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

Date	Time	Venue
Friday, 29 June 2018	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor Scott Kerr: Dr Donny Lyons: Morag Brown: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Alex Thom: Liz Snodgrass: David Wylie: Alan McNiven: Helen McAleer: Stephen Cruickshank: John Boylan: Graham Capstick: Dr Stuart Sutton: David Leese: Sarah Lavers: Peter Macleod.

Dr Donny Lyons (Chair) and Councillor Jacqueline Cameron (Vice Chair)

Further Information

This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx
For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to the customer service centre where they will be met and directed to the meeting.

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

12 **Inspection of Adult Health and Social Work Services in Renfrewshire** **265 - 274**

Report by Chief Officer.

13 **Integrated Children's Services Partnership Plan 2018/21** **275 - 278**

Report by Chief Officer.

14 **Date of Next Meeting**

Note that the next meeting of the IJB will be held at 10.00 am on 14 September 2018 in the Abercorn Conference Centre, Renfrew Road, Paisley.

Minute of Meeting
Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 27 April 2018	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

Present

Councillor Jacqueline Cameron, Councillor Michelle Campbell (substitute for Councillor Jennifer Adam-McGregor), Councillor Lisa-Marie Hughes and Councillor Scott Kerr (all Renfrewshire Council); Dr Donny Lyons, Morag Brown and Dorothy McErlean (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Alex Thom (Registered Medical Practitioner (non-GP)); Liz Snodgrass (Council staff member involved in service provision); David Wylie (Health Board staff member involved in service provision); Helen McAleer (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); Graham Capstick (Trade Union representative for Health Board); and David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership).

Chair

Dr Donny Lyons, Chair, presided.

Apologies

Councillor Jennifer Adam-McGregor (Renfrewshire Council); Dr Linda de Caestecker (Greater Glasgow and Clyde Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); and Peter Macleod, Chief Social Work Officer (Renfrewshire Council).

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); and Iain Beattie, Head of Health and Social Care (Paisley), Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services and Jean Still, Head of Administration (all Renfrewshire Health and Social Care Partnership).

Declaration of Interest

Councillor Campbell declared an interest as she was a member of staff for NHS Greater Glasgow and Clyde. However, as she considered the interest to be insignificant in terms of the Code of Conduct and that she was not conflicted by any items on the agenda, she did not consider it necessary to leave the meeting.

Additional Item

The Chair intimated that once the items on the agenda had been considered he wished to provide an update on his activities as Chair since the last meeting of the Integration Joint Board. This was agreed.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 23 March 2018 was submitted.

In relation to item 2 – Update on Capability Scotland – it was agreed that the following wording be added after paragraph seven of that item 'Significant discussion took place at the meeting regarding these proposals and some members expressed concerns'.

In relation to item 4 – Change and Improvement Programme Update – it was agreed (i) that the following wording be added after paragraph three of that item 'Significant discussion took place at the meeting regarding these proposals and some members expressed concerns' and (ii) that proposal (iv) and decision (e) be amended to read 'That the HSCP look at how they engage and involve staff and Trade Unions prior to submitting reports of this nature to the IJB in future'.

DECIDED: That the Minute, as amended, be approved.

2 2018/19 Health Board Contribution to Renfrewshire IJB

Under reference to item 6 of the Minute of the meeting of the IJB held on 23 March 2018 the Chief Finance Officer submitted a report seeking approval for the budget reinvestment proposals identified to deliver a balanced budget in line with the IJB's financial and strategic plans in respect of the health board contribution to the IJB for 2018/19.

The report intimated that following the IJB's decision to continue consideration of the indicative delegated health budget for 2018/19 to this special meeting of the IJB, the spending on delegated health services had continued in line with the existing Direction issued by the Chief Officer in terms of Sections 26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014 and the financial recovery plan as detailed in section 4 of the report. It was noted that this arrangement was only sustainable as a short-term measure and it was essential that the IJB agreed a delegated health budget for 2018/19, even as an interim arrangement.

If the budget proposals set out in section 8 of the report were not approved, the Chief Officer, working with the senior management team would be required to implement a financial recovery plan throughout 2018/19 which might have a direct impact on front line service delivery.

The budget proposals presented in the report had been subject to an established financial planning process which ensured each proposal was impact assessed to consider their alignment to HSCP strategic and financial plans; any professional risk and potential mitigation; and stakeholder and equality implications.

There were lengthy and detailed discussions around the budget reinvestment proposals in the report and some concerns were expressed about the level of engagement and involvement with staff and clients of the services affected. There was also discussion regarding the funding of the RAMH service after the current financial year and there was anxiety about accessing mainstream services and the need to make those services more inclusive.

It was proposed (i) that the revised budget proposals set out in section 8 of the report to support the financial plan approved by the IJB at its meeting held on 15 September 2017 be approved; (ii) that the Chief Officer submit a report relative to the progress made in relation to the transition of the mental health network employability service to a community service to the meeting of the IJB scheduled to be held on 14 September 2018; (iii) that the actions of the Chief Officer and the Chief Finance Officer taken as an interim measure in maintaining the funding of delegated health functions in line with the existing statutory Direction be approved; (iv) that it be noted that the delays in implementation of the required savings to deliver a balanced budget required the Chief Officer to implement a financial recovery plan from 1 April 2018 to manage the budget as detailed in section 4 of the report; (v) that the proposed financial planning programme for 2019/20, as detailed in Appendix 1 to the report, be agreed and that the early involvement of staff, carers and service users be weaved into the financial planning process; and (vi) that a seminar be arranged for members of the IJB and staff representatives to consider what is meant by 'engagement of staff' and 'involvement of staff' in terms of Moving Forward Together. This was agreed.

DECIDED:

(a) That the revised budget proposals set out in section 8 of the report to support the financial plan approved by the IJB at its meeting held on 15 September 2017 be approved;

(b) That the Chief Officer submit a report relative to the progress made in relation to the transition of the mental health network employability service to a community service to the meeting of the IJB scheduled to be held on 14 September 2018;

(c) That the actions of the Chief Officer and the Chief Finance Officer taken as an interim measure in maintaining the funding of delegated health functions in line with the existing statutory Direction be approved;

(d) That it be noted that the delays in implementation of the required savings to deliver a balanced budget required the Chief Officer to implement a financial recovery plan from 1 April 2018 to manage the budget as detailed in section 4 of the report;

(e) That the proposed financial planning programme for 2019/20, as detailed in Appendix 1 to the report, be agreed and that the early involvement of staff, carers and service users be weaved into the financial planning process; and

(f) That a seminar be arranged for members of the IJB and staff representatives to consider what is meant by 'engagement of staff' and 'involvement of staff' in terms of Moving Forward Together.

3 Speech and Language Therapy Services Funding

Following consideration of item 2 and the reference in that item to the funding of Speech and Language Therapy Services by Renfrewshire Council, it was proposed that a seminar be held to consider how the current arrangement in the Renfrewshire IJB area whereby Children's Social Care Services have not been delegated by the Council to the IJB operate and how that arrangement works alongside the services for children delegated by the Health Board to the IJB. It was highlighted that this was different from the arrangements with the other five IJBs in the greater Glasgow and Clyde Health Board area where Children's Social Care Services had been delegated to the IJBs. This was agreed.

DECIDED: That a seminar be held to enable members to consider how the current arrangement for Renfrewshire Council Children's Services works alongside the services for children delegated by the Health Board to the IJB taking into account the decision on funding of Speech and Language Therapy Services.

4 Chairman's Update

The Chair advised that he had visited the REST team, the MHO service, the premises at West Lane and Whitehaugh, adult and older people acute wards, the health improvement team, the addictions service, Renfrew Health Centre and the Carers Centre.

DECIDED: That the matter be noted.

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Chief Officer**
Heading:	**Update on Capability Scotland**

1. Summary

1.1 This paper provides an update to the Integration Joint Board (IJB) of Capability Scotland Day Care Services for adults with learning disabilities in Renfrewshire.

2. Recommendation

It is recommended that the IJB:

- Note that Capability Scotland are continuing to operate this service, using the the available funding from Renfrewshire Council, over the course of 2018/19; and
- Note the ongoing work to support individual service users and their families/carers in relation to their care requirements

3. Background

3.1 Capability Scotland operates two day services in Renfrewshire for adults with a learning disability, located at Whitehaugh and West Lane Gardens. These are delivered on behalf of the Health and Social Care Partnership (HSCP).

3.2 In July 2017, Capability Scotland served formal notice to the HSCP Chief Officer on their intention to withdraw from their current contract on 20 October 2017, noting the current service model had accrued significant annual financial deficits and was no longer seen by Capability Scotland to be financially viable going forward.

3.3 Renfrewshire Council's 2018/19 Budget included an approved motion in relation Capability Scotland which stated:

"In addition, agree that the required draw is made in 2018/19 from the resources carried forward to support Adult Social Care as referred to in paragraph 1.10 of the Director's report, to fund

the Health and Social Care Partnership for the provision of Day Care Services currently provided at West Lane Gardens (WLG) in Johnstone and Whitehaugh in Paisley until the end of 2018/19, providing greater time to support families to meet the choices being made by clients as to their care requirements."

This was approved by the IJB 23rd March 2018. This was to provide a longer period to support service users and their families/carers to consider alternative service options and to make choices regarding their future care requirements.

3.5 Throughout this process, Renfrewshire HSCP has worked to be supportive and engage in a positive way with service users and family member/carers. This is central to how we work where a service is changing and this remains at the core of our approach. It is also important in providing this update to the IJB that we again recognise the challenge that this change presents to service users and their family members/carers. We have sought to acknowledge the uncertainty that such change can bring. Our approach has reflected this in the way we have engaged and supported service users to explore options and to visit alternative services and from this make choices about how Self Directed Support (SDS) budgets will be used.

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4. Ongoing work to support Service Users

4.1 At the IJB on 23 March, it was agreed we would provide an update to the June IJB confirming progress with the service user assessments and progress in establishing for each service, their SDS budget. To date, staff from the Renfrewshire Learning Disability Service (RLDS) have worked with all the current Capability Scotland service users (42 at present) and parents/carers to undertake individual assessments of their current needs and these are all completed. All service users have also been allocated an individual SDS budget.

4.2 In supporting service users in considering how they might use their budget, the HSCP held a provider event on 30 January 2018 to provide service users and their family members/carers with a greater awareness of the alternative service options available within Renfrewshire.

4.3 Work continues to support service users and their families/carers to consider options, in line with SDS legislation, and to meet their choice of care provision. To this end RLDS has two dedicated resource officers to support service users during 2018/19.

4.4 Links to the range of service will continue to be supported and this will include the HSCP managed Community Networks Service. Information has been made available at West Lane Gardens and Whitehaugh inviting service users to an open session at the Community Networks Service in early June 2018 which was positively welcomed by service users who attended. This session has been planned by Community Networks and enabled Capability service users to meet with Network users, view a DVD and find out more about the Service.

4.5 Community Networks are planning a follow up open event for families/carers to demonstrate the model of the service provided, and to facilitate further engagement.

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5. Next Steps

5.1 Renfrewshire HSCP will continue to support individual service users and their carers/families in relation to their care requirements.

Implications of the Report

1. **Financial –** Nil
2. **HR & Organisational Development** – Nil.
3. **Community Planning –** Nil
4. **Legal –** Nil
5. **Property/Assets –** Nil
6. **Information Technology –** Nil**.**
7. **Equality & Human Rights –** this report relates to social care services provided for one care group - Learning Disabilities service users and their carers
8. **Health & Safety –** Nil
9. **Procurement** – review of Capability Scotland's alternative service model has been appraised by Renfrewshire Council's Procurement Services
10. **Risk –** as highlighted within the report.
11. **Privacy Impact – Nil**

Author: David Leese, Chief Officer

Any enquiries regarding this paper should be directed to Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services (Christine.Laverty@renfrewshire.gov.uk / 0141 618 6012).

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Clerk**
Heading:	**Timetable for Expiry and Renewal of Integration Joint Board Memberships**

1. Summary

1.1 The membership of the Integration Joint Board comprises different categories of members. In most cases the maximum periods of membership for each group of members is time limited and is specified in Regulations.

1.2 The purpose of this report is set out when the appointment of each of the current members of the Integration Joint Board is due to expire so that members can discuss with the bodies they represent their future representation on the Board.

2. Recommendation

2.1 It is recommended that the Board notes the dates for expiry of membership of each of the current IJB members as set out in the Schedule to this report and encourages those members whose appointments expire later in 2018 to ask the groups they represent to seek expressions of interest for future representatives for those groups on the IJB

3. Background

3.1 Renfrewshire Integration Joint board was established by an Order of the Scottish Parliament on 27 June 2015 and the first meeting of the IJB took place on 18th September 2015.

3.2 The membership of the IJB is split between voting members and non-voting members and the group of non-voting members is further divided into different categories to which different rules on periods of membership apply. These arrangements are in line with the provisions relating to IJB membership set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the 2014 Order")

3.3 **Voting members**

There are eight voting members with 4 appointed by Renfrewshire Council and four appointed by Greater Glasgow and Clyde Health Board. In terms of the 2014 Order each of the eight voting members is appointed for a period of three years.

All of the four Council appointees were appointed at the Council's statutory meeting on 18 May 2017. Therefore, their membership will expire on 17 May 2020 unless it is renewed in advance of that date.

In relation to the Health Board appointees, Dr Linda De Caestecker was appointed by the Health Board on 23 June 2017, Dorothy McErlean was appointed on 16 August 2016 while Dr Donny Lyons and Morag Brown were both appointed by the Health Board prior to the IJB being established in June 2015. The appointments by the Health Board to the IJB are not time limited. Therefore, the requirement is that the IJB confirms their place on the IJB prior to the expiry of the three years membership period. The continuation of Dr Donny Lyons and Morag Brown's membership of the IJB was approved by the IJB at its meeting on 23rd March 2018.

3.4 **Non-voting members**

There are different categories of non-voting members and different rules apply to these categories.

Category 1: This category covers only the three statutory officers who are members of the IJB; the chief officer, the chief finance officer and the chief social work officer of Renfrewshire Council. For these statutory officers, membership of the IJB arises because of their office and they are not subject to a prescribed limit on their period of membership. They continue to be members of the IJB for as long as they are in post.

Category 2: The Regulations specify that the Boards membership must include three members appointed by the Health Board representing i) Registered nurses, ii) a Registered medical practitioner who is a GP and iii) a Registered medical practitioner who is not a GP.
The representatives of these three groups were appointed in time for meetings of the IJB on 18 September 2015, 20 January 2017 and 18 September 2015, respectively

Category 3: This is the category covering the remaining non-voting members. Once established the IJB had to appoint at least one member from a list of groups in the Regulations and such other additional members as it sees fit. These appointments are made by the IJB and not by the constituent bodies which means that the appointment period will run from the date of the IJB meeting where they were approved. For most of the members in this category, the membership period of three years will have commenced at the first IJB meeting on 18 September 2015.

3.5 **Renewal of membership**

The Schedule to the report lists all of the existing members of the IJB and indicates when their current membership of the IJB expires. Members of the Board whose membership expires later in 2018 are reminded to contact their appointing bodies to ensure those bodies invite expressions of interest for future representation for their organisation on the IJB for the next three years.

Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal –** None
5. **Property/Assets –** property remains in the ownership of the parent bodies.
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.
8. **Health & Safety –** none
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk –** None.
11. **Privacy Impact** – None

List of Background Papers – None

Author: Ken Graham, Head of Corporate Governance ext. 7360

Schedule

Membership of Renfrewshire Integration Joint Board

Voting Membership

Four voting members appointed by the Council

Cllr J Cameron	17 May 2020
Cllr L-M Hughes	17 May 2020
Cllr S Kerr	17 May 2020
Cllr Adam- McGregor	17 May 2020

Four voting members appointed by the Health Board

D. Lyons	22 March 2021
M Brown	22 March 2021
D McErlean	15 August 2019
L De Caestecker	22 June 2020

Non-voting membership

Category One

Chief Officer	David Leese	No expiry
Chief Finance Officer	Sarah Lavers	No expiry
Chief Social Work Officer	Peter Macleod	No expiry

Category Two

Registered Nurse	Karen Jarvis	17 September 2018
General Practitioner	Stuart Sutton	19 January 2020
Other Medical Practitioner (non GP)	Alex Thom	17 September 2018

Category Three

Council Staff Member	Liz Snodgrass	17 September 2018
Health Board Member	David Wylie	17 September 2018
Third Sector Representative	Alan McNiven	17 September 2018
Unpaid Carer	Helen McAleer	17 September 2018
Service User	Stephen Cruikshank	17 September 2018
Trade Union- Council staff	John Boylan	17 September 2018
Trade Union- Health Board Staff	Graham Capstick	17 September 2018

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Chief Finance Officer**
Heading:	**Financial Report 1st April 2017 to 31st March 2018**

1. Purpose

1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget year end outturn for the HSCP for the financial year 2017/18.

2. Recommendations

2.1. It is recommended that the IJB:

- Note the year-end financial position; and
- Approve the proposed transfers to Earmarked Reserves in section 9.6 and Appendix 7 of this report.

3. Current Financial Position

3.1. Budget Monitoring throughout 2017/18 has shown the IJB projecting a break-even position subject to the draw down of reserves to fund any shortfalls, and, the transfer of specific ring-fenced monies (including Scottish Government funding for Health Visitors and the Primary Care Improvement Fund) and agreed commitments to ear marked reserves. At the close of 2017/18, as anticipated, the IJB showed an overspend of £2.052m. The IJB approved the drawdown of reserves throughout 2017/18, in order to deliver a breakeven position, leaving an overall reserves balance of £3.442m, of which £2.5m is ring-fenced or earmarked for specific commitments in 2018/19. The balance of £930k will be carried forward as a general contingency to manage unanticipated budget pressures in future years in support of our Strategic Plan priorities. Appendix 7 provides a summary of the IJB's reserves at 31 March 2018.

Division	Year End Position
Social Work – Adult Services	breakeven
Renfrewshire Health Services	breakeven
Total Renfrewshire HSCP	**breakeven**

3.2. The key pressures are highlighted in section 4 and 5.

3.3. Appendices 3 and 4 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Social Work – Adult Services

Year End Outturn: Breakeven

4.1. Throughout 2017/18, the Chief Finance Officer's budget monitoring reports to the IJB forecast a breakeven position (subject to the draw down of general reserves and resources made available by Renfrewshire Council). The final outturn position, inclusive of the draw down of reserves and net of the ear marked reserves of £484k, was a breakeven. This position was achieved by using a combination of reserves carried forward from the 2016/17 budget allocation and a proportion of the additional £4.4m of resources made available by Renfrewshire Council as part of their 2017/18 budget allocation to the IJB for Adult Social Care.

4.2. In order to fund short term non-recurring restructuring costs of the Care at Home Service throughout the first quarter of 2018/19, and costs relating to the replacement of the SWIFT Adult Social Care ICT system an additional £484k was drawn down (from the resources made available by Renfrewshire Council as part of their 2017/18 budget allocation) at the year end and moved to earmarked reserves. The remaining balance of c£1.6m will be carried forward as a non-recurring balance by Renfrewshire Council to be made available to the HSCP in 2018/19.

4.3. The main broad themes of the final outturn position are:

- An underspend of £174k in Older People services mainly in relation to vacancies within HSCP managed LA Care Homes due to staff turnover and occupancy levels;
- An underspend in Learning Disabilities of £434k and in Addictions of £174k, mainly due to a number of vacant posts and the current client profile of care packages within these areas; and
- An overspend in Physical Disabilities of £526k mainly due to pressures within the Adult Placement budget reflecting both the impact of increasing demand and SDS.

5. Renfrewshire Health Services

Year End Outturn: Breakeven

5.1. A breakeven position was reported to the IJB throughout 2017/18 subject to the draw-down of general reserves and transfer of ring fenced balances at the year end to ear marked reserves. These relate to commitments made in 2017/18 in relation to national priorities which will not be fully delivered until future years. These include: funding received for the delivery of national and local priorities including Primary Care Transformation Monies and Health Visiting Monies).

5.2. The final outturn position, inclusive of the draw-down of reserves and net of the ear marked reserves of £2.958m, was a breakeven.

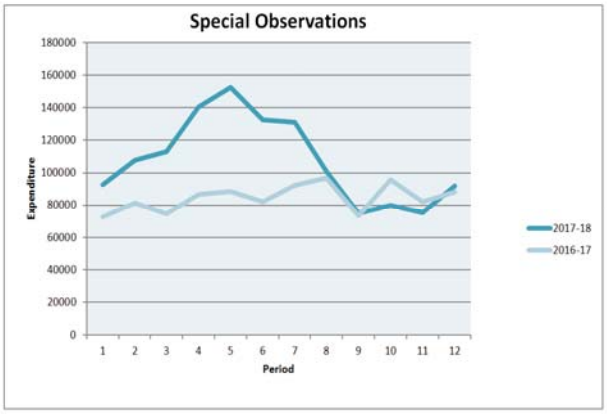
5.3. The main broad themes of the final outturn position are:

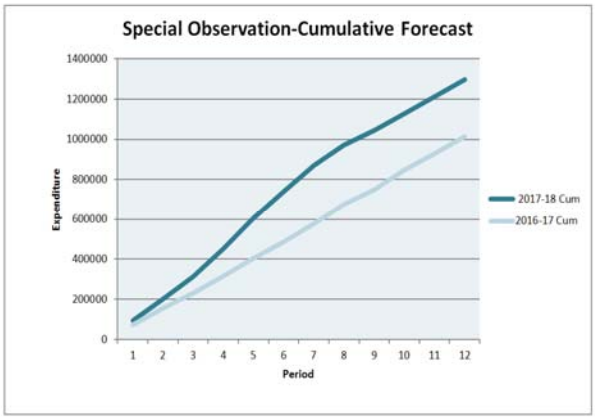
- An underspend of £458k in Adult Community Services due to turnover across the Rehabilitation and District Nursing services, and an underspend in relation to external charges for Adults with Incapacity (AWI) bed usage;
- Underspends within Addiction Services, Planning and Health Improvement, the Integrated Care Fund and Children's Services reflecting staff turnover including planned management of vacancies to enable service model

change which links directly to the reduction in Speech and Language Therapy funding from 2018/19, and, use of non-recurring monies to maximise the transfer to ear marked reserves; and An underspend of £418k in Renfrewshire Hosted Services due to vacant administrative posts in the Primary Care screening service and an underspend within Podiatry due to a combination of staff turnover and maternity/unpaid leave, some of which were covered by bank staff.

5.4. These underspends offset the overspend in Mental Health Services of £1.263m due to the significant costs (overtime, agency and bank costs) associated with patients requiring enhanced levels of observation across all ward areas.

5.5. The graphs below summarise the fluctuation in enhanced observation costs over the past 2 years. In 2017/18 spend increased by £278k from £1.015m in 2016/17 to £1.293m for 2017/18.





6. Prescribing

6.1. As detailed in Appendix 5, the final outturn position across all Partnerships to 31 March 2018 was an overspend of £6.7m, with Renfrewshire HSCP reporting a £1.368m overspend. However, under the risk sharing arrangement across NHSGGC this has been adjusted to report a cost neutral position.

6.2. The main contributor to the above overspend was, as previously reported, largely due to additional premiums paid for drugs on short supply (there are currently an unprecedented number of drugs on short supply for which significant premium payments are being made).

7. Funding Allocations 2018/19

7.1. In the 2018/19 Delegated Health and Social Care Budget report to the IJB on 23 March 2018 the CFO referred to the letter of the 14 December 2017, from the Director of Health Finance, Scottish Government, setting out the draft budget for 2018/19 for NHS Boards. This included narrative which set out the expectations that the funding settlement for Health Boards would allow for progress to be made in:

"delivering the commitment that more than half of frontline spending will be in community health services by the end of this parliament. The funding in 2018-19 is designed to support a further shift in the share of the frontline NHS budget dedicated to mental health and to primary, community and social care. The Cabinet Secretary for Health and Sport expects NHS Boards and Integration

Authorities to contribute to this Programme for Government commitment and it will be essential that this is clearly evidenced as part of plans for 2018-19"

7.2. Also included within the letter were details of the:

Core Areas of Investment including:

Mental Health Strategy

7.2.1. Increasing the level of investment in mental health services - £17 million towards the commitment to increase the workforce by an extra 800 workers over the next 5 years; and for transformation in CAMHS (provided on the basis that it is in addition to existing 2017/18 spending levels by NHS Boards and IJBs). Therefore, total spending on mental health and CAMHS services must increase as a minimum by £17 million above inflation.

7.2.2. On the 23 May 2018, Penny Curtis, the Head of Mental Health and Protection of Rights wrote to all Integration Authority Chief Officers to confirm the 2018/19 funding for Action 15 of the Mental Health Strategy. This letter is included in Appendix 8 of this report and confirms Renfrewshire HSCP's allocations from 2018/19 to 2020/21 based on our NRAC share of 3.4%:

- 2018/19 = £0.374m
- 2019/20 = £0.577m
- 2020/21 = £0.815m

Primary Care Fund

7.2.3. £110 million in 2018-19 to support the expansion of multidisciplinary teams for patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

7.2.4. Also, on the 23 May 2018, Richard Foggo, the Deputy Director and Head of Primary Care wrote to all IA's CO's to confirm the 2018/19 funding for the Primary Care Improvement Fund. This letter is included in Appendix 9 of this report and confirms Renfrewshire HSCP's allocation of £1.814m for 2018/19.

8. Set Aside Budget

8.1. Work continues to be progressed in relation to the sum set aside for hospital services, however arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance.

8.2. In the meantime, IJBs and Health Boards are required to agree a figure for the sum set aside to be included in their respective 2017/18 annual accounts. Where the required arrangements are not yet in place, Integration Authorities should use the sum identified by the Health Board and made available to the Integration Authority when the budget was agreed for 2017/18. This does however mean that the set aside recorded in the annual accounts will not reflect actual hospital use in 2017/18. This is a transitional arrangement for 2017/18. As a result of communication from the Scottish Government, the draft set-aside budget of £29.582m has been confirmed by the NHS Board as the final set aside budget for 2017/18. The figure is based on the average of 2013/14 and 2014/15 activity with a 1% uplift applied to budgets.

9. Services Hosted by other HSCP's

9.1. Appendix 6 provides a summary of all hosted services across Greater Glasgow and Clyde. There is no risk sharing arrangement in place in relation to hosted services therefore each IJB is responsible for managing the services they host.

10. Other Delegated Services

Description	Full Year Budget	Final Outturn	Variance
Garden Assistance Scheme	£369k	£370k	(£1k)
Housing Adaptations	£905k	£910k	(£5k)
Women's Aid	£89k	£83k	£6k
Total	**£1,363k**	**£1,363k**	**£0k**

10.1. The table above shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB. The summary position for the period to 31 March 2018 is a breakeven.

