Annual Performance Report 2020/21

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

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Foreword

Welcome to Renfrewshire Health and Social Care Partnership's (HSCP) Annual Performance Report, which covers the period from April 2020 to March 2021.

This year's report continues to measure performance against the nine National Health and Wellbeing Outcomes, National Core Integration Indicators, the Ministerial Strategic Group Indicators and local Key Performance Indicators. The Integration Joint Board receives regular progress reports and these reports, along with previous Annual Performance Reports, can be found on the Renfrewshire HSCP website at https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports

While this report has a focus on the performance of services, the context in which we have delivered has been very different. For over a year, we have all lived and operated in an environment dominated by the need for national and local measures to manage the pandemic. The virus has had a major impact on individuals, families and communities and we know that we do not yet fully understand the long-term consequences. The Health and Social Care Partnership has continued to deliver essential services for those who need them most. We have also established new services including a local Covid assessment centre and different ways of working over the last twelve months. The HSCP has worked alongside partners, many of whom have also taken on new or adapted roles to enhance and support our communities.

The learning from the last year, as well as the emergence of a changing landscape for Health and Social Care services through the recommendations arising from the Independent Review of Adult Social Care, will influence the future of the Integration Joint Board and the Health and Social Care Partnership. The development of a new Strategic Plan (2022-25) will seek to build on our partnerships with local communities, providers of services, our dedicated staff groups within health and social care and, at the heart of the Plan, people with lived experience and their unpaid carers who use health and care services.

We would like to sincerely thank people with lived experience and their unpaid carers for their support and patience over the last year. We would also like to acknowledge the dedication and hard work of the staff teams across the Health and Social Care Partnership, Renfrewshire Council, NHSGGC, providers of services and the amazing network of volunteers within the local communities who have all contributed to the delivery of services.

Shiona Strachan
Interim Chief Officer,
Renfrewshire Health
and Social Care Partnership

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration
Joint Board

2020/21: a year like no other

Scotland's first confirmed case of COVID-19 came on 1 March 2020, with the first national measures put in place on 23 March which set restrictions on all non-essential travel, work and social contact out with the home. This had an immediate effect on services which moved to an emergency response only footing, in line with national guidance. As the understanding of Coronavirus has improved, Scotland has operated within a framework for decision making, which has included a phased approach with differing levels of restrictions, dependent on rates of transmission.

The impact of the virus and the national and local measures put in place to manage the transmission have had an impact on people and their communities. People have experienced greater levels of social isolation, loneliness, financial stress and the longer-term impacts on people's mental and physical health and wellbeing are not yet fully understood. Sadly, since the start of the pandemic there have been 525 COVID-19 related deaths of Renfrewshire residents, many of which have been care home residents. Whenever bereavement occurs, it can be an extremely difficult and challenging time. This is even more so for those experiencing bereavement and grief during the COVID-19 pandemic.

Renfrewshire Health and Social Care Partnership [HSCP] and partners have worked together to respond to the pandemic. Operating flexibly to respond to quickly changing national and local guidance, our combined efforts have seen significant changes to the way health and social care services have been delivered.

Throughout this report, we have shared examples of the way services have developed to meet the changing needs of individuals and communities. The following diagram gives a flavour of some of the new services created to meet changing needs and the adapted delivery of existing services.

HSCP Services in 2020/21

The 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. In addition, we developed and supported a range of additional services as part of the COVID response.

This year's report continues to measure performance against the nine National Health and Wellbeing Outcomes, It is difficult to draw direct comparisons to previous performance data, due to the impact of the pandemic on individuals, communities and service delivery. We will, therefore, continue to proactively monitor performance trends over the course of 2021/22 to better understand the impact and identify areas for development.

HSCP service delivery during 2020/21

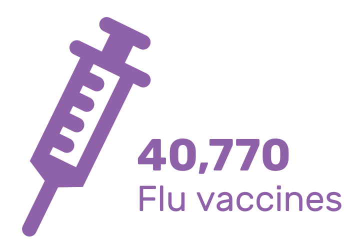
4. 1million
masks

3.5 million
aprons

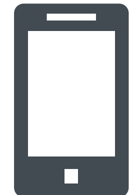
13.5 million
gloves

19,000 litres
hand sanitiser

2,310
LFT test kits



40,770
Flu vaccines

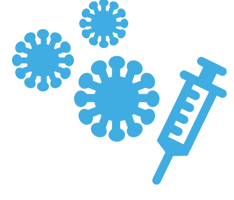


776 contacts
Hear for You helpline

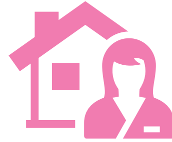
699,545 hrs
Care at Home

234,647
Community meals

3,122
NearMe GP video consultations



77,804
doses of COVID-19 vaccine

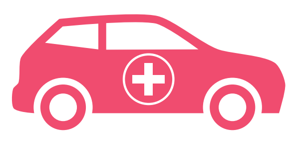


1,034
referrals to neighbourhood hubs

3,285
people seen at COVID Community Assessment Centre

60,995
call handled by District Nursing Single Point of Access Service

161
support sessions through Renfrewshire Bereavment Network



496
prescriptions delivered

Report Framework

Our 2020/21 report is structured around the nine National Health and Wellbeing Outcomes and is divided into six main sections detailed below. We have used a range of key performance indicators to track our progress during 2020/21, highlighting how the Partnership has responded and adapted to living with the threat and impact of COVID-19.
We have included examples from care groups, individual case studies and service user feedback, and have also linked evidence to service area priorities within our Strategic Plan 2019-2022. Outcomes 8 and 9 include examples of the ongoing work to support staff health and wellbeing throughout the pandemic. We also show how our approach to service delivery change and improvement has continued to aid our response to ensure we manage our resources as best we can.

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Financial information is an important part of our performance management framework and for 2020/21 we have detailed our financial position on pages 68- 72 as well as the outlook for 2021/22.

The benefits of close partnership working have been particularly evident this year in the way the HSCP and partner organisations have pulled together to provide a high quality, supportive and compassionate response for the people of Renfrewshire. We have threaded some examples of this work throughout the report.

Community Health and Wellbeing and Reducing Health Inequalities

Outcomes 1 and 5: Community Health and Wellbeing and Reducing Health Inequalities

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 5
Health and social care services contribute to reducing health inequalities.

We have previously highlighted some of the work we have undertaken in response to COVID-19. This section will show how tackling health inequalities and promoting health and wellbeing is driven, not only by the Health Improvement Team, but through collaboration across the area with commissioned providers of health and social care services, third sector and community groups as part of our Strategic Planning Group (SPG).

Strategic Planning Group (SPG) – a partnership approach to health and wellbeing

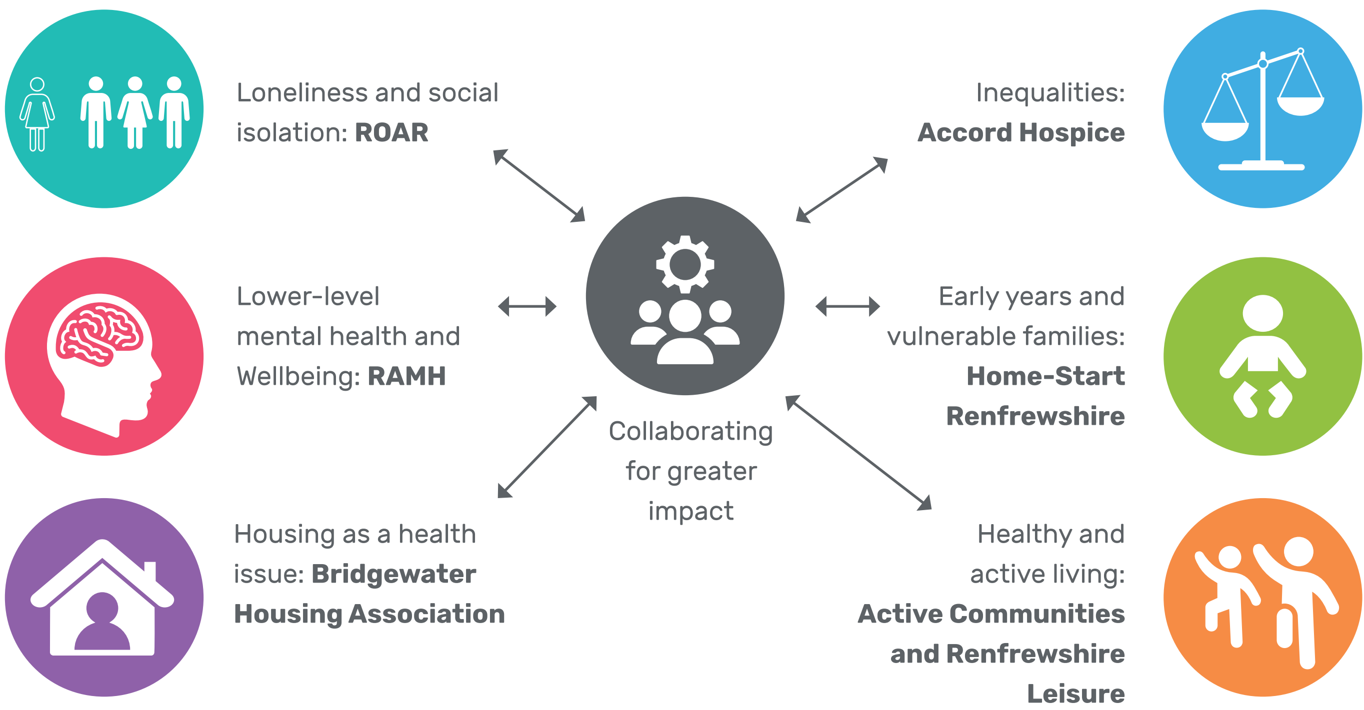
Some of the work highlighted shows how the HSCP and its partners have adapted their ways of working, how we have worked with local communities to provide necessary support to vulnerable people, and how funding specific projects has targeted people most affected by the pandemic.

The group has continued to meet online regularly over the last year and is recognised as a valuable resource in delivering the HSCP's Recovery and Renewal plans.

During 2020/21 we worked with partners to agree priorities that would help achieve the HSCP's aim of improving outcomes for communities and people who use services, with a focus on prevention and early intervention. These priorities, outlined below, have been reinforced as a result of the pandemic and reflect the ongoing challenges faced by communities and public services in Renfrewshire. The pandemic has highlighted further the health and social inequalities within our communities where the impact has been felt more deeply by people who are vulnerable through age or disability and those in poverty.

Our health and wellbeing priorities

Working primarily through the SPG, six sub-groups were formed to develop projects or activities which would address each of the priorities. Each priority was led by Third Sector partners:



The sub-groups and subsequent funding have provided an opportunity for both cross-sector working and innovative design and development of community-based health initiatives. We established an independent evaluation panel to ensure a fair process of assessment of each bid and made decisions at the end of 2020 on which projects would be funded and taken forward.

The 10 funded projects involve around 14 local organisations, including the HSCP, and aim to support families with young children; people with mental health issues; people from BAME communities; and people with disabilities; as well as the general population. Some projects focus particularly on helping people adversely impacted by COVID-19, and all were assessed positively on their ability to be scaled up and sustained if successful.

In developing this activity, Renfrewshire's Strategic Planning Group, co-chaired by the Third Sector Interface Organisation, Engage Renfrewshire, has focused on developing sustainable relationships with third sector partners, which has resulted in us responding positively to the challenges of the pandemic.

'In many ways, the crisis has brought the SPG 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 SPG

The Community - Humanitarian Response

Our Community Link Team has supported the newly formed Neighbourhood Hubs, established by Renfrewshire Council across the seven Local Partnership areas, to provide support to people directly affected by the pandemic. The Hubs recruited around 30 local volunteers who carried 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. By the end of March 2021, the Hubs had provided support to approximately 1,500 people.

3 initiatives funded by the HSCP to respond to the effects of COVID-19

- **Mental Health Support:** a mental health telephone helpline provided by our third sector partner Recovery Across Mental Health, Hear for You has been operating since April 2020 and to date has received 98 referrals from people seeking support. Most referrals were from people seeking advice and information around anxiety, depression and loneliness.
- **Befriending support:** Active Communities provided a befriending service during the pandemic which was utilised by workers in the Neighbourhood Hubs, enabling them to refer people feeling isolated or lonely as a result of COVID-19. 14 Community Health Champion Buddies have made 284 phone calls as well as sending text messages, e-mails and wellbeing packs at Christmas.
- **Bereavement Network:** a collaboration between Accord and St Vincent's Hospices, RAMH, Renfrewshire Council and the HSCP. The service was set up to support people who experienced a loss or who were dealing with grief following the death of someone close to them or even the loss of something important to them as a result of the pandemic. Since its inception in August 2020, the service has provided support to 40 people and feedback has been very positive. One user sent the following words after the loss of their mother.

"I was struggling not only with the loss from my mum's sudden passing but also the restrictions that were in place with regards to hospital visiting, family support due to travel constraints and subsequent funeral restrictions during the pandemic. From my initial phone call of self-referral until my last telephone call with my counsellor, I cannot fault the professionalism, kindness and helpfulness of this local service".

Housing as a Health Issue

The right kind of housing in attractive places with appropriate housing-related services is critical in ensuring people can live independently for as long as possible in their own community. It is an area that has been particularly important during the pandemic. Teams across Communities and Housing Services have been working tirelessly to enable essential and critical service provision and some of the vital work carried out during 2020/21 includes:

- Housing Support
- Affordable homes
- Sheltered housing team
- Homeless Services

Helping our older tenants stay connected during lockdown

It has been a real challenge to support our older tenants to stay motivated and connected throughout the pandemic. The Sheltered Housing Service applied for various grants and funding to help combat feelings of loneliness and isolation experienced by residents. Renfrewshire Council's Sheltered Housing Team and Youth Services worked together on a special project. Young people from the Children's Hubs wrote kind messages, drew pictures and created posters to brighten our Sheltered Housing complexes. Young people at the St James's Hub in Renfrew took the time to write to our tenants at our Renfrew complexes. Each tenant received a letter and 'COVID Pen Pals' was born! Our tenants have enjoyed engaging with the young people, especially during a time when they have been missing the contact with their own children and grandchildren.

Health Improvement Role

The Health Improvement Team support health and wellbeing and aim to improve quality of life for the people of Renfrewshire. Working with Community Planning Partners and in particular the SPG, we have supported local action, targeting interventions and resources to promote prevention, early intervention, self-management and independence. Some of the work we have been involved in over the last year is summarised below, and all of this is underpinned by our Equality Outcomes action plan, agreed by the IJB in October 2020.

Sexual Health

The team has produced a short film to highlight the services available at Sandyford during the pandemic. The **short video** aims to reassure young people that services are still open and they will not be reported to police regarding COVID-19 restrictions if they have been sexually active during the pandemic. The video also highlights the local Sandyford building location and how to get there.

Tobacco Prevention and Education

We have successfully funded three projects focusing on tobacco prevention and education in Renfrewshire. These include drama performances with young people, a young person's smoke free steering group and smoke free peer education programme for young people. In addition, key tobacco prevention and education messages can be translated into multiple languages.

Red Status

From April to December 2020, 110 people in the 40% most deprived areas of Renfrewshire quit smoking and were still non-smokers at the 3 month follow up appointment (target at Quarter 3: 133)

Scoping Exercise and Togetherall Funding

In response to a need identified by key partners, we have secured match funding (with Education and Youth Services) to enable Togetherall (formerly known as 'The Big White Wall') to deliver an online programme to combat social isolation and loneliness for young people. The target group is 16–24-year-olds and this will help fill the gap for young people seeking help, pre-crisis stage, by supporting early intervention and prevention.

Test and Protect

The public health knowledge and skills of the Health Improvement Team were put to good use supporting NHS Greater Glasgow and Clyde's contact tracing service prior to the National Test & Protect service being fully operational.

Reducing health inequalities

We continue to focus on tackling health inequalities by prioritising early intervention and prevention activity. Reducing the health inequalities gap has the potential to increase life expectancy, improve health and wellbeing outcomes and reduce the personal, social and economic cost of reacting to the impact of poverty and inequality.

