wellbeing of local citizens.

Healthy and Active Living
Making healthy choices easy choices by ensuring that being active and eating well are accessible, affordable, enjoyable and local. Building resilience and capacity within local communities in a scalable and sustainable way.

Place and Connectedness
Helping people feel connected to their communities and addressing loneliness and social isolation by raising awareness, promoting access to information and engaging with the most at risk through neighbourhood initiatives.

Mental Health
Addressing the low-level mental health issues that affect people on a daily basis by providing accessible information on, and developing, appropriate supports.

Inequalities
Reducing the health inequalities currently present in Renfrewshire and subsequently improving health outcomes in particularly affected groups e.g., BAME (Black and Minority Ethnic); people in lower socio-economic groups.

Early Years and Vulnerable Families
Developing support for children in their early years up to 5 years of age, or pre-school; and vulnerable families disadvantaged by adverse circumstances or inequalities that can lead to poorer health, developmental and educational outcomes.

Housing as a Health Issue
Recognising the importance that housing plays in people's health and wellbeing and working together to prevent homelessness, support older people, and recover from the COVID-19 pandemic.

Improving Health and Wellbeing in our Communities

Examples of some of our funded projects

Place and Connectedness

We are working alongside ROAR – Connections for Life to improve connectedness and reduce loneliness and isolation, focussing initially on the East End of Paisley. A community fun day took place in August 2021 to begin the conversation about what would help and a number of local groups and organisations are now involved in a Connectedness Network.

Mental Health

RAMH received funding from us to create information about what supports are available to people in a range of languages, and to circulate them in hard copy as well as digitally. This was in recognition of the fact that lots of people, particularly people from black and ethnic minority communities, often don't have access to online resources.

Renfrewshire Health & Social Care Partnership

Renfrewshire Mental Health and Wellbe
Support Services Contact Numbers

How you can get support

Each of the groups can put you in touch with more spec

RAMH | 0141 847 8900
Local organisation who can support mental health issues.

First Crisis Freephone | 0800 221 8929 or 0141 848 9090
9-8pm Mon-Fri and 5pm at weekends

Hear for You | Freephone 0800 221 8904
If you feel distressed or anxious 9-5 Mon-Fri

Renfrewshire Alcohol and Drug Partnership (ADP) | 0300 300
Partnership of local public and voluntary sector organisations
support local community with alcohol and drug issues

Pachedu Advice to Ethnic Minority Population | 07377937941
Provides a range of support, information and advice aimed at addr
mental health & other related issues.

Renfrewshire Women's Aid | 0141 561 7030
Provides advice, support, information and safe accommodation for
Children & Young People affected by domestic abuse.

ACCORD Hospice Bereavement Support | 0141 581
If you are experiencing loss or dealing with grief following the death of so

Renfrewshire Council

Please see over...

Renfrewshire Health & Social Care Partnership

شراكة رينفروشاير
للرعاية الصحية والاجتماعية

ارقام الاتصال بخدمة دعم الصحة النفسية والرفاهية التابعة الى رينفروشاير.

كيف يمكنكم الحصول على الدعم
يمكن لكل جهة ان توصلكم بفريق لبرونكم بالمساعدة المحددة .

راما | RAMH ٠١٤١٨٤٧٨٩٠٠
منظمة محلية يمكنها دعم قضايا الصحة النفسية.

التلفون المجاني للأزمات اليدانية
٠٨٠٠٢٢١٨٩٢٩ أو ٠١٤١٨٤٨٩٠٩٠ [التسعيرة الاعتيادية]
من ٩ صباحاً الى ٨ مساءاً من الاثنين الى الجمعة والى ٥ مساءاً في ايام نهاية الاسبوع

تصفى لأجلك | التلفون المجاني ٠٨٠٠٢٢١٨٩٠٤
اذا كنت تشعر بالضيق أو القلق

شراكة رينفروشاير للكحول والمخدرات | ٠٣٠٠٣٠٠١١٩٩ [الخيار ٢]
شركة منظمات القطاع المحلي العام والتطوعي التي تدعم السكان المحليين بقضايا الكحول والمخدرات.

مشورة "بالتشيدو" للاقليات العرقية من السكان | ٠٧٣٧٧٩٣٧٩٤١ أو ٠٧٤١٥٠٠٩٦٧٧
توفر المعلومات والدعم الواسع والاستشارة التي تهدف الى معالجة الحالة النفسية وغيرها من القضايا ذات الصلة.

إعانة النساء ٠١٤١٥٦١٧٠٣٠
تقدم المشورة والدعم والمعلومات والإقامة الآمنة للنساء والأطفال والشباب المتضررين من سوء المعاملة المنزلية.

اكورد هوسبس ٠١٤١٥٨١٢٠٠٠
لتقديم الدعم عند التجربة
اذا كنت تعاني من فقدان شخص قريب عليك أو تعاني من التعامل مع الحزن بعد الوفاة.

الرجاء الاطلاع على الصفحة التالية

Renfrewshire Council

Improving Health and Wellbeing in our Communities

Examples of some of our funded projects

Healthy and Active Living

Active Communities and Renfrewshire Leisure have been working together with a number of other local organisations to make healthy choices easy choices by ensuring that being active and eating well are accessible, affordable, enjoyable and local. They have trained local people to become community health champions and aim to develop a network of local tutors who can train people in the likes of physical activity, healthy eating and positive mental health.