11. Reserves

11.1. At its meeting of 24 November 2017, the IJB approved the Revised Reserves Policy, which recommended creation of reserves of up to 2% of net expenditure. This amount refers to general reserves only and excludes any earmarked reserves which are held for specific purposes.

"In light of the size and scale of the IJB's responsibilities, over the medium term the level of general reserves proposed is a maximum of 2% of the net budget of the IJB. This will be in addition to any identified ear marked reserves which are excluded from this calculation. The % to be held will be dependent on the yearend position and ability at that time to transfer monies into a reserve for future use."

11.2. It is important for the long term financial stability of both the IJB and of the parent bodies that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. Similarly, it is also important that in-year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, either in whole or in part, to allow for the spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes.

11.3. For the IJB, reserves can be held for three main purposes:

- a working balance to help cushion the impact of uneven cash flows;
- a contingency to cushion the impact of unexpected events or emergencies (this also forms part of the general reserves); and
- a means of building up funds, often referred to as earmarked reserves, to meet known or predicted requirements; earmarked reserves are accounted for separately but remain legally part of the General Fund.

11.4. As detailed in Appendix 7, the opening reserves position for 2017/18 was £5.494m. This figure included £2.094m of Primary Care balances carried forward by Renfrewshire HSCP (as the host authority) on behalf of the 6 NHSGGC HSCP's. The relevant balances were then transferred to each HSCP at the start of 2017/18.

11.5. As detailed in Appendix 7 the total amount drawn down from reserves in 2017/18 was £3.925m. As well as the transfer of Primary Care balances this included a draw-down of £1.519m from the general reserve to fund the on-going pressures within the Care at Home service.

11.6. Consistent with the IJB's Reserves Policy Members are asked to approve the following ear marked reserves for draw down as required in 2018/19 totalling £1.873, details of which are included below and Appendix 7 of this report.

- *Health Visiting Monies: £181k* In line with the Scottish Government priority to increase the number of Health Visitors by 2019/20 the programme to increase the numbers within each NHSGGC HSCP is well advanced. In 2017/18, the funding for these posts was allocated to each HSCP as a block allocation to be drawn down as the programme of recruitment progressed. £181k has been transferred to earmarked reserves to be drawn down in 2018/19 as vacancies are filled.
- *Primary Care Transformation Monies: £438k:* As members will be aware ring-fenced funding for Primary Care transformation projects were allocated to IJBs in 2016/17 and 2017/18. In order to maximise the benefits from these allocations, the remaining funding was transferred to earmarked reserves at the end of this financial year to be drawn down in 2018/19 as required.
- *GP Premises Fund: £414k:* Renfrewshire share of NHSGGC monies allocated for GP premises improvement.
- *Funding to Mitigate Delays in Delivery of Approved Savings: £339k.*
- *Tannahill Diet and Diabetes Pilot: £17k*
- *Care at Home / Locality redesign non-recurring implementation costs: £399k*
- *Set up costs in relation to planned placement: £35k*
- *ICT SWIFT update costs: £50k.*

12. Living Wage Update 2017/18

12.1. In May 2016, Renfrewshire HSCP established a working group to lead the national commitment to ensure that the Living Wage was paid to all care workers providing direct care and support to adults in care homes, care at home and housing support services in Renfrewshire. During the course of the financial year, agreement was reached with all contracted providers of care at home services, care homes for older adults and our providers of supported living services. The working group also sought to implement agreement with providers of out of area placements.

12.2. In 2017/18 further negotiations took place with providers to agree a rate to allow providers to pay the new Living Wage of £8.45 per hour from 1st May 2017 plus on-costs. Agreement has been reached with all care at home service providers and the majority of our providers of supported living services, however national providers of supported living have raised concerns relating to the impact multiple negotiations across different local authorities in Scotland is having on their business model e.g. not all Scottish councils have agreed to pay an enhanced rate for sleepover. On this basis, two providers of supported living services advised that they could not accept the offered rate for sleepover. Renfrewshire Council's procurement team continue to liaise with these providers and have offered to support future negotiations, however, until a national approach to the Living Wage uplift is agreed, it is likely that these providers will not agree to accept the uplift offered. One further provider noted that they could not accept the offered day rate as only a relatively small proportion of their services were located in Renfrewshire, the majority of their

services are provided in another local authority area and this authority has not offered a rate sufficient to universally implement £8.45 per hour. This Provider advised the Council that they were working with their workforce in consultation with their union to undertake a job evaluation exercise. The Provider hopes that as a result of this exercise they will be in a position to implement the Living Wage into their salary scales with any salary increases backdated as appropriate.

12.3. Renfrewshire HSCP continues to review out of area placements. Where placements have been made off contract, the HSCP are considering whether Scotland Excel's national framework for Adult Residential placements would provide a viable form of contract. All rates currently paid under this contract are paid based on the current Scottish Living Wage.

13. Living Wage Increase 2018/19

13.1. For 2018/19 the new Living Wage rate has been set at £8.75, an increase of 30p from the 2017/18 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, a % increase has been applied which includes the impact of on-costs. All contracted providers of care at home services and supported living services have been offered an increase to allow the payment of the new Living Wage rate. To date 4 care at home providers have accepted the increase and we await a response from the remaining 3, for supported living services 5 providers have accepted the increase and we await a response from the remaining 6. The 3 Contracted providers of adult residential services within Renfrewshire will be offered an increase of 3.39% in line with the agreed increase for the NCHC 18/19 for the payment of the new Living Wage. Once accepted, all Living Wage uplifts will be backdated to 1st May 2018.

13.2. Renfrewshire HSCP continues to review out of area placements. Where placements have been made from Scotland Excel's national framework for Adult Residential all rates currently paid are based on the current Scottish Living Wage. Where placements have been made off contract, host local authority rates are considered if applicable. If there is no host local authority rate available, the providers will be offered a % increase to allow the payment of the new Living Wage from 1st May 2018.

14. National Care Home Contract 2018/19

14.1. The terms of the contract for 2018/19 were negotiated by COSLA and Scotland Excel with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 3.39% was agreed which includes an allowance to support delivery of £8.75 per hour to all care staff from 1st May 2018. A Minute of Variation (MOV) has been issued to 17 of the 18 providers of care homes for older adults in Renfrewshire (1 provider is currently in the process of assigning to another organisation, once the process is complete the MOV will be issued to the new provider), to date 12 have accepted, we await a response from 5 providers.

Implications of the Report

1. **Financial –** Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning -** none
4. **Legal –** This is in line with Renfrewshire IJB's Integration Scheme

5. **Property/Assets** – none.

6. **Information Technology –** none

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – none**.**

9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package**.**

10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.

11. **Privacy Impact** – none.

List of Background Papers – None.

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Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk / 0141 618 6824)

Appendix 1

Social Work Revenue Budget Position
1st April 2017 to 31st March 2018

Subjective Heading	Annual Budget	Actual to Date	Variance		
	£000's	£000's	£000's	%	
Employee Costs	30,995	30,726	269	0.9%	underspend
Property Costs	384	625	(241)	-62.8%	overspend
Supplies and Services	1,733	1,709	24	1.4%	underspend
Contractors	60,527	60,782	(255)	-0.4%	overspend
Transport	691	651	40	5.8%	underspend
Administrative Costs	258	263	(5)	-1.9%	overspend
Payments to Other	2,518	2,528	(10)	-0.4%	overspend
Gross Expenditure	**97,106**	**97,284**	**(178)**	**-0.2%**	**overspend**
Income	**(33,409)**	**(33,587)**	178	-0.5%	underspend
NET EXPENDITURE	**63,697**	**63,697**	**-**	**0.00%**	**breakeven**

Position to 31st March is a breakeven

Client Group	Annual Budget	Actual to Date	Variance		
	£000's	£000's	£000's	%	
Older People	39,485	39,048	437	1.1%	underspend
Physical or Sensory Difficulties	7,263	7,789	(526)	-7.2%	overspend
Learning Difficulties	14,121	13,687	434	3.1%	underspend
Mental Health Needs	2,090	2,346	(256)	-12.2%	overspend
Addiction Services	789	615	174	22.1%	underspend
Integrated Care Fund	(51)	212	(263)	515.7%	overspend
NET EXPENDITURE	**63,697**	**63,697**	**-**	**0.00%**	**breakeven**

Position to 31st March is a breakeven

Health Revenue Budget Position
1st April 2017 to 31st March 2018

Subjective Heading	Annual Budget £'000	YTD Actuals £'000	Variance		
			£'000	%	
Employee Costs	44,202	44,015	187	0.4%	underspend
Property Costs	8	29	(21)	-262.5%	overspend
Supplies and Services	10,163	10,257	(94)	-0.9%	overspend
Purchase Of Healthcare	2,429	2,483	(54)	-2.2%	overspend
Resource Transfer	17,041	17,041	-	0.0%	breakeven
Family Health Services	83,651	83,655	(4)	0.0%	overspend
Set Aside	29,582	29,582	-	0.0%	breakeven
Gross Expenditure	**190,034**	**187,062**	**2,972**	**0.02**	**underspend**
Income	**(4,659)**	**(4,645)**	(14)	0.3%	overspend
NET EXPENDITURE	**185,375**	**182,417**	**2,958**	**1.60%**	**underspend**

Position to 31st March is a breakeven

Care Group	Annual Budget £'000	YTD Actuals £'000	Variance		
			£'000	%	
Addiction Services	2,668	2,495	173	6.5%	underspend
Adult Community	9,023	8,565	458	5.1%	underspend
Children's Services	5,323	5,206	117	2.2%	underspend
Learning Disabilities	1,170	1,148	22	1.9%	underspend
Mental Health	19,034	20,297	(1,263)	-6.6%	overspend
Hosted Services	10,527	10,109	418	4.0%	underspend
Prescribing	36,271	36,271	-	0.0%	breakeven
Gms	24,222	24,222	-	0.0%	breakeven
Other	21,234	21,234	-	0.0%	breakeven
Planning & Health	1,253	1,044	209	16.7%	underspend
Other Services	1,935	2,372	(437)	-22.6%	overspend
Resource Transfer	17,041	17,043	(2)	0.0%	overspend
Integrated Care Fund	3,134	2,829	305	9.7%	underspend
Set Aside	29,582	29,582	-	0.0%	breakeven
NET EXPENDITURE	**185,375**	**182,417**	**2,958**	**1.60%**	underspend

Position to 31st March is a breakeven

For Information

1. Adult Community Services includes: District and Out of Hours Nursing; Rehabilitiation Services and Equipu
2. Children's Services includes: Community Services-School Nursing and Health Visitors; Specialist Services-CAMHS and SLT
3. GMS = costs associated with GP services in Renfrewshire
4. Other = costs associated with Dentists, Pharmacists, Optometrists
5. Hosted Services = board wide responsibility for support to GP's for areas such breast and bowel screening and board wide responsibilty for Podiatry
6. Other Services = Business Support staff; Admin related costs,

2017/18 Adult Social Care Financial Allocation to Renfrewshire HSCP	
	£k
2017/18 Renfrewshire HSCP Opening Budget:	60,468.4
	60,468.4
Adjustments to Base Budget:	
Impact of increase in the Living Wage and changes in sleepover costs	1,989.0
Inflationary pressures on commisioned contracts	1,170.0
Impact of demographic and socio-economic demand pressures	1,276.6
Transfers from Corporate	65.4
Adult Social Care Budget as reported @ 26 May 2017	**64,969.4**
Budget Adjustments posted in month 4	
Realignment of Resource Transfer from Child Care Services	-19.2
Sensory Impairment Carry Forward	9.0
Adult Social Care Budget as reported @ 21 July 2017	**64,959.2**
Budget Adjustments posted in month 6	
2017/18 Pay Award	557.9
Realignment of Vehicle Insurance to Corporate	-23.6
Adult Social Care Budget as reported @ 15 September 2017	**65,493.5**
Budget Adjustments posted in month 8	
2017/18 Pay Award Correction	-3.8
Adult Social Care Budget as reported @ 10 November 2017	**65,489.7**
Budget Adjustments posted in month 9	
2 x Income Maximisation Posts to C&P	-70.0
Finance Business Partner Upgrade to Corporate	-5.4
Adult Social Care Budget as reported @ 8 December 2017	**65,414.3**
Budget Adjustments posted in month 13	
Scotland Disclosure transferred to Child Care	-40.4
Backsneddon Property Costs	-21.3
2018/19 Renfrewshire HSCP Carry Forward	-1,655.9
Adult Social Care Budget as reported @ 31 March 2018	**63,696.7**

Appendix 4

2017/18 Health Financial Allocation to Renfrewshire HSCP	£k
2016/17 Renfrewshire HSCP Closing Budget:	157,676.9
less: non recurring budgets (allocated annually)	-4,021.9
= base budget rolled over	**153,655.0**
Additions:	
Social Care Integration Fund to transfer to Council	3,480.0
Hospice - Transfer of Hospice budget to HSCP 1st April	2,300.1
Hospices - Adjustments to match agreed allocation following reparenting	182.5
	5,962.6
Reductions:	
LD Supplies RAM	-7.9
GMS Budget Adjustment to reflect expenditure	-1,394.3
*GMS = costs associated with GP services in Renfrewshire	
	-1,402.2
Budget allocated as per 2017/18 Financial Allocation 31st May 2017	**158,215.4**
Budget Adjustments posted in month 3	
Finance Staff Transfer-Mgt Transfer to HSCP	80.8
Prescribing Budget Adjustment	-384.5
	-303.7
Non-Recurring:	
CAMHS Mental Health Bundle- Funding for various posts	265.6
Carers/Veterans - Part of Social Care Fund	240.0
Protection Funding due to Service Redesign	3.2
	508.8
Health Budget as reported @ 30th June 17	**158,420.5**
Budget Adjustments posted in month 4	
Additions:	
GMS Budget Adjustment to reflect expenditure	2,220.2
*GMS = costs associated with GP services in Renfrewshire	
	2,220.2
Non-Recurring:	
SESP -Diabetes Funding - Funding Divided between Podiatry, PHI & Adult C	343.3
Funding - To fund Infant Feeding Advisor Post	7.1
	350.4
Savings:	
Complex Care savings - Partnerships Share	-91.0
	-91.0
Health Budget as reported @ 31st July 17	**160,900.1**
Budget Adjustments posted in month 5	
Additions:	
Prescribing Spend to Save - Budget Transfer	419.0
Health Visitor Girfec Framework - Budget to Reflect Staff Profile	353.0
	772.0
Non-Recurring:	
Correct Budget Coding Error	-50.0
Carers Information Strategy Funding	140.1
	90.1
Health Budget as reported @ 31st August 17	**161,762.2**
Budget Adjustments posted in month 6	
Non-Recurring:	
GMS Budget Adjustment to reflect expenditure	1,335.8
	1,335.8
Health Budget as reported @ 30th September 17	**163,098.0**
Budget Adjustments posted in month 7	
Additions:	
Transfer of CMHT Admin Staff from Corporate	120.6
FHS GMS Adjustment	-67.4
	53.2
Non-Recurring:	
Modern Apprentice 50% Funding	16.5
Primary Care Support: PCTF Redesign	168.7
Primary Care Support: Cluster Funding	112.0
FHS: Reduction in SESP Funding	-117.2
	180.0
Health Budget as reported @ 31st October 17	**163,331.2**
Budget Adjustments posted in month 8	
Non-Recurring:	
MH INNOVATION FUND - CHILDRENS	25.0
Smoking Prevention	123.3
	148.3
Health Budget as reported @ 30th November 17	**163,479.5**
Budget Adjustments posted in month 9	
Reductions:	
GMS 17-18 ADJ	-2.9
	-2.9
Non-Recurring:	
Tabacco Funding	22.0
	22.0
Health Budget as reported @ 31st December 17	**163,498.6**
Budget Adjustments posted in month 11	
Non-Recurring:	
Budget for Communications Aid Bid (CAM)	19.3
	19.3
Health Budget as reported @ 28th February 18	**163,517.9**
Budget Adjustments posted in month 12	
Additions:	
Recur Final GMS X-Chgs	101.0
	101.0
Non-Recurring:	
GMS X-CHG NR Final	1,291.2
CAMCHP232 PC TRANS FUND REN	71.0
Syrian Refugee	16.8
GMS X-CHG Syrian Refugee	10.6
Funding for Pathway Co-ordinator Post	2.1
	1,391.7
Health Budget as reported @ 31st March 18	**165,010.6**

Appendix 5

NHS GGC Budget Performance April 2017 to March 2018

CHP	GG&C Phased Allocation	Expenditure (adjusted for errors and misallocations)	Performance £	Performance %
EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP	£18,671,323	£19,235,785	-£564,462	-3.02%
EAST RENFREWSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP	£15,383,975	£16,224,492	-£840,517	-5.46%
GLASGOW NORTH EAST	£40,055,724	£40,878,194	-£822,470	-2.05%
GLASGOW NORTH WEST	£38,949,869	£39,688,312	-£738,443	-1.90%
GLASGOW SOUTH	£46,279,369	£47,245,124	-£965,755	-2.09%
INVERCLYDE COMMUNITY HEALTH PARTNERSHIP	£17,766,592	£18,703,507	-£936,915	-5.27%
RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP	£34,622,369	£35,990,185	-£1,367,816	-3.95%
UNKNOWN CHP - NHS GREATER GLASGOW & CLYDE	£6,365,969	£6,053,573	+£312,396	+4.91%
WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP	£18,925,543	£19,720,608	-£795,065	-4.20%
Total NHS Greater Glasgow and Clyde	**£237,020,733**	**£243,739,781**	**-£6,719,048**	**2.83%**

Appendix 6

Partnership Hosted Budget Position at 31st March 2018

Host	Service	Budgeted Net Expenditure to Date	Actual Net Expenditure to Date	Variance to Date	Comment
East Dunbartonshire	Oral Health	£10,094,335	£10,094,336	-£1	
	Total	**£10,094,335**	**£10,094,336**	**-£1**	
East Renfrewshire	Learning Disability	£8,194,990	£8,194,990	£0	The service is shown as break even as the operational underspend is ring-fenced as part of the ongoing service redesign.
	Total	**£8,194,990**	**£8,194,990**	**£0**	
Glasgow	Continence	£3,728,094	£3,683,091	£45,003	
Glasgow	Sexual Health	£9,704,080	£9,697,602	£6,478	
Glasgow	Mh Central Services	£7,536,521	£7,707,927	-£171,406	Overspends in Junior Docs & unachieved savings offset by underspending in the clinical training budget for nurses
Glasgow	MH Specialist services	£11,765,826	£11,517,713	£248,113	Underspends in a number of services due in the main to vacancies & turnover
Glasgow	Alcohol + Drugs Hosted	£16,707,215	£16,585,776	£121,439	Underspends in a number of services due in the main to vacancies & turnover.
Glasgow	Prison Healthcare	£6,997,720	£7,177,437	-£179,717	This overspend relates to supplies, mainly drugs. Within employee costs, there are some pressures associated with increased sessional costs which are offset by vacancies and turnover in other professions.
Glasgow	HC In Police Custody	£2,550,161	£2,274,008	£276,153	The underspend within the Police Custody Healthcare service is largely as a result of medical and nursing vacancies.
Glasgow	Old Age Psychiatry	£19,024,486	£20,947,550	-£1,923,064	The majority of the overspend relates to unachieved savings. Work is on-going to progress plans to secure delivery of these savings within 2018.19.
Glasgow	General Psychiatry	£36,710,374	£36,885,493	-£175,119	Overspends mainly due to agency usage to cover vacancies and mat leave, and unfunded sessions which are currently under review.
	Total	**£114,724,478**	**£116,476,598**	**-£1,752,120**	
Inverclyde	General Psychiatry	£5,510,382	£5,469,258	£41,124	
Inverclyde	Old Age Psychiatry	£2,483,587	£3,357,004	-£873,417	Inherited budget pressure linked to unfunded special obs within the service. Orginal budget pressure of £1.2m has been significantly reduced by the local team since the IJB went live
	Total	**£7,993,969**	**£8,826,262**	**-£832,293**	
Renfrewshire	Podiatry	£6,414,143	£6,235,691	£178,452	As previously reported, this underspend reflects turnover in the Primary Care service due to vacant administrative posts within the screening services and an underspend within Podiatry due to a combination of staff turnover and maternity/unpaid leave, some of which are covered by bank staff along with efficiencies in the supplies budget.
Renfrewshire	Primary Care support	£4,112,360	£3,873,082	£239,278	
Renfrewshire	General Psychiatry	£6,971,663	£7,471,809	-£500,146	As reported throughout the year there is no budget for Special Observations whithin Elderly or Mental Health Inpatients which continues to be the main pressure.
Renfrewshire	Old Age Psychiatry	£5,786,721	£6,589,023	-£802,302	
	Total	**£23,284,887**	**£24,169,605**	**-£884,719**	
West Dunbartonshire	MSK Physio	£5,975,057	£5,858,142	£116,915	Underspend mainly due to staff turnover, secondments and maternity leave, as well as efficiencies within supplies/non pays budgets.
West Dunbartonshire	Retinal Screening	£803,380	£798,272	£5,108	Underspends within non pays budgets, mainly due to efficiencies against equipment maintenance contracts, have offset pays overspend due to additional sessions/overtime implemented to address waiting times and backlog of Grading.
West Dunbartonshire	Old Age Psychiatry	£1,472,994	£1,541,243	-£68,249	Pressures within pays budgets due to bank usage to cover absence and special obvs as well as unachieved staff turnover savings targets.
	Total	**£8,251,430**	**£8,197,657**	**£53,773**	
Total		**£172,544,088**	**£175,959,448**	**-£3,415,360**	

Consumed By:-	
Glasgow	£102,656,225
East Dunbartonshire	£9,769,396
East Renfrewshire	£8,733,524
Renfrewshire	£26,860,553
Inverclyde	£14,082,008
West Dunbartonshire	£13,857,742
Total	**£175,959,448**

Appendix 7

Reserves Balances at 31st March 2018

Earmarked Reserves	Opening Position 2016/17 £000's	Amounts Drawn Down in 2017/18	New Reserves	Closing Position 2017/18 £000's	Movement in Reserves in 2017/18
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	1,100	-1,100	438	438	-662
GP Digital Transformation	289	-289		0	-289
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	705	-705	414	414	-291
Funding for Temp Mental Health Posts	82	-82			-82
Primary Care Transformation Fund Monies	39			39	0
District Nurse 3 year Recruitment Programme	150			150	0
Health & Safety Inspection Costs to Refurbish Mental Health Shower Facilities	35	-35			-35
Prescribing	450			450	0
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings in 18/19			339	339	339
Health Visiting			181	181	181
Tannahill Diet and Diabetes Pilot Project			17	17	17
TOTAL Delegated Health Ear Marked Reserves	**2,850**	**-2,211**	**1,389**	**2,028**	**-822**
Care @ Home Redesign/Locality Services Redesign Associated Costs			399	399	399
Costs Associated With Addictional Set Up Costs For Specific Planned Placement			35	35	35
ICT Swift Update Costs			50	50	50
TOTAL Adult Social Care Ear Marked Reserves	**-**	**-**	**484**	**484**	**484**
TOTAL EARMARKED RESERVES	**2,850**	**-2,211**	**1,873**	**2,512**	**-338**

General Reserves	Opening Position 2016/17 £000's	Amounts Drawn Down in 2017/18	New Reserves	Closing Position 2017/18 £000's	Movement in Reserves in 2017/18
Renfrewshire HSCP - Health delegated budget under spend carried forward	1,125	-195		930	-195
Renfrewshire Council under spend carried forward	1,519	-1,519			-1,519
TOTAL GENERAL RESERVES	**2,644**	**-1,714**	**0**	**930**	**-1,714**

OVERALL RESERVES POSITION	**5,494**	**-3,925**	**1,873**	**3,442**	**-2,052**

Population Health Directorate
Mental Health and Protection of Rights Division

Scottish Government
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Directors of Finance, NHS Boards
Chief Executives, Local Authorities
Angiolina Foster, Chief Executive, NHS24
Caroline Lamb, Chief Executive, NES
Colin McKay, Chief Executive, MWC
Health & Justice Collaboration Improvement Board

Your ref:
Our ref:

23 May 2018

Dear Colleague

ACTION 15 OF THE MENTAL HEALTH STRATEGY – PLANNING AND FUNDING FROM 2018/19

As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. The detail is set out in Action 15 of the Mental Health Strategy. The funding will be available from this year (£12 million, of which £11 million is the subject of this letter) and will rise to £35 million in 2021-22.

Background

You will know that last year, Ministers established the *Health & Justice Collaboration Improvement Board* (HJCIB). The Board draws together some of the most senior leaders from Health, Justice and Local Government. Its purpose is to lead the creation of a much more integrated service response to people whose needs draw upon the work of our Health and Justice services. As you might expect, our mutual response to people who suffer mental illness and distress is a significant theme in the Board's interests. Membership of the Board is set out an Annex A.

Ministers asked the Board to consider how our commitment to additional mental health workers might best be delivered.

National test of change

The Board has subsequently set out an approach that will test improvements in national arrangements for service delivery. This involves the Ambulance Service, NHS24 and Police Scotland, and £1 million has been set aside for this initiative. The current thinking on these ideas is set out at Annex B.

Local improvements

The Board has also adopted some broad principles (helpfully informed by a Short Life Working Group with membership from Integration Authorities, Health Boards, justice and local government) that it believes are likely to inform credible local improvements. These include recognition that:

- the application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22;

- the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;

- prospective improvements may include the provision of services through digital platforms or telephone support;

- improvement may include development for staff who are not currently working in the field of mental health.

Links to the Primary Care Improvement Fund

Richard Foggo has written to Integration Authority Chief Officers and NHS Chief Executives today regarding the Primary Care Improvement Fund (PCIF) allocation for 2018-19. His correspondence should be read in conjunction with this letter.

As outlined in Richard's letter, nearly £10 million was invested during 2016-18 via the Primary Care Mental Health Fund (PCMHF) to encourage the development of new models of care to ensure that people with mental health problems get the right treatment, in the right place, at the right time. In 2018-19, the Primary Care Improvement Fund (£45.750 million) is a single allocation to provide maximum flexibility to local systems to deliver key outcomes.

The PCIF includes recurring funding for mental health services, building on the funding for primary care mental health previously provided. Although it is separate to this funding line, there is likely to be close cross-over between the services, particularly in general practice settings, and in some cases the staff may be the same individuals.

As set out in the letter, Primary Care Improvement Plans should demonstrate how this funding is being used to re-design primary care services through a multi-disciplinary approach, including mental health services.

PCIPs should also show how wider services, including the mental health services which are the subject of this letter, integrate with those new primary care services.

Planning and Partnerships for Delivery of 800 Mental Health Workers

We want to ensure that IAs are able to utilise the additional resources for 800 mental health workers and the PCIF flexibly to support sustainable mental health and primary care service redesign. As far as possible we want to ensure that the planning processes, governance and evaluation processes are aligned.

