



Renfrewshire  
Health & Social Care  
Partnership

# Annual Performance Report 2022-23



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# Foreword

Welcome to Renfrewshire Health and Social Care Partnership's (HSCP) Annual Performance Report.

This, like each of our recent reports, reflects the HSCP's performance in an operating environment, which continues to be impacted by significantly challenging circumstances.

Despite this, in collaboration with our partners, the HSCP has continued to deliver essential services for those who need them most. We continue to encourage innovation and flexibility to establish new and different ways of working in response to a changing environment. This is informed by listening to and acting upon feedback from those closest to our services.

## **Aligning with our Strategic Plan**

Previous performance reports have focused on the performance of each of our individual service areas. This year, we have structured our report to align with our Strategic Plan for 2022-25.

Our Strategic Plan was approved by our Integration Joint Board (IJB) in March 2022. It highlights how we aim to shape our services around individuals, unpaid carers and communities to support people in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. It demonstrates how we will do this through a focus on activity within [five key themes](#).

As we implement our Strategic Plan, we will measure our success against these key themes. Our change of approach is reflected in this year's performance report and this will continue for future reports.

As in previous years, we will continue to demonstrate how our performance compares against the nine National Health and Wellbeing Outcomes, National Core Integration Indicators, the Ministerial Strategic Group Indicators and local Key Performance Indicators.

We would like to sincerely thank people with relevant lived and living experience and 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 HSCP, Renfrewshire Council, NHS Greater Glasgow and Clyde (NHSGGC), providers of services and the amazing network of volunteers within local communities who have all contributed to the delivery of services.

Thank you all for your unrelenting hard work and for going that extra mile - it really is making a positive difference to people's lives.




John Matthews OBE  
Chair, Renfrewshire  
Integration Joint Board



Christine Laverty  
Chief Officer,  
Renfrewshire HSCP


# Report Framework

The format of our 2022-23 Annual Performance Report is a little different this year. We have structured it to align with our Performance Scorecard and Strategic Plan 2022-25 and its five key themes, which are outlined below. The report includes content from our overarching enabling functions, the Housing Contribution Statement and Renfrewshire HSCP's Lead Partnership Services across NHS GGC. There are also three appendices included at the end of the report: 1) Performance Scorecard; 2) National Core Integration Indicators; 3) Inspection of Services.




**Healthier** futures

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



**Connected** futures

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




**Enabled** futures

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




**Empowered** futures

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




**Sustainable** futures


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



**Enablers**



**Housing Contribution Statement**




**Lead Partnership Working**

# Report Framework


New format for 2022-23

Within each key theme section, we have included an update on our Year 1 Strategic Plan deliverables, but we have also included detail of how this activity has impacted our 2022-23 Performance Scorecard. This approach provides an holistic summary of our service delivery and performance across the period. Our Executive Summary over pages 7-11 provides an overview of our Strategic Plan delivery and overall performance in 2022-23, highlighting key areas of achievement as well as areas for improvement.

Organised by theme, the main features of each section are detailed below:

 Strategic Plan deliverable progress overview using a RAG status summary: green – complete or on track; amber – underway but behind schedule; and red – delayed or postponed.



 Detailed tables showing our progress against each Year 1 Strategic Plan deliverable.

 Examples from care groups, relevant case studies and service user feedback.

 Scorecard key performance indicators – with the full Scorecard at Appendix 1.

 A table to show the linkage to the nine National Health and Wellbeing Outcomes, detailed on slide six and an example shown below:

| Work aligns with the following National Health and Wellbeing Outcomes |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| ✓   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

# Report Framework

## National Health and Wellbeing Outcomes

As mentioned, we have linked our themes to Scotland's National Health and Wellbeing Outcomes. These are detailed below and aim to ensure IJBs (and HSCPs), Local Authorities and Health Boards are clear about their shared priorities by bringing together responsibility and accountability for their delivery. They provide a framework for planning health and social care services.

### Outcome 1

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

### Outcome 2

People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

### 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 or improve the quality of life of people who use those services.

### Outcome 5

Health and social care services contribute to reducing health inequalities.

### Outcome 6

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

### Outcome 7

People who use health and social care services are safe from harm.

### 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.

### Outcome 9

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

# Executive Summary: Strategic Delivery Plan Year 1

## Progress Overview

The Executive Summary outlines our two key areas of performance: our Strategic Delivery Plan Year 1 progress and our 2022-23 Performance Scorecard. This page begins by detailing our progress against our Year 1 deliverables.

The success of our activity will be measured across the five key themes, which include a range of targets and milestones aligned to National, NHS Greater Glasgow and Clyde (NHSGGC) and local priorities. We will also measure the progress of our Enablers, Housing Contribution Statement, Equalities and the areas for which we have Lead Partnership responsibility for the NHSGGC Board area: Podiatry and Primary Care Support.

Progress will be monitored through annual Strategic Delivery Plans, with Year 1 showing strong progress across the strategic objectives set out in the Plan. Table 1 below illustrates progress on the 120 Year 1 deliverables:

| Strategic Plan Deliverables | Red | Amber | Green |
|-----------------------------|-----|-------|-------|
| Total                       | 7   | 8     | 105   |

Of the 15 deliverables that are not on track for completion by the end of Year 1, five are being monitored as we move towards Year 2 of the plan, while ten have been paused mainly due to resource constraints or the requirement to reflect national strategies that have not yet been published.

Please note the annual timelines for our Strategic Delivery Plan do not fully align with our APR timelines, therefore there will be some differences in assessment of progress between these two periods of review.

# Executive Summary: Strategic Delivery Plan Year 1

## Key achievements

### Key achievements for Year 1 include:



An increase in referrals to the Healthier Wealthier Children programme from families from ethnic minority backgrounds.



Agreement of a pathway for the Home First Response Service across acute and community services.



All GP practices in Renfrewshire now have an aligned Community Link Worker.



The number of new carers supported by the Carers Centre increased from 963 at March 2022 to 1,027 at March 2023 against a target of 913.



We developed a Market Facilitation Plan to help existing partners, and prospective provider organisations, to make informed business decisions about future service delivery.



A Culture, Arts, Health and Social Care (CAHSC) Co-ordinator has been recruited to increase opportunities for people to take part in arts and cultural activity.



13 new treatment rooms have been opened in Renfrewshire to enable residents to receive the right care at the right time and in the right place.



Alcohol, Drugs and Mental Health Recovery Hub, CIRCLE officially opened and is fully operational receiving over 200 referrals since its launch.



We developed a Climate Change Action Plan to support Renfrewshire's Plan for Net Zero.



We launched the pilot phase of the Home First Response Service, taking an NHSGGC whole system approach to the management and assessment of frailty – see page 24 for more information.



# Executive Summary - Strategic Delivery Plan Year 1

Deliverables behind schedule or paused

## Delayed due to external factors:



Due to the delay in the National Strategy, Renfrewshire's Dementia Strategy will now be progressed in Year 2.



HSCP Governance and Resourcing Plan to respond to National Care Service proposals will be developed once next steps are confirmed by the Scottish Government.



Housing: 1) Increase the number and % of social rented lets to homeless people – relevant data to be confirmed as currently provisional.

Housing: 2) undertake a review of advice services across Renfrewshire; 3) evaluate the social prescribing model of housing support. These are both subject to Council review. See notes HC5.1 and 5.2 on page 46.

## Behind schedule due to capacity or resource constraints:



Transition from CAMHS to Adult Mental Health Services. Monthly meetings in place but pilot paused due to resource issues. See note ENF6.2 on page 29.



Reduce podiatry pressure ulcers and avoidable pressure damage. An Improvement Plan and Learning Health Systems Network is in place. See Note LP3.2 on page 49.



Agree next phase of Health and Wellbeing initiatives. Strategic Planning Group (SPG) is considering our priorities in light of financial pressures. See Note SF4.2 on page 38.



HSCP Digital Vision, objectives and priorities agreed with partners. Work underway but behind schedule. See Note EN2.2 on page 42.



LGBTQ+ Charter delayed due to resource prioritisation.

## Other deliverables not on schedule:



Winter Funding: 45.84 WTE posts have been filled from winter monies. Some posts have been reallocated to other projects and the remaining are being recruited to.



Refresh the HSCP's Participation, Engagement and Communication (PEC) Strategy and implement a supporting PEC group. Delayed due to resource prioritisation.



Deliver Sensitive Routine Enquiry training as part of our commitment to tackling Gender Based Violence (GBV). Embedded in Children and Families teams but resource prioritisation has paused further rollout. See Note HF3.1 on page 15.



Increase short break hours for unpaid carers. Efficient self-directed support process has reduced requirement for Carers Centre respite. See Note SF6.2 on page 39.

# Executive Summary – Performance Scorecard

## Progress Overview: Scorecard Highlights

Alongside Year 1 performance against our Strategic Plan objectives, our financial year-end 2022-23 Performance Scorecard (Appendix 1) highlights Renfrewshire’s performance against national, NHS Board and local key performance indicators, and the National Core Integration Indicator set at Appendix 2.

While 2022-23 has been another challenging year, services have improved, and largely maintained performance against a number of key performance indicators.

Performance status is assessed as either green, on or above target; amber, within 10% variance of target; or red, more than 10% variance from target. At financial year end, the Performance Scorecard showed an overall improved position compared to 2021-22. Red status indicators were reduced by two, amber reduced by three, and those with green status increased from 16 to 22.

We continued to experience recruitment and staff retention challenges, as well as absences due to ongoing waves of COVID-19 and winter flu. However, staff have worked hard to maintain and improve the quality of our services.

| Performance Indicator Status  | 2022/23             | 2021/22             |
|---|---------------------|---------------------|
|  | Alert: 11           | Alert: 13           |
|  | Warning: 7          | Warning: 10         |
|  | Target achieved: 22 | Target achieved: 16 |
|  | No targets: 11      | No targets: 18      |

### Some examples where improvement was evident include:



A significant improvement in waiting times for our CAMHS (Child and Adolescent Mental Health) Service. Performance has increased from 58.8% at March 2022 to 100% at March 2023 for the percentage of patients seen within 18 weeks.



The number of Homecare hours provided (rate per 1,000 population 65+), has increased from 411 at March 2022 to 444 at March 2023 against a target of 420.



The percentage of new referrals to the Podiatry Service in Renfrewshire, seen within 4 weeks, has seen a substantial increase - from 41.4% at March 2022 to 94% at March 2023 against a target of 90%.



The percentage of routine Occupational Therapy referrals allocated within 9 weeks has increased from 68% at March 2022 to 92% at March 2023 against a target of 45%.



The number of adult support plans completed for carers (18+) by the Carers Centre has increased from 148 at March 2022 to 203 against a target of 145.



The percentage of complaints we responded to within 20 days has been maintained at 90% at March 2023 against a target of 70%.

# Executive Summary – Performance Scorecard

## Progress Overview

### Unscheduled Care

Unscheduled care performance in 2022-23 is on track to see an improvement across all indicators (A&E attendances, emergency admissions, delayed discharges etc.) compared with 2021-22. The number of delayed discharge bed days lost in 2022-23 decreased by 23% to 7,066, compared with 9,177 for 2021-22. 9,122 were recorded for 2019-20. In 2020/21, during the peak of the pandemic, the number reduced to 8,759.

### Delayed Discharges

Within a national context, Renfrewshire was once again the highest performing HSCP area in Scotland at March 2023 for standard delays, with 137 bed days lost. This equated to a rate of 93 per 100,000 population. The national average rate at March 2023 was 874 and the Greater Glasgow and Clyde average was 676.6 per 100,000 population.



### Areas for Improvement:

2022 / 23 has been another challenging year for performance and the areas below will continue to be closely monitored as we move into the 2023 / 24 reporting year.



#### Service Waiting Times

Despite a significant improvement in CAMHS waiting times, challenges remain in Community Mental Health Services, Paediatric Speech and Language Therapy, and in some areas of Podiatry Services. Referrals continue to increase for these services, however actions are in place to manage the growing demand as urgent care remains a priority.