Inequalities

We are providing funding to Renfrewshire's new Integration Network. 'IN-Ren', to enable the co-ordinator to focus on health inequalities. IN-Ren is a forum for people from minority ethnic backgrounds which will allow them to become more involved in all aspects of community planning. Our aim is to work with the Network to ensure more diversity in all of our groups so that we can address the significant inequalities that exist for people from minority ethnic communities.

we are all... Renfrewshire

Integration Network Renfrewshire

Improving Health and Wellbeing in our Communities

Examples of some of our funded projects

Children and Vulnerable Families

Home Start Renfrewshire and Inverclyde

Families Together is an HSCP funded projected, delivered by Home Start and other partners, to support families with the transitional experiences in early years to nursery and school. The focus is on families who have not previously engaged with pre-school establishments for many reasons, including lack of confidence and trust. Groups meet in a range of locations and provide face to face interaction and family time outwith the family home.

Future Focus

As well as continuing to build on and embed the work currently underway, we will also focus on the following over the next 3 years:

Priority	What we will do	National Outcomes
Housing as a Health issue	• Develop a peer led approach to prevent homelessness. • Work with housing colleagues across sectors to meet objectives outlined in the Housing Contribution Statement.	Outcome 2
Poverty	Work with Community Planning partners to alleviate the health issues caused by poverty	Outcome 5

The Role of Housing in improving Health and Wellbeing

Housing Contribution Summary

The role of Housing in improving health and wellbeing

Good housing is central to tackling some of the most pressing health challenges and plays a critical role in improving health, wellbeing and social care outcomes for people in Renfrewshire. Our aim is to ensure that people have access to the right home; one that is accessible, warm, safe, secure and affordable, in the right place, with the right support, to ensure that people live longer healthy lives in their own community.

Housing impacts all care groups and good housing will make a significant contribution to the successful delivery of this Plan. We have worked with partners to develop a Housing Contribution Statement which is available as a supporting document to this Plan. We provide a summary of the key points over the following pages.

This statement is the 'bridge' between strategic housing planning and this Strategic Plan. It identifies the contribution of the housing sector in meeting our outcomes. We also note that a focus on housing as a health issue and supporting people to live independently in their own home are woven throughout this Plan and these commitments should not be viewed in isolation but as a key element of delivering effective health and social care to the people of Renfrewshire.

"The right to an adequate standard of housing is inextricably linked to the right to the highest attainable standard of health. We can't have one without the other. The right to health is an inclusive right. This means that it is not just the health service that should meet these standards, everything that influences our health should be accessible, available, appropriate and high quality if we are to have a healthier Scotland"

Matt Lowther, Blog on Public Health Scotland website, 2019

Housing to 2040: National Strategy

In March 2021, the Scottish Government set out the first ever Long-term National Housing Strategy (LNHS), which set out a clear vision for housing and a supporting route map. This route map includes four key elements:

(i) More homes at the heart of great places.
(ii) Affordability and choice.
(iii) Affordable warmth and zero emissions homes.
(iv) Improving the quality of all homes.

The Role of Housing in improving Health and Wellbeing

Housing Contribution Summary: National Policy and Local Governance

Renfrewshire's Local Housing Strategy

The Local Housing Strategy (LHS) sets out the strategic approach of the Council and its partners in delivering high quality housing and housing related services across all tenures to meet identified need across Renfrewshire. The development and continuous review of the LHS is undertaken in consultation with key partners and stakeholders with local communities, housing associations and Renfrewshire's Health and Social Care Partnership all actively involved in the process.

The strategic priorities outlined in the LHS ensure that both provision and prevention with appropriate structures are in place to deliver the right support for people - be that through physical assets or having the right people in place to deliver support within our communities, supporting those at risk of homelessness and enabling people to live at home for longer as their needs change.

The diagram shows some of the national policy and local policy context drivers which influence the development of the LHS.

Our Supporting Governance

There are several elements of governance which support delivery of the Housing Contribution Statement and ensure clear alignment between all elements of local housing strategy:

- Our IJB and Strategic Planning Group
- Our Housing as a Health Issue subgroup
- The HSCP and Communities and Housing Liaison Group
- The Housing Providers' Forum
- The Renfrewshire Homelessness Partnership
- The Housing-led Regeneration Partnership Board

The Role of Housing in Improving Health and Wellbeing

Housing Contribution Summary

Theme – Housing as a Health Issue

There is a fundamental relationship between housing, health and wellbeing and it is widely accepted that health is largely shaped by factors beyond access to health care. The factors that influence health – the social determinants of health – include housing and are connected intricately to the other determinants, for example employment, education and income.

To improve health and wellbeing and tackle health inequalities everyone should have access to a warm, dry, safe, affordable home which meets their needs. We recognise that health can influence housing through condition, overcrowding, security of tenure and matching people's housing needs.

The HSCP helps fund Linstone Housing Association's Housing and Health Hub, which has the main objective of supporting people who frequently attend their GP to discuss complex, non-medical housing issues. It aims to alleviate pressure on GPs and reduce the number of appointments made with them about housing issues.