Planning: by 31 July

We are asking that Integration Authorities each develop a plan by 31 July that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. We would like the plan from each Authority to set out:

- How it contributes to the broad principles set out under *Local Improvements* on page 2;
- How it takes account of the views of local Justice and other Health partners in the area about what improvements should be introduced
- How it fits with other local plans currently in development.
- Initial scoping of potential staffing changes over the next four years as a result of this additional funding, towards the committed 800.

Our reason for asking you to do this is that it will help the H&JCIB to shape discussions around future collaboration – including further consideration of national proposals. We will let you know about our thinking as consequence of these discussions over the summer.

This should include demonstrating additionality of the new workforce, such as information about the numbers of additional staff being recruited, existing staff being up-skilled (who are currently not working within mental health services) and the settings which will allow the Scottish Government to demonstrate progress against the national commitment. If it is possible, this could be through a supplementary to your Primary Care Improvement Plans or it could be through a linked document

In the longer term, we anticipate that Primary Care Improvement Plans might start to allow an increasingly integrated approach to mental health planning and delivery of the 800 mental health worker commitment. As set out in Richard Foggo's letter, it is important that the PCIPs from the outset show links with broader community developments, and the 800 mental health worker commitment. Over time, we anticipate that this may develop into a single statement of the approaches being developed.

Consultation and Engagement

The H&JCIB recognises that redesigning services to meet people's needs across health and justice settings is complex and that it will require collaborative partnership working across organisational boundaries.

We recognise that this is a complex area that involves many partners, but it will be essential that your emerging plans demonstrate how Justice and Health partners (both Health Boards and GPs) have been consulted and included in preparation of the plan. If that is not possible to deliver fully in the timescales, an indication of consultation and engagement plans would be very helpful.

Governance

Giving primacy to Integration Authorities to deliver the national commitment for 800 mental health workers in the Primary Care Improvement Plans simplifies local governance arrangements. At local level, Integration Authorities will hold NHS Boards and councils to account for delivery of the milestones set out in their plans, in line with the directions provided to the NHS Board and Council by the Integration Authority for the delivery of Strategic Plans.

At national level, we will consider how we can ensure that Ministers have the necessary assurances about delivery of the overall 800 staff over four years.

Monitoring and Evaluation

You will need to plan for and demonstrate a clear trajectory towards 800 additional mental health workers under the funding for this commitment over the next four years, and we will consider what national oversight arrangements should be in place to offer assurance on that point.

The plans should also include consideration of how the changes will be evaluated locally.

Allocation methodology and future funding

IAs have delegated responsibilities for adult Mental Health services therefore we are asking you to work with Health and Justice partners to deliver a holistic perspective on the additional mental health requirements in key settings (including but not restricted to A&E, GP practices, prisons and police custody suites).

The Scottish Government therefore plans to allocate funding for local improvements to Integration Authorities (via their associated NHS Health Board). National tests of change will continue to be funded centrally.

The expected allocation of additional funds over the next period in total and to each Integration Authority is set out at Annex C. The funding should be considered as *earmarked recurring* funding. It should be assumed therefore that staff may be recruited on a permanent basis to meet the requirements of the commitment. We will engage with IAs and others on any plans to baseline these funds beyond 2021/22 subject to Parliamentary approval of the budget.

This is intended to guide your thinking about the future in terms of the funding over the next four years under this commitment. In broad terms, the distribution presumes a local share of the funding based on National Resource Allocation Committee (NRAC) principles and we would encourage partnership working across IA

boundaries, as per the statutory duty on IAs to work together particularly within Health Board areas[1].

In this initial year of funding, the funding will issue in two tranches starting with allocation of 70% of the funding in June 2018. A high level report on how spending has been profiled must be submitted to SG by the start of September and, subject to confirmation via this report that IAs are able to spend their full 100% allocation in-year, the remaining 30% of funding will be allocated in November 2018. An outline template for making the start-September report is at Annex D. A final template will be issued before September.

We understand that the detail of these plans will take some time to develop and that your ideas about what is necessary will change as the extent and depth of understanding and service response improve over time. We also know that tackling these issues in a more effective way over time will do a lot to improve the help that we provide to communities. We are grateful to Chief Officers and to partners for your commitment to prioritising delivery of this commitment in keeping with the ambition in the Mental Health Strategy.

Please share your plans with Pat.McAuley@gov.scot If you have questions about the process or require further information, please contact Pat on 0131 244 0719.

Penny Curtis
Head of Mental Health and Protection of Rights Division

[1] Given Action 15 of the Mental Health Strategy explicitly specifies prison settings, a population NRAC does not take account of, it is requested that the plans of those partners hosting significant prisons populations include outlines of additional funding requirements they might have based on any available need assessments.

ANNEX A

Membership of the Health and Justice Collaboration Improvement Board

Paul Johnston (co-chair)	DG Education, Communities & Justice
Paul Gray (co-chair)	DG Health and Social Care
Iain Livingstone	Police Scotland
Alasdair Hay	Scottish Fire and Rescue Service
Pauline Howe	Scottish Ambulance Service
Colin McConnell	Scottish Prison Service
Karyn McCluskey	Community Justice Scotland
David Harvie	Crown Office and Procurator Fiscal Service
Robbie Pearson	Healthcare Improvement Scotland
Jane Grant	NHS GG&C
Cathie Curran	NHS Forth Valley
David Williams	IA Chief Officers Group
Shiona Strachan	Clackmannanshire & Stirling IJB
Sally Louden	COSLA
Joyce White	SOLACE
Andrew Scott	Scottish Government
Neil Rennick	Scottish Government
Gillian Russell	Scottish Government

NHS24 / Police Scotland / Scottish Ambulance Service Collaboration Project

IMPROVING THE MANAGEMENT OF, AND RESPONSE TO, MENTAL HEALTH CRISIS AND DISTRESS FOR THOSE PRESENTING TO SCOTTISH AMBULANCE SERVICE & POLICE SCOTLAND

What are we trying to accomplish?

To support the realisation of Action 15 – Mental Health Strategy (Scotland) 2017-2027, this project (test of change) will improve the care pathway for people suffering from mental illness / mental distress and poor mental well-being who are being supported by Police Scotland and/or the Scottish Ambulance Service.

This initial (draft) proposal has been shared with senior colleagues across all three partner agencies. To date we have received a positive response to the overarching principles of the First Response Test of Change concept, which is aligned to:

Integration with strategic priorities across all service providers.
Integration and facilitation of a joint co-productive / collaborative approach to future service development and delivery.

The project will initially be implemented across a specified geographical area, and delivered within a "test and learn" environment.

The project aim is:

To improve the care pathway for people suffering from mental illness / mental distress and poor mental well-being presenting to Police Scotland and / or Scottish Ambulance Service. By increasing access for Police Scotland and Scottish Ambulance Control Room and Frontline Staff to designated mental health professionals within NHS 24, working closely with locality based care and support services, to provide an appropriate and enhanced mental health triage and assessment of need service.

The project will also aim to (1) Reduce deployment of frontline Police Scotland and Scottish Ambulance Service staff to manage patients in mental distress/ suffering from poor mental health or mental well-being, and (2) Reduce demand placed on locality based Emergency services to manage individuals in mental health crisis / mental distress.

The current service provision for patients who contact Police Scotland / Scottish Ambulance Service requiring mental health care and support is described in Appendix 1.

Significant analysis of the demand placed on NHS 24, Scottish Ambulance Service, Police Scotland and NHS Emergency Departments to manage the mental health and

well-being of the population has been gathered and this will be used to determine outcome measures and key performance indicators for the test of change. Key findings from this work have identified:

People with a Mental Health Problem are three times more likely than the general population to attend the Emergency Department.
The peak presentation time to the Emergency Department is after 11pm, and this patient group are five times more likely to be admitted in the out of hours period.
Frequent callers to emergency services are more likely to be already known and supported by locality based mental health services.

The benefits of an improved care pathway (Appendix 2) for individuals contacting in mental distress / with poor mental health are:

The ability to provide the level of support required to reduce distress and safely manage the needs of the individual effectively either via telephone support or ongoing referral to appropriate locality based services.
Reduction in the need for people to be transferred by / to emergency services.
Reduction in unnecessary demand being placed on Emergency Departments

Project (service) outcomes will be reviewed and reported on monthly, and project activities will be coordinated to ensure that changes tested and implemented successfully within the "test and learn" environment are, if appropriate and feasible, spread across the wider service.

How will we know that a change is an improvement?

A framework of evaluation will be developed in consultation with all partners, including the locality based integrated joint board supporting the "test and learn" phase. This framework will include both quantitative and qualitative measures. Qualitative data will also be used, to gain insights and feedback from individuals utilising the service, staff, partners and wider stakeholders.

Qualitative Outcome measures – across the triumvirate model

Individual experience in relation to outcomes, satisfaction levels, and any follow up action
Partner experience in relation to appropriateness of contacts received, and any follow up/re-triage required at a local level
Staff experience – NHS 24 / Police Scotland / Scottish Ambulance Service

Quantitative Outcome measures – across the triumvirate model

Number of mental health calls managed within the test & learn environment.
Number of mental health calls resulting in a final disposition of self care and our web based content
Numbers of mental health calls across the range of possible outcomes
Reduction in demand to emergency services including ED attendance
Number of contacts signposted to community based services

The project team have had the opportunity to liaise with other service providers who have implemented a first response service to manage the mental health needs of the population they serve. This service model incorporates mental health professionals working across a number of service areas, including Police Control Centres.

Data from Cambridgeshire and Peterborough Crisis Care Concordant (comparing 6 months pre intervention, 8 months post intervention) showed:

ED attendance for any "mental health" need – down 25%
Admission to Acute Trust for MH patients from ED – down 19%
Mental Health Ambulance Conveyances – down 26%
111 Calls and OOH GP appointments – down 45% and 39%

What changes can we make that will result in improvement?

The timetable below highlights the key milestones of the initial test of change proposal:

TIMESCALE	OUTCOME
To Month 3	Briefing Paper re ToC to sponsor Identification of ToC Geographical Area Establish Programme Board / Governance and Assurance Structure. Recruitment of Frontline Mental Health Professionals Recruitment of project staff Establish Shared Outcome Measures across all partner agencies. Planning and preparation; Process, Operations, Technology and Information
Month 3 – Month 6	Training and Locality Pathway Development. Phase One of Implementation of TOC.
Month 6 – Month 9	Evaluation of Phase One Implementation. Phase 2 / Whole System Implementation.
Month 9 – Month 12	Project Evaluation. Development Proposal for further / future upscaling of model – national learning and implementation plan

Project Team

The Project Team will compromise of three distinct groupings, all of which will be aligned to the current Service Transformation Plans in place across NHS 24 / Police Scotland and the Scottish Ambulance Service:

Programme Board (Quarterly Meetings)

Programme Lead(s) – PS / SAS / NHS24
Communication and Engagement Lead
Evaluation Lead
Locality Representative(s)
Project Manager (NHS 24)
Executive Leadership Representation from PS / NHS24 / SAS
Executive Sponsor : Scottish Government Mental Health Division

Implementation Group (Monthly Meetings)

Programme Leads
Project Manager
Data Analyst
Locality Representatives – including service users.
Frontline Police Scotland & Scottish Ambulance Service Representatives
Communication and Engagement Lead

Project (Service) Delivery Team (Daily / Weekly Meetings)

Project Manager
Communication & Engagement
Team Leader(s)
Mental Health Support Workers
Mental Health Advisors
Mental Health Specialist Practitioners
Learning & Development Advisor

Financial Implications

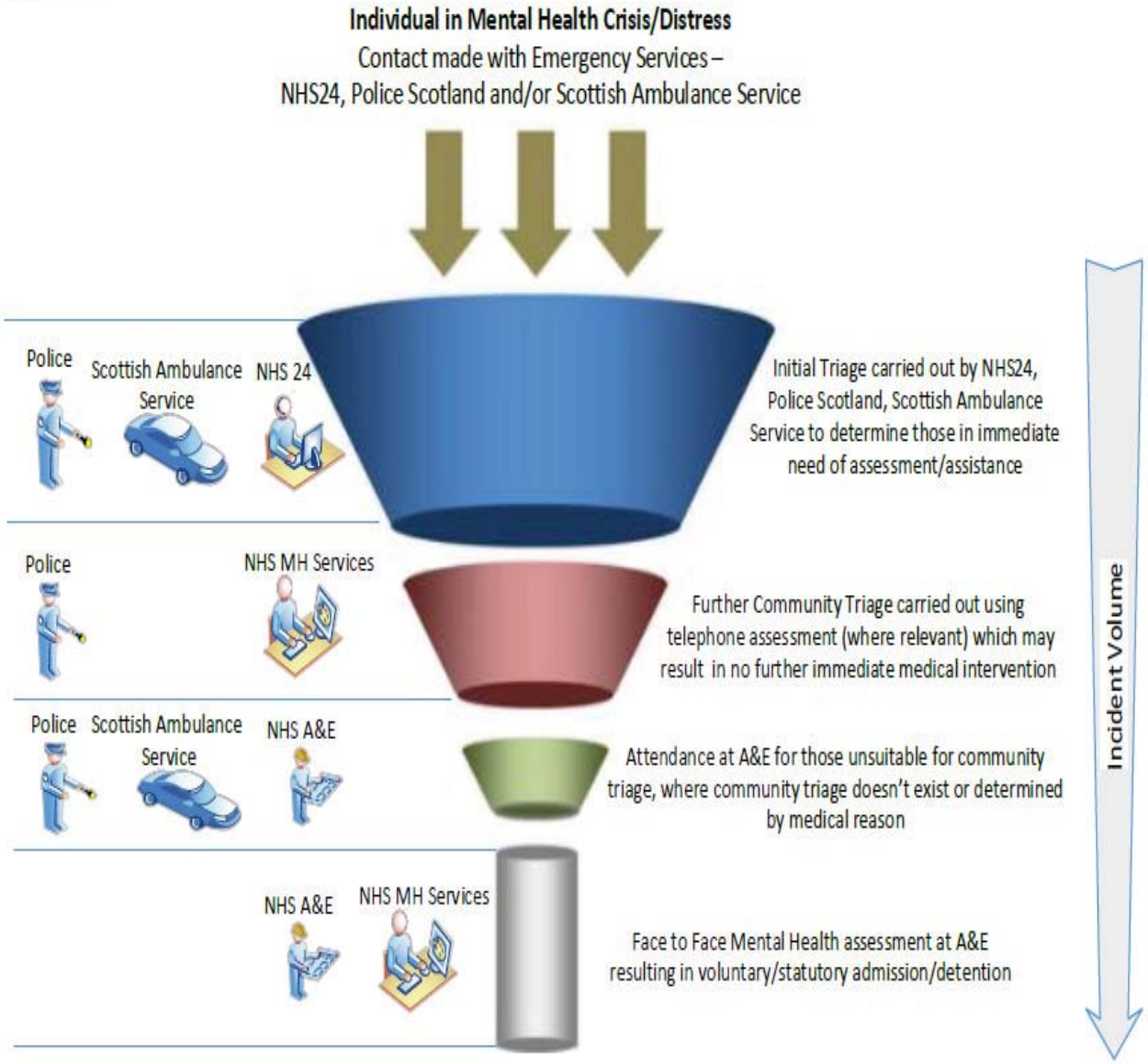
The final budget required to deliver this proposed test of change model is dependant on the needs and demand of the agreed geographical area where the pilot will be implemented. The table below details a workable draft budget, with reference given to particular roles and responsibilities required to ensure a smooth delivery of the project across all three partner areas. Several of these roles will straddle across all three components of the project.

Details	Amount
Infrastructure, Development & Implementation of Model - Senior Programme Leadership - Communication and Engagement - Learning & Education - Technology / Systems Upgrade	£117,144
Service Delivery Staffing - Mental Health Clinical Service Manager (1xWTE Band 8a) - Mental Health Team Leaders (2x WTE Band 7) - Mental Health Call Operators (5x WTE Band 3) - Mental Health and Well-being Advisors (4x WTE Band 4) - Mental Health Specialist Practitioner (4x WTE Band 6) *** This would ensure at least 16 new Mental Health Professionals being recruited to support direct patient care***	£669,288
Evaluation and Programme Management Project Administrator Data Analyst / Researcher	£81,582

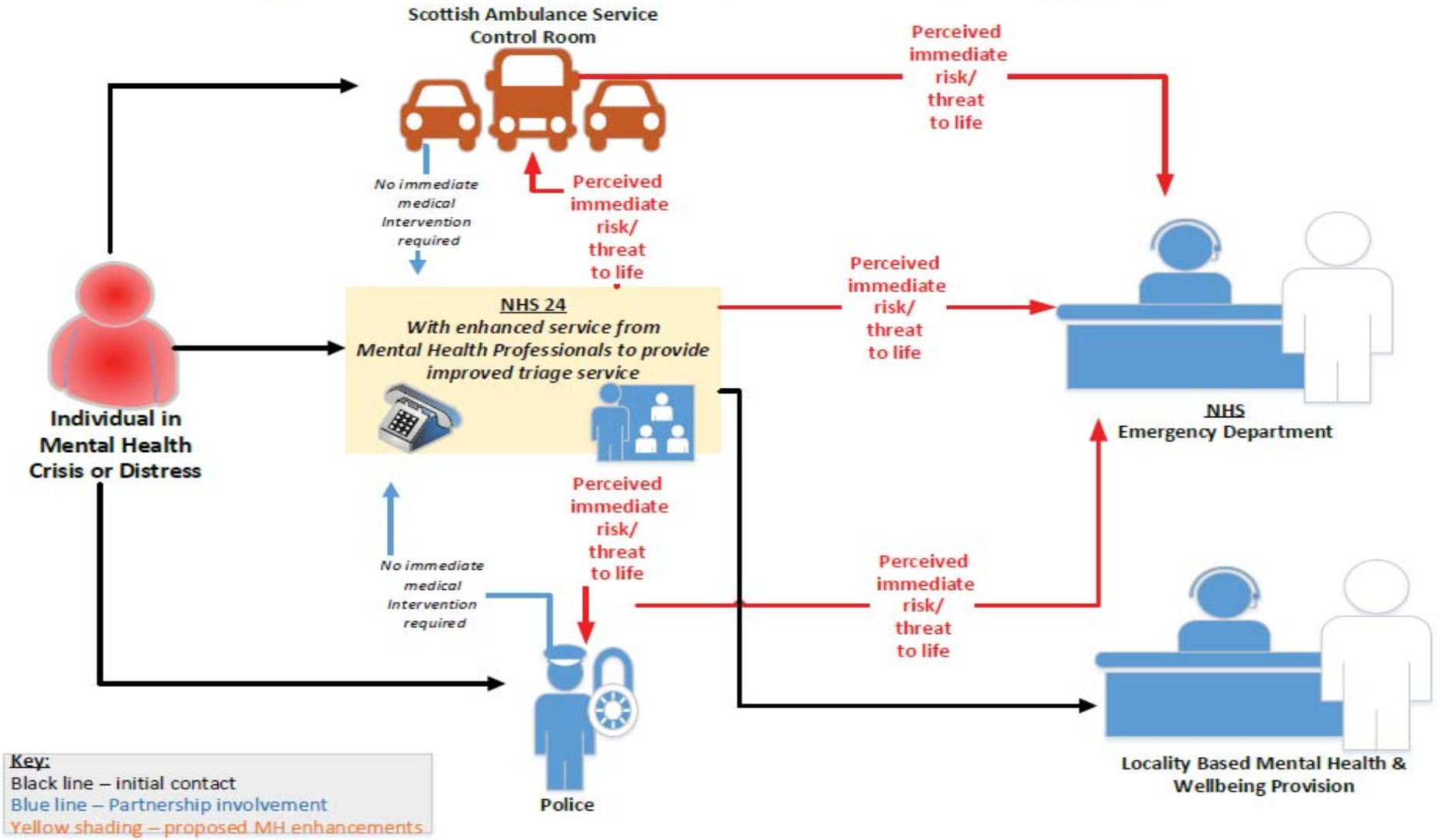
The proposed draft budget for year 1 would be **£868,014.**

Appendix 1: Current Service provision

Appendix 1



Appendix 2 – Proposed Enhanced Mental Health Pathways First Response



Breakdown of funding

Please note - these figures are only provided as a guide using the NRAC formula calculator for 2018/19. [2] The formula changes only very slightly each year therefore it is not possible to provide an exact figure over the next 4 years.

Allocations by Territorial Board – 2018/2019 £11 Million		
NHS Board	**Target Share**	**NRAC Share**
NHS Ayrshire and Arran	7.409%	£815,006
NHS Borders	2.104%	£231,456
NHS Dumfries and Galloway	2.979%	£327,738
NHS Fife	6.806%	£748,636
NHS Forth Valley	5.419%	£596,129
NHS Grampian	9.873%	£1,085,983
NHS Greater Glasgow & Clyde	22.337%	£2,457,118
NHS Highland	6.442%	£708,660
NHS Lanarkshire	12.348%	£1,358,226
NHS Lothian	14.80 4%	£1,628,474
NHS Orkney	0.483%	£53,077
NHS Shetland	0.490%	£53,907
NHS Tayside	7.848%	£863,306
NHS Western Isles	0.657%	£72,285

Breakdown of estimated allocation per IJB - 2018/2019 £11 Million					
NHS Board	**NRAC Share %**	**NRAC Share £**	**HSCP Name**	**HSCP NRAC Share %**	**NRAC Share £**
Ayrshire & Arran	7.41%	815,006	East Ayrshire	2.43%	£267,351
			North Ayrshire	2.72%	£299,538
			South Ayrshire	2.26%	£248,118
Borders	2.10%	231,456	Scottish Borders	2.10%	£231,456
Dumfries & Galloway	2.98%	327,738	Dumfries and Galloway	2.98%	£327,738
Fife	6.81%	748,636	Fife	6.81%	£748,636
Forth Valley	5.42%	596,129	Clackmannanshire and Stirling	2.55%	£280,549
			Falkirk	2.87%	£315,580
Grampian	9.87%	1,085,983	Aberdeen City	3.92%	£431,203

[2] As per the footnote on page 5, Action 15 of the Mental Health Strategy explicitly specifies prison settings, a population NRAC does not take account of, it is requested that the plans of those partners hosting significant prisons populations include outlines of additional funding requirements they might have based on any available need assessments.

			Aberdeenshire	4.23%	£465,384
			Moray	1.72%	£189,396
Greater Glasgow & Clyde	22.34%	2,457,118	East Dunbartonshire	1.82%	£199,776
			East Renfrewshire	1.56%	£171,667
			Glasgow City	12.09%	£1,329,497
			Inverclyde	1.65%	£181,485
			Renfrewshire	3.40%	£373,503
			West Dunbartonshire	1.83%	£201,190
Highland	6.44%	708,660	Argyll and Bute	1.85%	£203,883
			Highland	4.59%	£504,777
Lanarkshire	12.35%	1,358,226	North Lanarkshire	6.43%	£706,750
			South Lanarkshire	5.92%	£651,476
Lothian	14.80%	1,628,474	East Lothian	1.83%	£201,801
			Edinburgh	8.32%	£915,205
			Midlothian	1.57%	£173,170
			West Lothian	3.08%	£338,298
Orkney	0.48%	53,077	Orkney Islands	0.48%	£53,077
Shetland	0.49%	53,907	Shetland Islands	0.49%	£53,907
Tayside	7.85%	863,306	Angus	2.15%	£237,042
			Dundee City	2.96%	£325,907
			Perth and Kinross	2.73%	£300,357
Western Isles	0.66%	72,285	Eilean Siar (Western Isles)	0.66%	£72,285

Allocations by Territorial Board – 2019/2020 £17 million		
NHS Board	**Target Share**	**NRAC Share**
NHS Ayrshire and Arran	7.409%	£1,259,555
NHS Borders	2.104%	£357,705
NHS Dumfries and Galloway	2.979%	£506,503
NHS Fife	6.806%	£1,156,983
NHS Forth Valley	5.419%	£921,290
NHS Grampian	9.873%	£1,678,337
NHS Greater Glasgow & Clyde	22.337%	£3,797,365
NHS Highland	6.442%	£1,095,201
NHS Lanarkshire	12.348%	£2,099,076
NHS Lothian	14.804%	£2,516,732
NHS Orkney	0.483%	£82,029
NHS Shetland	0.490%	£83,311
NHS Tayside	7.848%	£1,334,200
NHS Western Isles	0.657%	£111,713

Breakdown of estimated allocation per IJB - 2019/2020 17 Million					
NHS Board	**NRAC Share %**	**NRAC Share £**	**HSCP Name**	**HSCP NRAC Share %**	**NRAC Share £**
Ayrshire & Arran	7.41%	1,259,555	East Ayrshire	2.43%	£413,178
			North Ayrshire	2.72%	£462,922
			South Ayrshire	2.26%	£383,455
Borders	2.10%	357,705	Scottish Borders	2.10%	£357,705
Dumfries & Galloway	2.98%	506,503	Dumfries and Galloway	2.98%	£506,503
Fife	6.81%	1,156,983	Fife	6.81%	£1,156,983
Forth Valley	5.42%	921,290	Clackmannanshire and Stirling	2.55%	£433,575
			Falkirk	2.87%	£487,715
Grampian	9.87%	1,678,337	Aberdeen City	3.92%	£666,404
			Aberdeenshire	4.23%	£719,229
			Moray	1.72%	£292,703
Greater Glasgow & Clyde	22.34%	3,797,365	East Dunbartonshire	1.82%	£308,745
			East Renfrewshire	1.56%	£265,303
			Glasgow City	12.09%	£2,054,677
			Inverclyde	1.65%	£280,477
			Renfrewshire	3.40%	£577,233
			West Dunbartonshire	1.83%	£310,930
Highland	6.44%	1,095,201	Argyll and Bute	1.85%	£315,091
			Highland	4.59%	£780,110
Lanarkshire	12.35%	2,099,076	North Lanarkshire	6.43%	£1,092,250
			South Lanarkshire	5.92%	£1,006,826
Lothian	14.80%	2,516,732	East Lothian	1.83%	£311,875
			Edinburgh	8.32%	£1,414,407
			Midlothian	1.57%	£267,626
			West Lothian	3.08%	£522,823
Orkney	0.48%	82,029	Orkney Islands	0.48%	£82,029
Shetland	0.49%	83,311	Shetland Islands	0.49%	£83,311
Tayside	7.85%	1,334,200	Angus	2.15%	£366,337
			Dundee City	2.96%	£503,674
			Perth and Kinross	2.73%	£464,188
Western Isles	0.66%	111,713	Eilean Siar (Western Isles)	0.66%	£111,713