#### Sickness Absence

Plans are in place to address the ongoing sickness absence challenges within the HSCP. These include HR support for services to offer training and identify areas that require additional support. Health improvement activities and support through Healthy Working Lives (HWL) is also ongoing to help raise employee awareness of health issues.



#### Anticipatory Care Planning

Renfrewshire's Anticipatory Care Group- (ACP) is leading on performance improvement, with an action plan in place and a rolling programme of staff training underway across the Partnership. Linked to NHSGGC Board-wide improvement work, this aims to improve performance, staff confidence and the quality of ACP conversations. Plans will be recorded on Clinical Portal, so they are visible to all services.



Healthier futures

## Healthier Futures: Prevention and Early Intervention

For every care group, and our wider population, we promote healthier lifestyles by encouraging activities that can help prevent physical and mental ill-health. These can also enable people to remain at home for longer, delay the need for medical intervention and ultimately, achieve better outcomes for people.

# Healthier Futures: An Overview

## Prevention and Early Intervention

Early intervention can include providing people with information about services and resources in their local areas - and promoting active and healthy lifestyles. We can also make an impact early in life, supporting our children to have the best start possible.

Community-led support and joint working with our partners, the third sector and community groups is vital. We want to build on the skills and experience of people in Renfrewshire to create capacity within our communities and help people maintain their health and independence.

### Healthier Futures - Progress Overview:

| Red | Amber | Green |
|-----|-------|-------|
| 0   | 1     | 27    |

### Some Examples of Progress:



Our Community Link Team continues to work with people living and working in Renfrewshire's communities to find information and add it to 'A Local Information System for Scotland' (ALISS). There are over 550 up-to-date Renfrewshire resources on the site.



Nine HSCP staff members are trained as 'Promise Keepers' to support the priorities identified in 'The Promise Scotland' Plan. We continue to work in partnership with Renfrewshire Council's Children's Services.



### Case Study: Youth Health and Wellbeing Service

The Youth Health and Wellbeing Service provides confidential advice and information to young people aged 12-17 in Renfrewshire.

- Operating a drop-in service one evening per week, young people can ask health questions and have them answered by health professionals.
- Staff can refer the young person to another service or signpost to appropriate supports within the community.
- The service plans further promotion within schools and the development of a digital resource for young people to access the service.

# Healthier Futures

Highlights and additional case studies



## Case Study: Healthier Wealthier Children (HWC)

HWC aims to help reduce child poverty and offers income maximisation advice for impacted families. It also aims to prevent families from falling into child poverty by working with services to identify families at risk at an early stage. The number of HWC referrals from families from ethnic minority backgrounds has almost doubled from 11 in 2021-2022 to 20 in 2022-23, and referrals are currently being appointed on the day of receipt.

During 2022-23, 183 referrals were made, achieving a total of £531,782.62 in financial gains. This equates to an average of £2,905.91 in gains per family referred. The service provided support for 539 different cases involving benefits checks and applications, access to grants, and support with food, energy and fuel, providing invaluable support for families in Renfrewshire.



## Case Study: Lived Experience Forum

Established in December 2022, the Lived Experience Forum is for people with, or who have a family member who has experience of using alcohol and drug services. The group meets monthly to share their experiences and help inform the work of the Alcohol and Drug Partnership.

*"The Lived Experience Forum is fantastic! It's a very relaxed, informal space where people in addiction recovery come together to chat and help each other. They've got a great set-up, bringing in all the right folks and really listening to what everyone has to say. It's like they're totally open to new ideas and ways to improve things. I think it's a fantastic group. They're doing an amazing job of supporting each other and figuring out what works in the fight against addiction. Keep up the awesome work!"*

## Performance Indicators:

The following two Performance Scorecard indicators show mixed performance. Alcohol related hospital stays is well within target and the target will be reviewed in 2023-24. Work is ongoing to improve Alcohol and Drug Waiting times to increase performance in this area.

### Alcohol Related Hospital Stays

At Q4 March 2023, the rate of alcohol related hospital stays per 1,000 population (rolling year data) was 6.3 and below the target of 8.9 - green status.

### Alcohol and Drug Waiting Times

At Q4 March 2023, Alcohol and Drug waiting times for referral to treatment within three weeks was 84.7% against a local target of 91.5% – amber status.

# Healthier Futures

## Priority Activities



| Objective |  | Year One Deliverables |  | RAG |
|-----------|--|-----------------------|--|-----|
| HF1       | Implement a local Strategic Group for suicide prevention and collaboratively develop a Renfrewshire suicide prevention strategy.                         | HF1.1                 | Establish a local Suicide Prevention Strategic Group and develop an initial plan for a Renfrewshire Strategy.  | G   |
| HF2       | Work collaboratively to tackle stigma and encourage early engagement with services and support recovery.   | HF2.1                 | Establish an ADP lived experience forum. <b>Note:</b> see also CF5.1   | G   |
|           |  | HF2.2                 | Establish a Mental Health & Wellbeing lived experience and service user reference group.   | G   |
|           |  | HF2.3                 | Embed peer support and volunteers across Mental Health, and Alcohol and Drugs Recovery Service (ADRS) and Continuing In Recovery Changes Lives Entirely (CIRCLE).                              | G   |
| HF3       | As part of our commitment to tackling Gender Based Violence (GBV), ensure that Sensitive Routine Enquiry is embedded in key HSCP services (or settings). | HF3.1                 | Embedded within Children and Families teams. <b>Note:</b> there has been a lack of capacity to roll out audit processes within Community Mental Health and Alcohol and Drug Recovery Services. | A   |
| HF4       | Work with partners within the ADP to prevent alcohol & drug related deaths across Renfrewshire.  | HF4.1                 | Drug Death Prevention Action Plan to be developed.   | G   |
|           |  | HF4.2                 | Develop business case to create a dedicated Alcohol-related Deaths Prevention Lead Officer post.   | G   |

### Healthier Futures work aligns with the following National Health and Wellbeing Outcomes

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   | ✓ |

# Healthier Futures

## Priority Activities



| Objective |   | Year One Deliverables |  | RAG |
|-----------|---|-----------------------|--|-----|
| HF5       | <b>Work with partners to review existing information and advice sources for people in Renfrewshire, such as ALISS.</b>  | HF5.1                 | Revised baseline of Renfrewshire information sources on ALISS.   | G   |
|           |   | HF5.2                 | Phased review plan agreed with timelines and owner.  | G   |
|           |   | HF5.3                 | Website feedback mechanism established and monitored.  | G   |
|           |   | HF5.4                 | Monthly e-bulletins produced and circulated via Chief Officer updates, Leadership Network and Engage Updates.  | G   |
| HF6       | <b>Continue to work with partners to support the health and wellbeing of young people and contribute to the Scottish Government's mission to end child poverty.</b> | HF6.1                 | Increase referrals to Healthier Wealthier Children Programme from ethnically diverse families by 50%.  | G   |
|           |   | HF6.2                 | All referrals to have appointment set within 5 days of receipt.  | G   |
| HF7       | <b>Work collaboratively to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.</b>                 | HF7.1                 | Children's Health Services to engage with Renfrewshire Council's 'The Promise' Ambassador and agree relevant HSCP Actions.                             | G   |
|           |   | HF7.2                 | Agree local delivery plan with Renfrewshire Council to support delivery of the Whole Family Support Framework, as per Scottish Government requirement. | G   |
| HF8       | <b>Through our Culture, Arts, Health and Social Care (CAHSC) Group, we will lead work with colleagues and partners involved in the Future Paisley programme.</b>    | HF8.1                 | Recruit CAHSC Coordinator.   | G   |
|           |   | HF8.2                 | Agree programme evaluation model.  | G   |



# Healthier Futures

## Priority Activities



| Objective |   | Year One Deliverables | RAG   |   |
|-----------|---|-----------------------|---|---|
| HF9       | Address teenage pregnancy and Sexually Transmitted Infection (STI) rates in Renfrewshire and focus on helping children and young people have positive, healthy and mutually respectful relationships. | HF9.1                 | Complete the review of relationships and Sexual Health (RSHP) policy for education establishments. <b>Note:</b> Education is developing guidance rather than a policy, which will be completed by summer. | G |
|           |   | HF9.2                 | Evaluate the Early Protective Messages (EPM) Programme in early years settings.   | G |
|           |   | HF9.3                 | Share key findings from EPM evaluation with key partners.   | G |
|           |   | HF9.4                 | Work with key partners to identify priorities and action plan for planning group. <b>Note:</b> Workshops arranged for June 2023.  | G |
|           |   | HF9.5                 | Complete co-produced development of online practice guidance on relationships and sexual health for staff and carers of Care Experienced Young People (CEYP).   | G |
| HF10      | Work collaboratively to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.  | HF10.1                | Children's Health Services to engage with Renfrewshire Council 'The Promise' Ambassador and agree relevant HSCP Actions.  | G |
|           |   | HF10.2                | Agree local delivery plan with Renfrewshire Council to support delivery of the Whole Family Support Framework, as per Scottish Government requirement.  | G |
| HF11      | Develop our joint approach to frailty and falls prevention pathways within communities and acute settings.  | HF11.1                | Agree pathway for Home First Response Service across acute and community services.  | G |
|           |   | HF11.2                | Implement use of frailty identification tool with acute and community.  | G |
|           |   | HF11.3                | Agree job description to progress recruitment of service manager.   | G |
|           |   | HF11.4                | Establish the team within acute (hub) and spoke (community).  | G |



Connected futures

## Connected Futures

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

# Connected Futures: An Overview

## Community Support



A vibrant community-led approach to supporting people, alongside the services provided by the HSCP and partners, can make a significant contribution to prevention and early intervention and improve the health and wellbeing of our communities.

The benefits of community-led support were clear throughout the COVID-19 response. As we move through recovery and further transform our services, the HSCP and partners will continue to strengthen the thriving network of advice, support and care already provided in our local communities.

### Connected Futures: Progress Overview:

| Red | Amber | Green |
|-----|-------|-------|
| 1   | 0     | 8     |

### Some Progress Examples:



We aligned Community Wellbeing Workers to three GP Practices.



We provided grants to voluntary organisations under Section 10 of the Social Work Scotland Act. (see examples on page 20).



240  
referrals to  
CIRCLE  
since launch

### Case Study: CIRCLE Recovery Hub

CIRCLE (Continuing in Recovery Changes Lives Entirely) was developed to provide enhanced support to local people on a recovery journey from issues relating to mental health and drug or alcohol addiction.

- The hub was designed to address a gap within Renfrewshire's mental health and alcohol and drug services.
- Major decisions are considered and taken in partnership with local people who have lived or living experience.
- Improved recovery opportunities and links to other services.

# Connected Futures

Highlights and additional case studies



## Case Study: Culture, Arts, Health and Social Care Co-ordinator

It is widely recognised that creativity can positively impact on health and wellbeing, The Community Partnerships' Team has developed an innovative role with funding from Future Paisley to increase opportunities for people to take part in arts and cultural activity. Our new Co-ordinator has been developing relationships with groups and organisations, including HSCP based services that support people living with the impact of inequalities, and local artists keen to improve wellbeing. The first round of funding benefited a number of services, including those supporting older people, people with a learning disability and people with physical disabilities.

*A poem from a patient from Ward 3B, Dykebar Hospital:*

“To all the staff, thank you very much,  
For your TLC and tender touch.  
Ward B you are great,  
And had a hand in my fate.  
So, cheers! Hopefully we don't meet again,  
but you never know.  
All my love do I show.  
Thanks. Miss you.”

## Case Study: National Recovery Walk

Paisley was the first ever town to welcome the national Recovery Walk Scotland in September 2022. There was a fantastic turnout with over 4,000 people from across the country who walked through Paisley to help change perceptions of people in recovery from alcohol or drugs.



## Performance Indicator:

**CAMHS (Child and Adolescent Mental Health) Service**  
Performance has increased from 58.8% at March 2022 to 100% at March 2023 for the percentage of patients seen within 18 weeks.