What we know:

It is important to ensure that there is an increased supply of affordable housing which is made available to meet identified housing need

Low-income households are more likely to be impacted by fuel poverty

Living in cold and damp homes is associated with higher mortality rates and cold-related ill health

A proportion of people experiencing homelessness have poor health outcomes which may cause premature mortality

Place-based approaches can improve the quality of homes and neighbourhoods and support the health and wellbeing of communities

The Role of Housing in Improving Health and Wellbeing

Housing Contribution Summary

Theme: housing as a health issue

Tackling deep-rooted health inequalities in our most deprived communities
Tackling fuel poverty
Supporting Renfrewshire's ambition to be net zero by 2030
Support the implementation of the recommendations from Renfrewshire's Alcohol and Drugs Commission
Provision of appropriate services and accommodation for homeless clients with complex needs

Reference	Description	National Outcomes
HCS 001	Support the development of the Council's innovative Regeneration and Renewal Programme to: • Deliver social housing new build that aims to meet Renfrewshire's climate change commitments, through delivering homes that are sustainable for tenants and the environment. Thus, removing poor energy efficiency as a driver for fuel poverty. • Develop and implement a multi-disciplinary approach to neighbourhood renewal plans and investing in our communities.	National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
HCS 002	Support the delivery of energy improvements to existing housing stock.	
HCS 003	Building on the rapid rehousing approach to ensure access to specialist services is readily available via robust pathways for homeless people with complex needs, including mental health and harmful alcohol and/or drugs use.	
HCS 004	Continue to strengthen our approach to prevention and repeat homelessness by providing holistic wraparound support to households in Renfrewshire, regardless of tenure, whose life is being affected by alcohol and or drugs. This will be enhanced by the fuller programme of work which has been developed in response to the recommendations of independent Alcohol and Drugs Commission.	
HCS 005	Developing an integrated approach to housing advice across Renfrewshire building on existing offerings from the Council and the Linstone Housing Hub funded by the HSCP.	
HCS 006	Develop an appropriate percentage wheelchair target for all new build wheelchair accessible housing provision across all tenures as required by the Scottish Government.	

The Role of Housing in Improving Health and Wellbeing

Housing Contribution Summary

Theme: Supporting People to live independently at home

We will support people to live independently in a home of their own that meets their needs. In order to achieve this, we will ensure that person centred services are provided at the point of when required.

We will continue to focus on prevention, early intervention, and enablement which will include the provision of adaptations and technology enabled care.

We will also continue to provide lower-level preventative services which will keep the home hazard free and enable people to maintain their independence and remain in their homes comfortably, safely and securely.

What we know…

The number of people in the 65 to 74 year old age group will increase by 20% and the proportion of those aged 75 years and over is expected to increase by 21%

Poor accessibility puts disabled people and older people at risk of injury, stress and isolation

People with learning disabilities are sometimes living outwith their local authority area in institutional settings that may impact negatively on quality of life and outcomes for them and their families

A 2018 report by the Equality and Human Rights Commission on housing issues affecting disabled people highlighted that in Scotland:

61,000
people need adaptations to their home

approximetley
1%
of housing is fully accessible for wheelchair users.

10,000
disabled people are on housing waiting lists

The Role of Housing in Improving Health and Wellbeing

Housing Contribution Summary

Theme: Supporting people to live independently at home

Meeting the housing needs of a growing older population including:
Provision of accessible housing that meets the needs of people with a physical disability
Provision of supported housing that meets the needs of people with a Learning disability
Provision of appropriate accommodation and support for long term Mental health inpatients.

We will achieve this by providing:

- Appropriate and affordable housing to meet their needs.
- Lower-level preventative services, including aids and adaptations.
- Support homeowners who no longer can afford upkeep and maintenance.

Reference	Description	National Outcomes
HCS 007	Across all care groups, build on our existing intelligence and assess future demand for specialist accommodation in light of the COVID-19 pandemic and the Scottish Government's proposal to introduce a new Accessible Standard 2025/26.	National Outcome 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
HCS 008	Ensure the transition pathway for young people with a learning disability includes early engagement with them and their carers regarding supported living requirements.	
HCS 009	Developing pathways for long-term mental health inpatients to be discharged from hospital to appropriate supported accommodation.	
HCS 010	Increase our capability for technology enabled care and undertake an analogue to digital transition programme for community/ group alarms.	
HCS 011	Work in partnership with care providers to undertake joint recruitment drives to ensure we can have the capability to meet future service needs and demands.	
HCS 012	Build upon our existing work to develop models of creative and innovative supported living opportunities for people with learning disabilities of all ages, which ensures anticipatory care planning with a focus on the needs of older carers.	

"My life before WRAP service wasn't a life, I didn't want to be alive. It has been a life saver. I've been with WRAP for over a year, when helps been needed. I've had help with going shopping, keeping doctor's appointments, linking in with a psychiatrist, and just making me feel wanted.

If I didn't have help from WRAP I'd be dead…I've got some confidence now because of the help, and I go to college.

My life now is getting much better thanks to WRAP…and I now get other help from my Community Psychiatric Nurse and the Charleston Centre. I have loved the support…so thank you very much…10/10!"

WRAP (Working to Reconnect and Achieve Potential)

Established in 2019 in partnership with Blue Triangle Housing Association, WRAP is a short-term, flexible, wraparound Housing Support service for those who are homeless and ready to engage with support. It provides a person-centred approach to help people resettle into the community, sustain their tenancy, and achieve their own outcomes. ***During COVID – WRAP service users were included in the distribution of donation bags and toiletries by our Housing Support Officers****.*

Our 'enabling' plans and strategies

We have a range of critical enabling policies and plans which provide the foundations for us as an organisation to deliver on our objectives and priorities. They inform our Strategic Plan and also help us to deliver on our priorities.

Central to this is workforce planning because our staff are our greatest asset, and we are committed to supporting them through access to development opportunities and empowering individuals to maximise the contribution they are able to make.

Enabling Successful Delivery of this Plan: Our 'enablers'

Common foundations which help us to deliver our Plan

As our 'Plan on a Page' sets out, the HSCP has identified several key 'enablers', which are those areas of activity which apply across all of the services provided and activity undertaken by the Partnership. These enablers inform this Strategic Plan and are the foundations which ensure that we are equipped as an organisation to deliver on our objectives and priorities. We set out below why they are important for us. They cover how:

- we support and develop our workforce;
- we use technology and our property to deliver effective services;
- we communicate about our services; and
- we continue to ensure the quality and safety of the care we provide.