During 2020/21:

- We agreed equality outcomes in line with legislation and undertaken Equality Impact Assessments to ensure we consider the impact on equality groups of new and revised policies, strategies and services.
- We participated in a social media campaign with partner organisations during Talk Money Week in November. The campaign directed people to support available and encouraged them to talk about money and how vitally important it is for our health, wealth and relationships.
- We helped promote the availability of free sanitary products for residents on a low or reduced income within the Renfrewshire area.

Employment

- The Renfrewshire Local Employability Partnership (LEP) realigned resources to support the roll-out locally of the Scottish Government Young Persons' Guarantee and UK Government Kickstart programme. Both aim to mitigate the effects of the pandemic on young people, whose employment opportunities have been disproportionality affected.
- The Kickstart Scheme provides funding to create new job placements for 16- to 24-year-olds on Universal Credit, at risk of long-term unemployment. The LEP and partners have secured over 400 roles for young people in Renfrewshire, with at least 50% of Renfrewshire employers choosing to pay young people the real living wage.
- The Young Persons' Guarantee offers the opportunity of a job, placement, training or volunteering for every 16–24-year-old in Scotland, based on the young person's goals and ambitions. Renfrewshire Council has secured funding to recruit a Young Persons' Guarantee Co-ordinator for Renfrewshire to ensure the successful roll-out of this programme.
- We supported 67 volunteers from Renfrewshire throughout 2020/21, who learned new skills to help them along the employability pipeline. Roles included COVID-19 Response Volunteers, running the Give & Go service, donation distribution, and running the staff Rest and Relaxation Hubs.

Stacey's Story

Stacey was referred to Renfrewshire's employability service Invest by a local community NHS team in October 2019 and was experiencing difficulties in managing a recent fibromyalgia diagnosis. Stacey was keen to find ways to manage her condition to allow her to return to work.

Stacey attended several of the Healthy Minds group sessions, delivered by Invest, which helped her develop actions for self-care and understand how to improve her mental health. She also accepted an invitation to a laughter therapy session and following the success of this workshop, Stacey's Employment Advisor suggested participation in the five-day STEPS personal development programme at Invest, which further enhanced her self-esteem and confidence.

Stacey then began applying for jobs and subsequently received a call from Carousel Training, offering her a trainee Nursery Assistant apprenticeship, with a weekly wage and the opportunity to complete an HNC qualification in Social Services and Childcare. Stacey enjoyed her time with Carousel immensely and completed her qualification in 2020.

Stacey is currently looking for new employment with a greater sense of confidence in her ability to secure suitable employment and uses the strategies and advice she learned at Invest to help her remain positive about her future.

Healthier Wealthier Children

Throughout 2020, Renfrewshire's Healthier Wealthier Children (HWC) service continued, with all contact being digital - a mix of email, text, phone and virtual meetings. This has increased engagement and there was no travel or other barriers, such as childcare needed for participants, which has proved popular. There continues to be significant financial gains from the HWC service in Renfrewshire - the total stands at £8,514,575 since the programme began.

Case Study: Mrs B

Mrs B was referred to the Healthier Wealthier Children service by her Health Visitor for a benefit check. She has a 4-week-old baby and a 2-year-old child. Her husband had been made redundant from his full-time job and received very little redundancy money. He is now working part-time but on a heavily reduced wage. Mrs B is on maternity leave from her job at a reduced wage. Their outgoings, such as heating, have increased as they are at home more.

Mrs B was advised they may be entitled to benefits, such as Scottish Child Payment, Child Benefit, Best Start Grant, Best Start Foods and Universal Credit (UC). She applied for the benefits, along with a Council Tax Reduction, due to reduced income. She has now had decisions on all applications and the income generated for the family for one year is approximately £10,000. Mrs B feels much better and knows where to go for support should their circumstances change in the future.

Delivering positive outcomes for service users

Outcomes 2, 3 and 4:
Delivering positive outcomes for service users

Outcome 2
People, including those with disabilities or long terms 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.

Outcome 3
People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4
Health and social care services are centred on helping to maintain and improve the quality of life of people who use those services.

We have presented outcomes 2-4 collectively as they underpin the way in which we co-design and shape our services. This approach stems from our vision, which brings the outcomes together to reflect our overarching organisational purpose: for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well.

In this section we highlight how we have supported different care groups over the last year, along with our locality services. We have picked out some of the key developments and performance from the last year, where we have maintained essential service provision to deliver positive outcomes for our communities and the people who use our services.

Locality Services

Locality services experienced a significant amount of change during 2020/21, with many staff redeployed to other services to help with the initial response to COVID-19. The teams provided first response services to a range of people with complex and diverse needs to provide assessment and review of changing needs. With the pandemic presenting unprecedented challenges for everyone, particularly those who are vulnerable, locality services provided support to ensure that people were safe, and that self-directed support budgets were used in different ways to meet people's needs and agreed outcomes during the pandemic.

Locality staff have demonstrated a flexible approach to supporting the people of Renfrewshire throughout, supporting other services' response to the pandemic such as:

- Managing social care services at the Royal Alexandra Hospital, included increasing staff presence from a 5-day service, to a 7-day service, screening and providing a direct link to community support
- Deploying staff to care homes, providing dedicated Occupational Therapist support against COVID-19 restrictions
- Mental Health Services, supporting people who experienced increased isolation following closure of building-based services
- Adult Support and Protection concerns, as detailed further in Adult Support and Protection section of this report
- Self-Directed Support, enabling flexible use of Self-directed support as outlined above, and
- Undertaking a review of around 600 people in receipt of community meals and care at home as part of efforts to ensure those with greatest need continued to receive essential support.

201

Adults had a new Anticipatory Care Plan in place in 2020/21; up from 159 new plans in 2019/20.

Sensory Impairment

The Sensory Impairment team has adjusted well to working remotely. They have maintained good teamwork and continued to deliver a service in all situations where there has been a critical or substantial need or risk in relation to physical safety, or other harms including social isolation, independence, and emotional wellbeing.

The Team has delivered vital support including:

- Continuing to provide income maximisation support via telephone, providing information and advice on benefits, supporting claims, and where appropriate making referrals to Advice Works. A minimum of £100,000 of income will have been generated during 2020.
- Reducing social isolation by using technology, enabling people to keep in touch with friends and family, access crucial services including online food shopping as well as access to Renfrewshire HSCP and wider services.
- Improving response time for new registrations and all other referrals due to a reduction in rehabilitation support. This freed up staff time to focus on timely intervention for those newly registered as blind, those who had experienced further sight loss or who had faced totally new challenges as a result of COVID-19.
- Many centre / building-based services have been closed, so people with sensory loss had to use technology for the first time or further develop digital skills to access the support. This has enabled people to access things that many take for granted - but people with sensory loss need specialist support to overcome the barriers and challenges they face daily to access information and services.

Service User Feedback

This technology has saved my life.

Without the support from the SI team I would have lost my independence.

If it hadn't been for my technology support, I wouldn't have been able to do online shopping or keep in touch with my family. I was feeling very low as I had become extremely isolated because of my sight loss and COVID-19.

District Nursing Service (DN)

The District Nursing Service has played a pivotal role by proactively prioritising their workload and working with families and colleagues across the Partnership to maintain this vital service. Highlights include:

- Training of staff deployed from other areas to support District Nurses (DNs) to help provide a safe and effective service.
- Collaborative working with multi agencies and Social Work colleagues to support patients at home.
- DNs helped train families to undertake procedures that could be safely managed by family members, reducing unnecessary footfall within homes. This also helped manage workload demands on the service.
- The Senior Nursing Team completed assurance visits to each care home acknowledging good practice, supporting improvement and also providing additional support during COVID-19 outbreaks.
- Deployment of staff from Treatment Room Service into COVID-19 Assessment Centre.
- Flexibility in the DNs' approach to manage a high volume of end-of-life care at home and link with Hospice colleagues to provide support.
- Development of COVID-19 testing for care home pre-admission and for symptomatic housebound people, as well as the organisation and delivery of first and second doses of COVID-19 vaccination within Partnership care homes.

Rehabilitation and Reablement Service (RES)

The RES Team saw a significant amount of change during 2020/21, with many staff redeployed to other services to help with the initial response to COVID-19. Staff showed a flexible approach and have demonstrated exceptional team working during extremely difficult circumstances. Highlights include:

- All staff were set up to work remotely and use Near Me technology for consultations, which helped manage waiting lists.
- Occupational Therapy staff supported Care at Home Services and worked well with Social Work colleagues.
- Physiotherapists were deployed to the COVID-19 Assessment Centre (CAC) to support GP colleagues by carrying out initial assessments of patients attending the Centre.
- RES nurses supported District Nursing colleagues during the pandemic – this needed some training, which can be used in their substantive roles in the future.
- Staff helped provide an extended care home response team alongside Care Home Liaison Nurses to support care homes, providing direct patient support during any COVID-19 outbreaks.
- Rapid Response increased their team and managed urgent referrals to prevent unnecessary hospital admission and keep patients at home where possible.
- Respiratory Nurse Specialists worked closely with colleagues to support respiratory patients at home and prevent unnecessary hospital admissions.

Older People

Older People's Services Review

Our older people's services review has focused on considering how services need to develop to support individuals to achieve person-centred outcomes, and to be more connected within their communities. The review was paused in March 2020 while staff focused on service delivery.

Nevertheless, services such as Care at Home have continued operating on an 'essential' basis, delivering critical services to people across Renfrewshire. We have also worked collaboratively with partners to ensure the critical delivery of Community Meals and medicines to people of Renfrewshire throughout the pandemic

Day Support

We have been in regular contact with service users, providing support and advice in relation to COVID-19, addressing social isolation, and signposting to other supports and services.

We are working to develop services in line with national guidance. Our decisions have been informed by work undertaken by Journey Associates, which incorporates the feedback we received through the programme of stakeholder engagement which focused on services within the community for older people.

As part of recovery activity within day support, we have developed an interim hub and spoke approach to day support for older people and adults with a physical disability, which began in April 2021. This approach combines support within the Falcon day centre for those with most critical needs, with community outreach services provided to people within their own homes, delivered alongside ongoing welfare calls as noted above. The model has been created in recognition that it will not be possible to re-open every day care building immediately, and that buildings will need to operate at reduced occupancy due to infection control and physical distancing requirements.

Care at Home

Care at Home services have continued to provide critical care support to people of Renfrewshire throughout the pandemic. COVID-19 has had a significant impact on Care at Home services when providing support to people within their own homes.

Whilst some of our staff needed to shield or self-isolate, overall, staff worked extremely hard and flexibly to maintain care at home service delivery. Due to the uncertainty and outbreak of COVID-19, some people receiving care chose to reduce the support they received to reduce their risk of infection which contributed to balancing the impacts of reduced staffing capacity.

As part of the Older Peoples Services Review Programme, work is underway to identify and implement improvements across Care at Home services whilst incorporating learning from the response and renewal to COVID-19, such as:

- a new fast-tracked recruitment process for Home Care workers.
- introduced a testing programme for staff.
- increased training and awareness of infection control processes.
- commenced staff training programme to meet Scottish Social Services Council (SSSC) requirements.
- provided staff with a new digital communication portal, reducing paper processes, and providing staff instant access to COVID related information and guidance.

The service continues to work with locality services to review the ongoing needs of service users, ensuring that the Partnership meets their care requirements appropriately. This may result in changes to the level and nature of services that some individuals receive.

Green Status

In 2020/21, 90% of clients accessed out of hours home care services (65+), above the 85% target

Care at Home – family feedback

My mum is 87 years old and has been very independent up until recently when she was diagnosed with dementia. Her condition deteriorated very quickly since Christmas and due to a bad fall and a hospital admission we were advised to seek help from the Care at Home Team.

I want to say how impressed our family has been with the service and the team of carers. From the first phone call asking for initial information to now having carers in four times a day to help with personal care and medication, we cannot believe how quickly and professionally everything was organised. This is our first experience of home care for our mum and we are blown away with the service she has received. The team has shown nothing but kindness and respect for my mum and her family and I just wanted you to know how grateful we are.

Amber Status

Percentage of long-term care clients receiving intensive home care - Target: 30%. Performance 27% at March 2020; increased to 29% at March 2021

Clients receiving intensive home care are those who receive more than 10 hours of home care per week. It does not include other Home Care services such as Community Meals and Technology Enabled Care (TEC).

Care Homes

COVID-19 has had no bigger impact than it has on care homes. Our team play a leading role in delivering support and oversight to Care Homes across Renfrewshire through our involvement in daily huddles and clinical oversight, with multi-agency input from public health, Renfrewshire Council and NHS Greater Glasgow and Clyde.

At key times, staff testing positive has significantly reduced our workforce. We have supported staff to keep updated on the most recent guidance, have undertaken training to upskill staff and have worked tirelessly to support residents living in isolation. The commitment and dedication of all our staff, and that of partners, is truly recognised.

Physical Disabilities

Physical Disability Day Services - Disability Resource Centre

The Disability Resource Centre (DRC) promotes independent living for physically disabled and sensory-impaired people living in Renfrewshire through various leisure, social, educational and employment activities. In normal times, day services host around 40 group-work sessions per week.

Like many other services, the DRC was temporarily closed in line with national guidance. Those with long-term conditions were identified among the clinically extremely vulnerable groups, which meant isolation and mental health issues could become a challenge.

Working with our SPG groups and with support from the Corra Foundation Wellbeing Fund and Connecting Scotland, volunteers and employees co-produced Life Apart - a pilot project providing online workshops. The pilot concentrated on adapting options to online sessions on digital platform Zoom, bringing people together again. Funding allowed access to online inclusive arts, heritage, music, and dance workshops.

Initially many of the centre's service users were concerned about managing at home and losing their independence. However, the online groups have helped service users and their families who were shielding or self-isolating to cope with restrictions and keep in touch with peers and staff safely.

Online groups: Here is a selection of feedback from some of the groups that have taken place during 2020/21:

"I missed all my friends and I would just sit about the house all day depressed, not getting dressed and eating too much, as I couldn't see anyone. The dance group was like a lifeline to me. I love the dance group; it makes me feel connected."

"It has been great having the phone calls over the past year, but the Zoom groups have been a life line for me; you have no idea how beneficial they have been. They are also great fun and cheer me up."

"It makes me feel so totally included and seeing everyone is really good for me. It has given me the confidence to become involved in other online groups as I find it easy to use Zoom now because I have had a lot of practice.

The online groups were not suitable for everyone. People missed the DRC's Digital Suite and having face to face contact; customers with sensory impairments experienced additional pressures accessing online groups and preferred regular welfare calls.

Child and Maternal Health

During the pandemic, the Universal Health Visiting Pathway was paused for face-to-face contact, except for the First Visit (new-born babies and the 6-week check). This was revised in May 2020 and again in November 2020. Currently, three points in the pathway are being delivered physically, with all other contacts taking place by telephone and using Near Me. The face-to-face contacts remain the Health Visitor's First Visit, the six-week development check, plus the 30-month ready to learn assessment, as well as any children at additional risk.

Child Health 30-Month Assessment Uptake

Green Status

The overall uptake rate of the child health 30-month assessment for 2020/21 was 87% compared with 95.5% in 2019/20 against a target of 80%. This can be attributed to three months of initial lockdown from April to June 2020, when assessments were paused by the Scottish Government. However, there has been significant recovery in the latter stages of this year with performance at 93% at Quarter 3 (Oct-Dec 20) and 94% at Quarter 4 (Jan-Mar 21).

Breastfeeding

Performance for exclusive breastfeeding at 6-8 weeks has been consistent from 2017/18 to 2019/20, with an increase to 29.5% at September 2020 - well above the 21.4% target. Performance has also exceeded target for exclusive breastfeeding at 6-8 weeks in the most deprived areas of Renfrewshire, with a rate of 20.8% at September 2020 (target: 19.9%).