Allocations by Territorial Board – 2020/2021 £24 million		
NHS Board	**Target Share**	**NRAC Share**
NHS Ayrshire and Arran	7.409%	£1,778,196
NHS Borders	2.104%	£504,995

NHS Dumfries and Galloway	2.979%	£715,064
NHS Fife	6.806%	£1,633,388
NHS Forth Valley	5.419%	£1,300,645
NHS Grampian	9.873%	£2,369,417
NHS Greater Glasgow & Clyde	22.337%	£5,360,986
NHS Highland	6.442%	£1,546,166
NHS Lanarkshire	12.348%	£2,963,402
NHS Lothian	14.804%	£3,553,033
NHS Orkney	0.483%	£115,805
NHS Shetland	0.490%	£117,615
NHS Tayside	7.848%	£1,883,576
NHS Western Isles	0.657%	£157,712

Breakdown of estimated allocation per IJB - 2020/2021
24 Million

NHS Board	NRAC Share %	NRAC Share £	HSCP Name	HSCP NRAC Share %	NRAC Share £
Ayrshire & Arran	7.41%	1,778,196	East Ayrshire	2.43%	£583,310
			North Ayrshire	2.72%	£653,537
			South Ayrshire	2.26%	£541,348
Borders	2.10%	504,995	Scottish Borders	2.10%	£504,995
Dumfries & Galloway	2.98%	715,064	Dumfries and Galloway	2.98%	£715,064
Fife	6.81%	1,633,388	Fife	6.81%	£1,633,388
Forth Valley	5.42%	1,300,645	Clackmannanshire and Stirling	2.55%	£612,106
			Falkirk	2.87%	£688,539
Grampian	9.87%	2,369,417	Aberdeen City	3.92%	£940,806
			Aberdeenshire	4.23%	£1,015,383
			Moray	1.72%	£413,228
Greater Glasgow & Clyde	22.34%	5,360,986	East Dunbartonshire	1.82%	£435,875
			East Renfrewshire	1.56%	£374,545
			Glasgow City	12.09%	£2,900,720
			Inverclyde	1.65%	£395,968
			Renfrewshire	3.40%	£814,917
			West Dunbartonshire	1.83%	£438,960
Highland	6.44%	1,546,166	Argyll and Bute	1.85%	£444,835
			Highland	4.59%	£1,101,332
Lanarkshire	12.35%	2,963,402	North Lanarkshire	6.43%	£1,542,000
			South Lanarkshire	5.92%	£1,421,401
Lothian	14.80%	3,553,033	East Lothian	1.83%	£440,294
			Edinburgh	8.32%	£1,996,810
			Midlothian	1.57%	£377,825
			West Lothian	3.08%	£738,104

Orkney	0.48%	115,805	Orkney Islands	0.48%	£115,805
Shetland	0.49%	117,615	Shetland Islands	0.49%	£117,615
Tayside	7.85%	1,883,576	Angus	2.15%	£517,182
			Dundee City	2.96%	£711,069
			Perth and Kinross	2.73%	£655,325
Western Isles	0.66%	157,712	Eilean Siar (Western Isles)	0.66%	£157,712

Allocations by Territorial Board – 2021/2022 £32 million		
NHS Board	**Target Share**	**NRAC Share**
NHS Ayrshire and Arran	7.409%	£2,370,927
NHS Borders	2.104%	£673,327
NHS Dumfries and Galloway	2.979%	£953,418
NHS Fife	6.806%	£2,177,851
NHS Forth Valley	5.419%	£1,734,193
NHS Grampian	9.873%	£3,159,222
NHS Greater Glasgow & Clyde	22.337%	£7,147,981
NHS Highland	6.442%	£2,061,555
NHS Lanarkshire	12.348%	£3,951,202
NHS Lothian	14.804%	£4,737,378
NHS Orkney	0.483%	£154,407
NHS Shetland	0.490%	£156,821
NHS Tayside	7.848%	£2,511,435
NHS Western Isles	0.657%	£210,283

Breakdown of estimated allocation per IJB - 2021/2022 £32 Million					
NHS Board	**NRAC Share %**	**NRAC Share £**	**HSCP Name**	**HSCP NRAC Share %**	**NRAC Share £**
Ayrshire & Arran	7.41%	2,370,927	East Ayrshire	2.43%	£777,747
			North Ayrshire	2.72%	£871,383
			South Ayrshire	2.26%	£721,797
Borders	2.10%	673,327	Scottish Borders	2.10%	£673,327
Dumfries & Galloway	2.98%	953,418	Dumfries and Galloway	2.98%	£953,418
Fife	6.81%	2,177,851	Fife	6.81%	£2,177,851
Forth Valley	5.42%	1,734,193	Clackmannanshire and Stirling	2.55%	£816,141
			Falkirk	2.87%	£918,051
Grampian	9.87%	3,159,222	Aberdeen City	3.92%	£1,254,408
			Aberdeenshire	4.23%	£1,353,844
			Moray	1.72%	£550,970
Greater Glasgow &	22.34%	7,147,981	East Dunbartonshire	1.82%	£581,167

Clyde					
			East Renfrewshire	1.56%	£499,394
			Glasgow City	12.09%	£3,867,627
			Inverclyde	1.65%	£527,957
			Renfrewshire	3.40%	£1,086,555
			West Dunbartonshire	1.83%	£585,280
Highland	6.44%	2,061,555	Argyll and Bute	1.85%	£593,113
			Highland	4.59%	£1,468,442
Lanarkshire	12.35%	3,951,202	North Lanarkshire	6.43%	£2,056,001
			South Lanarkshire	5.92%	£1,895,202
Lothian	14.80%	4,737,378	East Lothian	1.83%	£587,059
			Edinburgh	8.32%	£2,662,414
			Midlothian	1.57%	£503,767
			West Lothian	3.08%	£984,138
Orkney	0.48%	154,407	Orkney Islands	0.48%	£154,407
Shetland	0.49%	156,821	Shetland Islands	0.49%	£156,821
Tayside	7.85%	2,511,435	Angus	2.15%	£689,576
			Dundee City	2.96%	£948,093
			Perth and Kinross	2.73%	£873,766
Western Isles	0.66%	210,283	Eilean Siar (Western Isles)	0.63%	£210,283

ANNEX D

ACTION 15 - OUTLINE 2018-19 INTEGRATION AUTHORITY FINANCIAL REPORTING TEMPLATE, DUE FOR RETURN BY SEPTEMBER 2018

IA area

Summary of agreed spending breakdown for 2018-19 with anticipated monthly phasing

Actual spending to date against profile, by month

Remaining spend to end 2018-19, by month

Projected under/ over spend by end 2018-19

Is it expected that the full second tranche will be required in 2018-19?

Please return to:

Pat McAuley
3ER, St Andrew's House, Regent Road, Edinburgh EH1 3DG

Or by email to:
Pat.McAuley@gov.scot

Directorate for Population Health
Primary Care Division
T: 0131 244 2305

E: Richard.Foggo@gov.scot

Integration Authority Chief Officers
NHS Board Chief Executives

23 May 2018

Dear Colleagues,

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2018-19

I am writing to confirm the 2018-19 funding allocations for the Primary Care Improvement Fund element of the wider Primary Care Fund, which will be used by Integration Authorities to commission primary care services, and allocated on an NRAC basis through Health Boards to Integration Authorities (IAs).

This letter should be read in close conjunction with two other letters due to issue, which will set out additional ring-fenced resources being made available to IAs in 2018-19:

- A second letter from my Division covering the allocation and use of an additional £5 million for Out of Hours primary care; and
- A letter from Penny Curtis, Deputy Director Mental Health Division, regarding funding of 'Action 15' of the Mental Health Strategy. Action 15 is a four-year commitment to deliver 800 more mental health workers in a range of settings, including primary care, and £11 million is being made available to IAs for this in the first year[1].

Background

Last year we brought together the Out of Hours, Primary Care Transformation Fund and Mental Health Funds into a single funding allocation, referred to as the Primary Care Transformation Fund (PCTF). My colleagues Penny Curtis and Linda Gregson wrote to you on 9 August 2017 to set out the 2017-18 allocation in your area and associated deliverables. An End of Year template for your completion is at Annex F.

[1] Note: for the avoidance of doubt, SG is also continuing to fund the development of primary care mental health services, in a similar way to previous years. This funding for primary care mental health now forms part of the Primary Care Improvement Fund. The £11m Action 15 funding referenced in the section above is additional to it.

Several key developments have taken place since then. These include:

- Scottish Government and BMA agreement to proceed with the 2018 General Medical Services contact following a poll of the GP profession – January 2018[2].
- Publication of the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards – draft published November 2017 and finalised 19 April 2018[3]. This determines the priorities of Integration Authorities over the next period and should be read in conjunction with this funding letter.
- Primary Care National Workforce Plan – published 30 April 2018[4].
- Passing of Scottish Government Budget Bill in February 2018 confirming increase in Primary Care Fund from £72m in 2017-18 to £110m in 2018-19.
- Wider contextual developments (e.g. the new Oral Health Action Plan and ongoing work by the Health and Justice Collaboration Improvement Board to further develop 'Action 15' of the Mental Health Strategy, which committed to 800 new mental health workers in health and justice settings).

Taken together, these set the terms of the main deliverables we expect in 2018-19 and beyond. Further information on them is at Annex C.

2018-19 approach

The Scottish Government is investing a total of £115.5 million in the Primary Care Fund (PCF) in 2018-19. There are a number of elements to the overall Primary Care Fund:

- Primary Care Improvement Fund (the subject of this letter);
- General Medical Services;
- National Boards; and
- Wider Primary Care Support including Out of Hours Fund.

These are described in more detail in Annex B.

Primary Care Improvement Fund (PCIF)

An in-year NRAC allocation to IAs (via Heath Boards) will comprise £45.750 million of the £115.5 million Primary Care Fund. This in-year allocation is hereafter referred to as the *Primary Care Improvement Fund*.

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[2] British Medical Association and Scottish Government (2017), *The 2018 GMS Contract in Scotland* http://www.gov.scot/Resource/0052/00527530.pdf

[3] *Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards - GMS Contract Implementation in the context of Primary Care Service Redesign*, published in draft 13 November 2017 and published as final 19 April 2018: http://www.gov.scot/Resource/0053/00534343.pdf

[4] http://www.gov.scot/Publications/2018/04/3662

Primary Care Improvement Plans should set out how this additional funding will be used and the timescale for the reconfiguration of services. Further information is at Annexes D and E.

Total PCIF allocation by Board area

The 2018-19 funding allocation for the PCIF is £45.750 million.

Allocation of the fund, by Health Board and IA, is shown in Annex A. All figures are calculated using NRAC. The money must be used by IAs for the purposes described in this letter. The PCIF (including £7.800 million baselined GP pharmacy funding being treated as PCIF) is not subject to any general savings requirements and must not be used to address any wider funding pressures.

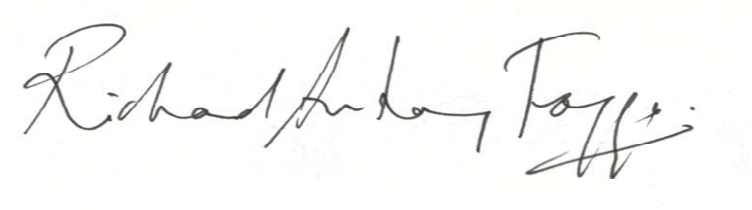
The fund must be delegated in its entirety to IAs. We do not anticipate any adjustment to these figures locally except in two circumstances:

- Marginal changes may be made with the agreement of the Health Board and Integration Authorities to reflect local arrangements, for example in relation to management arrangements within and between Integration Authorities.
- Health Boards and IAs may work collaboratively within their area to jointly resource pre-existing commitments which clearly fall within the scope of the MoU. An example of this would be early adopter link workers who are already in post in areas of higher socio-economic deprivation. This joint working to deliver the overall commitment to links workers (or other MoU related area(s)) can be appropriately reflected in PCIPs for all the IAs concerned. Such a joint approach should be considered especially where it is considered that continuation of such a service in an IA could disproportionately impact on funding available for other activities under the MoU.

Integration Authorities should set out their plans on the basis that the full funds will be made available and will be spent by them within financial year 2018-19. In this initial year of funding, the funding will issue in two tranches starting with allocation of 70% of the funding in June 2018. A high level report on how spending has been profiled must be submitted to SG by the start of September and, subject to confirmation via this report that IAs are able to spend their full 100% allocation in-year, the remaining 30% of funding will be allocated in November 2018. An outline template for making the start-September report is at Annex G. A final template will be issued before September.

I look forward to continuing to work with you in this pivotal year for primary care transformation.

Yours faithfully,



RICHARD FOGGO
Deputy Director and Head of Primary Care Division

Copy: Local Authority Chief Executives
COSLA Chief Executive
Integration Authority Chief Finance Officers
Health Board Directors of Finance
Health Board Directors of Pharmacy
Health Board Directors of Planning and Policy
Health Board Medical Directors
Primary Care Leads
Health Board Out of Hours Clinical Leads
Scottish Executive Nurse Directors (SEND)
Health Board AHP Directors
Health Board Directors of Public Health

ANNEX A

PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

Allocation By Territorial Health Board

Allocations by Territorial Board 2018-19				
	2018-19 Target share	2018-19 NRAC Share	2017-18 Allocation now in 18-19 Baseline	2018-19 Allocation
NHS Ayrshire and Arran	7.41%	£3,389,685	£569,300	£2,820,385
NHS Borders	2.10%	£962,647	£161,300	£801,347
NHS Dumfries and Galloway	2.98%	£1,363,090	£229,100	£1,133,990
NHS Fife	6.81%	£3,113,646	£521,800	£2,591,846
NHS Forth Valley	5.42%	£2,479,354	£415,000	£2,064,354
NHS Grampian	9.87%	£4,516,701	£755,400	£3,761,301
NHS Greater Glasgow & Clyde	22.34%	£10,219,379	£1,718,200	£8,501,179
NHS Highland	6.44%	£2,947,380	£494,100	£2,453,280
NHS Lanarkshire	12.35%	£5,648,985	£947,700	£4,701,285
NHS Lothian	14.80%	£6,772,970	£1,132,000	£5,640,970
NHS Orkney	0.48%	£220,754	£75,000	£145,754
NHS Shetland	0.49%	£224,204	£76,200	£148,004
NHS Tayside	7.85%	£3,590,567	£601,900	£2,988,667
NHS Western Isles	0.66%	£300,639	£103,000	£197,639
Total	100.00%	£45,750,000	£7,800,000	£37,950,000

**Pharmacists in GP Practices funding was a recurring allocation in 2017-18 and will be included in Boards' 2018-19 baseline funding.*

Allocation by Integration Authority: overview of full £45.750 breakdown

Total Bundle £45.750m			
NHS Board	**2018-19 NRAC Share**	**IA Name**	**IA Share**
Ayrshire & Arran	3,389,685	East Ayrshire	1,111,935
		North Ayrshire	1,245,806
		South Ayrshire	1,031,944
Borders	962,647	Scottish Borders	962,647
Dumfries & Galloway	1,363,090	Dumfries and Galloway	1,363,090
Fife	3,113,646	Fife	3,113,646
Forth Valley	2,479,354	Clackmannanshire and Sti	1,166,827
		Falkirk	1,312,527
Grampian	4,516,701	Aberdeen City	1,793,412
		Aberdeenshire	1,935,573
		Moray	787,716
Greater Glasgow	10,219,379	East Dunbartonshire	830,888
& Clyde		East Renfrewshire	713,977
		Glasgow City	5,529,498
		Inverclyde	754,813
		Renfrewshire	1,553,435
		West Dunbartonshire	836,768
Highland	2,947,380	Argyll and Bute	847,966
		Highland	2,099,414
Lanarkshire	5,648,985	North Lanarkshire	2,939,438
		South Lanarkshire	2,709,546
Lothian	6,772,970	East Lothian	839,311
		Edinburgh	3,806,420
		Midlothian	720,229
		West Lothian	1,407,010
Orkney	220,754	Orkney Islands	220,754
Shetland	224,204	Shetland Islands	224,204
Tayside	3,590,567	Angus	985,878
		Dundee City	1,355,476
		Perth and Kinross	1,249,213
Western Isles	300,639	Eilean Siar (Western Isles	300,639
Total	**45,750,000**		**45,750,000**

Allocation by Integration Authority: IA share of £7.8m baselined funding[5]

£7.8m from Boards' Baseline Funding			
NHS Board	**Baselined funding**	**IA Name**	**IA Share**
Ayrshire & Arran	569,300	East Ayrshire	186,750
		North Ayrshire	209,234
		South Ayrshire	173,316
Borders	161,300	Scottish Borders	161,300
Dumfries & Galloway	229,100	Dumfries and Galloway	229,100
Fife	521,800	Fife	521,800
Forth Valley	415,000	Clackmannanshire and S	195,306
		Falkirk	219,694
Grampian	755,400	Aberdeen City	299,941
		Aberdeenshire	323,717
		Moray	131,742
Greater Glasgow	1,718,200	East Dunbartonshire	139,698
& Clyde		East Renfrewshire	120,042
		Glasgow City	929,683
		Inverclyde	126,908
		Renfrewshire	261,181
		West Dunbartonshire	140,687
Highland	494,100	Argyll and Bute	142,153
		Highland	351,947
Lanarkshire	947,700	North Lanarkshire	493,134
		South Lanarkshire	454,566
Lothian	1,132,000	East Lothian	140,278
		Edinburgh	636,186
		Midlothian	120,376
		West Lothian	235,161
Orkney	75,000	Orkney Islands	75,000
Shetland	76,200	Shetland Islands	76,200
Tayside	601,900	Angus	165,266
		Dundee City	227,223
		Perth and Kinross	209,410
Western Isles	103,000	Eilean Siar (Western Isle	103,000
Total	**7,800,000**		**7,800,000**

[5] Being treated as part of the PCIF. Note that there is no difference between the use for PCIP purposes of the baselined £7.8 million and the remainder of the PCIF this year.

Allocation by Integration Authority: tranche 1 and tranche 2 of £37.950 million in-year allocation[6]

£37.95m split into Tranche 1 and Tranche 2							
NHS Board	2018-19 Board Allocation	Tranche 1 (70%)	Tranche 2 (30%)	IA Name	IA Share	Tranche 1 (70%)	Tranche 2 (30%)
Ayrshire & Arran	2,820,385	1,974,270	846,116	East Ayrshire	925,185	647,629	277,555
				North Ayrshire	1,036,572	725,600	310,972
				South Ayrshire	858,629	601,040	257,589
Borders	801,347	560,943	240,404	Scottish Borders	801,347	560,943	240,404
Dumfries & Galloway	1,133,990	793,793	340,197	Dumfries and Galloway	1,133,990	793,793	340,197
Fife	2,591,846	1,814,292	777,554	Fife	2,591,846	1,814,292	777,554
Forth Valley	2,064,354	1,445,048	619,306	Clackmannanshire and Stirling	971,521	680,065	291,456
				Falkirk	1,092,833	764,983	327,850
Grampian	3,761,301	2,632,910	1,128,390	Aberdeen City	1,493,471	1,045,429	448,041
				Aberdeenshire	1,611,857	1,128,300	483,557
				Moray	655,973	459,181	196,792
Greater Glasgow & Clyde	8,501,179	5,950,825	2,550,354	East Dunbartonshire	691,189	483,832	207,357
				East Renfrewshire	593,935	415,754	178,180
				Glasgow City	4,599,815	3,219,871	1,379,945
				Inverclyde	627,905	439,534	188,372
				Renfrewshire	1,292,253	904,577	387,676
				West Dunbartonshire	696,081	487,257	208,824
Highland	2,453,280	1,717,296	735,984	Argyll and Bute	705,813	494,069	211,744
				Highland	1,747,467	1,223,227	524,240
Lanarkshire	4,701,285	3,290,899	1,410,385	North Lanarkshire	2,446,305	1,712,413	733,891
				South Lanarkshire	2,254,980	1,578,486	676,494
Lothian	5,640,970	3,948,679	1,692,291	East Lothian	699,032	489,323	209,710
				Edinburgh	3,170,234	2,219,164	951,070
				Midlothian	599,854	419,898	179,956
				West Lothian	1,171,850	820,295	351,555
Orkney	145,754	102,028	43,726	Orkney Islands	145,754	102,028	43,726
Shetland	148,004	103,603	44,401	Shetland Islands	148,004	103,603	44,401
Tayside	2,988,667	2,092,067	896,600	Angus	820,612	574,428	246,184
				Dundee City	1,128,253	789,777	338,476
				Perth and Kinross	1,039,803	727,862	311,941
Western Isles	197,639	138,347	59,292	Eilean Siar (Western Isles)	197,639	138,347	59,292
Total	**37,950,000**	**26,565,000**	**11,385,000**		**37,950,000**	**26,565,000**	**11,385,000**

[6] Total PCIF minus the £7.8 million baselined amount. Note that there is no difference between the use for PCIP purposes of the baselined £7.8 million and the remainder of the PCIF this year.

ANNEX B

OVERVIEW OF NATIONAL PRIMARY CARE FUNDING ARRANGEMENTS

Primary Care Fund 2018-19

The Scottish Government is investing a total of £115.5 million in the Primary Care Fund (PCF) in 2018-19. There are a number of elements to the overall Fund:

- Primary Care Improvement Fund;
- General Medical Services;
- National Boards; and
- Wider Primary Care Support including Out of Hours.

The full Primary Care Fund breakdown is below.

Primary Care Fund £m	2018-19	Notes
Primary Care Improvement Fund: Service redesign through Primary Care Improvement Plans	**45.750**	Wider MDT development across 6 priority areas in the GMS contract/ MoU, including Pharmacy, CLW, Vaccination Transformation Programme, primary care mental health and Pharmacy First.
GMS: Income & Expenses Guarantee Professional Time Activities Rural package GP Additional support GP clusters (PQLs) **GMS Total**	 23.000 2.500 2.000 3.075 5.000 **35.575**	Additional support includes oxygen, occ health, parental leave, sickness, appraisal and GP retainers scheme
National Boards	**16.569**	Cluster support (HIS and LIST), SAS Strategy/national board transformation, practice nurse training
Wider Primary Care Support: National Support Primary Care Infrastructure Out of Hours GP Recruitment and Retention **Wider Primary Care Support Total**	 5.606 2.000* 5.000 5.000 **17.642**	National support includes primary care development, GP sustainability reccs, community eyecare review, evaluation
Total: Primary Care Fund *£10m Premises Fund available in 2018-19 from a separate funding source	**115.500**	

The table above demonstrates the allocation of the entirety of the Primary Care Fund. A separate letter will be prepared and copied to IAs in due course providing a

breakdown of which elements of the Primary Care Fund are in direct support of General Practice, contributing to the Scottish Government's commitment to invest an additional £250 million in direct support of General Practice by the end of this Parliament.

Primary Care Improvement Fund

An in-year NRAC allocation to IAs (via Heath Boards) will comprise £45.750 million of that £115.5 million Primary Care Fund. This in-year allocation is hereby referred to as the Primary Care Improvement Fund (PCIF). Primary Care Improvement Plans should set out how this additional funding will be used and the timescale for the reconfiguration of services.

In 2018-19, for the PCIF, we are continuing the process of radical simplification we began last year. As agreed with the *Scottish Government – Chief Officer Advisory Group on Primary Care*, we are making a single broad allocation, to provide maximum flexibility to local systems to deliver key outcomes. This is a successor fund to activities previously funded including:

- Pharmacy teams in General Practice
- Vaccination Transformation Programme
- Primary Care Transformation Fund
- Community Links Workers
- Mental Health Primary Care Fund
- Pharmacy First

Primary Medical Services

A separate Primary Medical Services (PMS) revenue allocation letter will issue in due course, which will include the elements of the Primary Care Fund that relate to General Medical Services (GMS) such as the £23 million income guarantee associated with the new GMS contract.

National NHS Boards will also receive letters setting out the outcomes associated with their funding allocations.

Out of Hours Fund

IAs will be expected to maintain and develop a resilient out of hours service that builds on the recommendations set out in Sir Lewis Ritchie's report *Pulling Together*, building effective links and interface between in and out of hours GP services.

Therefore, IAs will receive an in-year NRAC allocation *additional* to the Primary Care Improvement Fund of £5 million for investment in Out of Hours.

A separate letter will set out further detail before the end of May on the allocation and use of the £5 million.

Wider Elements of Primary Care Fund

Funding from the Primary Care Fund outwith the IA-led allocation includes:

- Support to GP sustainability recommendations and national evaluation;
- Support to GP Recruitment and Retention; and
- Funding for National Boards to support primary care transformation.

Future funding profile

To aid in preparation of the Primary Care Improvement Plans, IAs and Health Boards should note that the Primary Care Fund is expected to increase substantially over the next three years. The Scottish Government has announced its commitment to increase the overall PCF to £250 million by 2021-22. The detail of the funding breakdown within that is a matter for Ministers and the annual Parliamentary budgeting process.

However – *strictly as a planning assumption, and subject to amendment by Ministers without notice* – IAs may wish to note our expectation that the Primary Care Improvement Fund will increase to approximately £55 million in 2019-20, £110 million in 2020-21, and £155 million in 2021-22. This will, as this year, be distributed on an NRAC basis.

All PCIF in-year allocations should be considered as *earmarked recurring* funding. It should be assumed therefore that staff may be recruited on a permanent basis to meet the requirements set out in the MoU. We will engage with IAs and others on any plans to baseline these funds.

Linked non-Primary Care Fund funding

Linked funding from outwith the Primary Care Fund in 2018-19 includes:

- The £10 million annual Premises Fund to fund interest-free secured loans to GP contractors who own their premises, as set out in the National Code of Practice for GP Premises.
- The £11 million Mental Health 'Action 15' fund, which will be the subject of a separate letter this month from Penny Curtis.

National trends in funding for primary care

In March 2017 the Cabinet Secretary for Health and Sport announced that in addition to the funding for the provision of general medical services, funding in direct support of general practice will increase annually by £250 million by the end 2021-22. In 2017-18 £71.6 million was committed through the Primary Care Fund in direct support of general practice. Further investment will see this increase over the three financial years from 1 April 2018 to £250 million in 2021-22.

This forms part of the commitment during this Parliament to extra investment of £500 million per year for Primary Care funding. This will raise the primary care budget from 7.7% of the total NHS frontline budget in 2016-17 to 11% by 2021-22.

ANNEX C

SUMMARY OF KEY POLICY DEVELOPMENTS IN PRIMARY CARE 2017-18

GMS contract offer: key elements

The contract offer to GPs[7], jointly negotiated by the BMA and the Scottish Government, sets out a refocused role for GPs as Expert Medical Generalists (EMGs) and recognises the GP as the senior clinical decision maker in the community. This role builds on the core strengths and values of general practice, involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership.