Workforce and Organisational Development

Supporting our workforce beyond the pandemic is critical to our success. Alongside this we need to ensure that we address emerging working challenges such as recruitment and retention whilst providing access to development opportunities and empowering our staff to maximise the contribution they are able to make.

Property

The HSCP utilises a broad property portfolio which is collectively owned or leased by NHS GGC and Renfrewshire Council. We work with our partners to ensure our buildings match our needs and that our use reflects changes in ways of working due to COVID.

Digital and Data

Digital technology has been a crucial element of our pandemic response. It provides us with the opportunity, where appropriate, to broaden how people are informed about, and access, services. It can also help people to maintain their independence for longer.

Communication and Engagement

Communicating and engaging well is at the heart of providing effective services. Our approach, developed during the pandemic, gives us a range of tools for involving people in conversation around our services during this Plan. We will continue to develop our approach to involve communities and those with lived and living experience.

Clinical and Care Governance

Clinical and care governance is our system that ensures our care and outcomes are of a high standard for users of services. This governance does not exist in isolation but overlaps with our themes and other enablers.

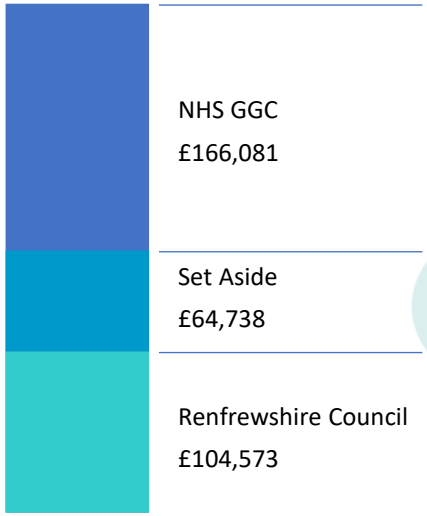
These common enablers are relevant throughout this Plan and will help us deliver our priorities. We provide further detail on some of our challenges and key priorities for these enablers in the appendix to the Plan.

The Financial Context

Medium-Term Financial Planning

Our Current Use of Resources

In 2020/21, the resources available to Renfrewshire IJB were as follows:



Total 2020/21 resources available (£000s):

£335,392

Resources available (£000s)

A Refreshed Financial Plan

The Medium Term Financial Plan 2020/21 – 2025/26 outlined the anticipated financial challenges and opportunities the Health and Social Care Partnership expected over that five-year period, and provided a framework which would support the HSCP to remain financially sustainable. It was designed to complement the HSCP's Strategic Plan, highlighting how the HSCP's financial planning principles would support the delivery of the IJB's strategic objectives and priorities.

The unforeseen events of the COVID-19 pandemic created considerable unanticipated financial pressures for the IJB and prompted a shift in the focus of the HSCP and our partners' activities. As noted previously in this Plan, the pandemic has accelerated the delivery of some of our objectives, made others increasingly important, and lowered the priority of some of our previously agreed actions. Alongside the development of this Strategic Plan, it is consequently necessary to update our supporting Medium Term Financial Plan.

The new Medium Term Financial Plan 2022/23 – 2025/26 reflects the impact of COVID-19 and other emerging issues facing the HSCP. The Plan is intended to outline, in broad terms, the specific service and funding issues over the next three-year period and how the IJB will fund its priorities and ensure financial sustainability and resilience can be achieved. The IJB's financial planning arrangements remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios. This helps us to manage emerging financial risks and challenges and the likely impact these could have on the financial sustainability of the IJB.

The Financial Context

Medium-Term Financial Planning

National Context & Planning Uncertainties

As with this Plan, the Medium Term Financial Plan (MTFP) must be cognisant of, and responsive to, the national context. This includes both considerations around policy and the public health emergency caused by the COVID-19 pandemic. The impact of such issues on our ability to deliver services, how we deliver them, and on the budgets available with which to fund those services, has been acutely felt over the past 18 months and shows little sign of abating.

Examples of these contextual factors include, but are not limited to:

COVID-19 & NHS Recovery

The pandemic has had far-reaching consequences for Scotland's public services and finances, and it will continue to have an impact in the future. The Scottish Government's NHS Recovery Plan, published in August 2021, states its intention to increase NHS capacity by at least 10% in order to address the backlog in care and meet ongoing healthcare needs. The Plan identifies required investment of more than £1 billion to deliver improvements over the next five years, and sustainable services for the future.

National Care Service

As previously covered, the result of the consultation on the establishment of a National Care Service in Scotland may lead to significant structural change in the sector. Whilst such change is not expected imminently, the Medium Term Financial Plan will ensure that resources are targeted at the delivery of the priorities of the Strategic Plan and the principles set out in the Independent Review.

Supply Chain and workforce challenges

The impact of BREXIT on the health and social care sector continues to emerge. Supply chain issues are being experienced nationally and globally, and the health and care sector continue to face shortages across the workforce in key services. These issues are dovetailing with the impacts of the pandemic, compounding already challenging circumstances. The MTFP will consider how the IJB's resources can be best targeted to help mitigate against these challenges and reduce their impact where possible.

Other Challenges

The examples highlighted within the national context are not exhaustive. The complexities here also extend, but are not limited to, the planning uncertainties facing the IJB in terms of national environmental policy and the commitment that Scotland will be a net-zero carbon emissions society by 2045.