Green Status

	2017/18	2018/19	2019/20	2020/21
Exclusive breastfeeding at 6–8 weeks	23.4%	24.4%	23.6%	Sep 20: 29.5%

Green Status

	2017/18	2018/19	2019/20	2020/21
Exclusive breastfeeding at 6–8 weeks in the most deprived areas	14.5%	17.7%	16.7%	Sep 20: 20.8%

UNICEF Baby Friendly Gold Award

In March 2021, we were successful in achieving the UNICEF Gold Award and are now accredited as a Gold Baby Friendly Service. The accreditation is awarded based on a set of evidence-based standards for maternity, health visiting, neonatal and children's services. It aims to provide parents with the best possible care so they can build close and loving relationships with their baby and feed their baby in ways which will support optimum health and development. To maintain gold status, we must submit annual evidence to show standards are being maintained and progressed. We were highly commended by UNICEF and the team was praised for its ongoing support, dedication and commitment to families.

Childhood Immunisations

Promoting the uptake of pre-five childhood immunisations has remained a priority for us, with Health Visitors promoting this at every contact. The board-wide Immunisation Team continues to deliver, and figures show that attendance at Renfrewshire clinics sits at 70-75%, the highest across the board area. The Immunisation Team also delivered the childhood flu vaccine to 2–5-year-olds and not in school. The most up to date data shows an uptake rate of 65% in NHSGGC.

Specialist Children's Services

Red Status

Paediatric Speech and Language Therapy

At March 2020, performance for this indicator was 100%. Unfortunately, the pandemic saw waiting times increase during the months of April to June 2020. The team has responded well to the complexities of maintaining service, and has set up Therapy Help and Adviceline in May, implemented the use of Near Me, and used technology to maintain clinical intervention when face to face meetings were not possible.

Their hard work and dedication saw performance return to 100% from October to December 2020. However, the further periods of lockdown, an increase in referrals, restrictions on face-to-face contact, a lack of availability of community venues plus a reduction in staffing has unfortunately seen performance dip to 63% at March 2021. We anticipate an improvement in service by August 2021 as guidance continues to ease and staffing levels improve.

ADVICELINE

100% of parents who used the service in February 2021 were happy with the outcome of their call and 100% of parents would recommend the service to others. Overall parents find the reassurance from a skilled professional helpful and Health Visitors have also commented on how useful it has been to be able to signpost families to the service.

Red Status

Child and Adolescents' Mental Health Services (CAMHS)

We have reduced the referral to treatment time waiting list. However, the pause to treatment during the early stages of COVID-19 and the significant reduction in staffing that has occurred during the year has resulted in an increase in waiting times. Despite this, Renfrewshire remains one of the strongest performing Partnerships in NHSGCC with 70.1% of patients seen within 18 weeks at March 2021 compared with 66.7% at March 2020 (target 80%). The NHSGGC average was 69.7%. Nurse-led prescribing has also now been established, which will help to reduce waiting times for Consultant Psychiatry appointments for ADHD medication.

Paediatric Physiotherapy drop-in clinic feedback

Paediatric Physiotherapy drop-in clinics (age 0-5 years) have been very well received. 91% of children seen did not need any follow-up. Due to the pandemic this service has been replaced with Adviceline with good feedback from parents. Comments have included:

'I felt very reassured about my child's development.'

'A great service. I was given good advice and reassurance.'

'My daughter was made to feel at ease. The staff were very friendly and we received good feedback.'

Renfrewshire Paediatric Disability Team

During the pandemic there were no restrictions on referral management and, due to adapted approaches, we have consistently met overall waiting time targets, despite a move of base to Aranthrue Centre. The Community Children's Nursing Team has continued to provide a critical face to face service and increased in-person activity – in response to clinicians at the Children's Hospital – in many cases preventing admission and attendance at hospital sites.

Learning Disabilities

In a year that has been challenging for everyone, Renfrewshire Learning Disabilities Service (RLDS) worked hard to find alternative ways to provide support, developing and implementing a 4-Tier model to provide essential support to the most vulnerable adults with learning disabilities, in response to the COVID-19 pandemic.

Within this alternative support, a range of over 40 virtual activities and groups were created and delivered using various digital channels, offering an alternative way for supported people to engage with friends and peers whilst staying at home including:

- Makaton choirs
- Remote 'Gateway Clash' band sessions and recordings
- Fitness sessions including Zumba and more
- Home cooking sessions
- National Involvement Network (NIN) participation

Learning Disability Carers' Survey

We asked carers in January and February 2021 to share their experiences of accessing services during the pandemic. Areas covered in the survey included service rating, what has worked well or what did not work as well over the last 12 months, COVID-19 challenges as a care-giver, communication and engagement and future expectations. We have highlighted some of the feedback below and all information will be used to inform continuous service improvement and tailor services to better meet the needs of both supported people and carers in 2021 and beyond.

"Contact from all support workers, via phone, text messages, emails and direct contact where possible has been excellent. We have been kept up to date at all times."

"We are trying to manage my son's expectations. He doesn't understand timelines or the situation and just wants to see his friends and get back to normal."

Community Team

RLDS provides community-based support for adults with learning disabilities, enabling access to a comprehensive range of health and social work services for people in Renfrewshire who have a learning disability. Throughout the pandemic this work continued in various ways such as face-to- face contact in response to critical need, whilst adhering to all infection control guidelines using Microsoft Teams and Near Me to complete health and social work assessments. We also set up a range of digital platforms to provide information and activities. In addition, the team ensured all families and carers in the priority 1 & 2 groups received weekly telephone welfare contact to assess the needs of the main carer to respond quickly if necessary. As a result of this work the team received positive feedback as highlighted below:

"I found Occupational Therapy so valuable during the pandemic, especially in a range of sensory activities."

"I just wanted to thank you for your supporting phone calls throughout this pandemic. Your thoughtful problem solving has been so helpful and sincere. I am so appreciative of your genuine interest in my wellbeing. "

Digital Activities and New Ways of Working

- Staff have progressed digital skills to work virtually with supported people.
- Virtual trials have been completed with templates of 'you said, we did', leading to virtual groups being designed to focus on what supported people want to do and achieve.
- Where families/carers and supported people had no access to technology, the service was able to supply a tablet and access to broadband, supported by the team and day service staff.
- Created a sensory screening tool to gather information on the sensory needs of non-verbal clients.

COVID-19 Vaccinations

The team gave families, carers and services easy read, accessible information to help people reach informed decisions about vaccination. The Nursing Team administered vaccines to people who needed additional support either in their homes or in our day services and were creative in their approach to ensure success. Feedback from families has been very positive and included the following quote:

"I was so overwhelmed yesterday when S had his vaccine. I had to fight back the tears, I couldn't believe it!"

Mental Health

Good mental health and resilience are at the heart of our vision. The service has worked tirelessly throughout the pandemic to maintain service provision and ensure mental health and wellbeing is a priority across Renfrewshire.

Using a traffic light system, our team worked quickly to prioritise care levels and ensure our most vulnerable patients were prioritised while safeguarding cover for critical care services and support provision for some in-patient settings.

The pandemic has influenced how we have managed our services, but flexible working and the use of technology such as Near Me video consultation for routine assessments has helped us address some of the challenges. In addition, the re-establishment of daily multi-disciplinary team meetings has allowed prompt discussion of cases and ensured patients could be directed to the right care for their needs.

The staff and service adapted well by adopting new ways of working and supporting those having to shield for health reasons to work from home. While this has been challenging, staff responded quickly to the change in care provision and planning, to ensure movement throughout the secondary care service, re-establishing reviews and meeting using digital technology such as Microsoft Teams.

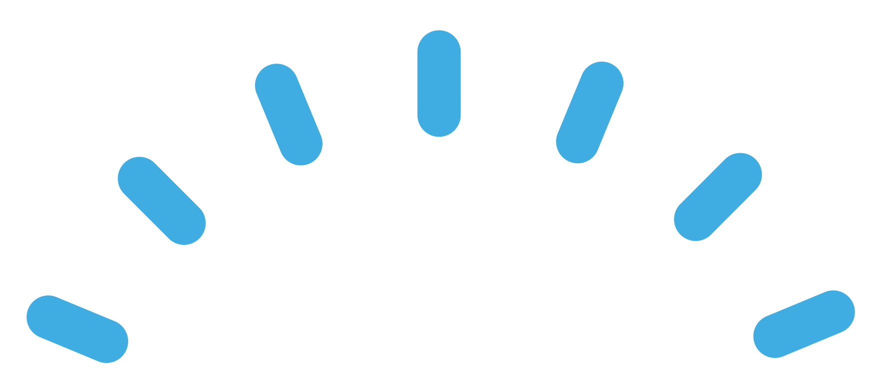
Doing Well Service

In March 2020, we carried out a risk-assessment on the Doing Well service and decided to temporarily close it to enable staff to focus on supporting front line services. We resumed the Doing Well service in November 2020, including new referrals. The service successfully implemented digital appointments with the 'Near Me' system and all staff were provided with digital equipment so they could work from home.

By January 2021, 100% of patients were seen within 28 days and 100% of patients agreeable to either telephone or Near Me appointments were engaged in treatment within the national target of 18 weeks. The service has a number of patients on its waiting list who wish to wait for the resumption of face-to-face appointments and these patients are frequently reviewed to monitor any variants to their risk level.

Red Status

Unfortunately, at year end, performance for the percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks, has decreased slightly from 90.5% at March 2020 to 89.0% at March 2021, against the target of 100%. Impacted by staff taking annual leave accrued due to the initial response to the pandemic, staff vacancies and a phased retiral, it is anticipated performance will improve in the next few months once all posts are filled.



Mental Health Strategy Update

Lessons learned from the pandemic have been used to review and refresh the 2018-2023 NHS Greater Glasgow and Clyde (NHSGGC) Mental Health Strategy. A key assumption on our recovery planning is that demand for mental health services and support will increase post-pandemic and the scale of this is difficult to quantify currently. This piece of work will support us to prepare for this eventuality. A number of new ways of working have been adopted and the refresh of the Strategy will allow for these to be considered as we move forward. A Refresh Steering Group has been established and is being led by Glasgow City Health and Social Care Partnership as the host HSCP for Mental Health planning responsibilities.

Renfrewshire HSCP's Head of Mental Health is a member of this Steering Group. It aims to refocus the strategic principles, goals and outcomes of the Mental Health system across all HSCPs in NHSGGC. It will consider what structures are required to ensure transformation, provision and delivery of mental health services can be delivered, considering current demands and national guidance. The refresh is expected to conclude in spring 2021.

Action 15 Update

The Strategy is aligned to the Scottish Government's Mental Health Strategy 2017-2027 and Action 15 is one of 42 commitments given to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. Renfrewshire was allocated a share of these monies with a target of establishing an additional 27.2 mental health workers by the end of the four- year period. Each HSCP is accountable to its own Integration Joint Board for use of resources and the development of their own Action 15 Plan.

The pandemic has delayed recruitment, however we have highlighted some of the Action 15 posts that have been progressed in Renfrewshire this year:

Occupational Therapy Support Workers

All seven inpatient wards have benefited from Action 15 funding to support the creation of Occupational Therapy Support Worker posts, providing a range of ward based therapeutic activities. These have included a memory box project in the Dementia wards, a pop-up vintage café and art therapy. Some activities had to be paused due to the pandemic such as museum visits, themed supper evenings and trips to the cinema, but these will be reinstated in a safe and carefully managed way as we progress from lockdown.

Community Wellbeing Nurses

The Community Wellbeing Nurses are based within the Community Mental Health Team (CMHT), and work between the CMHT and GP surgeries. The aim is to improve patient care at the point of initial contact, improving access to services and liaison between services within local areas. The Community Wellbeing Nurses will work with existing services including the CMHT, GPs and Community link workers to improve links between these services, increase support to services and improve referrals made to secondary care, allowing all referrals to be triaged within the GP surgery.

Community Safety Nurses

Two Community Safety Nurses took up post in January 2021 with the service beginning on 1 March 2021. These posts will establish links with GPs and Link Workers and work collaboratively with the Police, Fire and Rescue Service, Social Work and the CCTV Community Safety Hub, attending daily meetings as representatives for Mental Health. They will collate information and share with the relevant Mental Health service in Renfrewshire. They will also assist at the Drop-in Clinic for Women and Children First to support service users attending the service by offering low intensity psychological intervention, anxiety management, and will support staff within Women and Children First by offering guidance and advice. Secondary schools will also benefit from their support, initially with education and early intervention work regarding mental health.

In Reach Service

During the pandemic we recruited two In Reach Workers to assist with a review of discharge processes. They will participate in a daily safety huddle, which will look at health and safety within ward environments, referrals to In Reach, discharge planning, risk identification and observation levels. The service has not yet begun, but it will aim to:

- Improve communication between inpatient services and the community with better inter-agency working.
- Improve patient care with patients seen by the right service, within the right team, at the right time.
- Improve the co-ordination of discharge, discharge planning and patient/family involvement in discharge planning.

'Hear for You' Helpline

The HSCP joined forces with Recovery Across Mental Health (RAMH) in Renfrewshire to launch 'Hear For You', a free telephone service designed to provide support for anyone struggling with practical, emotional or financial issues that have impacted on their lives as a result of the pandemic. The helpline can also signpost clients to other services in the community, when appropriate. Between April 2020 and March 2021, the service received 94 referrals and four re-referrals plus 21 enquiries, a total of 119. 67% of referrals were female and 33% were male, with the highest rate of referrals seen in the 46–55-year-old age group. The service is open Monday to Friday, 9am to 5pm on 0800 221 8904.

Number of interventions by the service = 624:

Apr–Jun 20	Jul–Sep 20	Oct–Dec 20	Jan–Mar 21
140	75	111	298

Main four reasons for referral 2020/21.

Most service users normally have more than one reason for the referral:

Depression	Anxiety	Loneliness	Other
36	59	32	28

Suicide Prevention

COVID-19 has had a substantial impact on the service offered as face-to-face training has had to be paused and some types of training are unsuitable for virtual delivery. While it is too early for data to be available in respect of deaths by suicide as a direct result of the pandemic, it is widely expected that deaths by suicide and instances of self-harm will increase. While we are waiting for restrictions to lift our Choose Life Service Co-Ordinator has developed a suite of 'A Conversation about' sessions which will be delivered via Microsoft Teams in 2021. The topics covered are Mental Health, anxiety, depression, psychosis, suicide and staying safe, self-harm and ASIST. Initial uptake has been encouraging and has resulted in additional sessions being added to the programme. Funding has also been approved to purchase an online Living Works START programme, raising awareness of suicide prevention and enabling participants to connect people to help and safety. This will enable a programme to be run throughout Renfrewshire.

Intensive Home Treatment Team

The Intensive Home Treatment Team (IHTT) has continued to provide an effective service, maintaining high standards of patient care. The team has adapted by using Near Me to conduct reviews and assessments over video link, which allows staff to see patients while reducing the risk of spreading the virus. However, if a patient is assessed as high risk, then face-to-face contact would be undertaken. Daily multi-disciplinary meetings take place with staff and a Consultant Psychiatrist to review patients at risk. The team has continued to develop relationships and partnerships with GP practices, inpatient teams, Community Mental Health Teams, Community Pharmacies and Junior Doctors.
The improvement in working relationships and processes has gained the team recent praise at the GP Forum, as well as from the Locality Bed Manager for the support IHTT has given to the Bed Management process. The team's hard work and ability to nurse service users in a community setting has resulted in the lowest rate of admission. Community pharmacies have also appreciated the IHTT support given to medication management in the community.

Alcohol and Drugs

Renfrewshire's Alcohol and Drug Recovery Service (ADRS) has continued to provide essential services despite a reduction in face-to-face contact due to the impact of COVID-19. We have continued prescribing specialist medication, including essential Opiate Replacement Therapy and continued Blood Borne Virus Testing, albeit in limited numbers. The Acute Addiction Liaison Service continues to provide service users with essential pathways from acute settings to other services or return to their homes, reducing some of the pressures and demands on acute services. ADRS is also prepared and has contingency in place to provide support to those returning to Renfrewshire following early prison release.