This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services in their capacity as expert medical generalists. The contract offer also sets out new opportunities for GP-employed practice staff.

The contract improves the formula used to determine GP funding, and proposals for the next phase of pay reform, and proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability.

Practice core hours will be maintained at 8am-6.30pm (or as previously agreed through local negotiation). Online services for patients will be improved, and online appointment booking and repeat prescription ordering will be made available where the practice has the functionality to implement online services safely.

The contract sets out how analytical support from Information Services Division of NHS National Services Scotland will be further embedded. Practices will supply information on practice workforce and on demand for services to support quality improvement and practice sustainability.

Memorandum of Understanding

The Memorandum of Understanding (MoU) with Integration Authorities, the British Medical Association, NHS Boards and the Scottish Government[8] set out the

[7] British Medical Association and Scottish Government (2017), *The 2018 GMS Contract in Scotland* http://www.gov.scot/Resource/0052/00527530.pdf

[8] http://www.gov.scot/Resource/0053/00534343.pdf

principles underpinning primary care in Scotland, including respective roles and responsibilities.

The seven key principles for service redesign in the document are:

- Safe
- Person-Centred
- Equitable
- Outcome focused
- Effective
- Sustainable
- Affordability and value for money

The MoU provided the basis for the development by IAs, as part of their statutory Strategic Planning responsibilities, of clear IA Primary Care Improvement Plans, setting out how allocated funding will be used and the timescales for the reconfiguration of some of the key services currently delivered under GMS contracts.

The MoU underpins the new Scottish GMS contract; and enables the move towards a new model for primary care that is consistent with the principles, aims and direction set by the Scottish Government's National Clinical Strategy (NCS) and the Health and Social Care Delivery Plan.

Workforce Plan

The third section of the National Workforce Plan[9] was published on 30 April 2018.

Scottish Ministers have committed to a significant expansion of the wider Multi-Disciplinary Team (MDT), including the training of an additional 500 advanced nurse practitioners, 250 Community Links Workers to be in place by 2021 in practices serving our poorest populations, and 1,000 paramedics to work in the community. General Practice will further be supported by ensuring all practices are given access to a pharmacist by the end of this parliamentary period. An additional investment of £6.9 million will be made in nursing in primary care, particularly general practice nursing and district nursing.

The publication of *National Health and Social Care Workforce Plan: Part 1 – a framework for improving workforce planning across NHS Scotland*[10] last June signalled the beginning of a process to further improve workforce planning across health and social care. It set out new approaches to workforce planning across Scotland, within a framework for wider reform of our health and care systems. Part 2 of the Workforce Plan – *A framework for improving workforce planning for social care in Scotland*[11] – published jointly by the Scottish Government and COSLA, set out a whole system, complementary approach to local and national social care workforce planning, recognising our new integrated landscape.

[9] http://www.gov.scot/Publications/2018/04/3662
[10] http://www.gov.scot/Resource/0052/00521803.pdf
[11] http://www.gov.scot/Resource/0052/00529319.pdf

Part 3, the primary care workforce plan, marks an important further step in that journey. It addresses the following main issues:

- how primary care services are in a strong position to respond to the changing and growing needs of our population, alongside the evidence of the significant benefits that will be delivered through focusing our workforce on prevention and self-management.
- The shape of the existing primary care workforce, including recent trends in workforce numbers
- The anticipated changes in the way services will be reconfigured to meet population need
- How the MDT will be strengthened to deliver an enhanced and sustainable workforce
- Our approach to recruiting 800 more doctors into general practice over the next decade and supporting and retaining the existing workforce
- How we will work with partners to ensure that better quality and more timely data is developed to drive effective local and national workforce planning.
- A commitment to work alongside partners including the RCN to understand the requirements for sustaining and expanding the district nursing workforce. By September 2018 we will better understand the requirements and investment needed to grow this workforce.

Other key policy developments

GP Clusters

The approach to quality which began with the move away from the Quality and Outcomes Framework introduced in the 2004 GMS contract will continue. Following the publication of *Improving Together: A National Framework for Quality and GP Clusters in Scotland*[12] in January 2017, work is now underway to continue to develop the collaborative learning role of GP clusters, to help identify and improve the quality of services in their locality. Healthcare Improvement Scotland and National Services Scotland, through Local Intelligence Support Teams (LIST) will continue to support clusters to gather intelligence to establish what these priorities are, and how to collect and evaluate data to determine what action is needed. Work is now underway to further refine the National Framework, with input from Integration Authorities, and this work will continue in 2018/19. Support should be made available from Public Health locally to help identify suitable cluster outcomes for improvement.

Community Eyecare

As indicated in last year's letter, the Community Eyecare Services Review[13] required Integration Authorities to consider the full eyecare needs of their communities when planning and commissioning services. Work is now underway in taking forward the recommendations, particularly around revising the General Ophthalmic Services Regulations. We would expect Integration Authorities to continue to work with

[12] https://beta.gov.scot/publications/improving-together-national-framework-quality-gp-clusters-scotland/documents/00512739.pdf?inline=true
[13] http://www.gov.scot/Publications/2017/04/7983

optometrists and NHS Board Optometric Advisers in considering how eyecare services can be delivered more effectively in their area, as work to implement further recommendations around clinical and quality improvement will continue in 2018/19.

Oral Health

On 24 January 2018, the Scottish Government published the *Oral Health Improvement Plan* (OHIP)[14]. The OHIP sets the direction of travel for oral health improvement and NHS dentistry for the next generation, and has a strong focus on preventing oral health disease, meeting the needs of the ageing population and reducing oral health inequalities. This does not form part of the PCIF, but appropriate links should be identified where possible.

Pharmacy

Our strategy 'Achieving Excellence in Pharmaceutical Care'[15]. was published in August 2017, and sets out the priorities, commitments and actions for improving and integrating NHS pharmaceutical care in Scotland over the next five years. It is driven by two main priorities: Improving NHS Pharmaceutical Care and Enabling NHS Pharmaceutical Care Transformation.

Achieving Excellence emphasises the important role the pharmacy team in NHS Scotland has to play as part of the workforce, making best use of their specialist skills and much needed expertise in medicines. It describes how we see pharmaceutical care evolving in Scotland along with the crucial contribution of pharmacists and pharmacy technicians, working together with other health and social care practitioners, to improve the health of the population, especially for those with multiple long term and complex conditions.

[14] http://www.gov.scot/Publications/2018/01/9275
[15] http://www.gov.scot/Resource/0052/00523589.pdf

ANNEX D

CORE REQUIREMENTS OF PRIMARY CARE IMPROVEMENT PLANS REQUIREMENT 1: PREPARATION OF PRIMARY CARE IMPROVEMENT PLANS (PCIPS)

The MoU requires IAs to:

1. Develop three-year Primary Care Improvement Plans (PCIPs), consulting NHS Boards and other partners. These must be agreed with the local GP Subcommittee of the Area Medical Committee, with the arrangements for delivering the new GMS contract being agreed with the Local Medical Committee (LMC),and
2. Through the Plans, commission, deliver and resource (including staff resources) the six priority services identified in the MOU and the Contract document ("Blue Book") in support of the new GP contract.

Process

Initial Plans, with evidence of appropriate local consultation and agreements, will be completed by 1 July 2018 and shared with the National Oversight Group by the end of that month. They should be kept under review and updated at least annually.

The Plans are to be developed collaboratively with advice and support from GPs; and explicitly agreed with the local GP Subcommittee of the Area Medical Committee (and, in the context of the arrangements for delivering the new GMS contract, explicitly agreed with the Local Medical Committee).

Key partners and stakeholders (including patients, carers, and representatives of service providers such as the third sector) should be as engaged as possible in the preparation, publication and regular review of the Plans. There will also be a need for appropriate engagement with specific professionals and groups. For example, on the pharmacotherapy service, Directors of Pharmacy and others such as area pharmaceutical committees (or area clinical forums) and local pharmacy contractors committees will have a strong need for engagement on its implementation locally.

We appreciate that achieving full engagement within the challenging initial timescale for the PCIP may be difficult, and some of the more detailed dialogue may take place after the plans are submitted. They will be living documents, and regularly reviewed and updated.

Content

The transfer of services in the six priority areas (detailed under Requirement 2 below) will be a major component of PCIPs, and we expect that PCIPs will show a funding profile for each area.

Good communications and understanding across the wider health and social care interfaces with both services and professional groups (e.g. primary/secondary, community health and social care services, district nursing, out of hours services,

mental health services) will also be required to address direct patient care issues, such as prescribing, referrals, discharges, follow up of results and signposting. An important principle here is that each part of the system respects the time and resources of the other parts. There should not be an assumption that patient needs or work identified in one part of the service must be met by another without due discussion and agreement. This should ensure that patients do not fall through gaps in the health and care system.

Wider spending on those services should form part of IAs' broader strategic planning and commissioning role, and it would be helpful if PCIPs could reference how these services will work together.

IAs, in preparing PCIPs, should also consider the underpinning need for strong collective leadership from all parts of the local system, and how best to support it. Measures to build the leadership capability of GP Sub-Committees, and Cluster Quality Leads, as well as wider capability and capacity, should form a key part of Plans. NHS Education for Scotland is likely to be a key partner for IAs in delivering programmes to support that capacity-building. PCIPs may also address practical support to the programmes of work, such as coordination or programme management.

Wider considerations

Connection to Action 15 of the Mental Health Strategy

Primary Care Improvement Plans should show clear connections to the plans being prepared under Action 15 of the Mental Health Strategy for delivery of 800 more mental health staff in general practice, Accident and Emergency, prisons and police custody suites over the next three years. Penny Curtis will be writing to you separately on this matter.

Some of the same staff may be counted both as part of the MOU delivery (for example as part of the development of primary care mental health and/or the work on links workers) and the delivery of the general practice element of the 800. This is acceptable, and Penny Curtis's letter will set out how we expect additionality to be accounted for in terms of the 800. It would be helpful to see any cross-over clearly articulated in both PCIPs and existing plans (or those in development) regarding Action 15 of the Mental Health Strategy.

Inequalities

Whilst we recognise that the key determinants of health inequality lie outside general practice services and health care generally, there remain opportunities to strengthen the role of general practice and primary care in mitigating inequality. All PCIPs should include a section on how the services will contribute to tackling health inequalities. The community links worker service will be one aspect of this, as will the developing quality improvement role of GP Clusters, but IAs will wish to consider what more can be done to ensure there is parity of access for all groups, and that the workload of GPs in the most deprived areas is manageable.

IAs are also subject to the new Fairer Scotland Duty which came into force from April 2018. Guidance on the new duty is available on the SG website[16]. The duty aims to ensure that public bodies take every opportunity to reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. We would therefore strongly encourage IAs to consider how they can meet their obligations under the duty as they develop their PCIPs. In particular, all IAs should have completed an inequalities assessment, and make reference to this in their PCIP.

Sustainability

All IAs should also consider the sustainability of general practices in their area including the recruitment and retention of local GPs. Where there are specific sustainability issues, these should be discussed with GP representatives, and consideration given to how the PCIP can best support the sustainability of general practice locally.

National support will continue to be made available through the multi-partner Improving General Practice Sustainability Advisory Group which, over the past year, has made significant progress in delivering the practically focused recommendations for reducing workload pressures, including actions to improve interface working and improved signposting of patients to appropriate primary care services and to self-care. During 2018 the Group will focus on supporting local partners to address local sustainability issues.

Rural, remote and island communities

The needs of rural, remote and island communities should be addressed in PCIPs if they form part of the IA area.

The expectation is that the contract workload reduction measures and new services must be made available to *every* practice where it is reasonably practical, effective and safe to do so.

The service redesign requires practices to be involved via their GP clusters, so they have a say in how services will work locally.

Governance

A new National Oversight Group with representatives from the Scottish Government, the SGPC, Integration Authorities and NHS Boards will oversee implementation by NHS Boards of the GMS contract in Scotland and the IA Primary Care Improvement Plans, including clear milestones for the redistribution of GP workload and the development of effective MDT working, including with non-clinical staff.

At local level, Integration Authorities will hold Health Boards and Councils to account for delivery of the milestones set out in the Plan, in line with the directions provided

[16] http://www.gov.scot/Publications/2018/03/6918

to the Health Board and Council by the Integration Authority for the delivery of Strategic Plans.

Directors of Pharmacy will be leading on the implementation of the pharmacotherapy services during the three year trajectory, to ensure governance arrangements are in place, workforce planning and capacity issues are addressed, and the initial momentum is maintained. This will be taken forward through the recently established Pharmacotherapy Service Implementation Group which will form part of the governance arrangements under the new National Oversight Group.

The Vaccination Transformation Programme is overseen by a Programme Board with representatives from the Scottish Government, SGPC, Trade Unions, Health Protection Scotland, Health Boards, and Directors of Nursing. It is responsible for realising the benefits of vaccination transformation nationally, and managing, monitoring and evaluating progress made by each Health Board. The Vaccination Transformation Programme Board links into the National Oversight Group by reporting to the Primary Care Programme Board.

Other stakeholder groups such as dentistry and optometry should also be engaged with.

Evaluation

At local level, all PCIPs should include consideration of how the changes will be evaluated locally.

Healthcare Improvement Scotland and LIST analysts from National Services Scotland will work with IAs to provide support and learning in development of the new services.

At the national level, the Scottish Government plans to publish a 10-year Primary Care Monitoring and Evaluation Strategy in June 2018, setting out our overarching approach to evaluating primary care reform.

We will also publish a Primary Care Outcomes Framework before then, which maps out planned actions and priorities against the changes we are working towards. The Framework was co-produced by the Primary Care Evidence Collaborative, which includes NHS Health Scotland, the Scottish School of Primary Care, Healthcare Improvement Scotland, NHS Education for Scotland, National Services Scotland, the Alliance, and the Scottish Government.

ANNEX E

CORE REQUIREMENTS FOR PRIMARY CARE IMPROVEMENT PLANS 2018-21 REQUIREMENT 2 – SERVICE TRANSFER

The MoU requires IAs to:

1. Develop three-year Primary Care Improvement Plans (PCIPs), consulting NHS Boards and other partners. These must be agreed with the local GP Subcommittee of the Area Medical Committee, with the arrangements for delivering the new GMS contract being agreed with the Local Medical Committee (LMC),and

2. Through the Plans, commission, deliver and resource (including staff resources) the six priority services identified in the MOU and the Contract document ("Blue Book") in support of the new GP contract.

This Annex sets out the six core requirements for service transfer in PCIPs over the three year period.

IAs should work with a range of professionals in NHS Boards and practices, reflecting the service priority areas, to plan and manage service transfers in a way that ensures patient safety and maximises benefits to patient care. The nature and speed of delivery at a local level will vary based on local factors such as the extent to which comparable services are already in place, upon local geography, and prioritisation based on local demographics and demand. The new services should be provided within GP practices or clusters of practices, or be closely located.

Delivery of the Vaccination Transformation Programme, pharmacotherapy service and community treatment and care service (and within that, specifically phlebotomy) have been identified as the key immediate priorities, in that responsibility for these services will be fully transferred to IAs by the end of the transition period in April 2021. However, the other aspects of service transfer should also be considered urgent, and requiring of significant progress over the three years of Plan to deliver the arrangements set out in the MOU and the new GMS contract document.

Service 1) Vaccination Transfer Programme

High level deliverable: All services to be Board run by 2021.

By 2021, vaccinations will have moved away from a model based on GP delivery, to one based on NHS Board delivery through dedicated teams.

The Vaccination Transformation Programme can be divided into different work streams:
1. pre-school programme
2. school based programme
3. travel vaccinations and travel health advice
4. influenza programme
5. at risk and age group programmes (shingles, pneumococcal, hepatitis B)

We expect IAs and NHS Boards to have all five of these programmes in place by April 2021. The order and rate at which IAs and NHS Boards make the transition may vary but progress is expected to be delivered against locally agreed milestones in each of the 3 years, including significant early developments in financial year 2018-19.

The Vaccination Transformation Programme includes all vaccination work in primary care, whether previously delivered by IAs or not. For the avoidance of doubt, this includes childhood immunisations in every case.

Governance and oversight

The Vaccination Transformation Programme is overseen by a Programme Board with representatives from the Scottish Government, SGPC, Trade Unions, Health Protection Scotland, Health Boards, and Directors of Nursing. It is responsible for realising the benefits of vaccination transformation nationally, and managing, monitoring and evaluating progress made by each Health Board. The Vaccination Transformation Programme Board links into the National Oversight Group by reporting to the Primary Care Programme Board.

Service 2) Pharmacotherapy services

High level deliverable: Pharmacotherapy Service to the patients of every practice by 2021.

The GP contract includes an agreement that every GP practice will have access to a pharmacotherapy service. To date, investment from the GP Pharmacy Fund has meant that we have exceeded the initial target to recruit 140 wte pharmacists, together with a number of wte pharmacy technicians. The combined skill mix of these pharmacists and technicians are supporting over one third of GP practices across Scotland. An outturn exercise will be completed shortly confirming the total recruitment figures over the three year period up to the end of March 2018.

The PCIP should set out a three year trajectory from April 2018 to April 2021, to establish a sustainable pharmacotherapy service which includes pharmacist and pharmacy technician support to the patients of every practice. Pharmacists and pharmacy technicians will become embedded members of core practice clinical teams and, while not employed directly by practices, the day-to-day work of pharmacists and pharmacy technicians, will be co-ordinated by practices and targeted at local clinical priorities. Implementation of the pharmacotherapy service will be led by Directors of Pharmacy during the three year trajectory period through the Pharmacotherapy Service Implementation Group.

Pharmacists and pharmacy technicians will take on responsibility for:

a) Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines
b) Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics (e.g. chronic pain)

By the end of the three year period, PCIPs should be able to demonstrate appropriate delivery of both the core and additional elements of the service in response to local needs.

There will be an increase in pharmacist training places to support this work.

<u>Chronic Medication Service</u>

In addition, PCIPs should also take into account the contribution of the Chronic Medication Service (CMS) available in all local community pharmacies, and ensure the appropriate links between the pharmacotherapy service and CMS are embedded to make best use of total capacity.

Under this centrally funded service, community pharmacists can carry out an annual medication review, as well as regular monitoring and feedback to the practice for patients registered for this service. Involving community pharmacists in the medication review of people with a stable long term condition will support pharmacists in GP practices and GPs to concentrate on more complex care. Making full use of the clinical capacity within community pharmacy can improve the pace and efficiency of delivery of the pharmacotherapy service in GP practices.

Other Centrally Funded Community Pharmacy Services

GP practice teams should also make full use of the other NHS services available through local community pharmacies as part of local triaging arrangements.

Community pharmacists can provide self-care advice on a range of common (uncomplicated) clinical conditions. Children, the elderly, people with medical exceptions, and those on low incomes can also make full use of the Minor Ailment Service (MAS). We will be looking to see how we can develop the MAS on a national basis, based on the outcomes of the extended MAS pilot in Inverclyde.

Smoking cessation support and sexual health advice (including access to Emergency Hormonal Contraception) are also available through the community pharmacy Public Health Service.

Pharmacy First

Also included in your 2018-19 funding allocation are monies to support the continuation of the Pharmacy First service introduced in community pharmacies across Scotland from winter 2017-18.

Linked to the MAS, Pharmacy First allows community pharmacists to treat uncomplicated urinary tract infections in women and impetigo in children without the need for a GP appointment or prescription, opening access to treatment both in and out-of-hours.

Taken together, the NHS Services available through the network of community pharmacies at both local and national levels builds on the role of pharmacists as part of the multidisciplinary team in primary care, making the best use of their clinical skills and providing convenient routes of access to appropriate primary care.

Service 3) Community Treatment and Care Services

High level deliverable: A service in every area, by 2021, starting with phlebotomy.

These services include, but are not limited to, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, phlebotomy, ear syringing, suture removal, and some types of minor surgery as locally determined as being appropriate.

Phlebotomy should be delivered as a priority in the first stage of the PCIP.

There will be a three year transition period to allow the responsibility for providing these services to pass from GP practices to IAs. By April 2021, these services will be commissioned by IAs, and delivered in collaboration with NHS Boards that will employ and manage appropriate nursing and healthcare assistant staff.

Community treatment and care services should be prioritised for use by primary care. They should also be available for secondary care referrals if they would otherwise have been workload for GPs (i.e. if such use means they are directly lifting workload from GPs). It is essential that the new funding in direct support of General Practice is only used to relieve workload from General Practice. Work from secondary care sources should be funded from other streams.

IAs should consider how this service might best be aligned with wider community treatment and care services used by secondary care.

Service 4) Urgent care (advanced practitioners)

High level deliverable: A sustainable advanced practitioner service for urgent unscheduled care as part of the practice or cluster based team, based on local needs and local service design.

The MoU sets out the benefits of utilising advanced practitioners to respond to urgent unscheduled care within primary care, including being the first response to a home visit or responding to urgent call outs, freeing up GPs to focus on their role as expert medical generalists. These practitioners will be available to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care.

Where service models are sufficiently developed, advanced practitioners may also directly support GPs' expert medical generalist work by carrying out routine assessments and monitoring of chronic conditions for vulnerable patients at home, or living in care homes. These advanced practitioners may be advanced paramedics or advanced nurse practitioners. It is for the IAs, in collaboration with GP clusters, to determine the best provision for their locality.

By 2021, there should be a sustainable advanced practitioner provision in all IA areas, based on appropriate local service design.

Service 5) Additional Professional roles

High level deliverable: In most areas, the addition of new members of the MDT such as physiotherapists or mental health workers acting as the first point of contact.

By 2021 specialist professionals should be working within the local MDT to see patients as the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care. Service configuration may vary dependent upon local geography, demographics and demand.

Physiotherapy services focused on musculoskeletal conditions

IAs may wish to develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice. Priority for the service, such as focusing on elderly care, will be determined by local needs as part of the PCIP.

Mental health

As indicated in last year's letter, the Mental Health Strategy 2017-27[17] commits to action 23, "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019". It describes the primary care transformation that will improve this - up skilling of all Primary Care team members on mental health issues, the roles of clinical and non-clinical staff, and the increased involvement of patients in their own care and treatment through better information and technology use.

In previous years, nearly £10m was invested via the Primary Care Mental Health Fund (PCMHF) to encourage the development of new models of care to ensure that people with mental health problems get the right treatment, in the right place, at the right time. In 2018-19, further mental health funding is included within the £45.750 million for IAs, and Primary Care Improvement Plans must demonstrate how this is being used to re-design primary care services through a multi-disciplinary approach, in conjunction with how other mental health allocations are being managed (including that of Action 15 within the Mental Health Strategy).

Action 15 of the Mental Health Strategy 2017-2027 is to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next 5 years we have committed to additional investment which will rise to £35 million in the final year for 800 additional mental health workers in those key settings. The first tranche of funding for Action 15 is set at £11 million in 2018-19. Following detailed consideration of this matter by the Health and Justice Collaboration Improvement Board, a separate letter will be issued to you regarding funding for Action 15, which should be read in conjunction with this letter. It will include a requirement to count

[17] http://www.gov.scot/Publications/2017/03/1750

and monitor the number of additional mental health workers needed to deliver this commitment.

Others

A link could be made, if wished, with community pharmacy as part of Pharmacy First and in support of the GP Sustainability report actions.

Service 6) Community Link Workers

High level deliverable: Non-clinical staff, totalling at least 250 nationally, supporting patients who need it, starting with those in deprived areas.

Community link workers are based in or aligned to a GP practice or cluster and work directly with patients to help them navigate and engage with wider services, often serving a socio-economically deprived community or assisting patients who need support because of (for example) the complexity of their conditions, rurality, or a need for assistance with welfare issues.

As part their PCIP, IAs should assess local need and develop link worker roles in every area, in line with the Scottish Government's manifesto commitment to deliver 250 link workers over the life of the Parliament. The roles of the link workers will be consistent with assessed local need and priorities, and function as part of the local models/systems of care and support. However, the primary intention of this work is to act as one of the ways in which local systems can tackle health inequalities, and therefore the expectation is that the first priority for link workers will be more deprived areas.

It is essential that IAs work together to ensure that they have identified a **national trajectory towards 250 additionally-provided staff** (which could include upskilled staff or those receiving new contracts) by the end of the period. It will be for the national Oversight Group to maintain oversight of this national trajectory.

The 53 'early adopter' link workers who are already in post in areas of higher socio-economic deprivation are the foundation of the build-up towards 250, and continuation of these posts should be considered to be a priority. It is, however, entirely for IAs to decide whether any changes to the scope, oversight, employer or lead responsibility for these posts are required in the light of emerging learning and the developing PCIPs.

The 'early adopter' posts were not initially distributed on an NRAC basis, so Health Boards and IAs should, where necessary, work collaboratively within their area to jointly resource early adopter link workers. This is also the case for additional link workers that may in future be specifically jointly targeted by IAs on areas of the highest deprivation within a Health Board.

This joint working in support of the overall commitment to link workers can be reflected in PCIPs for all the IAs concerned, and will be welcomed.

Such a joint approach should be considered especially where it is considered that continuation of the early adopter service in an IA could disproportionately impact on funding available in that IA for other activities under the MoU.

Support for this work is available to IAs from ScotPHN (Kate Burton) who can support IA work to develop and implement the role of link workers during 2018-19; and from NHS Health Scotland on the development of local evaluation and learning.

ANNEX F

END YEAR REPORT

We would be grateful for a high level report on spend, impact and plans for any carry forward for your overall spending from the Primary Care Transformation Fund in 2017-18. This should include a high level breakdown of the outcomes achieved in 2017-18 across in hours, out of hours and mental health funded by your 2017-18 Primary Care Transformation Fund allocation. When responding, it would also be helpful if this could also include an explanation of how any underspend from 2016-17 that your Integration Authorities were able to carry forward into 2017-18 was spent.

A template for your use is below.

Test of Change Summary Table		
IA Name		
Primary Care Outcome[18]	*Select from the table of primary care outcomes that best fits your test of change*	
Primary Care Outcome	*add a secondary outcome if appropriate.*	
Section 1: 2017-18 actual spend		
Funding allocated to this test of change in 2017-18		£
High level breakdown of actual spend incurred:		
Actual spend		£
Total underspend carried forward to 2018-19		£
Plans for use of the underspend in support of Primary Care Improvement Plans:		
Impact & key learning points:		

[18] Primary Care Outcomes:

1 We are more informed and empowered when using primary care

2 Our primary care services better contribute to improving population health

3 Our experience as patients in primary care is enhanced

4 Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care

5 Our primary care infrastructure – physical and digital – is improved

6 Primary care better addresses health inequalities

OUTLINE 2018-19 INTEGRATION AUTHORITY FINANCIAL REPORTING TEMPLATE, DUE FOR RETURN BY SEPTEMBER 2018

IA area

Confirmation that PCIP, agreed with the local GP Subcommittee of the Area Medical Committee, is **in place (date submitted)**

Summary of agreed spending breakdown for 2018-19 by service area, with anticipated monthly phasing

Actual spending to date against profile, by month, by service area

Remaining spend to end 2018-19, by month, by service area

Projected under/ over spend by end 2018-19

Is it expected that the full second tranche will be required in 2018-19?