## S10 Grant Funding

The HSCP provides grants to voluntary organisations under Section 10 of the Social Work Scotland Act. Examples of organisations who have benefited from S10 grant awards in 2022-23 include:

### *Shopmobility Paisley and District*

Shopmobility Paisley and District primarily provide and support people with disabilities and mobility issues (long term or temporary), by providing the hire of mobility scooters and wheelchairs. They also offer a small repairs and maintenance service. While their location base is Paisley, they cover the whole of Renfrewshire and currently have a membership base of 415 people.

*“This investment has helped us support some of the most vulnerable people in Renfrewshire, helping over 500 people to date. We would like to thank the Health and Social Care Partnership for this grant, it is very much appreciated indeed.” - **Karen Miller, Shopmobility***

### *I Am Me Scotland*

Established for over eight years, I Am Me Scotland aims to promote equality and diversity by raising awareness of disability related harassment and abuse (hate crime), encouraging reporting of incidents and working with partners to create safer and stronger communities for people who are disabled and / or vulnerable. Located in the heart of Paisley, the service covers the whole of Renfrewshire and Scotland.

*“The S10 funding enabled us to work with partners to develop an amazing ADHD animation, narrated by Molly, a young girl who has experience of living with ADHD and design a lesson to accompany the animation. Once complete, this lesson will be available on the education platform for use in all schools in Scotland. Creating awareness and understanding will help to tackle stigma and encourage inclusion.” - **Carol Burt, I Am Me Scotland***

# Connected Futures


## Priority Activities



| Objective |  | Year One Deliverables |  | RAG |
|-----------|--|-----------------------|--|-----|
| CF1       | Develop and implement a Renfrewshire Dementia Strategy, reflecting the objectives and priorities of the forthcoming National Dementia Strategy.  | CF1.1                 | A Renfrewshire Dementia Strategy will be progressed in Year 2 of the Strategic Plan to align with the National Dementia Strategy once published. <b>Note:</b> <i>paused due to delay of the National Strategy.</i> | R   |
| CF2       | Support people to live well by strengthening links between community resources and primary care, through testing and evaluation of new roles in several GP Practices.  | CF2.1                 | Increase Community Link Worker resource within Renfrewshire. Target to increase this by three WTE, subject to recruitment.   | G   |
|           |  | CF2.2                 | Align Community Wellbeing Workers to a further three GP Practices.   | G   |
| CF3       | Help children and young people and their families get appropriate and timely support to improve their mental wellbeing through a multi-agency community-based family support service.                                | CF3.1                 | Develop a shared local delivery plan, ensuring service specification integrated into CAMHS by March 2023.  | G   |
| CF4       | Build unpaid carer-friendly communities across Renfrewshire so that unpaid carers can access the support they need to continue to care.  | CF4.1                 | Design and deliver a programme of unpaid carer awareness and engagement sessions.  | G   |
|           |  | CF4.2                 | Run campaigns targeting communities of unpaid carers less well known to us. Achieve increased performance target for new unpaid carers.  | G   |
| CF5       | Embed the Recovery Orientated System of Care (ROSC) in Alcohol and Drug Recovery Services (ADRS) to promote individuals' recovery through access to, and benefit from, effective, integrated person-centred support. | CF5.1                 | Establish an ADP Lived Experience Forum. (see also HF2.1).   | G   |
|           |  | CF5.2                 | Re-establish a Renfrewshire Recovery Forum/Group.  | G   |
|           |  | CF5.3                 | Evaluate the impact of CIRCLE, and Peer Recovery Worker development.   | G   |

### Connected Futures work aligns with the following National Health and Wellbeing Outcomes

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |   |   |

A photograph of two women in a kitchen. The woman on the left, wearing a teal short-sleeved shirt, is standing and looking towards the woman on the right. The woman on the right, wearing a white hoodie, is sitting and holding a white pitcher. They appear to be engaged in a conversation or activity. The background shows white kitchen cabinets and a countertop. The entire image has a light green tint.

Enabled futures

## Enabled Futures

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

# Enabled Futures: An Overview

## Clinically Safe and Specialist Services



We will help people access appropriate specialist support in the most suitable setting. Ideally, we want to provide care as close to home as possible and avoid any unnecessary or preventable attendances or admissions to hospital. We will also continuously improve service quality, supported by Clinical and Care Governance. Working with partners, we will build on individuals' strengths, skills and abilities to aid their recovery.

### Enabled Futures: Progress Overview:

| Red | Amber | Green |
|-----|-------|-------|
| 0   | 2     | 13    |

### Some Examples of Progress:



Agreement of a pathway for the Home First Response Service across acute and community services.



As at March 2023, the longest wait for CAMHS referral to assessment was 18 weeks against a target of 18 weeks.



The number of Homecare hours provided has increased since the previous reporting year.

### Case Study: Home First Response Service (HFRS)

The Home First Response Service, which was launched in November 2022, sees patients who would otherwise potentially spend long periods in hospital receive a tailored care plan, which can be delivered in a home or community environment.

The service is particularly helpful to elderly patients, where treatment at home provides significant benefits – increasing recovery time, preserving mobility and reducing the chance of delirium.

Specially trained HSCP staff have been embedded alongside acute frailty teams at the Royal Alexandra Hospital to help limit admissions, improve early discharges and support anticipatory care planning.





# Enabled Futures

Highlights and additional case studies



## Case Study: Care Home Collaborative

The care home service in Renfrewshire has been developed to provide a multi-skilled nursing team, inclusive of Care Home Liaison Nurses, Trainee and Advanced Nurse Practitioners (ANP), a Care Home Practice Development Nurse and Staff Nurses. The evolution of this team has meant that every care home in Renfrewshire now has access to a weekly ANP clinic that allows for proactive assessment, care and guidance, as well as an unscheduled care service for when residents become unwell.

The team has effectively moved work away from GP practices and provided a holistic specialist nursing service to the care homes. This service has benefited and improved the health of residents. The team continues to work closely with homes to identify areas for improvement and opportunities to collaborate.

## Performance Indicator:

### Emergency admissions from Care Homes

Performance for 2022-23 was 433 against a target of 450. There are a number of initiatives underway to prevent avoidable hospital admissions.

## Case Study: Respiratory Ambulatory Pilot

Renfrewshire began this test of change in 2022, part of board-wide Unscheduled Care activity. The team target those patients with exacerbation of COPD who might otherwise be admitted to hospital and utilises a 'virtual ward' approach to ensure consultant overview, whilst working with patients and families at home to manage their exacerbation safely.

Currently, 14 Renfrewshire GP practices are enrolled, and most admissions have been avoided.



## Care at Home Service-User Feedback

*"I would like to take this opportunity to thank the Care at Home team who visit and care for me daily. I was apprehensive at first to accept home care, but it has made such a difference to my quality of life and mental health and wellbeing. I have the upmost appreciation for the high standards of care these awesome people provide, so please accept my sincere thanks to all. Keep up the awesome work you do!"*

*"I would like to commend the service provided to my father. The community meals staff have always been professional and friendly, however the actions taken by staff attending my father were lifesaving. The member of staff delivering my father's lunch noticed he appeared unwell. Despite my father saying he didn't want his community alarm to be raised, the member of staff reported his concerns. Due to their actions, I attended my dad and called an ambulance. On arrival, A&E reported he had sepsis. There is no doubt that the actions of the community meals team allowed him to receive urgent and essential treatment for what is a very serious illness." - Compliment received about Community Meals service*

# Unscheduled Care

## Ministerial Strategic Group Performance Indicators



The table below shows the data for these performance indicators for the four-year period April 2019 – March 2023. Performance has shown an improvement across all indicators in 2022-23. Please note that performance for 2020-21 is reflective of the pandemic's relative impact on services.

| Ministerial Strategic Group Indicators                                     | 2019-20 | 2020-21 | 2021-22          | 2022-23           | Direction of travel |
|--|---------|---------|------------------|-------------------|---------------------|
| Number of emergency admissions   | 18,173  | 14,399  | 17,372           | 14,650p           | ↑                   |
| Number of unscheduled hospital bed days (acute specialties)                | 126,904 | 112,609 | 129,987          | 125,176p          | ↑                   |
| A&E attendances (18+)  | 47,297  | 31,892  | 40,601           | 38,884            | ↑                   |
| Acute Bed Days Lost to Delayed Discharge                                   | 9,122   | 8,759   | 9,117            | 7,006             | ↑                   |
| Percentage of last six months of life spent in Community setting           | 87.3%   | 89.5%   | 88.4%            | 88.8%p            | ↑                   |
| Balance of care: Percentage of 65+ population living at home (unsupported) | 90.7%   | 91.6%   | Data Unavailable | Under Development | —                   |

No.1 in Scotland at March 2023

Comparison to previous year: Improved performance ↑ Decline in performance ↓ \*p: provisional data

# Enabled Futures

## Inspection of Services Summary



The Partnership provides services subject to a rolling programme of independent inspection from the Care Inspectorate.

Inspection assures us that services are working well and highlights areas for improvement. Inspectors examine the overall quality of care and support, the staffing, the management and leadership, and the environment in which the care is provided.

During 2022-23 inspections were carried out at the following HSCP operated services using the 'Six Point Quality Scale'.

### **Montrose Care Home**

**Score: 4** overall for supporting people's wellbeing

**Score: 4** for leadership

### **Renfrew Care Home**

**Score: 4** overall for supporting people's wellbeing

**Score: 4** for leadership.

### **Care at Home Services:**

The initial inspection highlighted some areas of concern, however the service acted upon those immediately and received the following scores at the return visit:

**Score: 4** overall for supporting people's wellbeing

**Score: 3** for leadership

Full Inspection results can be viewed at Appendix 3.

### **Six Point Scale**

The six-point quality scale is used when evaluating the quality of performance across quality indicators:

- 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

Inspectors will look at a selection of the quality indicators depending on the type of inspection, the quality of the service, the intelligence they hold about the service, and any risk factors they may identify.



# Enabled Futures: An Overview

## Priority Activities



| Objective |  | Year One Deliverables |  | RAG |
|-----------|--|-----------------------|--|-----|
| EnF1      | Work collaboratively, continuing activity to reduce unnecessary attendance at A&E, reduce hospital admissions and lengths of stay in hospital. | EnF1.1                | Launch the pilot phase of the Home First Response Service, taking an NHSGGC whole system approach to the management and assessment of frailty in line with an integrated primary and secondary care frailty pathway.   | G   |
| EnF2      | Build on and further coordinate the positive developments achieved in reforming urgent care during the pandemic.                               | EnF2.1                | This strategic objective will be delivered through the Reform of Urgent Care and Unscheduled Care Commissioning Planning governance structures. <b>Note:</b> this work will continue to be built on in years 2 and 3, as a commitment to continuous improvement.   | G   |
| EnF3      | Deliver the Strategic Pharmacy Framework.  | EnF3.1                | The objectives of the Strategic Pharmacy Framework have been agreed through NHSGGC-wide governance. Delivery against agreed actions will be monitored through this process. Local updates will be brought to the IJB as appropriate.   | G   |
| EnF4      | Continue to embed multidisciplinary team working across HSCP services to enhance person-centred care.  | EnF4.1                | <b>Primary Care Improvement Plan (PCIP):</b> <ul style="list-style-type: none"> <li>Roll out four pharmacy hubs across Renfrewshire. <b>Note:</b> originally four planned but using initial learning from Renfrew, only one was required in Paisley rather than two.</li> <li>Treatment room access rolled out across Renfrewshire in line with PCIP targets (11 treatment rooms in total).</li> </ul> | G   |
|           |  | EnF4.2                | <b>Care Home Hub model:</b> <ul style="list-style-type: none"> <li>Formal launch of the Care Home Hub (working with partners across NHSGGC).</li> </ul>  | G   |
|           |  | EnF4.3                | <b>Winter Funding:</b> <ul style="list-style-type: none"> <li>Deliver 76.8 WTE additional posts identified through winter funding proposals (subject to availability of candidates and recruitment). <b>Note:</b> 45.84 posts have been filled. Some posts have been reallocated to other projects and the remaining are being recruited to.</li> </ul>  | A   |