Renfrewshire Alcohol and Drug Commission

During 2018/19, Renfrewshire Community Planning Partnership agreed to establish an independent commission to form an integrated picture of drugs and alcohol use in Renfrewshire, and to make recommendations on what partners can do together to support local people and communities adversely affected by drugs and alcohol use. Comprising key representatives from across health and social care, housing, justice, third sector and higher education, the Commission - run in partnership with Renfrewshire Council – considered policy across areas including the support for people most in need, prevention and early intervention, and recovery. Work was delayed due to the pandemic, however the ADRS has now considered each of the recommendations of the Alcohol and Drug Commission. It has carried out a self-evaluation exercise and will take forward three proposals based on the Commission's recommendations: Assertive Outreach, Crisis Based Mental Health Service, and enhancing Peer Support. All proposals are aligned to the wider strategic direction of Alcohol and Drug Recovery Services and funding has been secured to drive them forward.

Whole-Systems Review Implementation

The implementation of service improvements based on the Whole-Systems Review continue to progress. This includes the introduction of an integrated Alcohol & Drug Recovery Service which encourages, supports and embeds a culture more conducive to Recovery in Renfrewshire. This will be supported with improved access and choice of treatment including alcohol home detoxification and community rehabilitation. The re-design and launch of the new service is planned for late summer 2021.

Recovery Hub

We have continued the development of the Recovery Hub which is nearing completion. We are part of a multi-agency Recovery Task Force which also includes representatives with lived experience. The Task Force has agreed a visual theme for the Hub and negotiations are underway to agree a programme of activities in collaboration with key partners. Our vision is a space that encourages and promotes growth, resilience and peer support. A programme that offers therapeutic/psychosocial interventions alongside creative arts, health and wellbeing activities and educational opportunities. This service will be the first of its kind in Scotland and will provide an invaluable resource for the people of Renfrewshire who are affected by Mental Health and/or Alcohol and Drugs. It is expected that a formal launch of the Recovery Hub will take place in summer 2021.

Service User Feedback

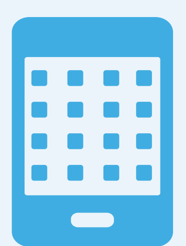
"Having access to online groups and forums has helped me to stay connected with peers which has supported me in my overall recovery journey."

Involving Individuals with Lived and Living Experience

The Alcohol and Drug Partnership (ADP) is committed to ensuring individuals with lived or living experience are involved in all aspects of service planning and delivery. We have further embedded and strengthened this with their involvement in the recruitment process within ADRS, which led to a number of successful management appointments. We are also represented on the Recovery Taskforce, and an enhanced Peer Support Network. This means we have a total of six Peer Support Workers alongside a Recovery Development Worker. Each of the peer workers will have dedicated roles focusing on either supporting partners in preventing drug related deaths, key navigator roles or providing dedicated support to the Recovery Hub. Overall, the Peer Support Network will all have a key role in driving forward the recovery agenda in Renfrewshire in partnership with all stakeholders.

Connecting Scotland

ADRS also secured 60 tablet devices from the Scottish Government's Connecting Scotland Fund for service users who do not have the IT kit to get online. This has provided options for video consultations as part of NHS Near Me and access to online recovery support and activities.



60

tablets obtained from Scottish Government's Connection Scotland Fund.

Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks. Target: 91.5%

Waiting times for referral to treatment within 3 weeks have remained stable with performance at 95.8% at December 2020 compared with 95.9% at March 2020 (Target: 91.5%), and above the overall rate for Scotland which is 95.7% for the same period. This can be attributed to an internal review of administrative processes which has led to a more efficient way of recording waiting times data. There has also been a slight decrease in referral activity due to COVID-19, with most individuals being assessed by telephone, which has led to quicker assessments being carried out.

Green Status

Reduction in Alcohol Related Hospital Stays. Rate per 1,000 population aged 16+. Target: 8.9 - green status

We have exceeded our target for reducing alcohol related hospital stays. The latest data shows the rate at September 2020 at 7.9 while December 2020 was 7.4, compared with March 2020 when the rate was 8.4 (target 8.9). However, the September and December 2020 figures are provisional and likely to be incomplete at present.

Alcohol Brief Interventions (ABIs)

ABIs have shown to prevent and reduce the harm caused by alcohol misuse, which contributes significantly to ill-health and social harm. Screening individuals on their alcohol use provides an opportunity to identify those who are putting their health at risk by drinking hazardously and harmfully. Conducting an ABI provides a means to raise awareness with the individual around their drinking habits and in turn help them to consider reducing their alcohol intake. The standard for ABIs states that 80% of ABIs should be carried out in three priority settings - Primary Care, A&E and Antenatal, with the remaining 20% in wider settings such as mental health or criminal justice services. A new dedicated post will be responsible for delivering ABIs across these areas, as well as providing training to key stakeholders to embed ABIs within practice. The recruitment and implementation of the post will be progressed as soon as face to face interventions are possible as we recover from the pandemic.

Online Book Club - 'Passionate about Recovery'

The new book group 'Passionate about Recovery' started on 2 February 2021, with five individuals signing up. The first book chosen was Booker Prize winner Shuggie Bain by Douglas Stuart. All participants received a copy of the book in a 'welcome pack' with a notebook, bookmark, hot chocolate and cookies. Participants' note that they have felt challenged but excited by the book, the discussions, and the potential to help steer the group in the coming months.

Service User Feedback

"The book club has been a great way to discuss challenging topics. The empathy, shared experience, moral discussion and human insight, provided the depth, warmth, caring, and human understanding that has supported us in continuing to progress our own recovery."

Recovery Newsletter

We published the first Recovery Newsletter in December 2020. It provided an update on the new Recovery Hub, as well as information about online activities which will be available during 2021. The second issue provided further progress reports and a 'Recovery Statement' setting out the principles underpinning the Recovery Hub. The third issue, published in April featured information on our new Focus Group, including feedback from previous group participants.

Recovery Facebook Page

The Hub Facebook page will form part of a wider social media presence and communication strategy leading up to the launch of the new service (and beyond!). It links with the wider recovery community across Scotland and will be a forum to share information and resources.

Palliative and End of Life Care

COVID-19 has claimed many lives. A number of our teams, including District Nursing (DN), Care Homes, and Rehabilitation and Enablement Services (RES), have supported the extra strain on palliative and end of life care.

Each of these services have played a part to support people in their preference to have end of life care needs met at home or in a homely setting. This is already a crucial service in Renfrewshire, however during the pandemic there have been additional pressures, particularly for care homes, around the impact of COVID-19 outbreaks.

We increased nursing support to local authority homes by employing a further three care home liaison nurses for a fixed term, in addition to the essential Advanced Nurse Practitioner (ANP), DN and RES services provided. Hospices also linked in with care homes and wider HSCP services to provide ongoing support to staff providing palliative care to residents and patients affected by COVID-19.

In line with the Strategic Framework for Action (SFA) on Palliative and End of Life Care, our aim remains that by 2021 everyone in Renfrewshire who needs palliative care will have access to, and benefit from it, regardless of age, gender, diagnosis, social group or location.

Palliative Care strategy

Our draft Palliative Care strategy has been slowed by the impact of COVID-19. The Palliative Care Joint Planning, Performance and Implementation Group (JPPIG) last discussed the draft strategy in December 2020. There are plans to restart and refresh the group in the coming months with support from the HSCP Head of Strategic Planning and Health Improvement and both local Hospices.

Improving the Cancer Journey

The Macmillan 'Improving the Cancer Journey' (ICJ) project launched in Renfrewshire in January 2020. The project aims to support people affected by cancer by building on existing links in local communities to deliver high quality, accessible care, centred on the individual's holistic needs assessment. We want everyone who is diagnosed with cancer in Renfrewshire to be able to easily access all the support they need, as soon as they need it, so they can live as well and as independently as possible. There have been 338 referrals into the service since its launch, with 29% of referrals coming from HSCP partners. Since the end of March 2021, referrals can be made by GPs via SCI Gateway. The service has also helped generate a massive £342,774.00 in benefit entitlement.

338

referrals since January 2020

£342,774

achieved in benefit entitlement

CASE STUDY

Mr. S was diagnosed with Hodgkin's Lymphoma in June 2020 and contacted ICJ Project after receiving a letter letting him know about the service. The service has adapted to lockdown and can now send its Holistic Needs Assessment to service users' smart phones and tablets for remote completion. Mr S was able to score the concerns that mattered to him and this enabled ICJ worker Karen to view and discuss these concerns with him on the phone.

Mr S was particularly concerned about finances due to a reduction in the family's income. Karen referred Mr S to the Macmillan Advice Works Team to apply for a Macmillan grant to help with the increasing cost of travel to and from the hospital for treatment. This was awarded and helped towards the cost of fuel. A referral to Warmer Home Scotland was also made with a view to reducing the family's home energy costs.

Primary Care

Many aspects of our COVID-19 response and planned recovery have built upon our Primary Care Improvement Plan (PCIP), enabling GPs to focus on their expert medical generalist role. These steps have included:

- All 29 GP practices are benefiting from a new community phlebotomy service.
- All 29 GP practices have a Community Link Worker. From 1 April 2021 a new provider took over the contract to deliver this service which offers non clinical support to patients to live well through strengthening connections between community resources and primary care. Appointments may be face to face in the practice, on video call or on the phone and will last around 45 minutes. Over the coming months the offer to take part in some small group work sessions will be progressed. This is a great way to connect with other people who are having similar experiences, develop new skills and learn from one another.
- Multi-disciplinary teams are being extended that will be responsible for some of the activities currently performed by the GP.

Other key developments include:

- Investment in 'Near Me' to allow GP practices to offer digital triage and consultations (telephone or video) as standard to reduce footfall in practices.
- Introduction of 'Near Me' to patients in care homes wherever possible.
- The development of a COVID-19 Assessment Centre (CAC), to assess symptomatic patients in a safe space away from each GP practice.
- All 29 GP practices signed up to deliver the Over 80s COVID-19 Vaccination Programme and the majority have taken forward the Over 75s and shielding cohort. Practices have been effective in organising their vaccinations clinics. We thank all our practices for their commitment in supporting the vaccination programme to protect our local population.

Seasonal Flu Vaccination Uptake – Autumn/Winter 2020

The seasonal flu vaccination programme was significantly larger and more complex than in previous years, with an increase in the number of people to be vaccinated in the eligible groups. We also had to deliver the vaccine in a socially distanced way for both our staff and the patients who accessed the service.

We delivered the programme in a variety of different ways to maximise uptake during the pandemic. We firstly established a mass community vaccination centre at St Mirren Park, Paisley. We also delivered vaccinations through previously established models, including our housebound team, and in care homes. Listening to people's feedback, we also established vaccination capacity at community pharmacies in outlying villages – Bishopton, Erskine, Bridge of Weir and Houston - to serve residents with mobility or transport issues who faced challenges attending St Mirren. This was in addition to pharmacy provision previously established to serve cross-border GP practices in Lochwinnoch and Beith.

We have highlighted the flu vaccination uptake in Renfrewshire below. Notwithstanding the significant challenge to deliver the programme and the understandable apprehension of the public to attend for their vaccinations at this time, three out of four of our eligible groups saw a substantial increase in vaccine uptake. At 80.1% and above the national target of 75%, the over 65s uptake saw an increase of 4.7% compared with 2019/20.

Green Status

Season 2020/21 Flu Vaccine Uptake Averages:
as at Week 15 (end of uptake surveillance period)

	Over 65s	Under 65s in at risk groups All at risk (Exc.Pregnant women and carers)	Pregnant (not in clinical at risk group)	Pregnant (in clinical at risk group)
2020/21	80.1%	53.2%	49.4%	65.1%
2019/20	75.4%	44.2%	54.0%	59.5%

Source: NHS Information Services, April 2021

'I found information about the flu drop-in clinic online and had a friend drive me from my home in Lochwinnoch to St Mirren Park for my flu jab. I am registered partially sighted and have very reduced mobility so I was rather concerned. My fears were unfounded. I did not even have to get out of the car. The nurse and needle came to me! Thank you.'

Member of the public

Unscheduled Care

Unscheduled care is the unplanned treatment and care of a patient, usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances and emergency admissions to hospital. We are working with hospital services to avoid unnecessary admissions and focusing on keeping people supported at home where possible.

We contributed to the draft NHSGGC Unscheduled Care Joint Commissioning Plan pre-COVID-19, which is currently being reviewed and refreshed taking into account the learning gained from the pandemic. An update on this programme will be submitted to the IJB meeting in September 2021, along with the finalised NHSGGC Unscheduled Care Joint Commissioning Plan.

We continue to monitor progress on the six Ministerial Strategy Group (MSG) indicators as part of our overall performance management process. The following data presented is the most up to date confirmed figures for Renfrewshire.

Ministerial Strategic Group Indicators

- Emergency admissions (18+)
- Unscheduled Hospital Bed Days for Acute Specialties (18+)
- A&E attendances (18+)
- Delayed discharge bed days (18+)
- Percentage of last 6 months of life spent in the community (all ages)
- Percentage of 65+ population living at home (unsupported).

Table 1 shows the data for these performance indicators for the 5-year period 2016 – 2021. The overall impact of the pandemic on unscheduled care indicators remains unpredictable and it is important to note that comparators for 2020/21 cannot be drawn from previous years' data.

Table 1: Ministerial Strategic Group Indicators 2016/17 - 2020/21

Ministerial Strategic Group Indicators	2016/17	2017/18	2018/19	2019/20	2020/21
Number of emergency admissions	22,448	19,681	18,958	18,173	14,396p
Number of unscheduled hospital bed days (acute specialties)	128,961	130,409	144,712	126,904	110,986p
A&E attendances	45,910	44,684	47,718	47,297	31,832p
Acute Bed Days Lost to Delayed Discharge	3,205	4,680	6,085	9,122	8,759
Percentage of last six months of life spent in Community setting	86.9%	88.4%	87.2%	87.4%	89.7%p
Balance of care: Percentage of 65+ population living at home (unsupported)	90.4%	90.4%	89.8%	89.9%	89.9%p

p: provisional – not yet published

COVID-19 Impact on Unscheduled Care Performance

In relation to bed days lost to delayed discharge, three issues have impacted on performance: legal processes, care home availability and care at home resources, although there has been recent improvement in all areas.

Legal Processes

The legal process involved in complex cases significantly slowed during the pandemic due to the pause in court proceedings. However the courts have scheduled hearings again and patients are now able to be discharged with agreed care plans in place.

Care Home Availability

Care Home availability was restricted by COVID-19 outbreaks, which made placements more complex. A reduction in outbreaks now means there is increased placement choice and availability and the COVID-19 vaccination programme will ensure a reduction in possible future outbreaks.

Care at Home Resources

The Care at Home service was affected by high rates of staff sickness absence, with a number of staff stepping back from work in line with national guidance. These factors affected care package availability for discharge. With staff absence rates stabilising, there have been no Care at Home delays from hospital for over four months.

Delayed Discharge Performance - National Position

Renfrewshire's delayed discharge performance remained strong in 2020/21 - fifth position of the 32 local authorities. For bed days lost to delayed discharge our rate was 1,997.1 per 100,000 population. The range varied from a rate of 964.9 at position one, to 11,845.2 at position 32. The Scottish average was 5,366.9. Our performance improved further in April 2021 with Renfrewshire in first position across all local authority areas in Scotland for bed days lost to delayed discharge.

Emergency admissions, unscheduled hospital bed days and A&E attendances

The reduction in emergency admissions, unscheduled hospital bed days and A&E attendances mirrors a national trend, with Public Health Scotland suggesting three possible reasons:

- Changes in behaviour: individuals not wanting to use health services or delaying treatment because they do not want to burden the NHS or were anxious about the risk of infection.
- A pausing of preventative and non-urgent care such as some screening services and planned surgery.
- Other indirect effects of interventions to control COVID-19 e.g. changes to employment and income, access to education, social isolation, family violence and abuse, changes in the accessibility and use of food, alcohol, drugs and gambling, or changes in physical activity and transport pattern.

Understanding which factors are responsible for changes in health and social care use during the pandemic is difficult and a number of national research projects are underway to help understand this in more detail.