Please return to:

Laura Cregan
Primary Care Division
1ER, St Andrew's House, Regent Road, Edinburgh EH1 3DG

Or by email to:
Laura.cregan@gov.scot

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Chief Finance Officer**
Heading:	**Unaudited Annual Accounts 2017/18**

1. Summary

1.1 The IJB's Accounts for 2017/18 will be submitted for audit by the statutory deadline of 30 June 2018. A copy of the IJB's Unaudited Accounts is attached for members approval. The accounts fully comply with International Financial Reporting Standards (IFRS).

1.2 The Auditor is planning to complete the audit process by early September 2018. Their report on the Accounts will be made available to all members and will be submitted to a future meeting of the IJB Audit Committee for consideration.

2. Recommendations

It is recommended that the IJB:

- Approve, subject to Audit, the Annual Accounts for 2017/18; and
- Note that the Auditor is planning to complete the audit of the Accounts by early September 2018 and that their report will be made available to all members and will be submitted to a future meeting of the IJB Audit Committee for detailed consideration.

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards (IJB's) with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

3.2 The IJB is specified in legislation as a "section 106" body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom (ACOP) and International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribe the format to be used in presenting income and expenditure information.

3.4 LASAAC (The Local Authority (Scotland) Accounts Advisory Committee) and CIPFA have produced additional guidance on accounting for the integration of health and social care.

4. The Annual Accounts 2017/18

4.1 The Annual Accounts provide an overview of the financial performance of the IJB. Their main purpose is to demonstrate the stewardship of the public funds for the delivery of the IJB's vision and its core objectives.

4.2 The attached Unaudited Annual Accounts contain the financial statements for Renfrewshire IJB for the year ended 31 March 2018.

4.3 IJB's need to account for their spending and income in a way which complies with our legislative responsibilities, the annual accounts for the IJB have been prepared in accordance with appropriate legislation and guidance.

5. Financial Governance and Internal Control

5.1 An overview of the process is set out below:

- **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB (or a committee of the IJB whose remit include audit & governance). This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB.
- **Unaudited Accounts:** the regulations require that the unaudited accounts are submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate. The IJB annual accounts for the year ended 31 March 2018 will be considered at the IJB meeting of 29 June 2018.
- **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1 July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.
- **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB (or a committee of the IJB whose remit include audit & governance) by the 30 September immediately following the financial year to which they relate. In addition, any further report by the external auditor on the audited annual accounts should also be considered by the IJB (or a committee of the IJB whose remit include audit & governance).
- **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts. The annual accounts of the IJB must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate.

6. External Auditors Report and Audit Certificate

6.1 The IJB Audit Committee will consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members Report and the audited annual accounts will be presented to the IJB for approval.

7. Approval Process and Timetable

7.1 *Key Dates*

The proposed sequence of events to approve the IJB's annual accounts is summarised in the table below:

Meeting	Items to be Approved
IJB: 29 June 2018	Approve Annual Governance statement and associated reports for inclusion in the statutory accounts Approve the submission of the unaudited annual accounts to Audit Scotland
IJB Audit Committee: 14 September 2018	Consider the Report of the External Auditors, the Board Members' Report and the audited annual accounts
IJB: 14 September 2018	Approve the audited annual accounts

7.2 *Key Documents*

The regulations require a number of key documents to be signed by the Chair of the IJB, the Chief Officer and the Proper Officer. These are detailed in the table below:

Section	Signatory
Management Commentary	Chair of the IJB Chief Officer Chief Finance Officer
Statement of Responsibilities	Chair of the IJB Chief Finance Officer
Remuneration Report	Chair of the IJB Chief Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Balance Sheet	Chief Finance Officer

Implications of the Report

1. **Financial –** These are the Unaudited Annual Accounts of the IJB for 2017/18. Subject to approval by the IJB, the Accounts will be released for audit by the statutory deadline of 30 June 2016.
2. **HR & Organisational Development – None.**
3. **Community Planning – None.**
4. **Legal –** The Unaudited Annual Accounts form part of the Local Authority Accounts (Scotland) Regulations 2014.

5. **Property/Assets – None.**
6. **Information Technology –** None.
7. **Equality & Human Rights –** None.
8. **Health & Safety – None.**
9. **Procurement – None.**
10. **Risk – None**
11. **Privacy Impact** – None.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

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Renfrewshire Integration Joint Board

Annual Accounts 2017/18


Contents

1. Management Commentary

1.1. Introduction

1.1.1. The Annual Accounts contain the financial statements of Renfrewshire Integration Joint board ('the IJB') for the year ended 31 March 2018 and report on the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB's vision and its Strategic Plan. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2017/18 Accounts have been prepared in accordance with this Code.

1.1.2. This Management Commentary provides an overview of the key messages in relation to the IJB's financial planning and performance for the financial year 2017/18 and how this has supported delivery of the IJB's Strategic Plan. This commentary also provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Renfrewshire.

1.1.3. The IJB needs to account for its spending and income to comply with our legislative responsibilities and external auditors will provide an opinion on whether this Management Commentary complies with the statutory requirements and is consistent with the financial statements.

1.2. Role and Remit of Renfrewshire Integration Joint Board

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

1.2.2. This agreement, referred to as the Integration Scheme, is available at http://renfrewshire.cmis.uk.com/renfrewshire/JointBoardsandOtherForums/RenfrewshireHealthSocialCareIntegrati.aspx

1.2.3. In March 2018, Renfrewshire Council and NHSGGC agreed an update to the Integration Scheme to reflect the provisions in the Carers (Scotland) Act 2016 to be delegated to the IJB.

1.2.4. The Vision for the IJB is:

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

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

1.2.6. The IJB meet five times per year and comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHS Greater Glasgow and Clyde. Non-voting members include the Chief Officer, Chief Finance Officer, and 3rd sector, professional, carer and staff side representatives.

1.3. A Profile of Renfrewshire

1.3.1. Renfrewshire is a diverse area of towns, villages and countryside covering 270 square kilometres and situated 7 miles west of Glasgow City. The area has excellent transport connections to the rest of Scotland and is home to Glasgow International Airport. Scotland's largest business park is situated in Hillington, and key campuses of the University of the West of Scotland and West College Scotland are located in Paisley town centre.

1.3.2. Just over 174,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by approximately 45%. 2.8% of Renfrewshire residents are members of an ethnic minority group.

1.3.3. Carers in Renfrewshire are a valued and important contributor to healthcare provision. 12,868 people in Renfrewshire provide up to 50 hours of unpaid care per week and a further 4,576 people provide more than 50 hours of unpaid care per week. 10% of our population are unpaid carers.

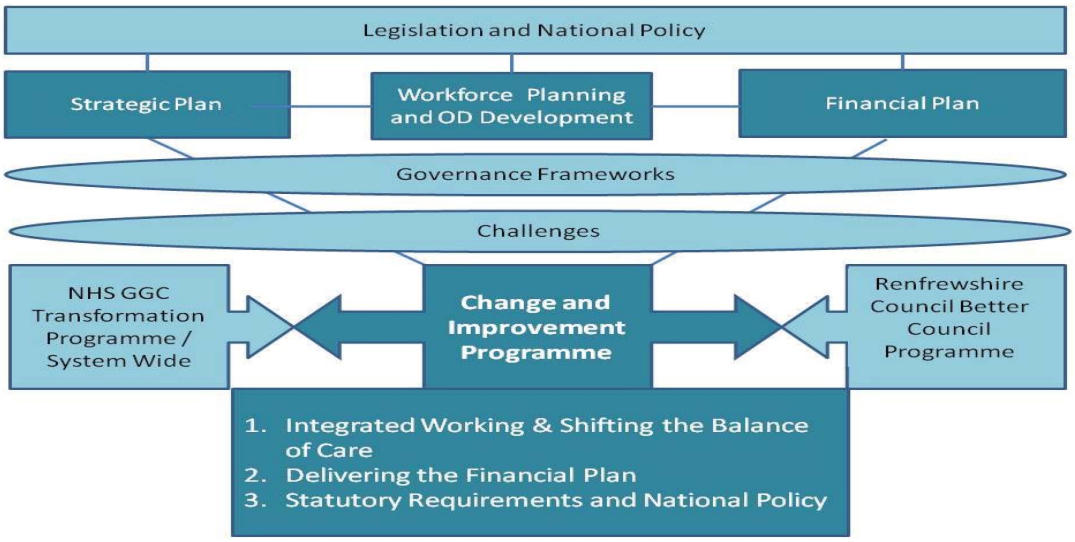
1.3.4. We have a range of services in Renfrewshire that respond each day to the needs of local people. We have 29 GP practices, 44 community pharmacies, 19 community optometrists and 35 general dental practitioners. We also provide or commission a wide range of community-based health and social care services and have a major acute hospital – the Royal Alexandra Hospital (RAH).

1.4. Renfrewshire IJB Operations for the Year

Change and Improvement Programme

1.4.1. The Change and Improvement Programme was established in support of the IJB's Vision and to enable the delivery of the Strategic, Workforce and Financial Plans and in line with the directions set out in the National Clinical Strategy and Health and Social Care Delivery Plan – see diagram 1. This Programme provides a structured approach to manage change, optimise the use of change and improvement approaches and develop and share best practice to deliver this vision.

Diagram 1: Change and Improvement Programme



1.4.2. As illustrated in Diagram 1, the Change and Improvement Programme is being delivered through 3 work streams:

- **Optimising Joint and Integrated Working and Shifting the Balance of Care –** to proactively develop our health and social care services, exploiting the opportunities joint and integrated working offers and with service redesign being informed by a strategic commissioning approach. This in turn will support the financial sustainability of the Partnership.

- **Delivery of the Financial Plan** – to deliver the approved health and social care savings plans required to address the IJB's budget shortfall in adherence to the IJB's robust financial planning process.

- **Statutory Requirements, National Policy and Compliance** – to ensure the timely delivery of legislative requirements and national policy, whilst managing the wider service, financial and workforce planning implications these present.

1.4.3. The IJB approve this programme on annual basis. Thereafter, regular updates are brought to the IJB to report on progress and to seek approval for any large-scale change and improvement activity, including further savings proposals, to be included within this evolving programme.

1.4.4. Highlights from the 2017/18 Change and Improvement Programme include:

- An independent review of Addictions Services which will help inform our change programme over the next three years to ensure our service model is person-centred, and recovery and outcome focused to enable current and future care needs to be met;
- Progressing our joint Unscheduled Care action plan with colleagues in the RAH, as part of the wider NHSGGC Unscheduled Care Programme. It is intended that this work will demonstrate how the HSCP can reduce unscheduled bed day demand on acute services and create a compelling case for resource transfer;
- Since the introduction of new measures to review enhanced observations of patients (within Mental Health) and ensure that therapeutic interventions are delivered where possible, enhanced observation levels have reduced by around a third. The monthly average spend for Months 1 – 8 was £121k, compared to Months 9 - 10 which was an average of £77k. It is anticipated that this downward trend will continue throughout 2018/19 and beyond.
- An objective, focused review to identify service pressures and determine root causes of the drivers and challenges impacting on delivery of Care at Home Services;
- Concluded the tender process to procure a system to support the management and delivery of both internal and external Care at Home services. A number of Health and Social Care Partnerships are now operating an Electronic Scheduling and Monitoring service and are reporting significant benefits in using this type of system. It is anticipated that the preferred supplier will be approved by July 2018;
- Implementation of the provisions in the Carers Act, which are designed to support carers' health and wellbeing, which largely came into force on 1 April 2018;
- Compliance with the new Duty of Candour regulations which commenced on 1 April 2018. The duty will create a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received;

- Implementation of the recommendations arising from the HSCP's recent evaluation of the Self-Directed Support (SDS) system in Renfrewshire;
- Continue to support Renfrewshire GP clusters, including the development of cluster quality improvement plans;
- Service Improvement through the local Diabetes Interface Group which aims to improve the experience and clinical outcomes for people living with diabetes across Renfrewshire; and
- Established a Respiratory Pathways Interface Group to consider 'tests of change' that will impact positively on reducing COPD admissions/bed days. The group will specifically look at improving pathways, promoting self-management and anticipatory care planning.

Service Performance

1.4.5. Renfrewshire HSCP has had a proactive approach to reporting on performance since 2015, with changes in our reporting approach reflecting the IJB's views / preferences on how and what is presented. The HSCP produced its first Annual Report on 30 July 2017 (available online at: http://www.renfrewshire.hscp.scot/media/4627/Annual-Performance-Report-2016-17/pdf/Annual_Performance_Report_2016-17.pdf)

1.4.6. An overview of our performance for 2017/18 is included below (full year data is not currently available for all performance indicators. Where it is not available data to the latest Quarter has been used).

Positive Performance

Breastfeeding

1.4.7. The rate for the number of babies exclusively breast fed at their 6-8 week review remains above target at 21.7% at September 2017 (this is the most recent data available due to NHSGGC Board-wide changes in recording the last two quarters' data are not yet available) against a target of target 21.4%

Alcohol Related Hospital Admissions

The target for alcohol related hospital stays for the period January to December 2017 was 8.9 per 1,000 population aged 16+ (target 8.9). This is the lowest rate achieved since the recording of this indicator in January 2009. This significant improvement reflects the ongoing work in this area

30-month Assessment Uptake

1.4.8. The uptake of 30-month child assessments increased from 82% at March 2017 to 89% at March 2018, against a target of 80%. This was achieved from the introduction of developments including; increased frequency of clinics, follow up on non-attendance, and sharing good practice across Health Visiting teams.

1.4.9. Within this group, 83% of infants achieved their developmental milestones, an increase of 4% on the 2017 figure. For children where difficulties are identified, an intervention pathway is in place to support behavioural and communication needs.

Areas for Improvement

Alcohol Brief Interventions (ABIs)

1.4.10. Performance on ABIs at the end of Quarter 3 2017/18 was 384 completed compared to 608 for the same period in 2016/17, a reduction of 224. In order to improve performance rather than focusing on primary care we are now targeting the wider community. A baseline indicator will be established for this indicator once the full 2017/18 data is available, with a target then set for 2018/19.

1.4.11. Despite a significant amount of training in this area, it has not resulted in an increase in the number of ABIs carried out. In line with other areas in NHSGGC, we are looking at a dedicated resource to focus on these areas.

Alcohol and Drugs Waiting Times for Referral to Treatment - % seen within 3 weeks

1.4.12. The most recent data available shows that alcohol and drugs waiting times have decreased from 96.2% at March 2017 to 84.5% at December 2017 against a target of 91.5%. This is the first time this indicator has dropped below target since December 2016. In line with our improvement strategy, the core drug service has now recruited a nursing post which will increase the capacity of assessment appointments. This will be further enhanced with additional nurse bank hours to clear the backlog of assessments. The outcome of the review of addiction services will be published shortly and a work plan will be developed in line with its recommendations.

Mental Health Waiting Times

1.4.13. Since 2016/17 performance has deteriorated in relation to the percentage of Primary Care Mental Health Team patients referred to first appointment within 4 weeks from 95% at March 2017 to 79% at March 2018 against a target of 100%.

1.4.14. Various factors have adversely affected performance in this area including:

- increase in the number of referrals during February and March 2018
- increase in the number of short term sickness absences

1.4.15. However, despite the above, 98% of patients referred for first treatment appointments were offered appointments within 9 weeks; an increase from 96% for the 2016/17 year against the target of 100%.

Paediatric Speech and Language Therapy Waiting Times-Assessment to Appointment

1.4.16. The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment has increased from 47% at March 2017 to 73% at March 2018. This target remains challenging and although there has been a substantial increase, performance is still below the 95% target. This improvement reflects robust caseload management, and the launch of new 'Drop in Clinics', offering direct access to support and advice.

Sickness Absence

1.4.17. NHS sickness absence is measured as a percentage with a target of 4%. Performance in 2017/18 was 5.5%, a slight reduction since March 2017 when the rate was 5.6%.

1.4.18. Renfrewshire Council's sickness absence is recorded as the number of work days lost per full time equivalent (FTE) employee. At March 18 the rate was 4.34 days against a target of 2.36 days, an increase on the rate of 3.65 days in March 2017.

1.4.19. There are a number of plans in place to address the ongoing sickness absence challenges. These include:

- A Council review of current attendance policies in collaboration with trade unions. Human Resource (HR) Operational Teams continue to proactively advise and support managers, particularly in teams where absence rates are high; and
- Ongoing health improvement activities and support through Healthy Working Lives (HWL), aimed at raising employee awareness of health issues.

Adult Service Inspection

1.4.20. On 18 April 2018, The Care Inspectorate and Healthcare Improvement Scotland published their findings from the inspection in their report 'Joint Inspection (Adults) the Effectiveness of Strategic Planning in Renfrewshire'. The report highlights that Renfrewshire Health and Social Care Partnership are making significant progress on improving residents' health and social care services, it also concurs with the partnerships self-assessment and evaluated the Quality Indicators as Level 4 – Good. In advance of the inspection, the partnership was advised that Quality Indicator 9 Leadership and direction that promotes partnership would not be given a formal grade, however, a number of very positive comments on this indicator have been included within the report.

1.4.21. In relation to financial planning, the inspectors observed that 'positive and trusting relationships exist between the IJB members and the Joint Chief Officer and Joint Chief Financial Officer'. The report noted the partnership's good level of understanding of local needs and pressures, and also highlighted that the financial plan includes a refined approach to identifying savings proposals. The IJB's reserves strategy included as part of the IJB's financial planning, which aims to ensure the partnership maintains an adequate level of reserves to address unforeseen circumstances, was commended as sound financial planning. However, it was noted due to the level of reserves used in 2017/18 to break even and the budget gap going forward, it will be challenging to achieve

1.4.22. A copy of the full report is available at:
http://www.careinspectorate.com/images/documents/4344/Joint%20inspection%20(Adults)%20Strategic%20Planning%20Renfrewshire.pdf

1.5. Renfrewshire IJBs Strategy and Business Model

Strategic Plan

1.5.1. We have completed our year 2 review of the three-year Strategic Plan for 2016-19. Good progress has been made across the 9 national health and wellbeing outcomes. Early work has commenced on our next 3 year Strategic Plan for 2019-22. A planning session with partners and staff is arranged for early June 2018 to agree the format of the Plan. As part of our planning process we will focus on having greater alignment with our Financial Plan and we will be clear on the challenges ahead due to increasing demand against a backdrop of constrained resources. Through our Strategic Planning Group we will involve partners to develop our new Plan with prevention, early intervention and addressing health inequalities high on the agenda. We will ensure our Strategic Plan takes account of national strategies and legislation,

regional planning, the Council's Plan, the Community Plan and NHS Greater Glasgow and Clyde's Moving Forward Together programme.

1.5.2. Our three strategic priorities are:

- Improving health and wellbeing;
- The Right Service, at the Right Time, in the Right Place; and
- Working in Partnership to Treat the Person as well as the Condition.

1.5.3. Examples of areas included within these priorities are:

- Supporting people to take control of their own health and wellbeing so they maintain their independence and improve self-care where possible;
- Supporting the Renfrewshire Tackling Poverty Programme through a range of specific programmes;
- Targeting our interventions and resources to narrow inequalities and build strong resilient communities;
- Delivering on our statutory duty to protect and support adults and children at risk of harm;
- Continuing to adapt and improve our services by learning from all forms of patient and service users' feedback; and
- Supporting the health and wellbeing of carers to allow them to continue to provide crucial care.

1.5.4. In pursuit of our vision we work to deliver on the 9 national health and social care outcomes:

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 wellbeing
Outcome 7:	People using 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

Market Facilitation

1.5.5. The Scottish Government requires Integration Joint Boards to produce Market Facilitation Plans or Statements to support the objectives of their Strategic Plans as part of a core suite of strategic documents.

1.5.6. Market facilitation aims to inform, influence and adapt service delivery to offer a diverse range of sustainable, effective and quality care so people can access the right services for themselves and their families at the right time and in the right place.

1.5.7. Our Market Facilitation Plan will link to our existing Strategic Plan 2016-2019 and be aligned to our Strategic Plan for 2019-22. It will help inform financial planning and ultimately how we allocate our resources moving forward. This will include the decommissioning of ineffective or outdated service models, replacing them with person centred, more outcome based services.

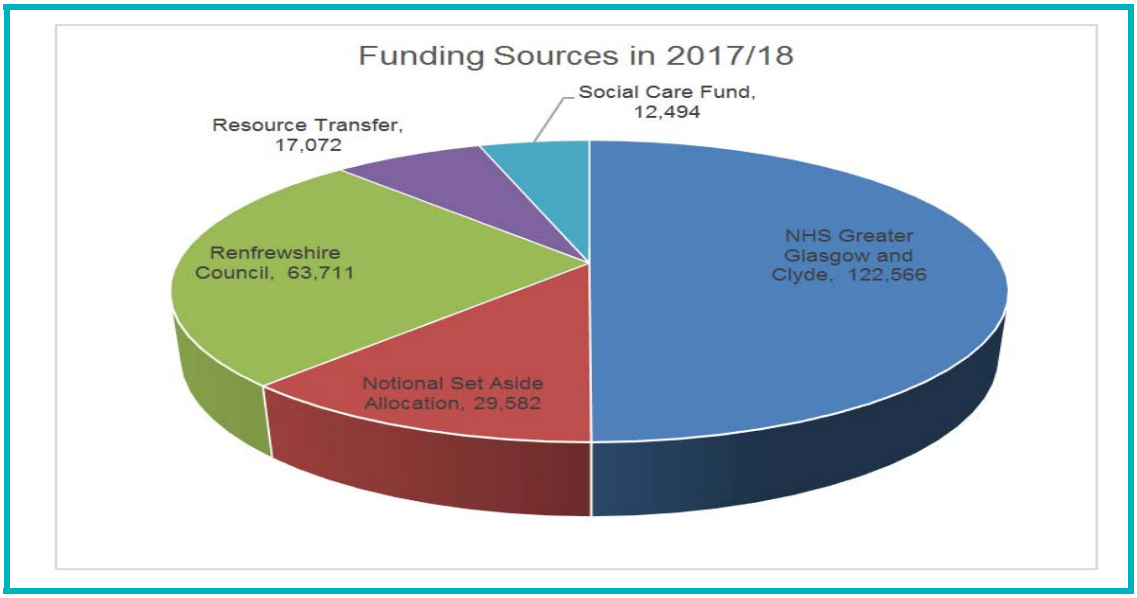
1.5.8. Population projections show the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+, from 8% in 2014 to 13% in 2039. The size and make-up of the population going forward will be a key consideration when planning and delivering Renfrewshire's health and social care services. It will also provide an insight into the changes in the health and care needs of the population of Renfrewshire and the future shape of services that need to be developed and delivered to meet those changing needs.

1.6. Financial Performance 2017/18

1.6.1. The financial position for public services continues to be challenging, with the IJB operating within ever increasing budget restraints and pressures which were reflected in the IJB's Financial Plan and regular monitoring reports by the CFO to the IJB. This also requires the IJB to have robust financial arrangements in place to deliver services within the funding available in year as well as planning for 2018/19.

Resources Available to the IJB 2017/18

1.6.2. The resources available to the IJB in 2017/18 to take forward the commissioning intentions of Renfrewshire Health and Social Care Partnership in line with the strategic plan totalled £245.425m (not including reserves of £5.494m). The chart below provides a breakdown of where this funding came from:



1.6.3. Included within the funding available is a 'Large Hospital Services' (Set Aside) budget totalling £29.582m. This is a notional allocation 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.

1.6.4. Over recent financial years a number of pressures on health and social care services have had to be addressed within reduced levels of public sector funding. These pressures include:

- The move to the Scottish Living Wage;
- Increasing 'employer' costs due to: the introduction of the Apprenticeship Levy; increases in national insurance contributions and costs associated with the new requirement for all new starts to be automatically enrolled in pension schemes.
- Increasing costs of medication; and
- Impact of: an ageing population; increased number of people with dementia and an increase in the number of people with complex needs.

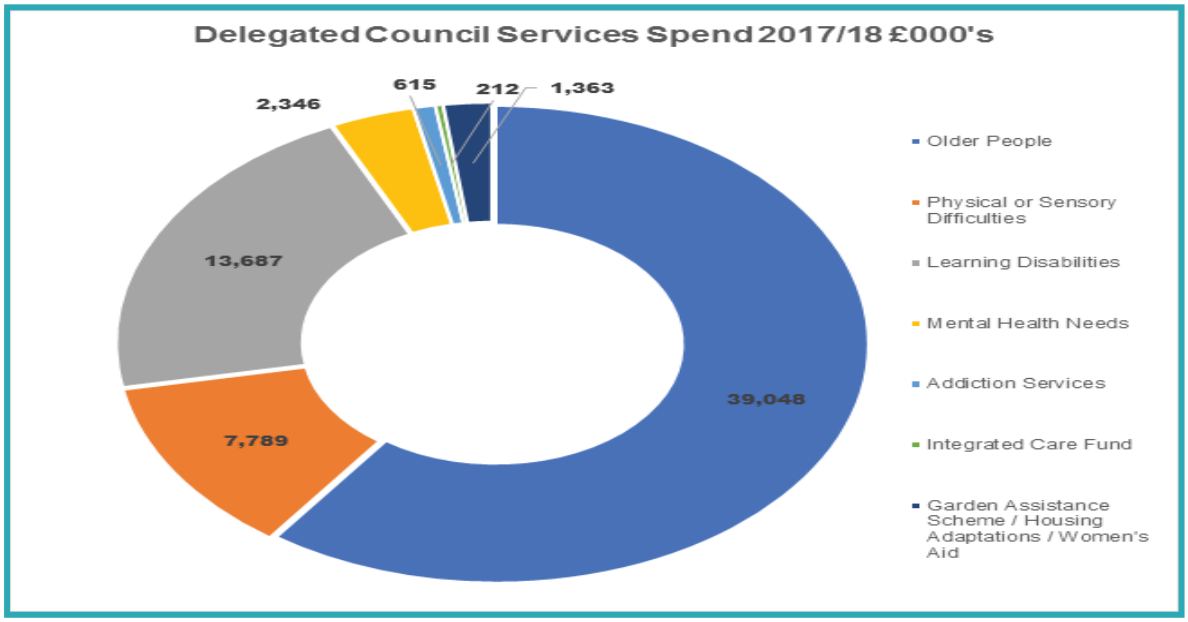
1.6.5. In order to facilitate transformational change, additional funding was provided by the Scottish Government to support integration and the focus on shifting the balance of care to community- based services. In 2016/17, the Scottish Government directed £250m from the national health budget to Integration Authorities for Social Care, and in 2017/18 a further £110m was allocated on the same basis. Renfrewshire IJB's share of this funding was c£12.5m, which was allocated to a range of adult social care services including: the payment of the living wage for all adult social care workers; reducing the level of charges to service users; investment in the care at home service and meeting the costs of increasing demand across all areas.