### Enabled Futures work aligns with the following National Health and Wellbeing Outcomes

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ |   |   | ✓ | ✓ | ✓ |

# Enabled Futures: An Overview

## Priority Activities



| Objective |  | Year One Deliverables |  | RAG |
|-----------|--|-----------------------|--|-----|
| EnF5      | Seek to minimise delayed discharges through the HSCP's programme of work to support prompt discharge from hospital.  | EnF5.1                | Continue to meet local delayed discharge targets as agreed through NHSGGC delayed discharge planning discussions.  | G   |
|           |  | EnF5.2                | Seek to maintain Renfrewshire's positive position and remain within the Top 3 nationally for the Standard Delayed Discharge bed days rate.   | G   |
| EnF6      | Work in partnership with Renfrewshire Council's Children's Services to implement the National Neurodevelopmental Pathway (NDP) and ensure linkages are developed to support transition across services.                              | EnF6.1                | Develop a local shared Delivery Plan.  | G   |
|           |  | EnF6.2                | Effective planning and identification of children aged 17 ½ years who will require transition from CAMHS to Adult Mental Health Services. <b>Note:</b> <i>Monthly transition meetings underway providing forum for early identification and planning. Joint pilot with Adult Mental Health paused due to unfilled vacancy.</i> | A   |
| EnF7      | Improve patient experience of our services by reducing the waiting times for access to CAMHS.  | EnF7.1                | Make incremental progress towards 90% of children and young people beginning treatment within 18 weeks of referral, in line with national target by March 2023 (baseline as of March 22 was 58.8% of patients seen within the 18-week target).   | G   |
| EnF8      | Continue to modernise the (i) nursing, midwifery and (ii) allied health professions (AHP) workforce to be fit for the future and maximise their contribution to shifting the balance of care to community and primary care settings. | EnF8.1                | <b>Continue to modernise the nursing and midwifery workforce:</b> <ul style="list-style-type: none"> <li>Develop Band 5 roles within the Care Home Advanced Nurse Practitioner Team to support succession planning.</li> </ul>   | G   |
|           |  | EnF8.2                | Implement and evaluate the enhanced Respiratory Multi-Disciplinary Team.   | G   |
|           |  | EnF8.3                | <b>Modernise the AHP workforce:</b> <ul style="list-style-type: none"> <li>Implement the AHP Learning &amp; Development Plan.</li> </ul>   | G   |
|           |  | EnF8.4                | <b>Children's Health Services:</b> <ul style="list-style-type: none"> <li>Confirm ANP role requirements</li> <li>Recruit additional ANPs in line with requirements (subject to candidate availability).</li> </ul>   | G   |

A photograph of three people walking on a paved plaza in front of a large, historic stone building with Gothic-style windows. The person on the left is a woman wearing a red quilted jacket and a blue hood. The person in the middle is a man wearing a black quilted jacket. The person on the right is a woman wearing a long, light-colored quilted coat and carrying a large, patterned bag. The scene is outdoors with a clear sky and some greenery in the background.

Empowered futures

## **Empowered Futures: Choice, Control and Flexibility**

We want to ensure the support provided by the HSCP, and in communities, gives people more choice and flexibility in terms of when and where they access services. Support will be built around individuals' needs and where appropriate, provide options which move beyond more traditional, often building-based, service models.

# Empowered Futures: An Overview

Choice, Control and Flexibility



As we shape our services, we will ensure support provided by the HSCP and in communities gives people more choice, so they can access the right care at the right time and in the right place and are empowered to shape their support at every stage of life.

## Empowered Futures: Progress Overview:

| Red | Amber | Green |
|-----|-------|-------|
| 1   | 0     | 20    |

## Some Examples of Progress:



The HSCP developed an Autism Action Plan and recruited a Senior Resource Officer post for Autism.



The number of new carers supported by the Carers Centre has increased from 963 at March 2022 to 1,027 at March 2023.



Our [Palliative & End of Life Care Strategy](#) was published in September 2022 following extensive consultation and engagement to ensure the final Strategy is as informed and insightful as possible.



Anticipatory Care Planning was a key area of focus in 2022-23, and although we have delivered on our actions, we have yet to see an improvement in performance. We are hopeful the picture will improve by mid-year 2023-24.



6

Referrals to RLDS every week

## Case Study: Supporting Young People into Adult Services.

A new role of Senior Resource Officer for Transitions, based in Renfrewshire Learning Disability Service (RLDS)...

- Identifies young people who need ongoing and specialist support from RLDS as they transition into young adulthood.
- Ensures partnership working with supported individuals, families, education and other agencies.
- Enables access to community-based supports / services at the right time and place.

# Empowered Futures

## Highlights and Additional Case Studies



### Case Study: Unpaid Carers' Support

We published our new co-produced [Unpaid Carers' Strategy 2022-25](#) this year and a Carers Partnership Officer has been recruited to help identify carers and promote a wide-reaching awareness and development programme. This links with services, acute and community health partners, the voluntary sector and communities so unpaid carers can access the support they need. As we deliver our new Carers Strategy and reflect on Year 1 of the Strategic Plan, we continue to see positive performance results with 1,027 new carers identified in 2022-23.

### Case Study: The Right Care at the Right Time in the Right Place

The 2018 GP contract began a process of reform that would see health boards centrally provide some services that were previously the responsibility of GP practices. In 2022-23, Renfrewshire HSCP opened 13 new treatment rooms to help streamline care and enable independent residents to receive the right care at the right time and in the right place. This service is provided by Renfrewshire HSCP's Community Treatment and Care (CTAC) Team. Clinics offer interventions such as wound care, suture removal, dressings, injections and treatment for leg ulcers. In addition, a Phlebotomy service is also provided within individual GP practices.

1,027  
new unpaid  
carers  
identified

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

### Performance Indicators:

Carers' performance measures in 2022-23 all have green status. We continue to support carers in their caring roles so they can manage their own life alongside their caring responsibilities.

#### Carers accessing training

In 2022-23, 271 carers accessed training via Renfrewshire Carers Centre, above the target of 257 - green status.

#### Number of Adult Support Plans completed by the Carers Centre for carers 18+

In 2022-23, 203 Adult Support Plans were completed by Renfrewshire Carers Centre for carers aged 18+, above the target of 145 - green status.





# Empowered Futures: An Overview

## Priority Activities



| Objective |   | Year One Deliverables |   | RA<br>G |
|-----------|---|-----------------------|---|---------|
| EmpF1     | Recover and develop day opportunities and explore wider flexible community-based models which, where appropriate for each person, provide additional choice beyond existing services and support innovative use of our buildings. | EmpF1.1               | Maintain continued delivery of day and respite services.  | G       |
|           |   | EmpF1.2               | Explore and document other service models across Scotland to inform and shape future service delivery locally.  | G       |
|           |   | EmpF1.3               | Establish and progress a rolling programme of care package reviews.   | G       |
| EmpF2     | Develop the HSCP's approaches and mechanisms for supporting and enabling people with lived experience to contribute to the improvement of existing services and development of new forms of support.                              | EmpF2.1               | Confirm strategic care planning groups for Learning Disabilities (LD) and Autism, including representatives for people with lived experience and unpaid carers. | G       |
|           |   | EmpF2.2               | Establish lived experience reference groups for people with LD and Autism.  | G       |
|           |   | EmpF2.3               | Establish lived experience reference groups for carers, supported by The Carers Centre.   | G       |
| EmpF3     | Improve the experience of young people with autism or with a learning disability making the transition to adult services.   | EmpF3.1               | Review existing pathways for young people and agree opportunities for improvement.  | G       |
|           |   | EmpF3.2               | Confirm partnership working arrangements with key stakeholders in education, housing, and employment.   | G       |
|           |   | EmpF3.3               | Review and develop pathways with key partners in relation to complex cases and delayed hospital discharge.  | G       |

### Empowered Futures work aligns with the following National Health and Wellbeing Outcomes

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
|   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

# Empowered Futures: An Overview

## Priority Activities



| Objective |  | Year One Deliverables |  | RAG |
|-----------|--|-----------------------|--|-----|
| EmpF4     | Deliver a Renfrewshire autism action plan to improve opportunities and outcomes for people with autism.  | EmpF4.1               | Develop and agree Autism Action Plan. <b>Note:</b> the Action Plan and associated priorities by their very nature are very fluid, cyclical and ongoing, but overall progress is being made in all areas. | G   |
|           |  | EmpF4.2               | Prioritise and develop clear care pathways to support and / or signpost autistic adults to services inclusive of life skills, benefits, employment, housing, and social isolation.                       | G   |
| EmpF5     | Develop the HSCP's approaches and mechanisms for supporting and enabling people with lived experience to contribute to the improvement of existing services and development of new forms of support. | EmpF5.1               | Establish a short life working group to develop and publish a Communication Toolkit for all staff.   | G   |
| EmpF6     | Develop an LGBTQ+ charter, continue to co-fund the IN-Ren Network Officer post hosted by our partner Engage and deliver training for our staff.  | EmpF6.1               | Progress LGBT Charter Award. <b>Note:</b> paused due to resource prioritisation.   | R   |
|           |  | EmpF6.2               | Develop and publish a Race Equality Toolkit.   | G   |
|           |  | EmpF6.3               | Provide Race Equality Champions Training.  | G   |
| EmpF7     | Anticipatory Care Planning (ACP) is a priority. We will work with staff groups to have the competence and skill to have sensitive discussions with patients.   | EmpF7.1               | Develop an ACP evaluation tool.  | G   |
|           |  | EmpF7.2               | Develop an ACP training programme for staff.   | G   |
|           |  | EmpF7.3               | Deliver ACP target in line with 2021-22 objectives.  | G   |
|           |  | EmpF7.4               | Develop a quality audit approach and apply this to a sample of ACPs.   | G   |
| EmpF8     | Deliver Renfrewshire's updated Palliative Care and End of Life Care Strategy.  | EmpF8.1               | Agree Palliative Care Strategy with IJB.   | G   |
|           |  | EmpF8.2               | Deliver actions for Year 1 in Palliative Care Strategy ( <b>note:</b> year 1 of the Strategy will cover approximately six months of Year 2 of the IJB's Strategic Plan).                                 | G   |

## Sustainable Futures

Ensuring available resources in the health and social care system across Renfrewshire are used effectively within a challenging financial environment.

# Sustainable Futures: An Overview

Effective Use of Renfrewshire's Resources



Sustainable Futures is a core overarching theme within the IJB's Strategic Plan for 2022-25. It focuses on ensuring Renfrewshire HSCP's available resources are used effectively, while recognising service reform and financial savings will be required to achieve this.

## Sustainable Futures: Progress Overview:

| Red | Amber | Green |
|-----|-------|-------|
| 1   | 2     | 11    |

## Some Examples of Progress :



We published our Workforce Plan 2022-25 in November 2022, see page 37 for more details.



We launched our Staff Development Programme, allowing staff to apply for funding to develop their skills and enhance their careers.



Renfrewshire HSCP's Climate Change Net Zero Plan was approved in August 2022.



We developed a new Market Facilitation Plan 2023-25.



## Case Study: Collaborating on Recruitment Challenges Locally

Recruitment to the adult social care sector has been a national challenge in recent years, putting seamless service delivery at risk. In response, we have worked in collaboration with partners from across Renfrewshire to tackle this issue locally.

By taking a strategic approach and working with a broad range of partners, we developed a local recruitment campaign. This featured a wider spectrum of roles than any individual organisation could offer and highlighted the benefits of working in the sector.

The first joint 'Jobs Fair' event was held in March 2023. More than 300 people came along on the day and all partners reported an exceptionally positive outcome from this collaborative approach.

# Sustainable Futures

## Highlights and Additional Case Studies



### Case Study: Workforce Plan

Published in November 2022, our [Workforce Plan 2022-25](#) sets out how we aim to ensure the Partnership has a workforce fit for purpose and enabled to deliver the current and future needs of those who rely on our services. Aligned with our Strategic Plan 2022-25, the National Workforce Strategy for Health and Social Care is set in the context of our [Medium Term Financial Plan](#).