Reporting on Lead Partnership Responsibilities: Podiatry

We are the lead Partnership for Podiatry Services across NHS Greater Glasgow and Clyde. Podiatrists are health care specialists who treat 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.

COVID-19 has significantly impacted on the Podiatry Service's face-to-face care delivery. However, this challenge offered the opportunity to maximise the use of a combination of face-to-face and telephone and video consultation using Technology Enabled Care (TEC), whilst providing optimal patient care and assessment. During this time, the Podiatry Service focused on patients with a higher degree of risk and clinical need.

CASE STUDY

Mrs B, 66-year-old female in the shielding category.

Medical History: Type 1 Diabetic with six year history of Charcot and foot ulceration.

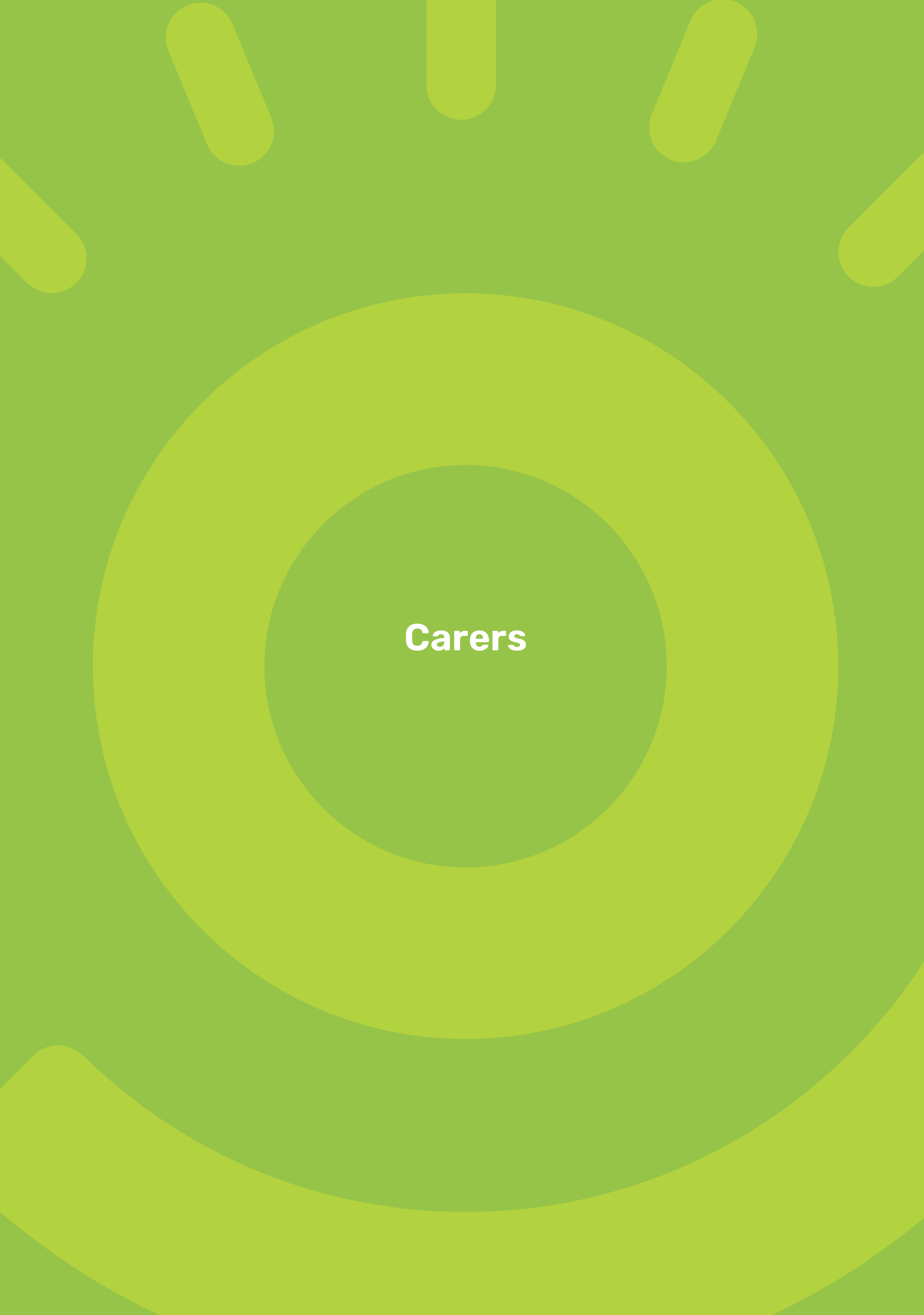
Pre COVID-19 Plan: Twice weekly face-to-face appointments with self-management plan in place to support dressing changes at home.

Current Management: Real-time assessment through 'Near Me' including treatment plan, antibiotic cover, frequency of dressings and onward referral.

Patient Involvement: With guidance, patient's husband felt confident to change dressings twice weekly and apply daily emollient. This led to an improvement in tissue quality which may not have been achieved in a clinical setting. The patient has also become familiar with her own wound leading to changed behaviour from 'clinical-led' to 'patient involved' discussions.

Outcome: Patient's foot completely healed within 12 weeks.

Mental Health and Wellbeing: Patient reported improvement in her overall general health and wellbeing and is a great advocate of the Near Me system.



Carers

Outcome 6: Carers

Outcome 6
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

Renfrewshire HSCP's Carers' Strategy (2020-22) was approved by the Integration Joint Board on 26 June 2020. Carers were involved in the development of the Strategy to ensure it reflects the support they need to continue to care. The Strategy's key priority is the identification of unpaid carers. You can read the Strategy online at:

https://www.renfrewshire.hscp.scot/AdultCarersStrategy

Local and national surveys have highlighted how the pandemic has impacted on carers, including an increased caring role and its effect on physical and mental wellbeing. The support carers normally get from family and friends has been reduced and carers reported that they were delaying an Adult Carer Support Plan because they were prioritising support for the person they care for. This has also contributed to decreases in other areas, such as training and group support, where some carers reported they were not confident enough to use online support.

We have worked with Renfrewshire Carers' Centre to develop targeted support during the pandemic, including:

- Developing a triage system for 130 carers who are providing personal care to access PPE.
- Vaccination—supported carers to register to receive their vaccination.
- Completing Adult Carer Support Plans remotely.
- Regular check-in calls to find out if support needs have changed.
- Moving training, one-to-one and group support online (Alzheimer and Dementia, Parent Carers, Male Carers, Mental Health Carers).
- Providing a loan scheme for carers who did not have access to technology.
- Providing COVID-19 specific training courses including: Autism Quarantine Anxiety, Energy Booster during COVID-19, and Helping Carers Cope during Lockdown.
- Providing opportunities for online peer support and social interaction, including Stroke Café (with Stroke Scotland) and Family Bingo Drumming, Companionship walks, Family Bingo, Flower arranging, Art workshop, Guitar lessons, and live music.

Furthermore, we have identified non-recurring one-off Carers' Act funding of £200,000. The funding is available due to lower than expected demand for respite. It will be used to support carers in line with the Strategy, as well as to continue to respond to the challenges of caring during the pandemic and to develop a sustainable Carers' Partnership.

815

new carers received support (876 in 2019/20)

1,172

carers provided with information and advice (1,209 in 2019/20)

86

carers completed an Adult Carer Support Plan (162 in 2019/20)

116

carers attended condition specific support groups (135 in 2019/20)

15,020

contacts with carers via telephone calls, email, and letters (14,276 in 2019/20)

£24,060

awarded in Time to Live grants to support carers and to enable them to have a break (£11,276 in 2019/20)

165

carers accessed online training; 109 carers were accessing training for the first time (220 and 142 in 2019/20)

Performance is expected to improve during 2021/22, as we implement the actions in the Carers' Strategy to achieve its priority of identifying more carers, embed learning from local surveys conducted with carers during the pandemic and support the third sector led Carers Partnership which is developing innovative support for carers.

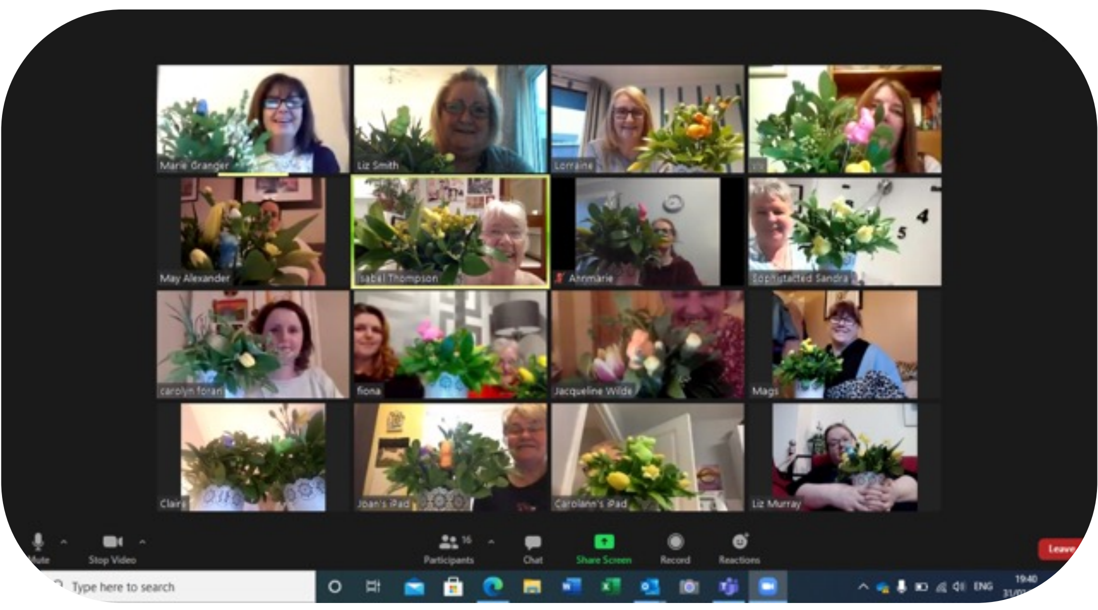
Case Study

Mrs T (77) cares for her husband, Mr T (85). Mr T was diagnosed with Alzheimer's disease and Vascular Dementia six years ago. Mr T also experiences Angina and has heart failure. Mrs T became aware of Renfrewshire Carers' Centre through Mr. T's Post-Diagnostic Dementia Link Worker.

Mrs. T has accessed a range of support including yoga, mindfulness and relaxation techniques, a drumming group and a 12 week personal training and exercise course.

Mrs. T submitted a Time to Live grant application for raised beds in her garden. The grant met the costs of materials, labour, and plants. Three raised flower beds have now been installed which are fully accessible to Mr and Mrs T and they are enjoying spending time together in their garden.

Carers' Centre Flower Arranging Session



Safer Services

Outcome 7:
Safer Services

Outcome 7
People using health and social care services are safe from harm.

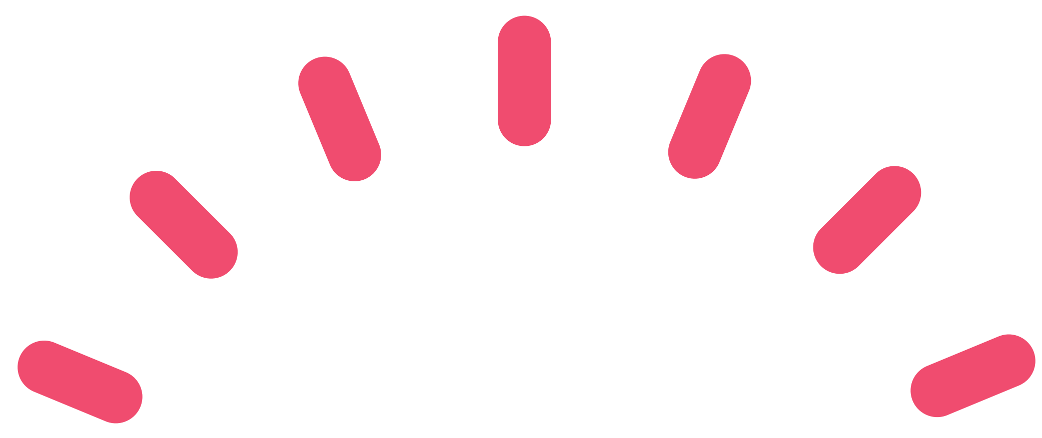
The HSCP's commitment to Safer Services is integral to how we work. In this section we have included an overview of the two key areas that support this outcome – our Quality, Care and Professional Governance Framework and Adult Support and Protection. We have highlighted some of the ways we ensure people using our services are kept safe from harm and how we support the delivery of safe, effective and person-centred health and social care services. We have also shared information on our Joint Inspection of Adult Support and Protection and Inspection of Services. Monitoring and evaluation play a key part in ensuring our services continue to meet statutory standards and obligations. The HSCP has a positive approach to feedback and welcomes this to improve services, inform continued improvement and ways of working.

Governance

Priorities remain to ensure our supporting governance arrangements continue to be in place. At the beginning of the pandemic, some of our HSCP governance arrangements were suspended, however these have now been fully reinstated using virtual methods.

We have also strengthened governance arrangements locally within Mental Health, Addictions and Learning Disabilities.

Over the last year new arrangements were necessary to significantly strengthen oversight of care homes and help care providers deal with pandemic pressures. We have provided an overview of this work on the following pages:



Oversight of Care Homes

On 17 May 2020, the Scottish Government published national statutory COVID-19 guidance to provide scrutiny, support and oversight of care home and care at home services. The guidance required that from 18 May 2020, clinical and care professionals at NHS boards and local authorities will have a leading role in the oversight for care homes in their area.

This resulted in the following governance arrangements being introduced to strengthen clinical and care oversight of care homes across Renfrewshire:

- **Daily Huddle:** jointly chaired by the HSCP Interim Chief Officer and the Chief Social Work Officer (CSWO), the membership included (at a minimum) a senior HSCP Head of Service/Manager, HSCP Clinical Director/Senior Clinician, HSCP Chief Nurse/Senior Nurse, HSCP Contracts and Commissioning Manager, Service Planning and Policy Manager, Chief Executive's Service and representation from the Care Inspectorate and Public Health Scotland. The huddle was 'responsible and accountable' for providing oversight, analysis and response to emerging issues; infection prevention and control; and for the clinical and care support provided to service users including testing and vaccinations. Each day the huddle reviewed the daily care home status report and the care home updates included in the TURAS daily safety huddle tool, to ensure the appropriate advice and support was provided to all care homes - and where appropriate, clear improvement action plans were in place. The meeting also set out the programme of assurance visits to care homes, which were led by the Senior Nursing Team and have more recently been expanded to include joint visits with Social Work colleagues.
- **Renfrewshire Clinical and Care Oversight Group weekly multi-disciplinary team (MDT) meeting:** chaired by Public Health Scotland with representation similar to the daily huddle. This group was responsible for analysing all aspects of COVID-19, infection control, testing, training and support; classifying each care home using the Scottish Government agreed rating and completing the local return to the Director of Public Health, NHS Greater Glasgow and Clyde. There was also a requirement for the MDT to escalate issues via the Chief Officer/Director Nursing to the Chief Executives of the Council and NHS.
- **Fortnightly Care Home Peer Support Meeting (initially held weekly):** led by the Clinical Director with support from contracts and commissioning officers and the enhanced care home liaison team. This meeting provides a forum for clinical and care advice and support to all registered homes in Renfrewshire. This meeting is well attended by all care homes and has been so successful that it is intended this meeting is continued beyond the pandemic.

These three groups build on the work already underway in Renfrewshire including the HSCP mobilisation plan and the ongoing regular contact with care homes.

In addition, a Greater Glasgow and Clyde Care Home Assurance and Governance Group has been established and meets weekly to provide strategic oversight of support, testing, vaccination; infection control, staffing and care standards for care homes within the wider Health Board area. The group is led by the Directors of Nursing and Public Health and includes representation from the Care Inspectorate, Scottish Care, CSWO, Clinical Directors and HSCP commissioning managers and service managers.