The Scottish Government's Programme for Government also states the intention to hold a new independence referendum in the first half of the parliamentary term should the COVID crisis have passed.

The Financial Context

Medium-Term Financial Planning

Local Context

The local context also remains very uncertain. Health inequalities, made more challenging and exacerbated by the pandemic, are expected to continue to increase demand on health and social care services in Renfrewshire. The full extent of this is still be determined however, evidence suggests that demand for mental health support in particular will rise, along with the potential impacts of Long COVID. Our local response to these issues will require a targeted approach.

In addition, Renfrewshire Council's target to be carbon neutral by 2030 will require ongoing consideration of how the HSCP's investment in goods and services in the future can contribute to delivery of these targets.

Ongoing Financial Challenges

The Scottish Government has advised they will publish the 2022-23 Scottish Budget and the Medium Term Financial Strategy on Thursday 9 December 2021. Whilst the Scottish Government Budget settlement for 2021/22 was for one year only, it is hoped that from 2022/23 there will be a return to multi-year budget settlements. This will improve certainty for future medium term financial planning and will give clarity to our funding partners, in turn helping to inform our own medium term plans. (To be updated in final draft of the Strategic Plan.)

Even with the commitment of the Scottish Government to increase spend in health and social care, we anticipate the financial challenge to the IJB to deliver a balanced budget over the next three-year period will be considerable. Future pay settlements, inflation and contractual commitments, and rising prescribing costs are expected to continue to add to the challenge facing the IJB in the medium term.

The IJB's refreshed Risk Framework will help to identify and mitigate risks to the delivery of the MTFP and the reshaping of our transformation programme will help to meet this challenge. However, a significant budget gap is still expected.

Recognising this challenge, the HSCP's Senior Management Team has implemented a rolling process to enable the identification of savings opportunities which can contribute to the ongoing sustainability of the IJB's financial position and ensure the continued delivery of best value.

Each savings opportunity is subject to rigorous assessment of possible risks and expected impact to ensure that these are appropriately managed. Where appropriate, equality impact assessments (EQIAs) are also carried out to determine and manage any potential unintended negative impact on the different groups of citizens covered under the Equality Act 2010.

Our Market Facilitation Plan

Setting out our principles for future commissioning

The Current Context for Market Facilitation

The development of Market Facilitation Plans or Statements is a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014. These plans aim to inform, influence and adapt service delivery to ensure that the right services are available at the right time.

Renfrewshire HSCP published a Market Facilitation Plan in 2019. This Plan set out the key drivers which would shape local health and social care services, the HSCP's priorities and how we would focus our activity to deliver them, and the interdependencies with our financial plans.

The direction of travel that we have set out in this Strategic Plan, described through our guiding principles, our strategic themes and health and wellbeing priorities, represent in many ways a progression of the objectives we set out in our 2019 Market Facilitation Plan. This Plan can help our third sector and providers consider how their services can develop to support the HSCP.

Many of the challenges we face now and will face in the future, which will shape how services need to be provided, remain the same. However, we also recognise that this Strategic Plan has been developed at a time of uncertainty arising from the impact of COVID, and the further detail which is arising from the Independent Review of Adult Social Care and the consultation on the establishment of a National Care Service. Taking this into consideration, we do not think that it is appropriate to set out a revised Market Facilitation Plan at this time.

We will take the opportunity to evaluate the impact of the pandemic on the nature of demand for our services and will use this to inform the development of an updated plan during 2022/23.

The Role of the Strategic Commissioning Process in shaping the future of our services

Strategic Commissioning is a core component of the HSCP's approach to understanding how the needs of our population is changing, and how health and social care services in Renfrewshire need to respond, and the process we follow is set out on the following page. We recognise that this process cannot be carried out in isolation but must be delivered collaboratively. We are also committed to delivering commissioning effectively and have created an expanded commissioning team to support our work.

Consideration of current approaches to commissioning has been a key strand of the Independent Review of Adult Social Care. The HSCP is highly supportive of identifying ways to improve how we commission and will work to adopt agreed recommendations.

Market Facilitation Principles

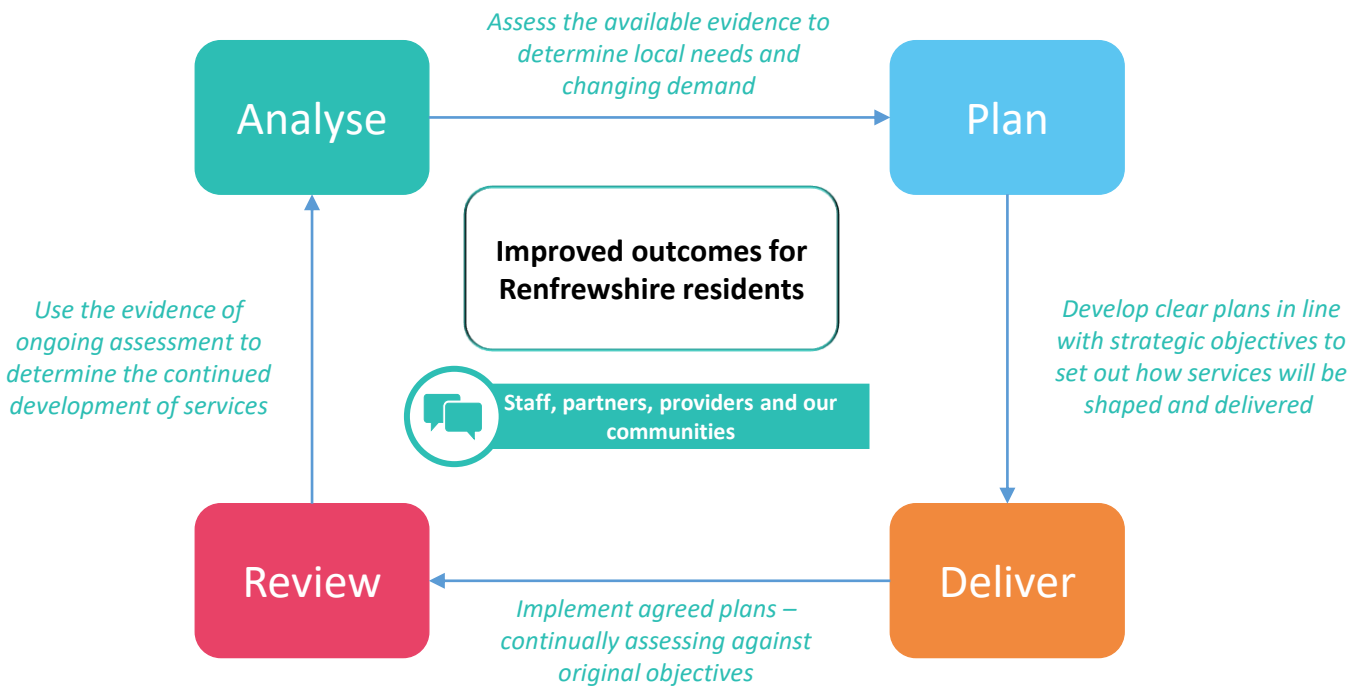
In summary, our future Market Facilitation Plan will reflect:

- Available data on projected drivers of demand
- The importance of collaboration and co-production in market shaping
- Our themes, with a focus on investing in 'Healthier Futures' and 'Connected Futures'
- Our financial plan and continued financial constraints

Our Market Facilitation Plan

The Strategic Commissioning Process

The Market Facilitation Plan is a core element of the strategic commissioning cycle set out below. This is how the HSCP, with partners, considers the current and future needs of our population, and links investment to our priorities. Each step of this plan requires input from a range of stakeholders within the HSCP, our partners and providers.



Lead Partnership Responsibility

Services hosted by Renfrewshire HSCP

Podiatry

Renfrewshire HSCP is responsible for the strategic planning and operational budget of all issues relating to Podiatry across the six Health and Social Care Partnerships within NHS GGC. Podiatrists are health care specialists in treating problems affecting the feet and lower limb. They also play a key role in keeping people mobile and active, relieving chronic pain and treating acute infections.

NHS Greater Glasgow and Clyde employs approximately 180 podiatrists (excluding vacancies) in around 60 clinical locations spread across the six Health and Social Care Partnerships.

The Podiatry Service currently (Nov 2021) provides care to around 22,000 patients across the NHSGGC Board area

Key priorities for the Podiatry service include:

- Supporting person-centred care through development of feedback mechanisms.
- Delivering a new virtual patient management approach.
- Delivering efficient and value management through service analytics and quality, and ensuring the right shape for the team
- Reducing the incidence of avoidable pressure damage by 20% by December 2022.

Primary Care Support

Primary Care Support (PCS) is also hosted by Renfrewshire HSCP. The team works across NHS GGC to support GP and Community Optometry primary care contractors. This includes managing contracts and payments, any changes to practices, linking with eHealth and Premises on support to contractors, and working with HSCPs on future planning and the Primary Care Improvement Plans.

The PCS team works with over 1300 GPs and over 700 Optometrists and their staff, across 234 GP Practices and 181 Optometry practices.

Priorities for the period 2022-25 include:

- Supporting COVID recovery
- Implementation of significant new national IT systems
- Ongoing support to practices with Transforming Nursing Roles and General Practice Nurse and Advanced Nurse Practitioner development.
- Supporting GP Clusters and Quality Improvement.
- Improving data on outcomes, workforce and activity
- Continued redesign across the six Primary Care Improvement Plans and implementing current and future national GP contract changes.
- Further development of shared care and interface approaches between Community Optometry and Ophthalmology.

Monitoring and evaluating our progress

Measuring the impact of our Plan

Measuring the impact of our Strategic Plan

We manage our performance using our Strategic Plan, Service Action Plans and Performance Indicators (PIs) to ensure we complete the tasks we have committed to, within the given time. This enables us to monitor our performance in an effective and transparent way. Having clear targets makes it easier to hold us accountable.

Our Performance Management Framework concentrates specifically on our Strategic Plan, which is supported by Service Action Plans. These are used by Service Managers as part of the day-to-day management of our services and set out what each service aims to develop over the coming year and the performance targets it strives to meet.