Summary of Financial Position

1.6.6. Budget Monitoring throughout 2017/18 has shown the IJB projecting a break-even position subject to the draw down of reserves to fund any shortfalls, and, the transfer of specific ring-fenced monies (including Scottish Government funding for Health Visitors and the Primary Care Improvement Fund) and agreed commitments to ear marked reserves. At the close of 2017/18, as anticipated, the IJB showed an overspend of £2.052m. The IJB approved the drawdown of reserves throughout 2017/18, in order to deliver a breakeven position. This leaves an overall reserves balance of £3.442m, of which £2.5m is ring-fenced or earmarked for specific commitments in 2018/19. The balance of £930k will be carried forward as a general contingency to manage unanticipated budget pressures in future years in support of our Strategic Plan priorities.

Delegated Council Services

1.6.7 The diagram, overleaf, shows the final outturn position for delegated Council services for Renfrewshire HSCP in 2017/18:

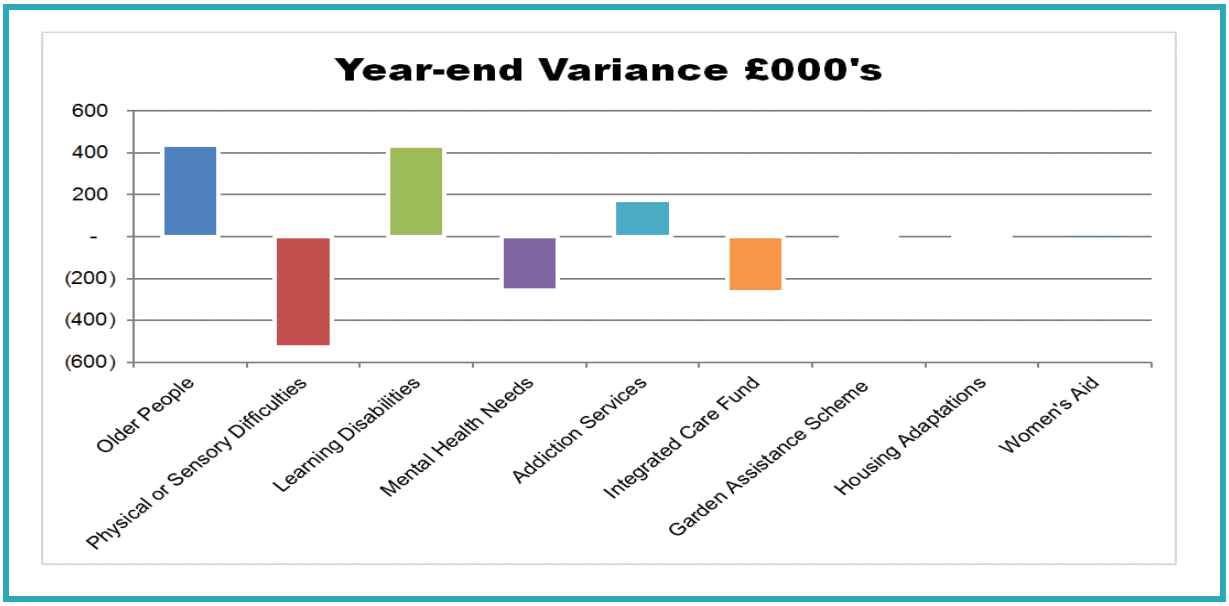


1.6.8 Throughout 2017/18, the Chief Finance Officer's budget monitoring reports to the IJB forecast a breakeven position (subject to the above draw down of general reserves and resources made available by Renfrewshire Council). The final outturn position, inclusive of the draw down of reserves and net of the ear marked reserves of £484k, was a breakeven. The main broad themes of which are:

- An underspend of £174k in Older People services mainly in relation to vacancies within HSCP managed Local Authority Care Homes due to staff turnover and occupancy levels. This underspend offset the continued pressure within the Care at Home service reflecting a growing elderly population who are living longer with more complex needs. Despite additional recurring resources of £747k allocated from Renfrewshire Council's additional budget made available in 2017/18, along with the draw down from reserves of £1.519m the year end position of Care at Home was an overspend of £427k;
- An underspend in Learning Disabilities of £434k, and in Addictions of £174k, mainly due to a number of vacant posts and the current client profile of care packages within these areas; and
- An overspend in Physical Disabilities of £526k mainly due to increasing demand, Living Wage associated costs, and, the growing impact of SDS.

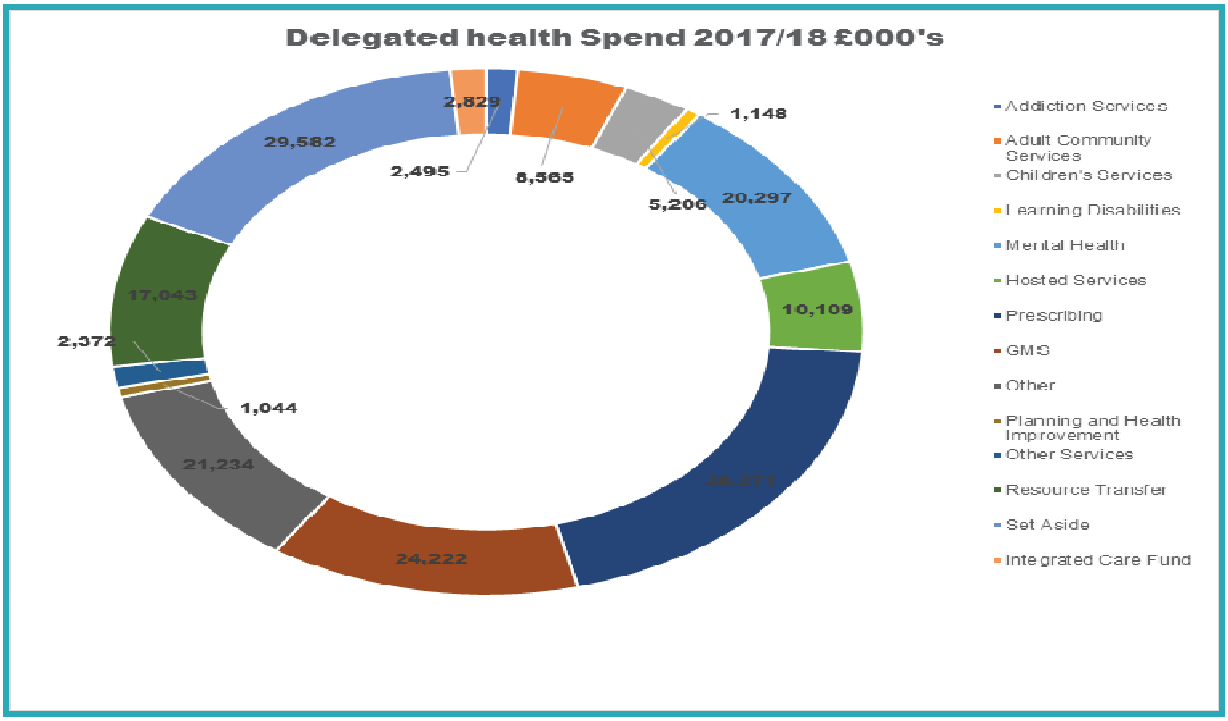
1.6.9 In order to fund short term non-recurring restructuring costs of the Care at Home Service throughout the first quarter of 2018/19, and costs relating to the requirement to replace the SWIFT Adult Social Care ICT system, an additional £484k was drawn down (from the resources made available by Renfrewshire Council as part of their 2017/18 budget allocation) at the year end and moved to earmarked reserves. The remaining balance of c£1.6m will be carried forward as a non-recurring balance by Renfrewshire Council to be made available to the HSCP in 2018/19.

1.6.10 The graph, overleaf, summarises the year end variances per client group for all delegated council services.

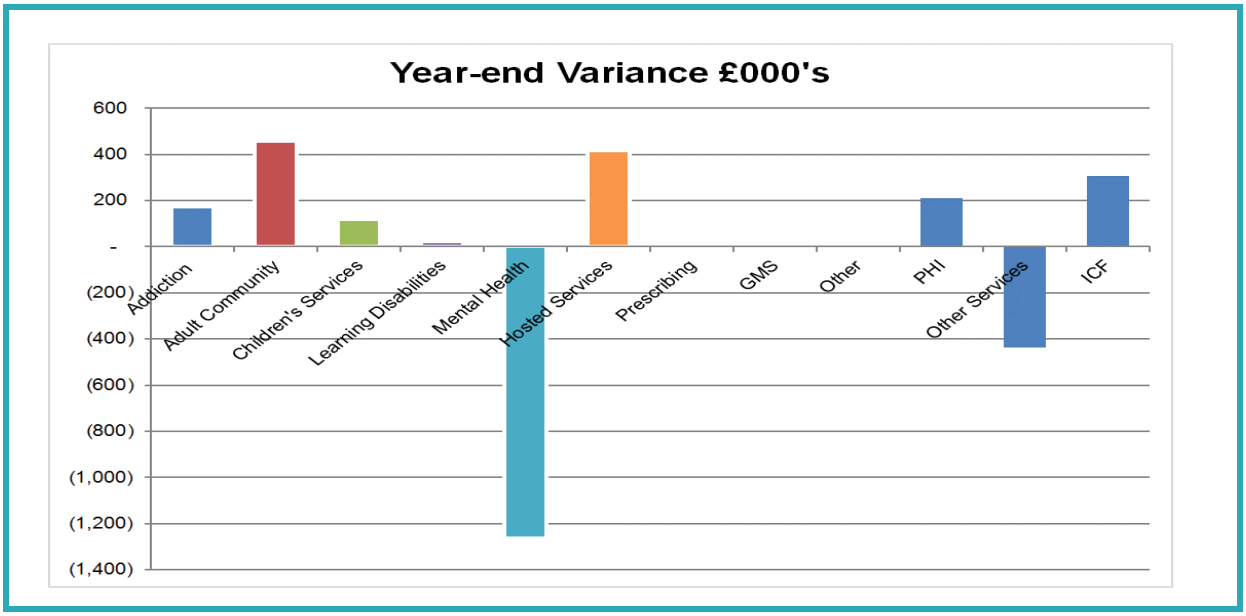


Health Budget

1.6.11 The diagram, below, shows the final outturn position across each delegated Health service client group for Renfrewshire HSCP in 2017/18:



1.6.12 The graph, overleaf, summarises the year end variances per client group for all delegated health services.

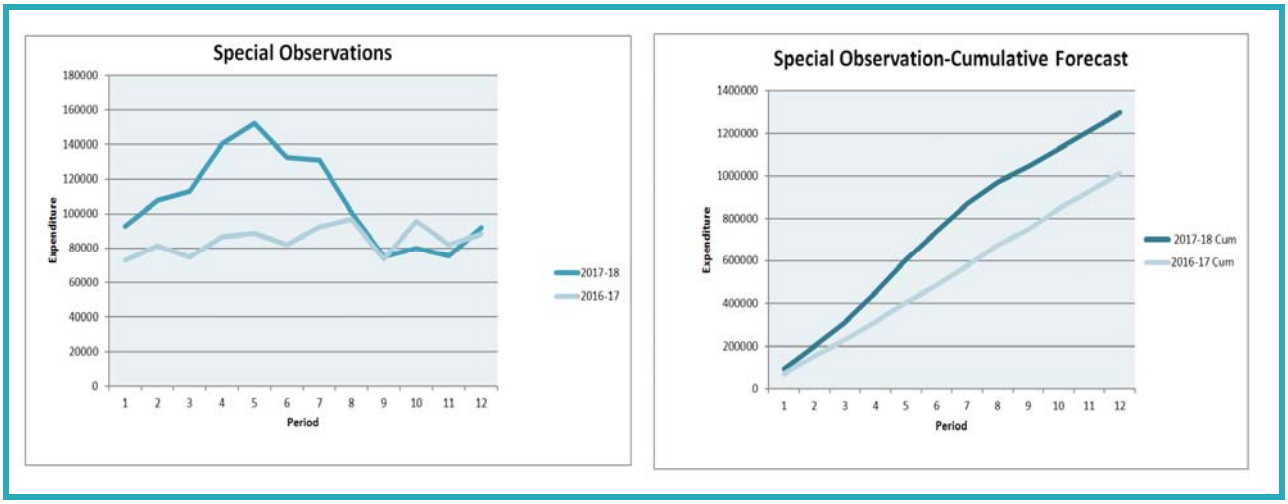


1.6.13 A breakeven position was reported to the IJB throughout 2017/18 (subject to the draw-down of general reserves and transfer of ring fenced balances at the year end to ear marked reserves). The final outturn position, inclusive of the draw down of reserves and net of the ear marked reserves of £2.958m, was a breakeven. The main broad themes of which are:

- An underspend of £458k in Adult Community Services due to turnover across the Rehabilitation and District Nursing services, and an underspend in relation to external charges for Adults with Incapacity (AWI) bed usage;
- Underspends within Addiction Services, Planning and Health Improvement, the Integrated Care Fund and Children's Services reflecting staff turnover including planned vacancies in respect of the reduction in Speech and Language Therapy funding from 2018/19, and use of non-recurring monies to maximise the transfer to ear marked reserves; and
- An underspend of £418k in Renfrewshire Hosted Services due to vacant administrative posts in the Primary Care screening service, and an underspend within Podiatry due to a combination of staff turnover and maternity/unpaid leave, some of which were covered by bank staff.

1.6.14 These underspends offset the overspend in Mental Health Services of £1.263m due to the significant costs (overtime, agency and bank costs) associated with patients requiring enhanced levels of observation across all ward areas. The IJB inherited significant financial pressures with regards to meeting the costs associated with enhanced observations. Historically there was no budget in place to meet these costs, which were previously managed from slippage and underspends in other budgets across the whole former Health budget. The IJB's requirement to deliver year on year recurring savings means there is now limited slippage from which we can fund the costs. Over 2017/18 this pressure created an overspend of (£1.3m).

1.6.15 The graphs, overleaf, summarise the fluctuation in enhanced observation costs over the past 2 years. In 2017/18 spend increased by £278k from £1.015m in 2016/17 to £1.293m for 2017/18.



1.6.16 Given the significant budget gap to be met for 2018/19, the Chief Officer and Chief Finance Officer worked with the senior management team on a number of cost containment programmes through the final quarter of 2017/18 to enable ear marked reserves to be created to meet specific commitments in 2018/19. In addition, in order to fund the continuing pressure associated with enhanced observations, base budget realignments from other areas of the HSCP budget were identified as part of the overall HSCP 18/19 budget realignment exercise, (as requested by the IJB), and transferred to Mental Health to create a recurring budget to fund these costs.

1.6.17 Going forward into 2018/19 the main pressure on the delegated Health budget is likely to be on Prescribing as the current risk sharing arrangement across NHSGGC ceased on 31 March 2018. The main challenge to the prescribing budget relates to additional premiums paid for drugs on short supply, along with the impact of increased volumes and general price increases.

1.6.18 In preparing the 2017/18 financial statements the treatment of Hosted Services has changed. The full cost of these services are now reflected in our financial accounts and are no longer adjusted to reflect activity to/for other IJB's within the Greater Glasgow and Clyde area. This change is fully explained in Note 2 to the Accounts: Critical Judgements and reflects our responsibility in relation to service delivery and the risk associated with it.

1.6.19 The services hosted by Renfrewshire are identified in the table below which includes expenditure for 2017/18 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure to Date	Consumed by other IJB's
Renfrewshire	Podiatry	6,235,691	5,357,082
Renfrewshire	Primary Care Support	3,873,082	3,330,850
TOTAL		**10,108,773**	**8,687,932**

1.6.20 The services which are hosted by the other IJB's on behalf of the other IJB's including Renfrewshire are detailed in the table overleaf. This table also includes expenditure in 2017/18 and the value consumed by Renfrewshire IJB.

Host	Service	Actual Net Expenditure to Date	Consumed by Renfrewshire IJB's
East Dunbartonshire	Oral Health	£10,094,336	£1,470,745
TOTAL		**£10,094,336**	**£1,470,745**
East Renfrewshire	Learning Disability Tier 4 Community & Others	£2,046,333	£177,425
TOTAL		**£2,046,333**	**£177,425**
Glasgow	Continence	£3,683,091	£551,631
Glasgow	Sexual Health	£9,697,602	£1,223,651
Glasgow	MH Central Services	£7,707,927	£1,341,383
Glasgow	MH Specialist Services	£11,517,713	£1,866,615
Glasgow	Alcohol & Drugs Hosted	£16,585,776	£1,607,162
Glasgow	Prison Healthcare	£7,177,437	£977,658
Glasgow	HC in Police Custody	£2,274,008	£345,649
TOTAL		**£58,643,554**	**£7,913,749**
West Dunbartonshire	MSK Physio	£5,858,142	£859,897
West Dunbartonshire	Retinal Screening	£798,272	£124,930
TOTAL		**£6,656,414**	**£984,827**

1.7. Future Challenges

1.7.1 Looking into 2018/19 and beyond, it is anticipated that the public sector in Scotland will continue to face a very challenging short and medium term financial outlook. There is significant uncertainty over what the scale of this likely reduction in available funding will be. It is therefore important to be clear that within the current models of working, the reducing budgets available will require further recurring savings to be made.

1.7.2 Taking into account a range of scenarios, current projections for the period 2018/19 to 2020/21 include a wide range of assumptions in respect of key cost pressures and demand highlighting a potential budget gap for the HSCP within a range of £16m to £21m for this period. Subject to clarification over the coming months and years, the Chief Finance Officer (CFO) recommends that the IJB adopts a financial planning assumption to deliver savings of up to £6.4m per annum in the years 2018/19-20/21.

1.7.3 The current budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations. In addition, it does not include potential costs in relation to:

- Changes to the GP Contract;
- Impact of the Carers Scotland Act (2016);
- Impact of the extension of free personal care to adults under the age of 65; and
- Unintended consequences of our partner organisation's changes in activity from 2018/19 onwards.

1.7.4 An on-going assessment and update of key assumptions will be required to ensure the IJB is kept aware of any significant changes, especially where there is an indication of an increased projection of the current gap.

1.8. Risks and Uncertainties

1.8.1 In addition, there remain wider risks which could further impact on the level of resources made available to the Scottish Government including, the changing political and economic environment, within Scotland, the UK, and wider. This will

potentially have significant implications for Renfrewshire IJB's parent organisations, and therefore the delegated Heath and Adult Social Care budgets.

1.8.2 There are number of key strategic risks and uncertainties for the IJB:

- The impact of Brexit on the IJB is not currently known;
- The Scottish Government response to Brexit and the possibility of a second independence referendum creates further uncertainty;
- Complexity of the IJB governance arrangements has been highlighted by Audit Scotland as an ongoing concern, in particular the lack of clarity around decision making;
- A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care@Home Staff are a current recruitment and retention challenge for Renfrewshire HSCP. Potential impacts include negative effect on:
  - the sustainability of, access to, and quality of, services;
  - the resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources; and
  - the additional cost of using bank and agency staff.
- In Renfrewshire the health inequalities between the affluent and more deprived areas and the wider challenge of deprivation, housing and employment.

1.8.3 The most significant financial risks facing the IJB are set out below:

- The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. In 2016/17 and 2017/18, this did not operate fully as the guidance required. The set aside budget for 2018/19 has not yet been confirmed by NHSGGC; in addition, there are a number of risks associated with the set aside budget which may mean we will not be able to deliver the Scottish Government's expectations in relation to the commissioning of set aside services.
- From 2018/19, the current risk sharing arrangement with NHSGGC for prescribing will change. This creates a new risk for IJBs as the increased costs of drugs, that have a short supply, is projected to create an additional financial pressure over 2018/19 in the region c£0.85m to c£1.7m.
- A number of new statutory requirements such as the Carers Act, the Living Wage and the National Dementia Strategy are anticipated to create additional financial pressures for the Renfrewshire IJB over 2018/19, some of which cannot yet be fully quantified. Without raising eligibility criteria to manage demand for services, any required funding will need to be redirected from other sources.
- Investment in Digital technology is required, creating a further financial pressure. The Health and Social Care Delivery Plan identifies digital technology as key to transforming social care services so that care can be more citizen centred. Furthermore, the current social care management system requires to be replaced within the next three years and all telecare equipment (used to support our most vulnerable service users in their home) must be upgraded from analogue to digital by 2025. These developments alone are projected to create a pressure of circa £2m.
- Further cost pressures may emerge during 2018/19 that are not yet projected or provided for within either partner's 2018/19 financial plan, nor the resources delegated to the IJB.
- Given recent market failures within the national Care at Home and Care Home provider sectors, which have had a direct impact on our local service provision,

there is a risk that further market failure would result in additional costs as alternative supply is transitioned to new providers.

1.9. Renfrewshire's Financial Planning Strategy

1.9.1 Given this budget gap, going forward we need to consider what type and level of service is required, and can safely and sustainably be delivered. We must continue to strive to deliver both a balanced budget and accessible, high quality and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.

1.9.2 The Chief Officer, Chief Finance Officer and the HSCP Senior Management Team will work with key stakeholders to continue to critically appraise and challenge current models of service delivery to ensure resources are focused on areas of greatest need delivering the best outcomes to clients. Almost all of the delegated services we manage have already been subject to constructive review and redesign over recent times with productivity gains and cost efficiencies taken from every service, using where available evidence of best and safe practice, and evidence of effective service models. There are few remaining areas to apply this scrutiny to.

1.9.3 The IJB's three-year Financial Plan reflects the economic outlook beyond 2018/19, adopting a strategic and sustainable financial plan linked to the delivery of priorities in our Strategic Plan. These strategic priorities will continue to provide a focus for future budget decisions, where the delivery of core services must be balanced with the resources available.

1.9.4 Our Financial Plan, underpinned by a robust financial planning process, focuses on a medium-term perspective centred on financial sustainability, acknowledging the uncertainty around key elements including the potential scale of savings required and the need to redirect resources to support the delivery of key priorities. In addition, it is important that we work towards creating sufficient reserves to protect it during the course of the financial year.

1.9.5 To deliver the Financial Plan a medium term financial strategy has been developed, with key strands set out below:

Financial Planning Strand	Priority over 2018/19
Prevention and Early Intervention	Continuing the shift towards prevention and early intervention services to promote positive outcomes, tackling inequalities in society and creating savings in high cost, reactive and resource intensive services by intervening earlier to prevent issues arising in the first place, or where the problem is not preventable, to reduce cost and the need for intervention. Examples include: • Investment in services to support people to live independently including the Community alarm and responder service; Care at Home, RES Service and Occupational Therapy equipment and adaptations services which enable people to undertake daily living activities more independently and support informal carers to continue their caring role. • Partnership initiatives to promote smoking cessation, active lifestyles, alcohol brief interventions and breast feeding; and • Commissioning a number of third sector providers to deliver early intervention services including ROAR. Food Train, Carers Centre.

Strategic Planning and Commissioning	We are committed to proactively 'transforming' our health and social care services, exploiting the opportunities integrated working offers with service redesign. This will inform the IJB's Market Facilitation Plan and Strategic Plan. This approach must be balanced with the immediate demands to reduce costs where this is safe to do so given budget pressures.
Financial Planning Process	To support the delivery of our Financial Plan, we have established a robust and inclusive financial planning process to ensure: • our parent organisations, professional leads, staff and other key stakeholders are actively engaged with their views taken into account; • all Service Reviews, and associated saving proposals, are conducted within the context of our Strategic and Market Facilitation Plans.
Current and future pressures	We seek to continuously manage and monitor financial pressures such as the impact of new legislation; demographic changes and the economy. CFO will keep the IJB and Parent Organisations sighted on these pressures; their impact on the in-year financial position and any associated assumptions for future budget projections.
Change and Improvement Programme	The 2018/19 Programme provides a structured approach to ensure we manage change activity across the HSCP in a timely, inclusive and effective manner to support the delivery of our strategic, financial and statutory objectives.
NHSGGC and Partner IJBs system-wide Initiatives	We recognise the importance of system wide working to support 'shifting the balance of care'; allowing best use of our limited resources and offering greater consistency in professional care standards. Renfrewshire is already involved in a number of initiatives including: • NHSGGC's Unscheduled Care Programme • NHSGGC's Mental Health Strategy • Parent Organisation Transformation Programmes - NHSGGC's 'Moving Forward Together' and Renfrewshire Council's 'Better Council' Programme.
Reserves Strategy	In line with the IJB Reserves Policy, to provide future security against unexpected cost pressures and aid financial stability, the surplus from 2017/18 has been transferred to reserves.
Workforce Planning	The 2018/19 Workforce Plan identifies the key actions the HSCP is taking to improve current recruitment and retention challenges in our workforce.

Dr Donald Lyons XX/09/18

IJB Chair

David Leese XX/09/18

Chief Officer

Sarah Lavers CPFA XX/09/18

Chief Financial Officer

2 Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of Renfrewshire IJB held on XX September 2018.

Signed on behalf of Renfrewshire IJB

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Dr Donald Lyons **Date:**

IJB Chair XX/09/18

Responsibilities of the Chief Financial Officer

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

In preparing the Annual Accounts, the chief financial officer has:

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

The chief financial officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of Renfrewshire IJB as at 31 March 2018 and the transactions for the year then ended.

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Sarah Lavers CPFA **Date** XX/09/18
Chief Finance Officer

3 Remuneration Report

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

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

Voting Board Members

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

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

3.5 The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation.
The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2017/18 no voting member received any form or remuneration from the IJB.

3.6 There were no exit packages payable during the financial year.

Officers of the IJB

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

3.8 Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation (NHSGGC). The remuneration terms of the Chief Officer's employment were approved by the IJB.

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

Total Earnings 2016/17 £	Name and Post Title	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total Earnings 2017/18 £
114,305	**D Leese** Chief Officer, Renfrewshire IJB	119,111	-	119,111
81,844	**S Lavers** Chief Financial Officer, Renfrewshire IJB	84,949	-	84,949

Pension Benefits

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

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

Name and Post Title	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/17 £	For Year to to 31/03/18 £		As at 31/03/17 £	As at 31/03/18 £
D Leese, Chief Officer, Renfrewshire IJB	16,467	16,979	Pension	19,909	21,898
			Lump sum	59,726	65,695
S Lavers, Chief Finance Officer, Renfrewshire IJB	15,757	16,395	Pension	30,502	32,432
			Lump sum	57,444	57,602

* Accrued pension benefits have not been accrued solely for IJB remuneration

Disclosure by Pay Bands

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

Number of Employees 31 March 2017	Remuneration Band	Number of Employees 31 March 2018
1	£80,000 - £84,999	-
-	£85,000 - £89,999	1
1	£110,000 - £114,999	-
-	£115,000 - £119,999	1

Dr Donald Lyons
IJB Chair

Date XX/09/18

David Leese
Chief Officer

Date XX/09/18

4 Annual Governance Statement

4.1 Scope of Responsibility

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

4.1.2 The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively to secure best value.

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

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

4.2 Governance Framework and Internal Control System

4.2.1 The Board of the IJB comprises voting members, nominated by either Renfrewshire Council or NHSGGC, as well as non-voting members including a Chief Officer appointed by the Board.