### Staff Development Programme

*"I would recommend applying to the staff development programme. The application process was easy to follow. I hope when I finish my degree, I'll be able to progress in my career and move into a more senior management role and I'm really excited about my future career journey with Renfrewshire HSCP."*

Tracey Smith, Admin Team Lead, Children's Services, studying BA (Hons) Business Management

### Case Study: Staff Awards 2022

Each year, our Staff Awards Programme shines a light on all the great work that takes place across our services. We ask all HSCP staff to nominate colleagues they feel have made a difference or special contribution, gone the extra mile, or had a significant impact. The aim of the awards is not only to celebrate the achievements of those nominated by their peers, but also to help raise awareness and recognise the efforts of individuals, right across the Partnership.



49

nominations  
for 2022 staff  
awards

### Performance Indicators

Plans are in place to address ongoing sickness absence challenges. These include Human Resources support for services to offer training and identification of areas that require additional support.

#### Sickness Absence NHS HSCP Staff

In 2022-23, the sickness absence rate for NHS HSCP staff was 6.73%, above the target of 4% - red status.

#### Sickness Absence Renfrewshire Council HSCP Staff

In 2022-23, the sickness absence rate for Council staff was 22.59 work-days lost per Full Time Equivalent (FTE), above the target of 15.3 work-days lost - red status.

# Sustainable Futures

## Priority Activities



| Objective |  | Year One Deliverables |  | RAG |
|-----------|--|-----------------------|--|-----|
| SF1       | Prioritise recovery from COVID at a consistent pace and develop transformation plans to reflect a range of criteria.                   | SF1.1                 | Confirm and prioritise scope for HSCP transformation programme, incorporating recovery objectives.   | G   |
|           |  | SF1.2                 | Workforce Plan for 2022-25 approved by IJB with supporting actions, including those with a focus on staff health and wellbeing.  | G   |
|           |  | SF1.3                 | HSCP Governance and Resourcing Plan to respond to National Care Service proposals. <b>Note:</b> a further period of engagement and consultation is taking place during summer 2023.                        | R   |
| SF2       | Gather available data on health and social care demand and provision in Renfrewshire and develop a refreshed Market Facilitation Plan. | SF2.1                 | Updated demand baseline and projections.   | G   |
|           |  | SF2.2                 | Market Facilitation Plan approved by IJB.  | G   |
| SF3       | Develop a Climate Change Net Zero Action Plan for HSCP services.   | SF3.1                 | Develop an action plan to support Renfrewshire's Plan for Net Zero.  | G   |
| SF4       | Further develop how the HSCP works in partnership with the third sector, partners and providers.                                       | SF4.1                 | Evaluate SPG progress against priorities.  | G   |
|           |  | SF4.2                 | Agree next phase of Health and Wellbeing initiatives. <b>Note:</b> SPG have been taking time to consider our priorities in light of financial pressures and testing current ones in terms of future focus. | A   |

Sustainable Futures work aligns with the following National Health and Wellbeing Outcomes

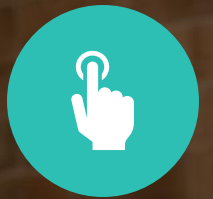
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

# Sustainable Futures

## Priority Activities



| Objective |  | Year One Deliverables |  | RAG |
|-----------|--|-----------------------|--|-----|
| SF5       | Work with our partners to deliver joint strategic objectives and plans.  | SF5.1                 | The key deliverables from these plans have been captured within other objectives within the Strategic Plan and are managed through existing governances and reporting structures within NHSGGC, Renfrewshire Council ,and on a partnership basis. Any additional commitments or actions which arise will be added to our Delivery Plan and highlighted to the IJB. | G   |
| SF6       | Review the Unpaid Carer Short Breaks Services Statement and strengthen the partnership approach to supporting unpaid carers. | SF6.1                 | Agree Unpaid Carer Short Breaks Services Statement at IJB September 2022.  | G   |
|           |  | SF6.2                 | Increase the total of community based short breaks hours to 3,000 (Baseline: 1,992 hrs 2021 / 22). <b>Note:</b> <i>efficient self-directed support process has resulted in a reduced need for Carers' Centre respite. This will be monitored during 2023 / 24.</i>   | A   |
| SF7       | Work with partners to develop and implement a Workforce Plan for 2022-25   | SF7.1                 | Final Workforce Plan approved by IJB.  | G   |
|           |  | SF7.2                 | Action Plan with owners and measures (progress will be monitored through Workforce Planning governance).   | G   |
|           |  | SF7.3                 | Year 1 progress assessment submitted to Scottish Government.   | G   |



## Enablers... Making it Possible

We have a range of critical enabling policies and plans which provide the foundations for us to deliver on our objectives and priorities. They inform our Strategic Plan and also help us to deliver on our priorities. Central to this is workforce planning - because our staff are our greatest asset - and we are committed to supporting them through access to development opportunities and empowering them to maximise the contribution they can make.



# Enablers

Making it possible...



We have identified several key 'enablers'. These are areas of activity which apply across all services provided and activity undertaken by the Partnership. These enablers inform this Strategic Plan and are the foundations which ensure we are equipped to deliver on our objectives and priorities.

## Enablers Progress Overview:

| Red | Amber | Green |
|-----|-------|-------|
| 2   | 1     | 9     |

## Some Examples of Progress :



Roll out of pharmacy hubs across Renfrewshire.



Establish HSCP Property Strategy Group with partners.



Annual Clinical and Care Governance Report for the preceding year produced for the IJB and NHSGGC.



Our progress from analogue to digital.



## Case Study: iMatter

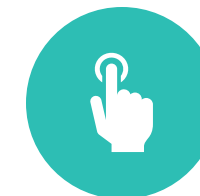
iMatter is the Scottish Government initiated staff survey tool for all NHS Boards and Health and Social Care Partnerships in Scotland. The survey has been running annually in Renfrewshire since 2017 and uses a continuous improvement model to put decisions about the priorities and actions for improvement in the hands of the teams themselves, making the work more meaningful and increasing staff involvement in decisions and activity for improvement.

In 2022, we increased our return rate to 75%, which was a great increase on the previous year's figures. With agreed action plans in place, our teams can focus on making sure we deliver on the promises we made.

These plans are developed to help us improve how we work better together and how we tackle the issues raised in individual teams as a priority.

# Enablers

## Priority Activities



| Objective |   | Year One Deliverables |   | RAG |
|-----------|---|-----------------------|---|-----|
| En1       | Develop a Workforce Plan for 2022-25 setting out how we will address identified challenges.               | En1.1                 | Final Workforce Plan approved by IJB.   | G   |
|           |   | En1.2                 | Action Plan with owners and measures (progress will be monitored through Workforce Planning governance).                            | G   |
|           |   | En1.3                 | Year 1 progress assessment submitted to Scottish Government.  | G   |
| En2       | Establish an HSCP Digital and Data Oversight Group.   | En2.1                 | HSCP Digital and Data Oversight Group established with agreed Terms of Reference.   | G   |
|           |   | En2.2                 | HSCP Digital Vision, objectives and priorities agreed with partners. <b>Note:</b> work underway but behind schedule.                | A   |
| En3       | Work closely with our partners to ensure our buildings match our future needs.                            | En3.1                 | Roll out four pharmacy hubs across Renfrewshire.  | G   |
|           |   | En3.2                 | Treatment Room access rolled out across Renfrewshire.   | G   |
|           |   | En3.3                 | Establish HSCP Property Strategy Group with partners.   | G   |
|           |   | En3.4                 | Agree HSCP strategic property objectives and priorities.  | G   |
| En4       | Develop and implement a Communication and Engagement Strategy.  | En4.1                 | Refresh the HSCP's Participation, Engagement and Communication (PEC) Strategy. <b>Note:</b> delayed due to resource prioritisation. | R   |
|           |   | En4.2                 | Implement a supporting PEC Group. <b>Note:</b> delayed due to resource prioritisation.  | R   |
| En5       | Produce an Annual HSCP Clinical and Care Governance Report for the preceding year for the IJB and NHSGGC. | En5.1                 | Produce an Annual HSCP Clinical and Care Governance Report for the preceding year for the IJB and NHSGGC.                           | G   |



# Housing Contribution Statements

# Housing Contribution Statements



Good housing is central to tackling some of the most pressing health challenges and plays a critical role in improving health, wellbeing and social care outcomes for people in Renfrewshire.

Our aim is to ensure that people have access to the right home: one that is accessible, warm, safe, secure and affordable, in the right place, with the right support, to ensure that people live longer, healthier lives in their own community.

## Housing Contribution Statements Overview

| Red | Amber | Green |
|-----|-------|-------|
| 2   | 1     | 11    |



## Some Examples of Progress:



CIRCLE continue to link with various housing and homelessness services. The Link Workers will continue to build and strengthen these joint working arrangements.



The use of Housing First based wraparound support approach has been upscaled to over 60 service users at any one time.



The Myla Project in partnership with Turning Point Scotland is supporting 25 service users, with referrals coming from a broad range of services and agencies.

## Case Study: Community Safety Nurses

Community Safety Nurses (CSN) support housing with various issues such as hoarding, the risk to tenancy concerns due to anti-social behaviour, and private lets. When our Housing colleagues raise a concern more than once they would discuss the case with Community Safety Nurses.

A drop-in service is available for Housing to attend and discuss potential cases. If suitable, CSN can arrange a Mental Health Assessment for the tenant. An outcome of this assessment is passed to the original referrer and the tenant's GP Practice.

# Housing Contribution Statements



|     | Objective  |       | Year One Deliverables  | RAG |
|-----|--|-------|--|-----|
| HC1 | Support the development of Renfrewshire Council's innovative Regeneration and Renewal Programme.   | HC1.1 | Progress Phase 1 investment in Auchentorlie and Seedhill areas in line with agreed plans.  | G   |
|     |  | HC1.2 | Progress establishment of Neighbourhood Renewal Groups for 8 Housing Regeneration Areas (in line with plans and target date of 2029).  | G   |
| HC2 | Support the delivery of energy improvements to existing social housing stock across all tenures and support owners to undertake energy efficiency improvements through Area-Based Schemes.                                     | HC2.1 | Progress housing investment programmes to improve energy efficiency of social rented housing stock while working towards higher standards for net zero.  | G   |
|     |  | HC2.2 | Secure funding from Scottish Government EES:ABS programme.   | G   |
|     |  | HC2.3 | Increase the role of environmental sensors within council housing to monitor air quality and quickly identify mould risk for intervention.   | G   |
| HC3 | Build on the rapid rehousing approach to ensure access to specialist services is readily available via robust pathways for homeless people with complex needs, including mental health and harmful alcohol and / or drugs use. | HC3.1 | Complex Cases Group established and working well.  | G   |
|     |  | HC3.2 | CIRCLE continue to link with various housing and homelessness services. The Link Workers will continue to build and strengthen these joint working arrangements.   | G   |
|     |  | HC3.3 | The use of Housing First based wraparound support approach has been upscaled to over 60 service users at any one time.   | G   |
|     |  | HC3.4 | Increase number and % of social rented lets to homeless people from 2021-22 baseline (this may be impacted by the Homes for Ukraine Programme). <b>Note:</b> 2022-23 data to be confirmed as currently provisional). | A   |

# Housing Contribution Statements



| Objective |   | Year One Deliverables |   | RAG |
|-----------|---|-----------------------|---|-----|
| HC4       | Continue to strengthen our approach to prevention and repeat homelessness by providing holistic wraparound support to households in Renfrewshire.                       | HC4.1                 | Launch Myla Project in partnership with Turning Point Scotland.   | G   |
|           |   | HC4.2                 | Establish Myla Steering Group.  | G   |
|           |   | HC4.3                 | Target number of service users confirmed as 25 at any one time by April 2023.   | G   |
| HC5       | Develop an integrated approach to housing advice across Renfrewshire, building on existing offerings from the Council and the Linstone Housing Hub, funded by the HSCP. | HC5.1                 | Undertake a review of advice services across Renfrewshire. <b>Note:</b> subject to Council review and may not proceed as initially planned. | R   |
|           |   | HC5.2                 | Evaluate the social prescribing model of housing support. <b>Note:</b> subject to Council review and may not proceed as initially planned.  | R   |



**Lead Partnership Working**

# Lead Partnership Working

## Podiatry and Primary Care Support






Renfrewshire HSCP is responsible for the strategic planning and operational budget of all issues relating to Podiatry across the six Health and Social Care Partnerships within NHSGGC.