Adult Support and Protection (ASP)

To ensure that people using our services were kept safe from harm during the pandemic response, a monthly (initially held fortnightly) meeting of key stakeholders from the Renfrewshire Adult Protection Committee (RAPC) was convened. This group considered Adult Support and Protection governance from both operational and strategic perspectives, including:

- The impact of COVID-19 on inter-agency service delivery.
- Risk areas from across all RAPC members, including workforce-related issues.
- Specific ASP practice concerns or risks arising, and mitigating actions required. Analysis of ASP data and identification of any actions required.
- Review of national ASP COVID-19 guidance and development of local guidance to supplement this.
- Specific case discussions.

This group, which was supplementary to quarterly RAPC meetings, reported directly to Chief Officers, who met at an increased frequency to discuss issues arising across public protection agendas. The RAPC COVID-19 sub-group ended in August 2020, recognising that operational ASP governance could revert to its previous arrangements as there was confidence it was sufficient. RAPC and its sub-committees reverted to quarterly meetings.

In the initial few months of the pandemic, weekly ASP contributions were made to the HSCP Mobilisation Plan and Risk Matrix, which allowed for frequent oversight of ASP operations by the HSCP Senior Management Team. This ensured statutory adult protection duties were maintained within Renfrewshire. The frequency of reporting lessened with need over time.

Throughout the pandemic Renfrewshire has provided a weekly ASP data contribution to the dashboard for COSLA and for the National Chief Officers Group dataset. This national minimum weekly data set is enhanced locally to assist in local ASP governance and data quality assurance.

During 2020/21, three Large Scale Investigations (LSIs) were undertaken within care homes in Renfrewshire, as per the Adult Support and Protection (Scotland) Act 2007. These were triggered by concerns raised during Daily Huddles - including COVID-19 Care Home Assurance visits led by the HSCP – and concerns raised by the Care Inspectorate as part of their inspection activity. LSI meetings occurred on a weekly basis with the LSI Teams and the relevant HSCP Head of Service to ensure that appropriate scrutiny of these specific care homes was occurring, alongside the provision of sufficient safeguards and support to the homes. These enhanced governance arrangements for three particular care homes during COVID-19 were introduced due to the identified risks.

Annual Governance Report

Our Annual Governance Report, which normally brings together all our work streams and includes data and activity from throughout the year, has unfortunately been paused. However, we continue to monitor progress via our parent organisations and outputs are taken to our Quality, Care and Professional Governance Executive Group.

Care Inspectorate – Key Question 7 Inspections

The Care Inspectorate, together with colleagues from Health Improvement Scotland and Health Protection Scotland, have undertaken inspections of adult care homes under new duties to evaluate infection prevention and control introduced by the Coronavirus (Scotland) (No. 2) Act and subsequent guidance which came into force on 27 May 2020.

These unannounced Inspections have focused on answering the key question (known as key question 7 as it has been augmented with already existing quality frameworks): "How good is our care and support during the COVID- 19 pandemic?" Care Homes are given an overall evaluation on a six-point scale for this question and the following quality indicators are also evaluated:

- 7.1: People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.
- 7.2: Infection control practices support a safe environment for both people experiencing care and staff.
- 7.3: Staffing arrangements are responsive to the changing needs of people experiencing care.

The scrutiny carried out by the joint inspection team is led by intelligence and based on risk. This means information is gathered, risks are assessed, and intensity of scrutiny is based on this data. Scrutiny involves a range of activities, of which inspection is one element. The Care Inspectorate also maintains oversight of care services through data gathering, concerns and complaints, notification requirements, registration and more, including video consultation and virtual visits (using 'Near Me') to services during the pandemic.

The range of information used to consider risk has included intelligence gathered from the clinical and care oversight daily huddle, and weekly multi-disciplinary meetings, consistently attended by Care Inspectorate staff since its formation. For example, information gathered from the assurance visits is used to help determine and prioritise inspections, though the decision-making for this remains the responsibility of the Care Inspectorate. Inspection evaluations are discussed with the Partnership and if improvements are required, these affect the RAG ratings submitted to Public Health on a weekly basis.

The table below provides a breakdown of the Key Question 7 grades as at 31 March 2021.

Care Home	How good is our care and support during the pandemic?
Ailsa Lodge	3 Adequate
Beechmount	3 Adequate
Braemount	3 Adequate
Cochrane	3 Adequate
Craigielea	4 Good
Elderslie	3 Adequate
Erskine	4 Good
Hunterhill	4 Good
Jenny's Well*	2 Weak
Mosswood	3 Adequate
Westerfield	3 Adequate

*Care home closed March 2021

Six-point Scale

6: Excellent–Outstanding or sector leading

5: Very good–Major strengths

4: Good–Important strengths, with some areas for improvement

3: Adequate–Strengths just outweigh weaknesses

2: Weak–Important weaknesses, priority action required

1: Unsatisfactory–Major weaknesses,urgent remedial action required

Effective Organisation

Outcome 8: Effective Organisation

Outcome 8
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

The last year has further demonstrated the commitment, dedication and flexibility of the health and social care workforce in Renfrewshire. We continually seek to support our people to develop and deliver person-centred, safe and effective care and support. This section provides an overview of our current workforce demographics and gives an update on some of the key activities to support our workforce. In particular, we outline how we have worked to support our staff's health and wellbeing during COVID-19. This has and will remain a core priority for the HSCP.

Supporting Staff Wellbeing

Our workforce has been incredibly flexible, dedicated and resilient throughout the pandemic. However, we recognise the importance of providing additional support to help staff maintain their wellbeing. Their physical and psychological wellbeing is pivotal to the sustainability of our workforce and ensuring we continue to deliver effective services.

We currently hold the Healthy Working Lives Gold Award and have maintained this year on year. Before the pandemic we organised health and wellbeing events, provided information and offered a variety of exercise classes and walking groups for staff. This core activity laid the groundwork for supporting staff through the past year and will help us to embed systems of wellbeing as services remobilise. Examples of the support we have provided include:

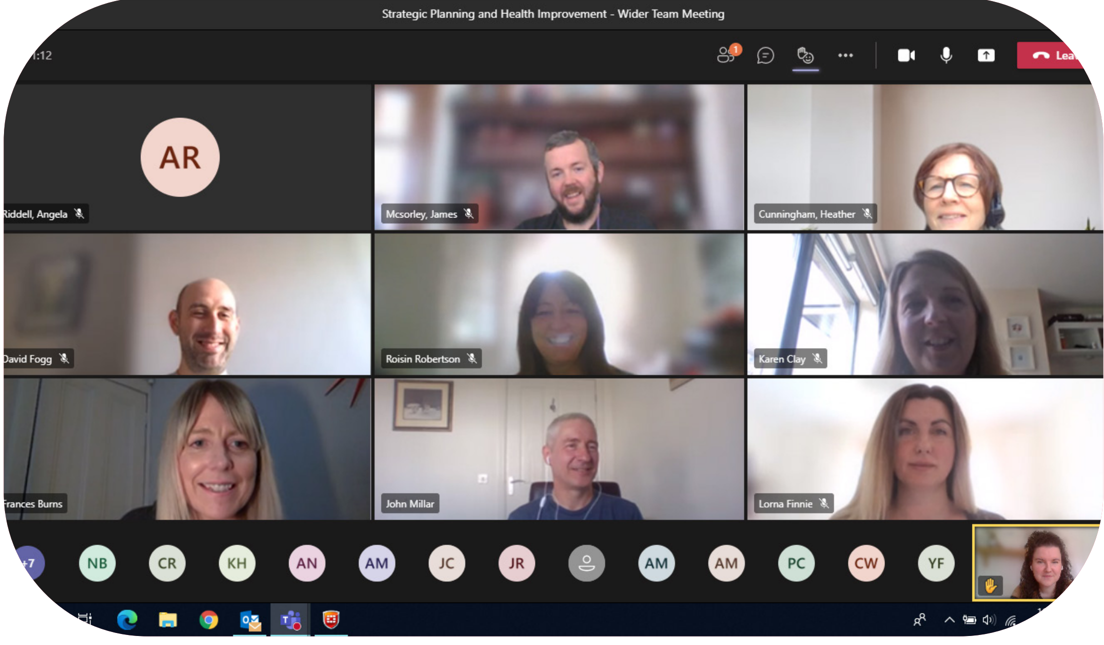
- Identifying a workforce wellbeing champion to provide guidance to staff on managing their wellbeing and the support available to them.
- Using the HSCP's communications team and networks to keep staff informed of the opportunities to engage in activities and highlight services to support mental health and wellbeing, such as the national wellbeing hub at www.promis.scot.
- Providing facilities for rest and recuperation for NHS staff within rest and relaxation hubs on hospital sites and providing six rest locations for Care at Home staff across Renfrewshire.
- Providing support through our Organisational Development resource and facilitating access to training, tools and coaching to support managers to lead their teams in unprecedented circumstances.
- Linking staff to national, board-wide and local resources and support for health and wellbeing including the Renfrewshire Bereavement Network, the 'Hear for You' helpline, activities such as Yoga4Health and Health at Hand, and access to the Staff Listening Service and Mental Health check-in for NHS GGC staff.
- Continued working with HR colleagues in our partner organisations to review clinical care governance procedures, undertake workplace risk assessments, develop guidance for managers and staff to support those shielding, provide advice on use of PPE and available testing and support staff with long COVID.

Our Workforce

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrewshire HSCP Total		As % of Available Workforce
	Headcount	WTE	Headcount	WTE	Headcount	WTE	%
16-20	2	1.36	3	3	5	4.36	0.22
21-30	88	69.43	122	113.2	190	182.63	8.40
31-40	191	154.35	263	217.23	454	371.58	20.08
41-50	251	206.71	301	247.63	552	454.34	24.41
51-60	443	356.7	387	327.19	830	683.89	36.71
61-65	108	81.78	77	63.70	185	145.48	8.18
66+	17	10.96	8	6.62	25	17.58	1.11
Total	1,100	881.29	1,161	978.57	2,261	1,859.86	

Our workforce demographics are summarised in the table above. These characteristics provide important detail to inform our workforce planning:

- 46% (45.1% 2019/20) of the combined HSCP workforce is over 50 years old.
- The largest age band is 51-60 with a significant proportion of circa one quarter of the workforce being in the 41-50 age band. This raises challenges regarding the future capacity of services and the potential loss of significant organisational and practice knowledge.
- Less than 10% of the workforce is aged 30 or under.
- The workforce is predominantly female – 85% of both health and social care staff.
- Within these statistics, particular recruitment and retention challenges have been identified within Care at Home, CAMHS, Psychological Therapies, District Nursing, Mental Health Inpatients Nurses and Healthcare Support Workers.



Sickness Absence

Managing sickness absence and having a healthy workforce continue to be one of our priorities. NHS Greater Glasgow and Clyde (NHSGGC) and Renfrewshire Council - the two employers of HSCP staff - monitor sickness absence rates in different ways. The Local Delivery Plan (LDP) standard is for NHS Boards to achieve a sickness absence rate of 4% or less. In line with reporting requirements for Scottish Councils, Renfrewshire Council's staff absence is expressed as a number of work days lost per full-time equivalent (FTE) employee. The annual target for 2020/21 was 15.3 days.

The sickness absence level for NHS staff at March 2021 was 5.65%, an increase of 0.95% on the March 2020 figure of 4.7%. However, the absence average for the calendar year 2020 was 5.41% compared with 6.43% in 2019, which illustrates a year-on-year trend improvement.

Red Status

Absence rate (%)	March 2019	March 2020	March 2021
NHS	5.3%	4.7%	5.65%

Absence figures for Adult Social Work shows an encouraging improvement from 18.0 days lost per FTE at March 2020 to 13.5 at March 2021.

Green Status

Absence rate (Work Days Lost)	March 2019	March 2020	March 2021
Adult Social Work	17.4	18.0	13.5

Musculoskeletal, stress and mental wellbeing & respiratory were the main reasons recorded for absence across both NHS and Council employees. We remain focused on working with NHSGGC and Renfrewshire Council to implement existing attendance policies, support staff and improve sickness absence performance.

The figures above do not include absences relating to COVID-19. These absences are recorded separately as Special Leave by both employing organisations and do not count towards an employee's sickness absence record. In addition, absences due to long COVID are also recorded in this way. As our understanding of the impact of long COVID develops, future consideration will be given to how we can support staff most effectively and consistently. NHSGGC, for example, has established a dedicated HR support team for staff suffering from long COVID.

Workforce Planning and Organisational Development

Health and Social Care workforce planning, locally and nationally, has been adapted during the last year in response to the wide-ranging consequences of COVID-19. Previous plans to develop a three-year workforce plan by April 2021 have been revised to focus on the development of a one-year interim plan covering 2021/22, followed by a three-year plan from April 2022 onwards.

A revised Workforce and Organisational Development Group has led the development of this plan and have drawn on feedback from staff surveys and from service managers and team leaders through service-focused workshops with our Leadership Network. The plan reflects support undertaken in the last 12 months as well as that planned moving forward. It will consider:

- The impact of COVID-19 on our workforce and the continuation of support provided to our staff, including access to support (nationally, board-wide and locally) to maintain physical and psychological wellbeing, facilities for rest and recuperation, and the provision of Organisational Development training and support.
- The continued need to live with COVID-19 and the maintenance of related services, including the COVID Assessment Centre (CAC), PPE provision, support to care homes, staff and resident testing and expanded winter Flu and COVID-19 vaccination programmes.
- Continuing to resource and deliver essential services within national guidelines and to implement recovery plans where this is possible.
- Developing our workforce through targeted Organisational Development support, which helps managers and staff to develop within the context of COVID-19 restrictions.

iMatter and Staff Engagement

The iMatter staff survey was paused in 2020, so there is no updated data for the Improve the overall iMatter staff response rate indicator (Outcome 8). However, we have continued to engage with staff on a variety of levels, including the Scottish Government's Everyone Matters Mental Health and Wellbeing Survey and a number of surveys with team leaders and staff. We also conducted a Staff Experience Project with employees who, during our initial pandemic response, were repurposed to frontline COVID-19 specific services. We will use the results and emergent themes to inform our communications, organisational development activity and workforce plan, as well as our ongoing work to support staff health and wellbeing throughout the duration of the pandemic and beyond.

One example of our approach to staff engagement includes weekly BUZZ meetings, which have been introduced in Alcohol and Drug Recovery Services (ADRS) to improve communication between staff and senior management. All staff are encouraged to meet with senior managers to pause, reflect, share experiences, good news stories, as well as updates on service delivery. The BUZZ meetings also allow staff to offer welfare support while working in an agile way. It gives colleagues the opportunity to meet up and encourages a team ethos. Feedback so far has been very positive.