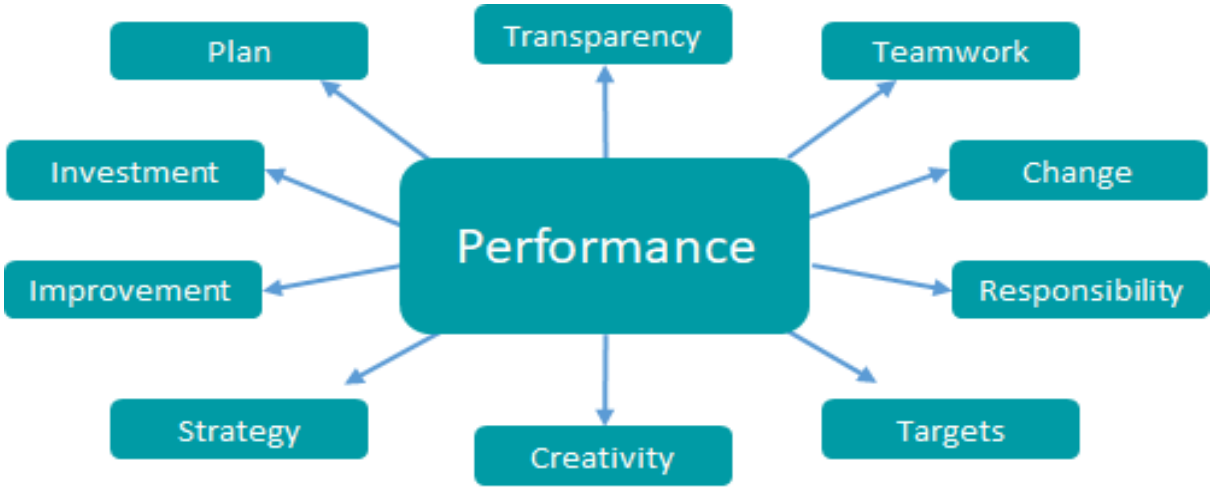
The HSCP has created Care Planning Group Forums to develop the priorities for this Strategic Plan and to provide a consistent approach across all service areas.

Monitoring and reporting our performance

Our approach to performance monitoring considers the aspects set out in the diagram below. Performance is presented at all Integration Joint Board meetings and our Annual Performance Reports are published each year at the end of July. These reports look back on each financial year, reflecting Renfrewshire HSCP's performance against agreed local and national performance indicators and in delivering the commitments set out within the IJB's Strategic Plan.

As can be seen throughout this Plan, we have aligned our priorities with the National Health and Wellbeing outcomes to ensure a clear link to national policy.

In addition, performance dashboards will be implemented to support each Care Planning Group monitor progress using relevant indicators from the IJB Performance Scorecard.



Appendices

Further detail to support our Plan

Further Detail on Our 'Enablers'

Common challenges and key priorities

We set out in our Plan the key enablers that we need to focus on as an organisation to help us continuously improve and deliver on our priority actions. We face a range of common challenges in delivering these enablers, which are set out on this and the following page. We have also identified key priorities which we will take forward during the lifetime of this Plan.

	Common Challenges	Our key priorities
Workforce and Organisational Development	• Ongoing recruitment and retention challenges in several services (Care at Home, District Nursing, CAMHS, Psychotherapies) • Our Staff are exhausted due to demands of the pandemic on our services • Our workforce is ageing, a challenge faced nationally	• **W&OD.1:** Providing ongoing support to maintain staff health and wellbeing • **W&OD.2:** Working with partners to address common recruitment challenges (e.g., CAMHS) and develop innovative solutions • **W&OD.3:** Shaping our workforce through the HSCP's Workforce Plan 2022-25 (and supporting service plans)
Digital & Data	• The HSCP's technology infrastructure is provided by our partner organisations and our systems are not all fully integrated. Our partners also maintain separate digital strategies and governance • Digital technology is not appropriate in all circumstances – it must be part of a mixed approach to service provision • Maximising our use of data to inform service development.	• **DIG.1:** Completing finance phase of ECLIPSE implementation • **DIG.2:** Progressing the Digital to Analogue telecare switchover • **DIG.3:** Building on success of digital tools used during COVID e.g., Near Me to support services where appropriate • **DIG.4:** Implementing a Data Quality Management Framework to continuously improve practice and performance • **DIG.5:** Integrating EMIS and ECLIPSE
Property	• Shaping our estate to reflect the changes and impact of COVID will take time • Creating a coherent property strategy across the NHS and Council estate is inherently complex	• **PROP.1:** Delivering our PCIP Community Treatment and Care (CTAC) commitment to provide treatment rooms across Renfrewshire • **PROP.2:** Embedding appropriate hybrid working arrangements for our staff • **PROP.3:** With partners, developing strategic objectives for the HSCP's use of property

Further Detail on Our 'Enablers'

Common challenges and key priorities

	Common Challenges	Our key priorities
Communication and Engagement	• Communicating digitally where face to face is not possible extends our reach but does not meet everyone's needs • Every individual and group will have communication preferences which can differ from others	• **C&E.1:** Refreshing and implementing our Communication and Engagement Strategy • **C&E.2:** Develop robust awareness campaigns to support regular signposting of residents to local and national services and resources, as a preventative approach and to support people in times of crisis. • **C&E.3:** Embedding 'Planning with People' guidance in service design activity • **C&E.4:** Refreshing the HSCP's website as part of activity to implement Renfrewshire Council's Digital Strategy
Clinical and Care Governance	• Service capacity and increasing demand as we move through and out of the pandemic • Recruitment and retention (as noted under workforce) which is required to continuously improve the quality of care	• **C&CG.1:** Enhancing our processes for sharing lessons learned from complaints received to inform service improvement • **C&CG.2:** Develop our mechanisms for understanding patient and service user experience to improve services

Shaping our Future – Consulting on our draft Strategic Plan

1. Introduction

In developing this Plan, we have focused on ensuring that collaboration and engagement were at the heart of a co-produced set of themes and priorities.

This process of engagement has already helped us listen to the feedback from a wide range of stakeholders and to shape the approach and structure of our draft Strategic Plan for 2022-25.

As the Plan evolves, we will continue to consult stakeholders from across the prescribed list of consultees, and beyond, to further test the thinking and recommendations outlined within this current draft. This includes various minority groups, such as BAME and LGBT stakeholders, as well as more robust engagement with partner organisations to incorporate significant forums such as CMTs, the Council Leadership Board and NHS GGC FP&P.