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

### Lead Partnership Working Overview

| Red | Amber | Green |
|-----|-------|-------|
| 0   | 1     | 6     |

### Some Examples of Progress:

-  Additional Care Home ANP posts have been recruited, increasing resource by 3.4 WTE, as per our commitment.
-  86% of patients reported a positive experience of podiatry services - and 87% of participants responded that they would recommend the service.
-  Each GP Cluster continues to be encouraged to have a Quality Improvement Plan in place which sets out the key areas the cluster will work on collaboratively to improve outcomes, pathways and services for patients.



*"My father has been attending the podiatry department over the past month. I have been attending with him and I have to say how outstanding the care has been from being seen extremely quickly after his referral to the highest standard of care during his weekly visits. In addition, I took extremely unwell in reception and the staff took full control and got me over to A&E. Forever grateful to everyone we came in contact with. You are all stars!"*

**Feedback: Podiatry Team at the Queen Elizabeth Hospital**



# Lead Partnership Working



| Objective |                      | Year One Deliverables                                       | RAG  |
|-----------|----------------------|---|--|
| LP1       | Equalities           | Implement Fairer Scotland Duty within HSCP ways of working. | LP1.1 Train HSCP Senior Management Team (SMT) in Fairer Scotland Duty. <span style="float: right;">G</span>  |
|           |                      |   | LP1.2 Fairer Scotland Duty incorporated in Equality Impact Assessments (EQIAs). <span style="float: right;">G</span>   |
| LP2       | Primary Care Support | Delivering on our lead partnership responsibilities.        | LP2.1 Increase Care Home ANP Resource by 3.4 WTE by 2022-2023 to deliver Urgent Care Services with aims to reduce clinical work of GPs within care homes and to potentially reduce avoidable hospital admissions. <span style="float: right;">G</span>   |
|           |                      |   | LP2.2 Ensure each GP Cluster (x 6) has a quality improvement plan in place to support quality improvement initiatives. <span style="float: right;">G</span>  |
| LP3       | Podiatry             | Delivering on our lead partnership responsibilities.        | LP3.1 Achieve Quality Improvement target for positive patient experience of Podiatry (70% target). <span style="float: right;">G</span>  |
|           |                      |   | LP3.2 Reduce pressure ulcers and avoidable pressure damage (30% target).<br><i>Note: an ongoing Improvement Plan is in place and a review of policy documents has been undertaken. In addition, and to ensure best practice is shared widely, the Pressure Ulcer Prevention Steering Group is engaged around a Learning Health Systems Network. This is at an early stage and should be impactful over the next six months.</i> <span style="float: right;">A</span> |
|           |                      |   | LP3.3 Improve longest waiting times for Tier 1 new patient appointment in line with NHSGGC targets (90%). <span style="float: right;">G</span>   |

# Financial Performance and Best Value

In this section of our report, we present an overview of financial performance for 2022/23 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, reflect on progress against our Medium-Term Financial Plan, and look ahead to Future Challenges for 2023/24 and beyond.

## Financial Performance

We are living in unprecedented times. The war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, along with continuing and legacy COVID-19 impacts are converging to create a hugely difficult funding scenario for the public sector across the UK. The financial impact of which is likely to continue over the medium-term and at least over the next few financial years.

This continually changing landscape along with the potential for future spikes in demand for services has and will continue to create additional delivery and financial pressures, as well as impact the delivery of the IJB's Strategic and Workforce plans.

Financial performance is an integral element of the HSCP's overall Performance Management Framework. Through regular updates to the IJB from the Chief Finance Officer, members have been kept apprised of the rapidly changing situation, with a detailed analysis of significant variances and reserves activity. This ensures that where required, early decisions are taken to support medium and long-term financial sustainability.

## Our Commitment to Best Value

Renfrewshire IJB is accountable for the stewardship of public funds and ensuring 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



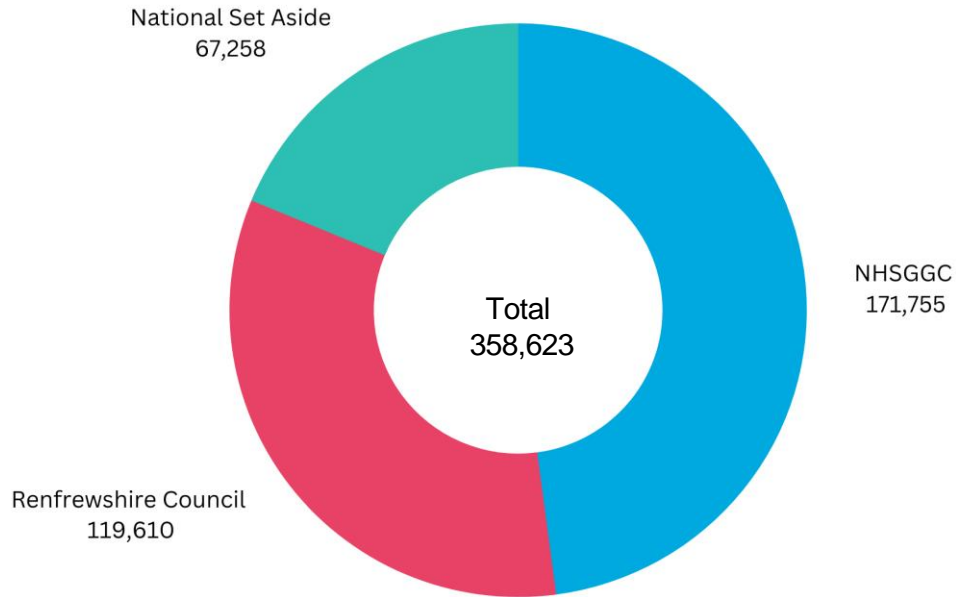
Reporting on the delivery of the priorities of the Strategic and Financial Plans to the IJB.

# Financial Performance and Best Value

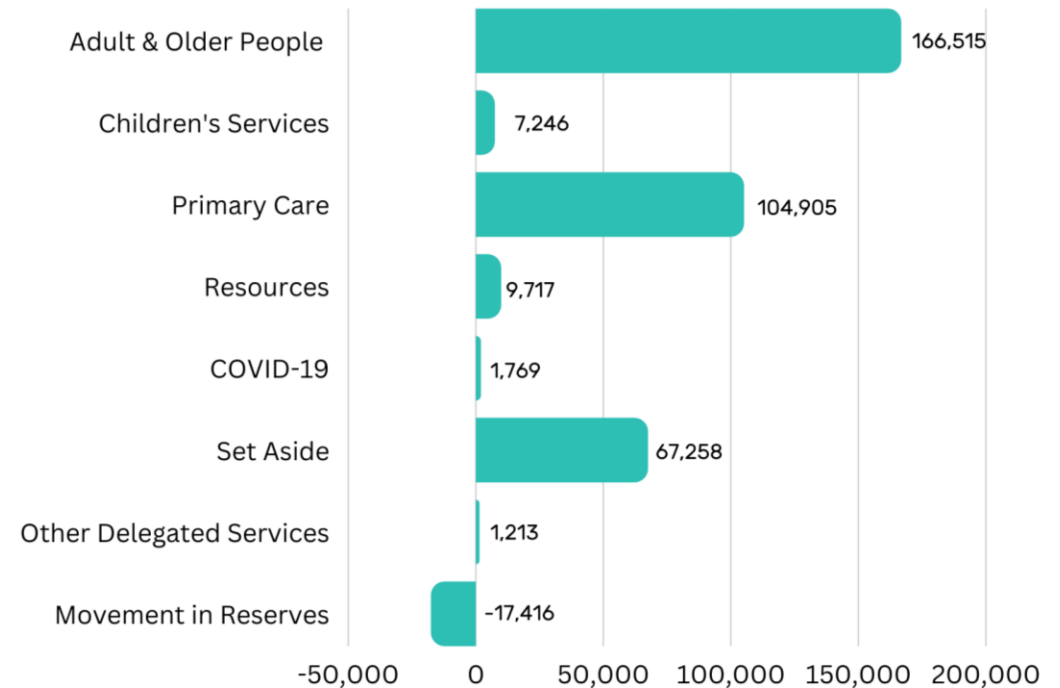
## Resources Available to the IJB 2022/23

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 in 2022/23 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £358,623k. 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 to the IJB 2022/23 (£000s)



Our Budget (£000s)



Included within the resources available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £67,433k (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.

## Financial Performance and Best Value

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 five years.

(Please note: The following figures are taken from the IJB Annual Accounts Comprehensive Income and Expenditure Statement).

| Funding Type         | 2022/23        | 2021/22        | 2020/21        | 2019/20        | 2018/19        | 2017/18        |
|----------------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                      | £000's         |                |                |                |                |                |
| NHSGGC               | 171,755        | 177,012        | 166,081        | 143,218        | 134,432        | 133,343        |
| Renfrewshire Council | 119,610        | 110,453        | 104,573        | 93,797         | 89,107         | 82,500         |
| Set Aside            | 67,258         | 63,579         | 64,738         | 56,497         | 57,461         | 29,582         |
| <b>TOTAL</b>         | <b>358,623</b> | <b>351,044</b> | <b>335,392</b> | <b>293,512</b> | <b>281,000</b> | <b>245,425</b> |

| Care Group               | 2022/23        | 2021/22        | 2020/21        |
|--------------------------|----------------|----------------|----------------|
|                          | £000's         |                |                |
| Adults & Older People    | 166,515        | 143,666        | 134,223        |
| Children's Services      | 7,246          | 6,325          | 5,943          |
| Primary Care             | 104,905        | 98,662         | 92,958         |
| Resources                | 9,717          | 6,723          | 6,665          |
| COVID-19                 | 1,769          | 6,951          | 12,610         |
| Set Aside                | 67,258         | 63,579         | 65,184         |
| Other Delegated Services | 1,213          | 1,095          | 766            |
| Movement in Reserves     | -17,416        | 24,043         | 17,489         |
| <b>TOTAL</b>             | <b>341,207</b> | <b>351,044</b> | <b>335.838</b> |

# Financial Performance and Best Value

## Summary of Financial Position 2022/23

The overall financial performance against budget for the financial period 2022/23 was an underspend of £2,126k, prior to the transfer of ring-fenced years-end balances to Reserves. The final outturn position for all delegated HSCP services in 2022/23 net of transfers to reserves is summarised in the following table. (Please note: the net expenditure figures differ from those shown in the previous tables due to differences in the presentation of earmarked reserves, resource transfer and social care fund adjustments).

Once all ring-fenced balances have been transferred to the relevant earmarked reserve in line with Scottish Government guidance, the revised outturn for the IJB is an underspend of £627k. This position reflects the movement of the projected year-end health underspend to fund the projected shortfall in the delivery of the Primary Care Improvement Plan deliverables, as approved by the IJB on 25 November 2022.