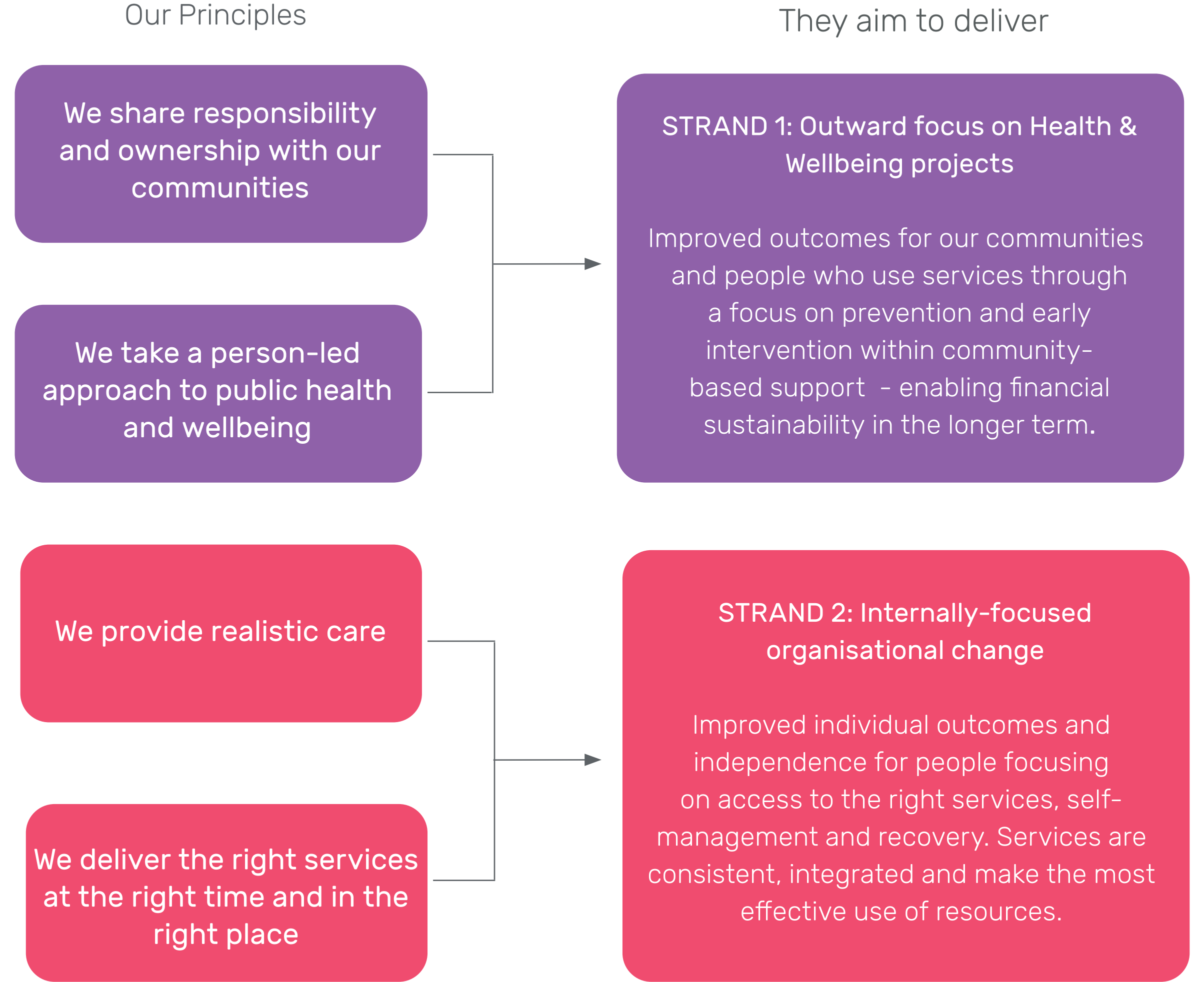
Our Approach to Supporting Organisational Change

Outcome 9:

Our Approach to Supporting Organisational Change

Outcome 9
Resources are used effectively and efficiently in the provision of health and social care services.

Recent published Annual Performance Reports (APRs) have described our approach to delivering organisational change through a Change and Improvement Programme. In 2020/21, we expected to capture this activity within a refreshed Transformation Programme to deliver two strands of activity (i) A community-led approach to improving Health and Wellbeing; and (ii) Internally focused organisational change, in line with the HSCP's agreed guiding principles:

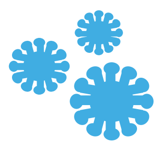


This transformation programme was paused at the outset of COVID-19 to enable services to focus on adapting and responding to the pandemic. Nevertheless, it is clear that in review, the impact of COVID-19 on our services and local communities has reinforced the guiding principles set out above. Our response required significant degrees of organisational change at pace, and our Change and Improvement team was deployed to support our Local Response Management Team (LRMT) and services to:

- Develop initial scenario planning to enable a robust early response.
- Develop and update mobilisation plans as the pandemic progressed.
- Design and implement new service delivery models (such as the tiered model of support within Learning Disability Services).
- Develop, implement, and flex recovery and renewal plans and governance to reflect the changing phases of the pandemic.
- Develop and implement significant additional programmes of work, including the Winter Flu and COVID-19 vaccination programmes.

From September 2020 onwards, we have re-focused on the delivery of change activity which was progressing prior to COVID-19. This activity was prioritised to reflect the ongoing COVID-19 response and to manage demands on partnership staff. In addition, Strand 1 activity has also been progressed with Strategic Planning Group (SPG) partners with the completion of a funding application process for the development of community-led projects delivering against the SPG's six health and wellbeing priorities. These projects will utilise the agreed funding during 2021/22.

The COVID-19 response and ongoing change activity is described in further detail throughout this Annual Performance Report. As examples, the breadth of organisational change undertaken during 2020/21 includes, but is not limited to:



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

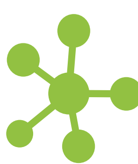
Progression of Totalmobile and ECLIPSE towards implementation in early 2021/22

Confirmed funding for a range of community-led health and wellbeing projects through the SPG

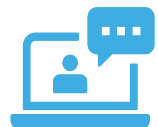
Working with partners to deliver an expanded Winter Flu and COVID-19 vaccination programme

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

Completion of a Test of Change for Analogue to Digital Telecare



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



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

Supporting Change through Communication

Effective communication is central to the successful delivery of organisational change, and this has been particularly true during the pandemic. Our communications team has been critical in supporting communications with staff, external stakeholders, and partners throughout the last 12 months. In particular, our approach to communications has sought to support staff to understand new and updated guidance and to support their health and wellbeing, ensuring our people can find and access support when they need it. Our services have been supported to communicate service changes clearly and quickly with service users, their families and carers through targeted messaging and through use of the HSCP website for service updates.

In 2020/21 we engaged with staff in a variety of ways to understand their views on the approach to communications. This will inform the development of an updated Communication Strategy at an appropriate point in 2021/22.

Data and Digital

Digital Connectivity

Digital technology has been instrumental in enabling our response to COVID-19. Following the announcement of lockdown restrictions in March 2020, a significant proportion of our staff had to move to remote working practices. This meant utilising connective technology such as Microsoft Teams to develop our pandemic response at pace. Examples of our digital developments have been identified throughout this report.

The roll out of technology to support service user access also accelerated to make greater strides than anticipated 12 to 18 months ago. This has 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 Addictions services.

Within this context, connectivity for service users and care home residents has been essential where social and family bonds have been impacted. During 2020/21, we have supplied iPads to care homes to support video calls and contact with loved ones where visiting has not been possible.

Older People Services, Alcohol and Drug Recovery Services (ADRS) and Housing Services within the HSCP and partners have also made successful applications to Connecting Scotland to obtain iPads and devices to support vulnerable individuals within our communities. The Sheltered Housing Service has also provided digital support to tenants throughout lockdown. Approximately 44 new devices were sourced for tenants through donations and applications supporting them to use their devices to keep in touch with friends and family, and to remain independent. Some examples include: a tenant was able to contact family and a new grandson via Facetime; another tenant was able to contact their family in Australia to see them, rather than via a phone call; and another was able to access online banking with digital support, meaning they were able to shop independently.

The Sheltered Housing Team is continuing to expand activities on their online Facebook group, 'The Golden Surfers', and provide distanced digital support for new and current device users. The Service has also worked in collaboration with Renfrewshire Digital community group DigiRen, led by Renfrewshire Council and Engage Renfrewshire, to

provide information on digital working and support for third sector organisations during the pandemic.

Delivering our Digital Commitments

We have continued to make good progress in delivering the digital priorities set out in our Strategic Plan. This activity reflects service demands and priorities during the pandemic and can be summarised as follows:

- **Implementing the ECLIPSE social care case management system:** we have continued to progress the implementation of ECLIPSE within Adult Services, working with individual services to determine necessary requirements. The system went live for Adult Services on 1 June 2021.
- **Implementing Totalmobile scheduling and monitoring for Care at Home:** The implementation of Totalmobile was paused due to the pandemic however supporting preparation has continued and a phased implementation began in April 2021.
- **Upgrade telecare from analogue to digital technology:** Work on the analogue to telecare upgrade recommenced in September 2020 with the delivery of a test of change for digital alarms in partnership with Inverclyde HSCP. This test of change has informed the broader roll out which is now being planned in detail to support implementation by 2023, aligned to the accelerated national rollout date, brought forward from 2025.

Alongside this activity, we have contributed to the development of Renfrewshire Council's Digital Strategy through a 'Digital Health and Social Care' work stream which will encompass the activity outlined above, and additional data and digital priority actions. Delivery of these actions will be supported by the recruitment of a Digital Business Lead, scheduled to take place later in 2021.

Financial Performance and Best Value

Financial Performance and Best Value

In this section of our report, we present an overview of financial performance for 2020/21 and trend data looking back to the first year the Integration Joint Board (IJB) was fully operational, in 2016/17. We also revisit our commitment to Best Value, our revised five-year Medium Term Financial Plan and the associated Recovery and Renewal Programme, and we look ahead to Future Challenges for 2021/22 and beyond.

Financial Performance

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 pandemic and associated response. COVID-19 significantly disrupted the IJB's delivery of its 2020/21 Financial Plan, requiring a re-evaluation and reprofiling of the delivery of approved in-year savings, and transformation changes were disrupted and delayed.

Through regular updates to the IJB from the Chief Finance Officer and by ensuring decisions taken throughout 2020/21 were taken to support medium- and long-term financial sustainability, the IJB has continued to deliver financial balance in 2020/21. This has been achieved through a combination of:

- Flexible use of recurring and non-recurring resources.
- Drawdown of general and earmarked reserves to deliver on specific commitments including, for example, PCIP and ADP approved spend.
- Delivery of approved savings through the Change and Improvement Programme and other operational efficiencies, which delivered a significant underspend in 2020/21. This reflects 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 and reduction in prescribing costs.

Our Commitment to Best Value

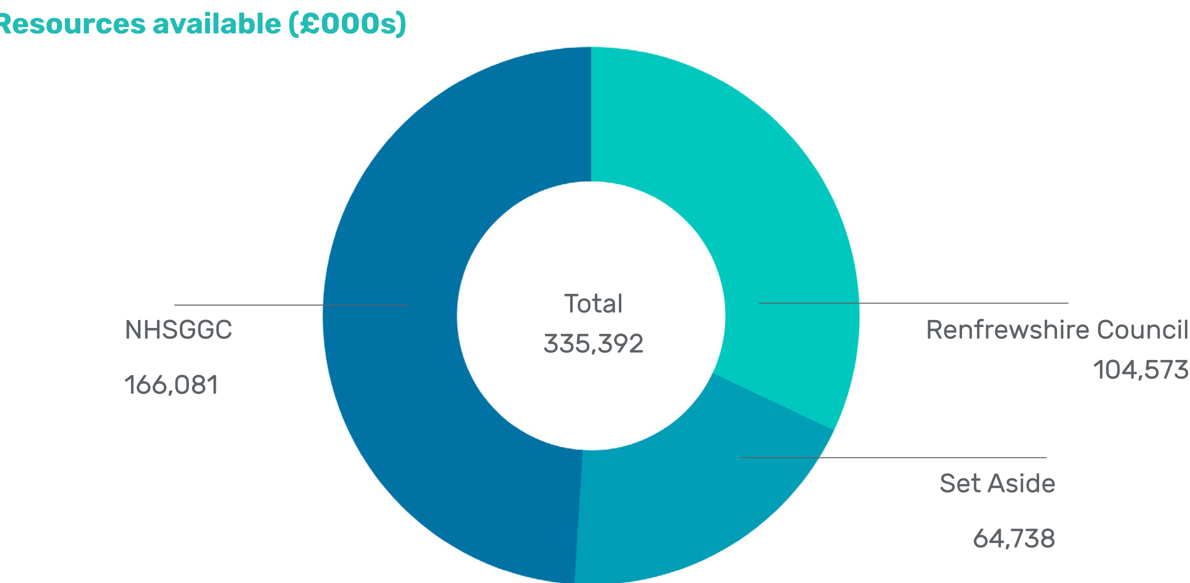
Renfrewshire IJB is accountable for the stewardship of public funds and ensuring that its business is conducted under public sector best practice governance arrangements, including ensuring that public money is safeguarded, properly accounted for and used economically, efficiently and effectively and with due regard to equal opportunities and sustainable development. The IJB has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In Renfrewshire the IJB achieve this through:

- Regular performance reporting to the IJB members and operational managers
- Benchmarking to compare performance with other organisations to support change and improvement, with National Outcomes being monitored throughout the year
- Financial Reporting, and
- Reporting on the delivery of the priorities of the Strategic and Financial Plans to the IJB.

Resources Available to the IJB 2020/21

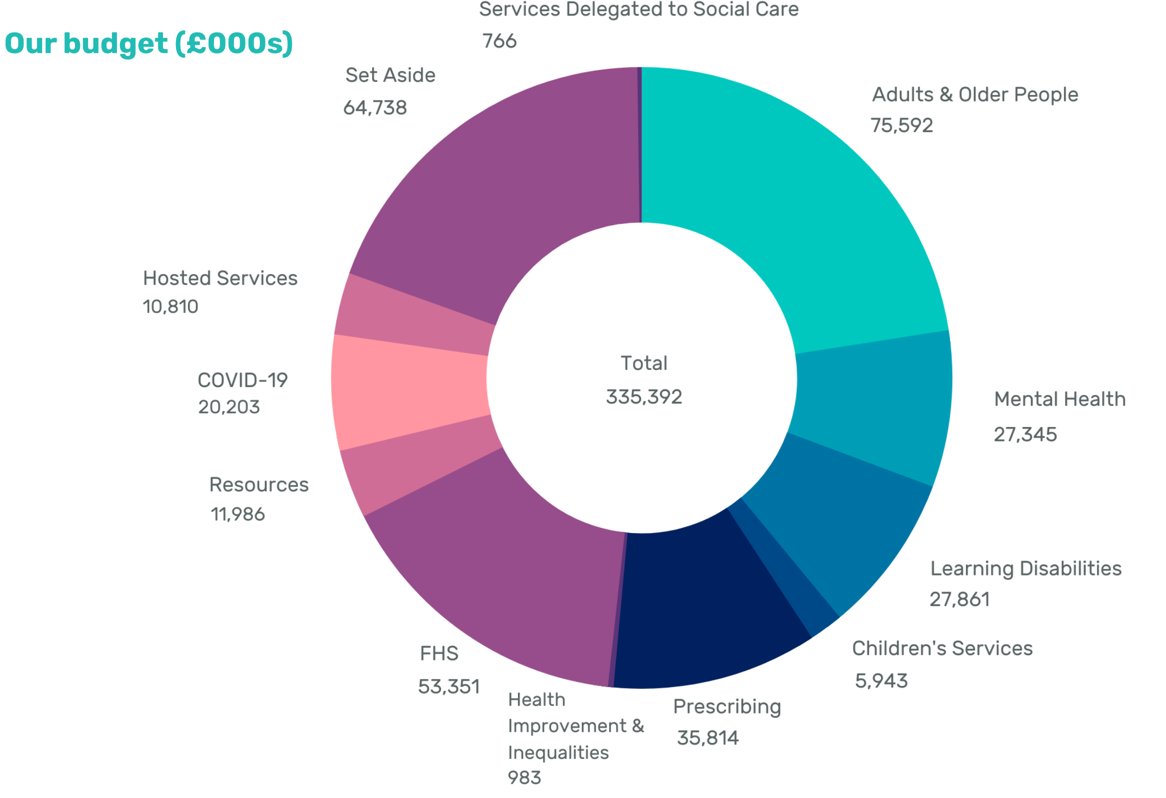
Renfrewshire IJB delivers and commissions a range of health and adult social care services to the population of Renfrewshire. This is funded through budgets delegated from both Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC). The resources available to the IJB in 2020/21 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £335,392m. The following charts provide a breakdown of where these resources come from, and how it is split over the range of services we deliver.

Resources available (£000s)



Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £64,738m (based on actual spend and activity). 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 IJB is responsible for the strategic planning of these services but not their operational delivery.

Our budget (£000s)



The following tables show how the resources available to the IJB have changed over the past five years providing a breakdown of where these resources come from; as well as a summary of how resources were spent over the past four years. (Please note: The following figures are taken from the IJB Annual Accounts Comprehensive Income and Expenditure Statement).