To facilitate a consistent approach for individuals or groups to feedback on the consultation draft, we have designed the consultation to focus on responses to a series of related but non-leading questions. To ensure the consultation is inclusive and accessible to all, individuals and groups responding to the consultation will be able to access these through a variety of channels and formats.

Individual feedback will be gathered through a variety of methods, including notes / minutes of group meetings, responses to the consultation survey questionnaire (online and paper versions), ad hoc feedback via staff channels, e.g., team meetings / line manager feedback or social media comments.

The formal consultation process will begin on 1 December 2021 and will be open until 31 January 2022. Once all feedback has been considered, a final draft, incorporating all proposed amendments, will be brought back to the IJB in March for final approval.

2. Consultation approach

The following activities will be undertaken to achieve the most meaningful consultation and involvement possible. A more detailed schedule of consultation activity with the prescribed consultees is outlined in section 3, which can be summarised as follows:

- Publish the consultation draft on the HSCP website / (consultation site).
- Promote the consultation via a range of existing communication channels, including HSCP staff channels, media release (local / national) and social media (supported by Council and NHS sites).
- Encourage partner organisations (SPG) to promote the consultation through their own communication channels.

- Invite members of the public to join a limited number of public engagement events to be hosted by the Chief Officer with support from SMT and HSCP communications.
- Utilise existing forums and governance structures, where they exist, to engage with all other prescribed consultees.
- Issue targeted communications to other consultees inviting them to share their feedback on the consultation.

3. Consultation Plan

Prescribed consultees	Sub-groups	Method of consultation
1. Staff of the Health Board and local authority who are not health professionals or social care professionals	HSCP Leadership Network	Interactive meeting consultation
	HSCP staff	• Consultation shared in regular Chief Officer update • Series of staff consultation sessions: Presentation with Q&A, delivered by a HSCP Head of Service or Service Manager.
	Relevant NHS GGC staff and Renfrewshire Council staff.	Draft Plan shared in regular staff comms channels.
2. Other Local Authorities operating within the area of the Health Board	Glasgow	Consultation emailed to relevant contacts
	Inverclyde	
	East Dunbartonshire	
	West Dunbartonshire	
	East Renfrewshire	
3. Health and Social Care professionals	Renfrewshire Executive Governance Group	Interactive meeting consultation
	Local Medical Committee (GGC)	Consultation emailed to relevant contacts
	Managed clinical networks	Consultation emailed to relevant contacts
	AHPs	Consultation emailed to relevant contacts
	CSWO	Consultation emailed to relevant contacts
	Medical – Renfrewshire GP Forum • GP • Dental • Pharmacy • Optometry	Interactive meeting consultation Consultation emailed to relevant contacts
	Acute	Consultation emailed to relevant contacts
4. Users of health and	Public Engagement	Interactive meeting consultation

social care services	Forum	
	Renfrewshire public	Consultation published on HSCP website Local media and social media to promote awareness of consultation Limited invitation to online consultation event(s) hosted by Chief Officer.
	Service User reps on Care planning forums	Consultation emailed to relevant contacts and interactive meeting consultation with Care Planning meeting over consultation period.
5. Carers of users of health and social care	Carers' Centre	Consultation emailed to board / chair and offer to attend appropriate meetings / groups.
	Carers' Strategic Group	Interactive meeting consultation
6. Independent providers of health care and social care (including commercial and non-commercial)	Scottish Care	Interactive meeting consultation
	Contracted providers	Consultation emailed to relevant contacts
7. Non-commercial providers of social housing	RSLs	Interactive meeting consultation
	Council Housing Services including Homelessness	Consultation emailed to relevant contacts
8. Third sector bodies carrying out activities related to health or social care	Engage	Engage will continue to be actively involved in supporting the consultation and shaping / influencing the Plan.
	Third Sector Voluntary Group chaired by Engage	Interactive meeting consultation.
	Forum for Empowering Communities	Interactive meeting consultation.
9. SPG- Care Planning Groups	Older People	Interactive meeting consultation
	Mental Health	Interactive meeting consultation
	Learning disabilities	Interactive meeting consultation
	Independent Living	Interactive meeting consultation
	Carers	Interactive meeting consultation

	Palliative Care	Interactive meeting consultation
	Children and Families	Interactive meeting consultation
	Public Engagement Forum	Interactive meeting consultation
	Health and Wellbeing Network	Interactive meeting consultation
10. Trade Unions	Council and NHSGGC	Interactive meeting consultation
11. Council / Elected Members	Council Corporate Management Team	Interactive meeting consultation
	Council	Leadership Board 1 December 21 – Share draft
		Leadership Board 23 Feb 2022 – Share feedback and how it is reflected in the plan
12. NHS GGC Board	NHS GGC Corporate Management Team	Interactive meeting consultation
	Finance Planning and Performance Committee	Interactive meeting consultation
13. Key Partnership groups	Chief Officers' Group	Interactive meeting consultation
	Community Planning Partnership	Interactive meeting consultation
	Community Councils	Consultation emailed to relevant contacts
	Adult Protection Committee	Interactive meeting consultation
	Child Protection Committee	Interactive meeting consultation
	Children's Integrated Partnership Group	Interactive meeting consultation
	ADP – which one executive?	Interactive meeting consultation
	Alcohol and Drug Commission	Interactive meeting consultation

	Steering Group	
14. Equalities	BAME Network	Interactive meeting consultation
	LGBT Staff Forum	Interactive meeting consultation
	Sensory Impairment Team	Interactive meeting consultation
	Diversity Equality Alliance Renfrewshire (DEAR Group)	Interactive meeting consultation
	Renfrewshire Access Panel	Interactive meeting consultation