The underspend includes a drawdown of £26,337k from earmarked reserves, which includes the return of the majority of COVID monies in line with the Scottish Government direction issued in September 2022. Renfrewshire IJB returned their projected underspend of £13,333k to the Scottish Government in February 2023. A final reconciliation was carried out at the financial year-end and an invoice was raised for £989k, leaving a balance of £4k to meet and support assumed costs for carers' PPE in future years.

| Care Group   | Final Budget   | Spend to Year End (before movement to reserves) | Variance     | Movement to Reserves | Revised Variance |
|--|----------------|---|--------------|----------------------|------------------|
| £000's   |                |   |              |                      |                  |
| Adults & Older People                              | 82,747         | 79,386  | 3,361        | (3,248)              | 113              |
| Mental Health                                      | 30,867         | 29,929  | 938          | (206)                | 732              |
| Learning Disabilities                              | 23,545         | 21,922  | 1,623        | (224)                | 1,399            |
| Children's Services                                | 8,338          | 6,575   | 1,763        | (932)                | 831              |
| Prescribing  | 37,295         | 39,361  | (2,066)      |                      | (2,066)          |
| Health Improvement & Inequalities                  | 1,287          | 954   | 333          | (8)                  | 325              |
| Family Health Services                             | 60,332         | 60,331  | 2            |                      | 2                |
| Resources  | 6,786          | 4,946   | 1,840        | (1,902)              | (62)             |
| Hosted Services                                    | 12,648         | 11,520  | 1,128        | (144)                | 984              |
| Resource Transfer                                  | -              | -   | -            |                      | -                |
| Social Care Fund                                   | -              | -   | -            |                      | -                |
| Set Aside  | 67,258         | 67,258  | -            |                      | -                |
| <b>NET EXPENDITURE (before delegated services)</b> | <b>331,103</b> | <b>322,182</b>                                  | <b>8,921</b> | <b>(6,664)</b>       | <b>2,257</b>     |
| Other Delegated Services                           | 1,083          | 1,214   | (131)        | -                    | (131)            |
| <b>NET EXPENDITURE before COVID-19</b>             | <b>332,187</b> | <b>323,396</b>                                  | <b>8,790</b> | <b>(6,664)</b>       | <b>2,126</b>     |
| COVID-19   | (13,333)       | (13,333)  | -            | -                    | -                |
| <b>NET EXPENDITURE</b>                             | <b>318,854</b> | <b>310,063</b>                                  | <b>8,790</b> | <b>(6,664)</b>       | <b>2,126</b>     |

# Financial Performance and Best Value

## Medium Term Financial Plan

The Medium-Term Financial Plan 2022/25 (MTFP) was approved by the IJB in March 2022. It was developed concurrently with the Strategic Plan so the linkages and dependencies between the IJB's strategic objectives and available resources were clearly set out and considered.

The MTFP projected a range of scenarios over a ten-year period from 2022/23 to 2031/32. The reliability of projections decreases over time, and projections tend to be less reliable in periods of rapid change. Nonetheless, the movement in the last year compared to our projections is considerable. At the close of 2022/23, the HSCP's estimated impact of cost and demand pressures, prior to mitigation, now exceeds the worst-case scenario projected just 12 months ago.



The uncertain and changing financial context has been under ongoing review by the HSCP's Senior Management Team (SMT) throughout this financial year. Further consideration has been given to how services are assessed and opportunities for savings or change are categorised. This has resulted in a refined approach which builds on the two-tier method adopted in previous financial years. Heads of Service and service management teams now consider three key categories:



**Protect:** identifying statutory services which must be delivered - alongside continuing to meet the needs of the most vulnerable in Renfrewshire - whilst recognising there may be opportunities to implement new service models and make these services more efficient.



**Reform:** focusing on areas where service delivery models can be adapted and developed to meet changing demand and expectations arising from policy and the impact of the pandemic. In doing so it may be possible to deliver financial efficiencies; and



**Deliver savings:** focusing on non-statutory activity and considering whether existing provision is still financially sustainable and where levels of provision can be safely reduced. This includes seeking efficiencies through process improvement, vacancy/post management, contract management and day-to-day overhead costs.

As was the case prior to the pandemic, the IJB's financial planning arrangements remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios. This helps us manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.

# Financial Performance and Best Value

## Future Challenges

The IJB is operating in an increasingly challenging environment with available funding insufficient to manage both the increasing levels of demand and the service delivery costs we are facing.

To manage its budget for 2023-24, it is likely the IJB will require to draw down a substantial amount of reserves to provide non-recurring support and deliver a balanced budget for 2023-24. Reliance on reserves and further predicted budget gaps in future years however, means we need to identify further substantial savings over the next two to three years, as a priority.

Recognising the financial challenges set out above, in June 2023 the IJB agreed a proposed direction of travel for identifying future opportunities for savings and reform activity. This activity will align with the Sustainable Futures theme of the IJB's Strategic Plan and the proposal to develop a Sustainable Futures Programme. The programme will aim to deliver best value by modernising services as well as identifying savings to reduce the financial gap in a sustainable way and where feasible with the least possible impact.








However, this extremely challenging financial environment is likely to impact on our ability to fully deliver on all the commitments set out in the 2022-25 Strategic Plan. We have already delivered year-on-year savings over the past few years, as well as implementing innovation and new ways of working. This means we have fewer options available to us to identify the savings needed to reduce the financial gap and return to a balanced budget. As we undertake this challenge, we will always aim to deliver the best services we can, with the resources available to us, to support those who need our services most.





Our approach will involve engagement with relevant stakeholders to understand their perspectives on the options we have available to us - and to understand the potential impact of any savings proposals we must develop. Engagement will include the IJB's Strategic Planning Group (SPG) and service-level Care Planning Groups (CPGs), both of which will have an important role in the wider development of savings proposals.










# Appendix 1

Renfrewshire IJB Scorecard 2022-23















| Performance Indicator Status  |                  | Direction of Travel  |                                   | Target Source |              |
|---|------------------|--|-----------------------------------|---------------|--------------|
|  | Alert            |  | Improvement                       | <b>N</b>      | National     |
|  | Warning          |  | Deterioration                     | <b>B</b>      | NHSGGC Board |
|  | Target achieved  |  | Same as previous reporting period | <b>L</b>      | Local        |
|  | No targets       |  |                                   | <b>M</b>      | MSG          |
| p   | Provisional data |  |                                   |               |              |

| 12 Red Indicators  | Performance is more than 10% variance from target |             |             |        |   |   |               |
|--|---|-------------|-------------|--------|---|---|---------------|
| Performance Indicator  | 20/21 Value                                       | 21/22 Value | 22/23 Value | Target | Direction of Travel   | Status  | Target Source |
| 1. Number of adults with a new Anticipatory Care Plan (Outcome 2)  | 201   | 185         | 156         | 221    |   |   | L             |
| 2. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3) | 89%   | 88%         | 45.6%       | 100%   |  |  | N             |



| Performance Indicator   | 20/21 Value | 21/22 Value | 22/23 Value  | Target    | Direction of Travel   | Status  | Target Source |
|---|-------------|-------------|--------------|-----------|---|---|---------------|
| 3. A&E waits less than 4 hours (Outcome 3)  | 88%         | 67.1%       | 70.1%        | 95%       |    |    | N             |
| 4. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4) | 63%         | 52.7%       | 35.7%        | 95%       |    |    | B             |
| 5. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)            | 86.8%       | 90.9%       | 70.0%        | 90%       |    |    | B             |
| 6. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)                        | 161         | 176         | 75<br>Dec 22 | 182       |    |    | B             |
| 7. % of health staff with completed TURAS profile/PDP (Outcome 8)   | 41.7%       | 50.5%       | 55.89%       | 80%       |    |    | B             |
| 8. Sickness absence rate for HSCP NHS staff (Outcome 8)   | 5.65%       | 6.52%       | 6.73%        | 4%        |    |    | N             |
| 9. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)                                | 13.5        | 17.79       | 22.59p*      | 15.3 days |    |    | L             |
| 10. % of foot ulcers seen within 2 working days in NHSGGC (Outcome 9)   | 75.0%       | 83.7%       | 75.2%        | 90%       |  |  | B             |
| 11. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)   | 77.0%       | 84.6%       | 78.8%        | 90%       |  |  | B             |


\*p = provisional

| 6 Amber Indicators  | Performance is less than 10% variance from target |             |             |        |   |   |               |
|---|---|-------------|-------------|--------|---|---|---------------|
| Performance Indicator   | 20/21 Value                                       | 21/22 Value | 22/23 Value | Target | Direction of Travel   | Status  | Target Source |
| 12. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)                       | 84.4%   | 80.2%       | 85.7%       | 90%    |    |    | B             |
| 13. Percentage of long-term care clients receiving intensive home care 65+ (national target: 30%) (Outcome 2) | 29%   | 29%         | 28%         | 30%    |    |    | N             |
| 14. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)                         | 90%   | 93%         | 80%         | 85%    |    |    | L             |
| 15. Improve the overall iMatter staff response rate (Outcome 8)   | Paused during COVID 19                            | 58%         | 59%         | 60%    |    |    | B             |
| 16. Formulary compliance (Outcome 9)  | 77.6%   | 76.56%      | 76.90%      | 78%    |    |    | L             |
| 17. Prescribing cost per treated patient (Outcome 9)  | £87.71  | £88.28      | £95.19      | £86.63 |  |  | L             |
| 18. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)              | 98%   | 90.8%       | 84.7%       | 91.5%  |  |  | L             |






| 21 Green Indicators   | Performance is on or exceeds target |             |             |        |                     |        |               |
|---|-------------------------------------|-------------|-------------|--------|---------------------|--------|---------------|
| Performance Indicator   | 20/21 Value                         | 21/22 Value | 22/23 Value | Target | Direction of Travel | Status | Target Source |
| 19. Exclusive breastfeeding at 6-8 weeks (Outcome 1)  | 26.8%                               | 19.7%       | 27.4%       | 21.4%  | ↑                   | ✓      | B             |
| 20. Exclusive breastfeeding 6-8 weeks in the most deprived areas (Outcome 1)                                    | 23.3%                               | 11.8%       | 25.0%       | 19.9%  | ↑                   | ✓      | B             |
| 21. Homecare hours provided - rate per 1,000 population aged 65+ (Outcome 2)                                    | 390                                 | 411         | 444         | 420    | ↑                   | ✓      | L             |
| 22. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)                                 | 46                                  | 58          | 140*        | 60     | ↑                   | ✓      | L             |
| 23. Percentage of routine Adult Social Work Occupational Therapy referrals allocated within 9 weeks (Outcome 2) | 42%                                 | 68%         | 92%         | 45%    | ↑                   | ✓      | L             |
| 24. Number of clients on the Adult Social Work Occupational Therapy waiting list (as at position) (Outcome 2)   | 315                                 | 143         | 226         | 350    | ↓                   | ✓      | L             |
| 25. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)                | 70.1%                               | 58.8%       | 100%        | 80%    | ↑                   | ✓      | N             |
| 26. Uptake rate of child health 30-month assessment (Outcome 4)   | 87%                                 | 94.9%       | 95%         | 80%    | ↑                   | ✓      | N             |

\*The Telecare number is higher than expected due to a change in the reporting methodology, arising from the move to the ECLIPSE information management system. Previous years have under-reported the rate of the 75+ population receiving a telecare service and only included service users with 'enhanced alarms' which is those with peripherals like door and fall monitors. This revised indicator is for all service users including basic and enhanced alarms, which provides a fuller and more accurate picture of the extent of the services used and uptake in the 75+ population.






| Performance Indicator  | 20/21 Value | 21/22 Value | 22/23 Value     | Target | Direction of Travel | Status | Target Source |
|--|-------------|-------------|-----------------|--------|---------------------|--------|---------------|
| 27. Percentage of children vaccinated against MMR at 24 months (Outcome 4)                                     | 98.5%       | 97.3%       | 96.2%<br>Dec 22 | 95%    | ↓                   | ✓      | N             |
| 28. Percentage of children vaccinated against MMR at 5 years (Outcome 4)                                       | 96.8%       | 96.8%       | 96.9%<br>Dec 22 | 95%    | ↑                   | ✓      | N             |
| 29. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)                               | 6.2%        | 6.8%        | 5.7%            | 6%     | ↑                   | ✓      | <u>B</u>      |
| 30. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4) | 6.3         | 6.8         | 6.3             | 8.9    | ↑                   | ✓      | N             |
| 31. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)           | 100%        | 100%        | 100%            | 100%   | -                   | ✓      | B             |
| 32. Number of carers accessing training (Outcome 6)  | 165         | 282         | 271             | 257    | ↓                   | ✓      | L             |
| 33. % of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC (Outcome 9)                       | 62.0%       | 41.0%       | 90.2%           | 90%    | ↑                   | ✓      | B             |
| 34. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)         | 67.0%       | 41.4%       | 94.0%           | 90%    | ↑                   | ✓      | B             |

| Performance Indicator  | 20/21 Value   | 21/22 Value   | 22/23 Value   | Target | Direction of Travel   | Status  | Target Source |
|--|---------------|---------------|---------------|--------|---|---|---------------|
| 35. Number of adult support plans completed for carers (age 18+) (Outcome 6)   | 86            | 148           | 203           | 145    |    |    | L             |
| 36. Emergency admissions from care homes (Outcome 4)   | 506           | 400           | 433           | 450    |    |    | L             |
| 37. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)                             | 1.0<br>(2018) | 1.1<br>(2019) | 1.2<br>(2020) | 1.6    |    |    | L             |
| 38. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (Outcome 4) | 94.4%         | 93.7%         | 95.1%         | 80%    |    |    | N             |
| 39. Number of new Adult Carers supported (Outcome 6)   | 815           | 963           | 1,027         | 913    |    |    | L             |
| 40. % of complaints within HSCP responded to within 20 days (Outcome 8)  | 82%           | 90%           | 90%           | 70%    |  |  | B             |