Funding Type	2020/21 £000's	2019/20 £000's	2018/19 £000's	2017/18 £000's
Renfrewshire Council	104,573	193,797	89,107	82,500
NHS GGC	166,081	143,218	134,432	133,343
Set Aside	64,738	56,497	57,461	29,582
TOTAL	335,392	293,512	281,000	245,425

Care Group	Actual Outturn				
	2020/21	2019/20	2018/19	2017/18	2016/17
	£000's				
Adults & Older People	72,628	71,944	69,706	68,711	64,218
Mental Health	26,827	24,984	23,328	24,815	23,787
Learning Disabilities	27,861	27,269	25,760	23,611	21,269
Children's Services	5,943	5,970	5,058	5,023	5,013
Prescribing	34,814	35,276	35,942	36,271	35,007
Health Improvement & Inequalities	890	710	939	1,044	1,083
Family Health Services	53,351	48,535	45,282	45,138	43,706
Resources	6,665	6,273	4,011	1,810	757
COVID-19	12,610				
Hosted Services	10,810	11,098	10,603	10,109	10,387
Set Aside	64,738	56,497	57,461	29,582	29,582
Other delegated services	766	912	880	1,363	1,220
Movement in Reserves	17,489	4,044	2,030	-2,052	5,494
TOTAL	293,512	293,512	281,000	245,425	241,523

Summary of Financial Position 2020/21

The overall financial performance against budget for the financial period 2020/21 was an underspend of £8.396m, prior to the transfer of balances to General and Earmarked Reserves. The final outturn position for all delegated HSCP services in 2020/21 net of transfers to reserves is summarised in the following table. (Please note: the net expenditure figures below differ from those shown in the table above due to differences in the presentation of earmarked reserves, resource transfer and social care fund adjustments).

Care Group	Revised Budget	Actual Spend to Year End (before movement to reserves)	Revised Variance	Adjustment to Reserves	Variance		
2020/21							
	£000's					**%**	
Adults and Older People	56,176	54,455	1,721	(2,227)	88	0%	underspend
Mental Health	26,130	25,208	922	(109)	604	2%	underspend
Learning Disabilities	17,579	17,245	334	-	(51)	0%	overspend
Children's Services	6,482	5,943	539	-	539	8%	underspend
Prescribing	36,926	35,814	1,112	-	1,112	3%	underspend
Health Improvement and Inequalities	983	790	193	(193)	-	0%	breakeven
Family Health Services	53,358	53,351	7	-	7	0%	underspend
Resources	9,099	8,438	661	(3,549)	(2,888)	-32%	overspend
Hosted Services	11,399	10,810	589	-	589	5%	underspend
Resource Transfer	-	-	-	-	-	0%	breakeven
Social Care Fund	-	-	-	-	-	0%	breakeven
Set Aside	64,738	64,738	-	-	-	0%	breakeven
NET EXPENDITURE (before delegated services)	**282,868**	**276,790**	**6,078**	**(6,078)**	**0**	**0%**	**breakeven**
Other Delegated Services	1,051	766	285		285	27%	underspend
NET EXPENDITURE before COVID	**283,919**	**277,556**	**6,363**	**(6,078)**	**285**	**0%**	**underspend**
COVID-19	21,670	19,637	2,033	(2,033)	-	0%	breakeven
NET EXPENDITURE	**305,589**	**297,193**	**8,396**	**(8,111)**	**285**	**0%**	**underspend**

Medium Term Financial Plan

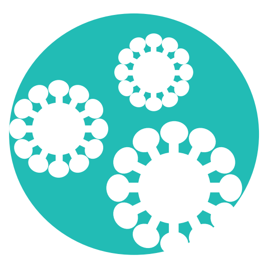
The revised Medium Term Financial Plan, approved by the IJB in November 2019, could not predict the pandemic. With the impact of COVID-19, the IJB shifted focus to the delivery of essential services. This led to the pausing of transformational activity in March 2020 and required a significant degree of service change within a short period of time, ultimately having a substantial financial impact.

In November 2020 the IJB approved the CFO's Financial Outlook 2021/22. This report described the CFO'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, principally an undertaking to build up contingency reserves to strengthen the HSCP's financial resilience.

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.

Future Challenges

Future Challenges



COVID-19

The most significant challenge faced by Renfrewshire HSCP (since March 2020) and its partner organisations (and all HSCPs across Scotland) has been responding to the pandemic. The delayed impact of disruption to planned care for individuals due to COVID-19 and the anticipated, but as yet unknown, increase in service demand from adults with mental health concerns and other conditions which have been unmet or unidentified, 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.

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, and as yet unknown challenges may arise in future. In the shorter-term, the deadline for applications to the EU Settlement Scheme was 30 June 2021 creating additional stress for affected staff, and having a potential knock-on impact on service provision. Both NHSGGC and Renfrewshire Council have ongoing communication plans in place to provide the necessary information to relevant staff.

Continued Complexity of IJB Governance Arrangements, and future uncertainty

The complexity of IJB governance arrangements continues to be the subject of review and consideration. Linked to this, the recommendation in the Independent Review of Adult Social Care for a National Care Service – and the uncertainty on how this could be established and governed – presents potential future challenges.

Shortage of Key Professionals

A shortage of key professionals - compounded by COVID-19, Brexit, and an ageing workforce – continues to present a challenge. Workforce succession planning in key areas is underway to help to mitigate the impact of this.

Prescribing Costs

Prescribing costs continue to represent one of our main financial risks, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.

Managing Demand from Ageing Population

The scale of evolving demographic and socio-economic demand-led cost pressures continues to be a key financial risk moving forward.

APPENDIX 1 - Renfrewshire Integration Joint Board Scorecard 2020-2021

Performance Indicator Status	Direction of Travel	Target Source	
Target achieved	Improvement	N	National Target
Warning	Deterioration	B	NHSGGC Board Target
Alert	Same as previous reporting period	L	Local Target
Data only		M	MSG Target

National Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Exclusive breastfeeding at 6-8 weeks	24.4%	24.4%	Sep 20 29.5%	21.4%	Improvement	Target achieved	B
Number of Alcohol brief interventions	306	224	53	-	-	Data only	

National Outcome 2	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Percentage of clients accessing out of hours home care services (65+)	89%	90%	90%	85%	Same as previous reporting period	Target achieved	L
Number of clients on the Occupational Therapy waiting list (as at position)	349	315	159	350	Improvement	Target achieved	L
People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	100%	100%	100%	100%	Same as previous reporting period	Target achieved	N
Percentage waiting for dementia post-diagnostic support within 12 week standard	-	25%	0% (all contacted within 12-week standard)	-	-	Data only	N

National Outcome 2 (continued)	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Number of unscheduled hospital bed days; acute specialties (18+)	131,451	126,729p	Feb 21 96,252p	-	-		M
Number of emergency admissions (18+)	17,083	18,168p	Feb 21 12,976p	-	-		M
Percentage of long term care clients receiving intensive home care (national target: 30%)	28%	27%	29%	30%	↑	▲	N
Number of delayed discharge bed days	6,085	9,122	8,759	-	-		M
Homecare hours provided - rate per 1,000 population aged 65+	444	414	390	-	-		-
Percentage of homecare clients aged 65+ receiving personal care	99%	99%	99%	-	-		-
Population of clients receiving telecare (75+) - Rate per 1,000	40.17	50.00	46.00	-	-		-
Percentage of routine OT referrals allocated within 9 weeks	52%	42%	41%	-	-		-
Number of adults with a new Anticipatory Care Plan	185	159	201	-	-		-

National Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Percentage of deaths in acute hospitals (65+)	42.7%	39.6%	Dec 20 36.1%	42%	↑	✓	L
Percentage of deaths in acute hospitals (75+)	41.6%	38.6%	Dec 20 34.2%	42%	↑	✓	L
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	94.0%	92.3%	86.8%	90%	↓	▲	N
Child and Adolescents Mental Health (CAMHS) – % of patients seen within 18 weeks	82.5%	66.7%	70.1%	80%	↑	●	N
A&E waits less than 4 hours	89.5%	87.4%	Feb 21 87.4%	95%	–	–	N
Percentage of NHS staff who have passed the Fire Safety LearnPro module	45.6%	80.2%	84.4%	90%	↓	●	B
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	86.5%	90.5%	89.0%	100%	-	📶	B
Number of routine sensitive inquiries	249	200	* Unavailable as not carried out during lockdown	-	-	📶	-
Number of referrals made as a result of the routine sensitive inquiry being carried out	1	1	* Unavailable as not carried out during lockdown	-	-	📶	-

National Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of service users						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	2.4	1.5	1.0	3.1	↑	✓	L
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	93.0%	94.4%	Sep 20: 93.3%	80%	↓	✓	N
Uptake rate of child health 30-month assessment	93%	95.5%	87%	80%	↓	✓	N
Percentage of children vaccinated against MMR at 5 years	97.2%	99.0%	Dec 20 96.5%	95%	↓	✓	N
Percentage of children vaccinated against MMR at 24 months	96.0%	95.0%	Dec 20 98.8%	95%	↑	✓	N
Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data)	8.7	8.4	Dec 20 7.4p	8.9	↑	✓	N
Emergency admissions from care homes	823	746	506	-	–		-
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%	100%	–	✓	B
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	74.4%	95.9%	Dec 20 95.8%	91.5%	–	✓	N

National Outcome 4 (continued)	Health and social care services are centred on helping to maintain or improve the quality of life of service users						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Reduce drug related hospital stays - rate per 100,000 population	219.8	2019/20 data not available until Oct 2021	2020/21 data not available until Oct 2022	170	-	●	N
Reduce the percentage of babies with a low birth weight (<2500g)	6.3%	6.7%	Sep 20 6.1%	6%	↑	▲	B
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	63%	100%	63%	95%	↓	●	B
Emergency bed days rate 65+ (rate per 1,000 population)	262	279	228	-	-		-
Number of readmissions to hospital 65+	1,368	1,366	1,038	-	-		-

National Outcome 5	Health and social care services contribute to reducing health inequalities						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas	165	173	Dec 20 110	Q3 133 Annual 182	↓	●	N
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	17.7%	16.7%	20.8%	19.9%	↑	✔	B
Number of staff trained in sensitive routine enquiry	94	28	* Paused due to COVID-19	-	-		-
Number of staff trained in Risk Identification Checklist and referral to MARAC.	133 (Mental Health, Addictions, Children's Services Staff)	64	* Paused due to COVID-19	-	-		-

National Outcome 6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Number of carers accessing training	229	255	165	220	↓	●	L
Number of adult support plans completed for carers (age 18+)	93	162	86	-	-		-
Number of adult support plans declined by carers (age 18+)	78	34	51	-	-		-
Number of young carers' statements completed	78	68	49	-	-		-

National Outcome 7	People using health and social care services are safe from harm						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Number of suicides	13	16	Data available autumn 2021	-	-		-
Number of Adult Protection contacts received	2,723	3,106	3,487	-	-		-
Total Mental Health Officer service activity	723	683	627	-	-		-
Number of Chief Social Worker Guardianships (as at position)	113	110	115	-	-		-
Percentage of children registered in this period who have previously been on the Child Protection Register	24%	11%	29%	-	-		-

National Outcome 8	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
% of health staff with completed TURAS profile/PDP	48.7%	49.3%	41.7%	80%	↓		B
Improve the overall iMatter staff response rate	64%	* Paused. Result currently unavailable	* Paused. Result currently unavailable	60%	-		B
% of complaints within HSCP responded to within 20 days	81%	78%	82%	70%	↑		B
Sickness absence rate for HSCP NHS staff	5.39%	4.75%	5.65%	4%	↓		N
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	17.43	18.08	13.50	Annual 15.3 days	↑		L

National Outcome 9	Resources are used effectively in the provision of health and social care services						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Formulary compliance	78.5%	78.1%	Feb 21 77.5%	78%	↓		L
Prescribing cost per treated patient	£83.23	£91.34	Feb 21 £88.37	£86.63	↑		L
Total number of A&E attendances	61,174	60,238	Feb 21 35,484	-	-		
Total number of A&E attendances (18+)	47,718	47,295	Feb 21 28,795	-	-		M
Care at Home costs per hour (65 and over)	£26.40	£23.05	Annual Indicator Due early 2022	-	-		-
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	5.88%	4.05%	Annual Indicator Due early 2022	-	-		-

National Outcome 9 (continued)	Resources are used effectively in the provision of health and social care services						
Performance Indicator	**18/19 Value**	**19/20 Value**	**20/21 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Net residential costs per week for older persons (over 65)	£298	£272	Annual Indicator Due early 2022	-	-		-
Prescribing variance from budget	0.5% over budget	2.61% under budget	5.72% under budget	-	-		-
% of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire	95.4%	90.1%	67.0%	90%	↓	●	B
% of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC	93.5%	91.4%	62.0%	90%	↓	●	B
% of diabetic foot ulcers seen within 4 weeks in Renfrewshire (Clyde)	91.1%	81.7%	77.0%	90%	↓	●	B
% of diabetic foot ulcers seen within 4 weeks in NHSGGC	87.4%	81.2%	75.0%	90%	↓	●	B

Notes

*Denotes an indicator where year-end data is unavailable due to the impact of the COVID-19 pandemic.

p Denotes provisional data

APPENDIX 2 - National Core Suite of Integration Indicators

The Scottish Government uses the National Core Integration Indicator performance to measure how well HSCPs across Scotland are performing in achieving the nine National Health and Wellbeing Outcomes. The table below compares Renfrewshire's performance from 2016/17 to 2020/21 with the Scottish average.

Indicator		2016-17	2017-18	2018-19	2019-20	*2020-21	Direction of Travel from 2019/20 to 2020/21
		Renfrewshire (Scotland)					
11.	Premature mortality rate (per 100,000 people aged under 75)	491 (440)	473 (425)	465 (432)	463 (426)	507 (457)	↓
12.	Emergency admission rate (per 100,000 people aged 18+)	14,027 (12,230)	12,538 (12,211)	12,443 (12,279)	13,012 (12,524)	10,871 (11,111)	↑
13.	Emergency bed day rate (per 100,000 people aged 18+)	128,475 (126,077)	129,305 (122,868)	132,410 (120,276)	135,443 (118,607)	121,795 (102,961)	↑
14.	Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)	100 (101)	90 (103)	88 (103)	93 (105)	96 (115)	↓
15.	Proportion of last 6 months of life spent at home or in a community setting	86.9% (87.3%)	88.4% (88.0%)	87.2% (88.0%)	87.3% (88.3%)	89.3% (89.9%)	↑
16.	Falls rate per 1,000 population aged 65+	18.5 (21.4)	18.8 (22.2)	22.1 (22.5)	21.3 (22.5)	19.2 (21.7)	↑

Better than Scotland average   Worse than Scotland average

Comparison to previous year: ↑ Improved performance (Renfrewshire) ↓ Decline in performance (Renfrewshire)

Indicator		2016-17	2017-18	2018-19	2019-20	*2020-21	Direction of Travel from 2019/20 to 2020/21
		Renfrewshire (Scotland)					
17.	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	86.2% (83.8%)	88.1% (85.4%)	87.3% (82.2%)	85.2% (81.8%)	86.3% (82.5%)	↑
18.	Percentage of adults with intensive care needs receiving care at home	62.9% (61.6%)	62.1% (60.7%)	63.4% (62.1%)	65.5% (63.0%)	64.7% (62.9%)	↓
19.	Percentage of days people spend in hospital when they are ready to be discharged, per 1,000 population**	107 (841)	190 (762)	246 (793)	383 (774)	372 (488)	↑
20.	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.5% (23.4%)	23.4% (24.1%)	23.7% (24.2%)	23.9% (24.1%)p	21.7% (21.2%)	↑

Better than Scotland average   Worse than Scotland average

Comparison to previous year: ↑ Improved performance (Renfrewshire) ↓ Decline in performance (Renfrewshire)

INDICATOR DATA STATUS – DATA PUBLISHED (updated) on 21 SEPTEMBER 2021
Updated data will be released on 21 September 2021
*2020-21 data is currently reported as 2020 calendar year for indicators 11-16, 18 and 20.
Previous years (2016-17 to 2019-20) are reported as financial years for all indicators 11-20.

** NI 19:
1. Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non-hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at Partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.

Source: PHS Delayed Discharge data collection

Publications in Alternative Formats

We are happy to consider requests for this publication in other languages or formats such as large print.

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