## Ministerial Scottish Government Indicators (5)

| Performance Indicator   | 20/21 Value | 21/22 Value | 22/23 Value | Target | Direction of Travel | Status   | Target Source |
|---|-------------|-------------|-------------|--------|---------------------|--|---------------|
| 41. Number of unscheduled hospital bed days; acute specialties (18+)<br>(Outcome 2) | 112,609     | 129,987     | 125,176p    | -      | -                   |   | M             |
| 42. Number of emergency admissions (18+)<br>(Outcome 2)                             | 14,399      | 17,372      | 14,650p     | -      | -                   |   | M             |
| 43. Number of Acute delayed discharge bed days<br>(Outcome 2)                       | 8,759       | 9,117       | 7,006       | -      | -                   |   | M             |
| 44. Total number of A&E attendances<br>(Outcome 9)                                  | 39,432      | 54,111      | 52,998      | -      | -                   |   | M             |
| 45. Number of A&E attendances (18+)<br>(Outcome 9)                                  | 31,892      | 40,601      | 38,884      | -      | -                   |  | M             |

### Safe from Harm Indicators (5)

| Performance Indicator  | 20/21 Value  | 21/22 Value  | 22/23 Value | Target | Direction of Travel | Status  | Target Source |
|--|--------------|--------------|-------------|--------|---------------------|---|---------------|
| 46. Number of suicides (Outcome 7)   | 22<br>(2020) | 25<br>(2021) | N/A         | -      | -                   |  | -             |
| 47. Number of Adult Protection contacts received (Outcome 7)   | 3,487        | 4,263        | 4,123       | -      | -                   |  | -             |
| 48. Total Mental Health Officer service activity (Outcome 7)   | 627          | 1,222        | 1,362       | -      | -                   |  | -             |
| 49. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)   | 115          | 125          | 132         | -      | -                   |  | -             |
| 50. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7) | 34.8%        | 30.4%        | 9.5%        | -      | -                   |  | -             |

### Prescribing Indicator (1)

| Performance Indicator                            | 20/21 Value           | 21/22 Value           | 22/23 Value          | Target | Direction of Travel | Status  | Target Source |
|--|-----------------------|-----------------------|----------------------|--------|---------------------|---|---------------|
| 51. Prescribing variance from budget (Outcome 9) | 5.72%<br>under budget | 3.43%<br>under budget | 5.52%<br>Over Budget | -      | -                   |  | -             |

# Appendix 2

## National Core Integration Indicators.

| National Core Suite of Integration Indicators   | 2018-19 Renfrewshire (Scotland) | 2019-20 Renfrewshire (Scotland) | *2020-21 Renfrewshire (Scotland) | *2021-22 Renfrewshire (Scotland) | *2022-23 Renfrewshire (Scotland) | Direction of Travel From 2021-22 |
|---|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 11. Premature mortality rate (per 100,000 people aged under 75)                           | 465<br>(432)                    | 463<br>(426)                    | 507<br>(457)                     | 494<br>(466)                     | Available Aug 23**               | ↑                                |
| 12. Emergency admission rate (per 100,000 people aged 18+)                                | 12,447<br>(12,284)              | 13,014<br>(12,529)              | 10,550<br>(10,957)               | 10,965<br>(11,632)               | 10,350*<br>(11,155)              | ↑                                |
| 13. Emergency bed day rate (per 100,000 people aged 18+)                                  | 133,980<br>(121,174)            | 137,769<br>(119,753)            | 123,715<br>(101,967)             | 129,950<br>(112,939)             | 122,971*<br>(113,134)            | ↑                                |
| 14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population) | 88<br>(103)                     | 93<br>(105)                     | 100<br>(120)                     | 81<br>(107)                      | 77*<br>(102)                     | ↑                                |
| 15. Proportion of last 6 months of life spent at home or in a community setting           | 87.2%<br>(88.0%)                | 87.3%<br>(88.2%)                | 89.5%<br>(90.2%)                 | 88.4%<br>(89.7%)                 | 88.8%*<br>(89.3%)                | ↑                                |
| 16. Falls rate per 1,000 population aged 65+  | 22.1<br>(22.5)                  | 21.3<br>(22.8)                  | 19.0<br>(21.7)                   | 20.4<br>(22.6)                   | 23.5*<br>(22.2)                  | ↓                                |

|                               |                                     |                                     |
|-------------------------------|-------------------------------------|-------------------------------------|
| <b>KEY:</b><br>(current year) | <b>Better than Scotland average</b> | <b>Poorer than Scotland average</b> |
|-------------------------------|-------------------------------------|-------------------------------------|

|                                     |                               |                                 |
|-------------------------------------|-------------------------------|---------------------------------|
| <b>Comparison to previous year:</b> | <b>Improved performance</b> ↑ | <b>Decline in performance</b> ↓ |
|-------------------------------------|-------------------------------|---------------------------------|



| National Core Suite of Integration Indicators   | 2018-19 Renfrewshire (Scotland) | 2019-20 Renfrewshire (Scotland) | 2020-21 Renfrewshire (Scotland) | 2021-22 Renfrewshire (Scotland) | *2022-23 Renfrewshire (Scotland) | Direction of Travel From 2021-22 |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|
| 17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections                      | 87.3% (82.2%)                   | 85.2% (81.8%)                   | 85.5% (82.5%)                   | 81.5% (75.8%)                   | 78.5% (75.2%)                    | ↓                                |
| 18. Percentage of adults with intensive care needs receiving care at home   | 63.4% (62.1%)                   | 65.5% (63.0%)                   | 64.7% (63.0%)                   | 68.2% (64.6%)                   | 64.3% (63.5%)                    | ↓                                |
| 19. Number of days people spend in hospital when they are ready to be discharged, per 1,000 population**          | 246 (793)                       | 383 (774)                       | 368 (484)                       | 296 (748)                       | 266*** (919)                     | ↑                                |
| 20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | 23.8% (24.1%)                   | 23.9% (24.0%)                   | Not available                   | Not available                   | Not available                    | -                                |

#### INDICATOR DATA STATUS – DATA PUBLISHED (updated) in July 2023

\*2022-23 data is currently reported as 2022 calendar year for indicators 12-16, 18 and 20.

\*\*Indicator 11 data will be released by National Records Scotland (NRS) in August 2023.

\*\*\*Indicator 19 data is financial year 2022-23

Previous years (2018-19 to 2021-22) 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+.

#### \*\* NI 20:

2. NHS boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID pandemic on activity and expenditure, PHS no longer consider this appropriate.

**Source: PHS Delayed Discharge data collection**

# Appendix 3

## Inspection of Services.

During 2022/23, the following Inspections were undertaken at HSCP operated services:

### Montrose Care Home

An unannounced inspection began at the Montrose Care Home on 17 August 2022 and concluded on 19 August 2022. The following key messages were highlighted by the Inspection Team:

- Staff treated everyone with kindness, compassion, dignity and respect
- People living in the service were supported to maintain relationships with those people important to them
- People had up to date assessments and care plans that informed their care and support
- Staff worked closely with health and social care partners to support people's health and wellbeing
- The service was visibly clean, odourless and dust free
- The service had a consistent and stable staff team
- Management team acknowledged improvements to their Infection Prevention and Control (IPC) were necessary to align with the best practice guidance National Infection Prevention and Control Manual (NIPCM)
- The management team acknowledged improvements to their quality assurance would better improve people's outcomes.

The Care Inspectorate evaluation of the Montrose Care Home service was as follows:

|  |               |
|--|---------------|
| How well do we support people's wellbeing?   | 4 - Good      |
| People's health and wellbeing benefits from their care and support                                       | 5 - Very Good |
| People experience meaningful contact that meets their outcomes, needs and wishes                         | 5 - Very Good |
| People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 4 - Good      |
| How good is our leadership?  | 4 - Good      |
| Quality assurance and improvement is led well  | 4 - Good      |

# Appendix 3

## Inspection of Services.

### Renfrew Care Home

An unannounced inspection began at Renfrew Care Home on 31 August 2022 and concluded on 2 September 2022. The following key messages were highlighted by the Inspection Team:

- Staff treated everyone with kindness, compassion, dignity and respect
- People living in the service were supported to maintain relationships with those people important to them
- People had up to date assessments and care plans that informed their care and support
- Staff worked closely with health and social care partners to support people's health and wellbeing
- The service was visibly clean, odourless and dust free
- The service had a consistent and stable staff team
- Management team acknowledged improvements to their Infection Prevention and Control (IPC) were necessary to align with the best practice guidance National Infection Prevention and Control Manual (NIPCM)
- The management team acknowledged improvements to their quality assurance would better improve people's outcomes.

The Care Inspectorate evaluation of the Renfrew Care Home service was as follows:

|  |               |
|--|---------------|
| How well do we support people's wellbeing?   | 4 - Good      |
| People experience compassion, dignity and respect  | 4 - Good      |
| People experience meaningful contact that meets their outcomes, needs and wishes                         | 5 - Very Good |
| People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 4 - Good      |
| How good is our leadership?  | 4 - Good      |
| Quality assurance and improvement is led well  | 4 - Good      |

# Appendix 3

## Inspection of Services.

### Renfrewshire Care at Home

On 14 September 2022, the Care Inspectorate concluded an unannounced inspection of the Care at Home Service. The Care Inspectorate evaluation was as follows:

|  |              |
|--|--------------|
| How well do we support people's wellbeing?   | 2 - Weak     |
| People experience compassion, dignity and respect  | 3 - Adequate |
| People experience meaningful contact that meets their outcomes, needs and wishes                         | 2 - Weak     |
| People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 2 - Weak     |
| How good is our leadership?  | 3 - Adequate |
| Quality assurance and improvement is led well  | 3 - Adequate |

The HSCP immediately established a working group to expedite implementing the necessary requirements and improvements identified within [the report](#).

The Care Inspectorate undertook an unannounced follow-up visit during the period of 28 November 2022 to 1 December 2022. This resulted in the grades being re-evaluated as follows:

|  |          |
|--|----------|
| How well do we support people's wellbeing?   | 4 - Good |
| People experience compassion, dignity and respect  | 4 - Good |
| People's health and wellbeing benefits from their care and support                                       | 4 - Good |
| People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 4 - Good |

Inspectors also highlighted the following key messages:

- People told us they were treated with kindness, compassion and dignity
- The provider had implemented personal plans for people using the service
- The provider had completed medication assessments and created medication plans for people using the service
- Infection Prevention and Control policy and practice had improved since the last inspection.

## 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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Or email: [renfrewshire.hscp@ggc.scot.nhs.uk](mailto:renfrewshire.hscp@ggc.scot.nhs.uk)

Renfrewshire Health and Social Care Partnership  
3<sup>rd</sup> Floor, Renfrewshire House, Cotton Street  
Paisley, PA1 1AL

Telephone: 0141 487 2888

Email: [renfrewshire.hscp@ggc.scot.nhs.uk](mailto:renfrewshire.hscp@ggc.scot.nhs.uk)

Website: [www.renfrewshire.hscp.scot](http://www.renfrewshire.hscp.scot)



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