4.2.2 The main features of the governance framework in existence during 2017/18 were:

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
- A Local Code of Corporate Governance was approved by the IJB early in 2017. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development.
- The overarching strategic vision and objectives of the IJB are detailed in the IJB's draft Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its health service and local authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, the external auditors, Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team and the main Board and Audit Committee, as appropriate.
- The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. This reported annually to the IJB, and provides a variety of evidence to demonstrate the delivery of the core components within

Renfrewshire HSCP Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.

- The HSCP has an Organisation Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an updated on the Workforce Plan, is reported annually to the IJB
- The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the Partnership by the Health Board and Local Authority and resources paid to its local authority and health service partners.
- The IJB's approach to risk management is set out in its Risk Management Strategy, and the Corporate Risk Register. Regular reporting on risk management is undertaken through regular reporting to the Senior Management Team and annually to the IJB Audit Committee.

4.2.3 The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2017/18 this included the following:

- Performance management, monitoring of service delivery and financial governance is provided by the Health and Social Care Partnership to the IJB who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders and Scheme of Administration, Contract Standing Orders, Scheme of Delegation, Financial Governance arrangements; these are subject to regular review.
- Scottish Government approved Renfrewshire's revised Integration Scheme which was updated to reflect the provisions in the Carers (Scotland) Act 2016 to be delegated to the IJB from 1 April 2018.

4.3 Roles and Responsibilities

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

4.3.2 The IJB complies with the CIPFA Statement on "The Role of the Chief Financial Officer in Local Government 2010". The IJB's Chief Finance Officer has overall responsibility for the Partnership's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

4.3.3 The Partnership complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2010". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017".

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

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

4.4 Review of Adequacy and Effectiveness

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

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

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

4.4.4 The Management Commentary provides an overview of the key risks and uncertainties facing the IJB.

4.4.5 Although no system of internal control can provide absolute assurance nor can Internal Audit give that assurance. On the basis of audit work undertaken during the reporting period and the assurances provided by the partner organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation.

4.5 Action Plan

4.5.1 Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB's governance.

Agreed action	Responsible person	Date
Head of Administration should make arrangements to ensure that as part of the annual review the Sources of Assurance used to review and assess the IJB's governance arrangements. The document should also be updated to cover all behaviours and actions in each sub-principle as required by the CIPFA and SOLACE's framework 'Delivering Good Governance' with reference made to identify which evidence is applicable to each behaviour and action.	Jean Still	March 2019
Review of financial regulations and associated guidance by Internal Audit.	Andrea McMahon	March 2019
Alignment of the new Strategic Plan, to be developed over 2018/19, to the Financial Plan.	Fiona MacKay	March 2019

Update on the 2016/2017 Action Plan

4.5.2 The 2016/17 Governance Statement identified a number of continuous improvement activities to be taken forward to improve the overall governance, risk management and internal control environment. Progress over the last 12 months against the agreed action plan is detailed below.

Agreed action	Progress	Responsible person	Date
Implementation of the local code of governance action plan, as approved by the IJB in June 2017.	Completed	Sarah Lavers, CFO	March 2018
All outstanding savings plans have now been agreed. The Chief Finance Officer is currently working on a three-year Financial Plan which will be presented to the IJB at its September Board.	Completed	Sarah Lavers, CFO	Sept 2017
Mid-year Risk Management reporting to the IJB will be implemented and reported to the IJB Audit Committee	Completed	Jean Still, Head of Admin	Dec 2017
Development of performance management scrutiny aligned with the Strategic Plan objectives and national health and well-being indicators. A schedule for progress reporting will be provide regular assurance on the delivery of functions delegated to the IJB.	Rigorous performance reporting framework in place	Fiona MacKay. Head of Strategic Planning & Health improvement	March 2018
Further develop locality planning capability and capacity to facilitate the implementation of Strategic Plan objectives at a locality level.	Good progress as reported by the recent Adult Service Inspection	Ian Beattie, Health and Social Care Services	March 2018

4.6 Conclusion and Opinion on Assurance

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

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

4.6.3 Systems are in place to regularly review and improve the internal control environment.

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Dr. Donald Lyons **Date** XX/09/18

IJB Chair

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David Leese

Chief Officer **Date** XX/09/18

5 Comprehensive Income and Expenditure Statement

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

2016/17 Gross Exp. £000's (Restated)	2016/17 Gross Income £000's (Restated)	2016/17 Net Exp. £000's (Restated)	Renfrewshire health & Social Care Partnership Integration Joint Board	Note	2017/18 Gross Exp. £000's	2017/18 Gross Income £000's	2017/18 Net Exp. £000's
			Health Services				
2,746	(245)	2,501	Addiction Services		2,485	(330)	2,155
6,567	(252)	6,315	Adult Community Services		8,643	(79)	8,564
1,777	(1,020)	757	Business Support and Admin		2,513	(703)	1,810
5,628	(615)	5,013	Children's Services		5,548	(525)	5,023
23,134	(2,270)	20,864	Dentists, Pharmacists, Optometrists		23,190	(2,274)	20,916
22,842		22,842	GMS (GP Services)		24,222		24,222
3,490		3,490	Integrated Care Fund		2,829		2,829
1,044		1,044	Learning Difficulties		1,148		1,148
19,740	(164)	19,576	Mental Health		20,460	(192)	20,268
1,377	(294)	1,083	Planning Health Improvement		1,044		1,044
6,564	(27)	6,537	Podiatry		6,256	(20)	6,236
35,007		35,007	Prescribing		36,271		36,271
3,987	(137)	3,850	Primary Care Support		4,086	(213)	3,873
25,817		25,817	Resource Transfer		29,566		29,566
159,720	**(5,024)**	**154,696**	**Health Services Directly Managed by Renfrewshire IJB**		**168,261**	**(4,336)**	**163,925**
-25,817		(25,817)	Resource Transfer Adjustment		(29,566)		(29,566)
29,582		29,582	Set aside for Delegated Services Provided in Large Hospitals		29,582		29,582
163,485	**(5,024)**	**158,461**	**Total Cost of Health Services**		**168,277**	**(4,336)**	**163,941**
			Social Care Services				
1,287	(599)	688	Addiction Services		1,237	(605)	632
2,299	(1,649)	650	Integrated Care Fund		2,583	(2,371)	212
21,619	(1,394)	20,225	Learning Difficulties		23,786	(1,323)	22,463
4,354	(143)	4,211	Mental Health		4,681	(134)	4,547
53,111	(9,869)	43,242	Older People		55,896	(9,891)	46,005
7,821	(489)	7,332	Physical or Sensory Difficulties		8,816	(502)	8,314
90,491	**(14,143)**	**76,348**	**Social Care Services Directly Managed by Renfrewshire IJB**		**96,999**	**(14,826)**	**82,173**
1,251	(31)	1,220	Services Delegated to Social Care	**9**	1,502	(139)	1,363
91,742	**(14,174)**	**77,568**	**Total Social Care Services**		**98,501**	**(14,965)**	**83,536**
255,227	**(19,198)**	**236,029**	**Total Cost of Services**		**266,778**	**(19,301)**	**247,477**
	(241,523)	(241,523)	Taxation and Non-Specific Grant Income	**5**		(245,425)	(245,425)
255,227	**(260,721)**	**(5,494)**	**Surplus on Provisions of Services (movement in reserves)**		**266,778**	**(264,726)**	**2,052**

5.2 The income and expenditure statement has been restated in 2016/17 to reflect the revised position in relation to hosted services. See section 1.6.18 - 20 for further details.

5.3 Renfrewshire IJB was established on 27 June 2015. Integrated delivery of health and care services did not commence until 1 April 2016. Consequently the 2016/17 financial year is the first fully operational financial year for the IJB and the figures above reflect this.

5.4 There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

6 Movement in Reserves Statement

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

Movement in Reserves	General Fund Balance £000's	Earmarked Reserves £000's	Total Reserves £000's
Balance at 31 March 2017 carried forward	**(2,644)**	**(2,850)**	**(5,494)**
Movement in reserves during 2017-2018: Total Comprehensive Income and Expenditure			
Increase or Decrease in 2017/18	1,714	338	2,052
Balance at 31 March 2018 carried forward	**(930)**	**(2,512)**	**(3,442)**

7 Balance Sheet

7.1 The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2018. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2017 £000's		Notes	31 March 2018 £000's
5,494	Short Term Debtors	6	3,442
5,494	**Current Assets**		**3,442**
-	Short Term Creditors	6	-
-	**Current Liabilities**		**-**
5,494	**Net Assets**		**3,442**
(2,644)	Usable Reserves: General Fund	7	(930)
(2,850)	Unusable Reserves: Earmarked	7	(2,512)
(5,494)	**Total Reserves**		**(3,442)**

The statement of Accounts presents a true and fair view of the financial position of the Integration Joint Board as at 31 March 2018 and its income and expenditure for the year then ended.

The unaudited accounts were issued on XX June 2018 and the audited accounts were authorised for issue on XX September 2018.

Balance Sheet signed by:

_____

Sarah Lavers CPFA
Chief Finance Officer **XX/09/2018**

8 Notes to the Financial Statements

8.1 Note 1: Significant Accounting Policies

General Principles

8.1.1 The Financial Statements summarise the IJB's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

8.1.2 The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a section 106 body as defined in the Local Government (Scotland) Act 1973.

8.1.3 The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

8.1.5 Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular, where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the balance sheet.

Funding

8.1.6 The IJB is primarily funded through funding contributions from its statutory funding partners, Renfrewshire Council and NHSGGC. Expenditure is incurred as the IJB commissions' specified health and social care services from the funding partners for the benefit of service recipients in the Renfrewshire area.

Cash and Cash Equivalents

8.1.7 The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March, is represented as a debtor on the IJB's balance sheet.

Employee Benefits

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

8.1.9 The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partners are treated as employee costs.

Usable Reserves

8.1.10 Usable reserves are created by appropriate amounts from the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

8.1.11 Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

8.1.12 A general reserve has also been established as part of the financial strategy of the Renfrewshire IJB in order to manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

Indemnity Insurance / Clinical and Medical Negligence

8.1.13 The IJB is responsible for the strategic planning of the functions delegated to it by Renfrewshire Council and NHS Greater Glasgow & Clyde, and for ensuring the discharge of those functions through the Health and Social Care Partnership.

8.1.14 The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities through the CNORIS scheme. NHS Greater Glasgow & Clyde and Renfrewshire Council have responsibility for claims in respect of the services for which they are statutorily responsible and that they provide.

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

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

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

Debtors

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

8.2 Note 2: Critical Judgements

8.2.1 In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of the values included for services hosted within Renfrewshire IJB for other IJBs within the NHS Greater Glasgow and Clyde area. In previous financial years the financial accounts have been prepared on the basis that the costs associated with activity for services related

to non- Renfrewshire residents were removed and transferred to other IJB's to reflect the location of the service recipients. Costs were also added to reflect activity for services delivered by other IJB's related to Renfrewshire residents. The costs removed/added were based upon budgeted spend such that any overspend or underspend remains with the hosting IJB.

8.2.2 In preparing the 2017-18 financial statements these adjustments will no longer be made. Within Greater Glasgow and Clyde, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsible for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which 2017-18 accounts have been prepared.

8.3 Note 3: Events after the Balance Sheet Date

8.3.1 The Annual Accounts were authorised for issue by the Chief Financial Officer on XX September 2018. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

8.3.2 Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2018 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

8.4 Note 4: Expenditure and Income Analysis by Nature

8.4.1 The table below shows the gross expenditure and income for Renfrewshire Health and Social Care Partnership IJB against subjective headings.

8.4.2 This note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See section 1.6.18 - 20 for further details.

Renfrewshire Integration Joint Board	2016/17 £000's Restated	2017/18 £000's
Health Services		
Employee Costs	43,718	43,749
Property Costs	33	29
Supplies and Services	8,722	8,779
Purchase of Healthcare	56	2,483
Family Health Service	81,375	83,655
Set Aside	29,582	29,582
Income	(5,025)	(4,336)
Total Health Services	**158,461**	**163,941**
Adult Social Care		
Employee Costs	28,471	30,817
Property Costs	551	996
Supplies and Services	2,269	1,723
Contractors	53,058	60,578
Transport	727	655
Administrative Costs	247	1,168
Payments to Other Bodies	6,419	2,564
Income	(14,174)	(14,965)
Total Adult Social Care Services	**77,568**	**83,536**
Total Cost of Services	**236,029**	**247,477**
Partners Funding Contributions and Non-Specific Grant Income	**(241,523)**	**(245,425)**
Surplus on Provision of Services	**(5,494)**	**2,052**

8.5 Note 5: Taxation and Non-Specific Grant Income

8.5.1 The table below shows the funding contribution from the two partner organisations:

Taxation and Non-Specific Grant Income	2016/17 £000's Restated	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	162,436	164,642
Renfrewshire Council	79,087	80,783
Total	**241,523**	**245,425**

This note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See section 1.6.18 - 20 for further details.

8.5.2 The funding contribution from the NHS Board shown above includes £29.582m in respect of 'set aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

8.6 Note 6: Short Term Debtors and Creditors

8.6.1 At the end of this financial year, Renfrewshire IJB had short term debtors of £3.442m relating to the reserves held. There were no creditors. Amounts owed by the funding partners are stated on a net basis.

Short Term Debtors	2016/17 £000's	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	3,975	2,958
Renfrewshire Council	1,519	484
TOTAL	**5,494**	**3,442**

Short Term Creditors	2016/17 £000's	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	-	-
Renfrewshire Council	-	-
TOTAL	**-**	**-**

8.7 Note 7: Usable Reserves

8.7.1 As at 31 March 2018 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition, a general reserve has been created as part of the financial strategy of the IJB. This will be used to manage the risk of any future unanticipated events and support service provision that may materially impact on the financial position of the IJB in later years.

8.7.2 The table below shows how reserves are allocated:

General Reserves	2016/17 £000's	2017/18 £000's
Health delegated budget under spend carried forward	1,125	930
Renfrewshire Council under spend carried forward	1,519	-
TOTAL GENERAL RESERVES	**2,644**	**930**

Earmarked Reserves	2016/17 £000's	2017/18 £000's
Health delegated budget planned contribution to reserve:		
16/17 & 17/18 PCTF Monies for Tests of Change & GP Support	1,100	438
GP Digital Transformation	289	-
GP Premises Fund - Renfrewshire Allocation	705	414
Funding for Temp Mental Health Posts	82	-
Primary Care Transformation Fund Monies	39	39
District Nurse 3 year Recruitment Programme	150	150
Health & Safety Costs for Mental Health Shower Facilities	35	-
Prescribing	450	450
Funding to Mitigate Any Shortfalls in Delivery of savings in 18/19	-	339
Health Visiting	-	181
Tannahill Diet and Diabetes Pilot Project	-	17
TOTAL Renfrewshire HSCP	**2,850**	**2,028**
Renfrewshire Council delegated budget planned contribution to reserve:		
Care @ Home Redesign/Locality Services Redesign Costs	-	399
Additional Specific Planned Placement start up costs	-	35
ICT Swift Update Costs	-	50
TOTAL Renfrewshire Council	**-**	**484**
TOTAL EARMARKED RESERVES	**2,850**	**2,512**

8.8 Note 8: Additional Council Services Delegated to the IJB

8.8.1 The table below shows the costs of Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. The HSCP monitor the delivery of these services on behalf of the IJB.

Additional Council Services Delegated to the IJB	2016/17 £000's	2017/18 £000's
Garden Assistance Scheme	369	370
Housing Adaptations	770	910
Women's Aid	112	222
Grant Funding for Women's Aid	(31)	(139)
NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)	**1,220**	**1,363**

8.9 Note 9: Related Party Transactions

8.9.1 The IJB has related party relationships with NHSGGC and Renfrewshire Council which provide a range of support services for the IJB including finance services, personnel services, planning services, audit services, payroll services and creditor services. There is no charge to the IJB for these support services.

Service Income Received	2016/17 £000's Restated	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	(5,024)	(4,336)
Renfrewshire Council	(14,174)	(14,965)
TOTAL	**(19,198)**	**(19,301)**

Expenditure on Services Provided	2016/17 £000's Restated	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	163,485	168,277
Renfrewshire Council	91,742	98,501
TOTAL	**255,227**	**266,778**

Funding Contributions Received	2016/17 £000's Restated	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	162,436	164,642
Renfrewshire Council	79,087	80,783
Total	**241,523**	**245,425**

Debtors	2016/17 £000's	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	3,975	2,958
Renfrewshire Council	1,519	484
TOTAL	**5,494**	**3,442**

This note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See section 1.6.18 - 20 for further details.

8.10 Note 10: IJB Operational Costs

8.10.1 The costs associated with running the IJB are shown overleaf, these are funded equally between NHSGGC and Renfrewshire Council.

IJB Operational Costs	2016/17 £000's	2017/18 £000's
Staff Costs	271	281
Audit Fees	17	24
TOTAL	**288**	**305**

8.10.2 The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Renfrewshire Council. This is combined within the gross expenditure for both partners.

8.11 Note 11: VAT

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

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

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

8.12 Note 12: External Audit Costs

8.12.1 Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2017/18 are £24,000. There were no fees paid to Audit Scotland in respect of any other services.

To: **Renfrewshire Integration Joint Board**

On: **29 June 2018**

Report by: **Chief Officer**

Subject: **Performance Management End of Year Report 2017/18**

1. Summary

1.1 Performance information is presented at all Renfrewshire IJB meetings. This is the second performance report for the financial year 2017/18 and covers the period April 2017 to March 2018. The performance Dashboard summarises progress against the nine National Outcomes and is attached (Appendix 1) along with the full Scorecard updating all performance measures (Appendix 2).

1.2 While this report is for the period April 2017 to March 2018, data is not yet available for all performance measures to March 2018. Information provided in the report is the most up to date available at this point.

1.3 The report provides an update on indicators from the Performance Scorecard 2017/18. There are 91 performance indicators of which 45 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target.

1.4 The Dashboard at Appendix 1 shows that currently 27% of our performance measures have red status, 15% amber status and 58% green status.

2. Recommendation

It is recommended that the IJB:

- Approves the Performance Management End of Year Report 2017/18 for Renfrewshire HSCP.
- Approves the process to finalise the Renfrewshire HSCP Annual Performance Report 2017/18 which will be published on 31 July 2018 and presented to the IJB on 14 September 2018.

3. Performance Reporting 2017/18

3.1 The Scorecard is structured on the nine National Outcomes. It includes measures from the Core Indicator set, incorporating some high level outcome indicators drawn from the Health and Care Experience Survey, which is carried out every two years. Feedback from our

performance reporting during 2016/17 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures.

3.2 The Scorecard for 2017/18 has 91 indicators:

- 46 data only
- 12 red indicators (target not achieved)
- 7 amber indicators (within 10% of target)
- 26 green indicators (target achieved)

3.3 The national indicators included in the report are those advised by the Scottish Government to enable benchmarking across all HSCPs. Some of the indicators included in the Scorecard also come from Renfrewshire's Health and Social Care Survey. This survey is carried out every two years.

The sample size for the 2017/18 Renfrewshire survey was 20,694 with 4,074 responses, which equates to a 20% response rate.

H&SC Survey questions aligned to National Outcome Indicators	2017/18	+/- Scottish Rate
I am able to look after my own health	93%	0
Service users are supported to live as independently as possible	79%	-2%
Service users have a say in how their help, care or support is provided	73%	-2%
Service users' health and care services seem to be well coordinated	71%	-4%
Rating of overall help, care or support services	77%	-3%
Rating of overall care provided by GP practice	84%	+2%
The help, care or support maintains service users' quality of life	79%	-1%
Carers feel supported to continue caring	35%	-2%
Service users feel safe	81%	-3%

Source: http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/Detailed-Experience-Ratings.asp

The 2017/18 survey results for Renfrewshire show a slight decline in positive responses across the nine National Outcome Indicators since the previous survey was undertaken during 2015/16. National and comparative HSCP results can be found at Appendix 3. The areas we have compared Renfrewshire with are Clackmannanshire and Stirling, South Lanarkshire and South Ayrshire. These areas were identified by Health Improvement Scotland (HIS) and are in the same family group as Renfrewshire.

While our survey results are similar to the national averages, the Partnership is committed to improving on our results by the next Health and Social Care Survey which will be published in 2019/20.

3.4 In National Outcome 1: *People are able to look after and improve their own health and wellbeing and live in good health for longer*, five local indicators are reported from our Adult Health and Wellbeing Survey in Renfrewshire. This survey is carried out every three years. The 2017 fieldwork is now complete and the analysing and reporting will now progress. We look forward to reporting the results at a future IJB meeting.

In National Outcome 9: *Resources are used effectively in the provision of health and social care services, without waste,* please note the increase in Care at Home costs per hour (65 and over). This is calculated from the Local Financial Returns (LFR) and the Social Care Census. The 2016/17 Census saw a drop in the number of clients in this cohort, and coupled with the increase in the budget spend reported in the LFR has seen the cost per hour increase to £23.56. Renfrewshire cost per hour is now more in line with the average Scottish spend, which is £22.64, and the average for urban councils of £23.56.

3.5 There has been improved performance in 2017/18 on the following indicators:

- Average number of clients on the Occupational Therapy waiting list (Outcome 2): reduced from 340 to 311
- Emergency admissions from Care Homes (Outcome 4): 388 at December 2017, just above the 363 target at Quarter 3. There were 538 emergency admissions to hospital from care homes in 2016/17 against a target of 480. This is an area identified in our Unscheduled Care Commissioning Intentions, where we want to focus more to support care homes to reduce levels of bed days used as a result of an unscheduled care admission to hospital
- We have achieved our target for alcohol related hospital stays (Outcome 4) for the period January to December 2017 at a rate of 8.9 per 1,000 population aged 16+ (target 8.9). This is the lowest rate achieved since the recording of this indicator began in January 2009. The rate was 9.6 at September 2017. Maintaining this will be challenging but it is a good improvement (18.3% reduction) from a rate of 10.9 at September 2014
- Uptake rate of the 30-month child assessment (Outcome 4): the current uptake of assessments has increased from 82% at March 2017 to 89% of eligible families at March 2018. Within this group, 83% of infants have achieved their developmental milestones, an increase of 4% on the 2017 figure. For children where difficulties are identified, there is an intervention pathway in place to support behavioural and communication needs
- The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment (Outcome 4): increased from 47% at March 2017 to 73% at March 2018. This target remains challenging and although there has been a substantial increase, performance is still below the 95% target. Performance against the percentage triaged within 8 weeks for paediatric Speech and Language Therapy is 100% and has been consistently for more than two years.

3.6 Performance has deteriorated in 2017/18 for the following indicators:

- There are two Primary Care Mental Health Team indicators: the first is the percentage of patients referred to first appointment offered within 4 weeks (Outcome 3), which has reduced from 95% at March 2017 to 79% at March 2018. There are factors that have influenced performance in this area and reduced capacity to meet the demand on service and the completion of assessments within 28 days, including adverse weather conditions in February and March 2018:

  - in 2017 there was a 12% increase in service demand
  - increased short term sickness absence of staff within the service

  The second waiting times target in Primary Care Mental Health, is the percentage of patients referred for first treatment appointments within 9 weeks (Outcome 3), which has increased to 98% from 96% at year end 2016/17

- The percentage of babies with a low birth weight (< 2,500g) (Outcome 4) increased from 6% at June 2017 to 6.8% at December 2017. The target for this indicator is 6%, which was achieved at June 2017. As performance at December2017 is more than 10% variance from target, the status of this indicator has changed from green to red. We continue to meet the target for at least 80% of pregnant women in each SIMD quintile having booked for antenatal care by the twelfth week of gestation (Outcome 4) with 85.8% at September 2017

- The percentage of people seen within three weeks for alcohol and drug services (Outcome 4) has reduced from 96.9% at June 2017 to 84.5% at December 2017. To improve performance in waiting times, the Renfrewshire Drug Service has recruited a nursing post to increase the capacity of assessment appointments. This will be further enhanced by the use of nurse bank hours to clear the backlog of assessments. Although sickness levels within the team have improved there are still a number of staff off on long term sick leave. The outcome of the review of addiction services will be published shortly and a work plan developed to address key areas

- 49 carers' assessments were carried out by the HSCP against a target of 70 for 2017/18 (Outcome 6). The Carers' Centre in Renfrewshire supported a further 428 carers to complete an assessment. In line with the implementation of the Carers' Act from April 2018, assessments will be replaced by Adult Carer Support Plans and Young Carers' Statements.

4. Annual Report

4.1 Renfrewshire HSCP's first Annual Performance Report 2016/17 was published on 31 July 2017. It provides an overview of the strong partnership working within Health and Social Work Services, and with our partners in Community Planning, Housing, and the Third Sector.

Work has now begun on the 2017/18 report which will follow a similar format, balancing qualitative information against statistical data and highlighting the importance of patients', service users' and carers' feedback in the development and improvement of our services. The report will feature an overview of each service area, and measure performance against the nine National Health and Wellbeing Outcomes. The 2017/18 Annual Report will be published on 31 July 2018 and will be presented at the IJB meeting on 14 September 2018.

The full 2016/17 report is available on our website via the link below:

http://www.renfrewshire.hscp.scot/media/4627/Annual-Performance-Report-2016-17/pdf/Annual_Performance_Report_2016-17.pdf

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Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety –** None
9. **Procurement –** None
10. **Risk –** None
11. **Privacy Impact –** None

List of Background Papers – None.

Author Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Fiona MacKay, Head of Strategic Planning and Health Improvement (Fiona.MacKay2@ggc.scot.nhs.uk / 0141 618 7656)

DASHBOARD: summary of Red, Amber and Green Measures at March 2018

The summary chart shows 46 measures for information only; there are no specific targets for these measures.

Of the **45** measures that have performance targets, 58% show green (on or above target); 15% show amber (within 10% variance of target); and 27% show red (more than 10% variance of target).

National outcome	Red	Amber	Green	Data Only	Total	Movement
National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	0	2	4	1	7	No change
National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	1	1	5	14	21	One  to One to
National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	1	2	4	5	12	No change
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	5	1	5	5	16	One to  Three to One to One to
National Outcome 5. Health and social care services contribute to reducing health inequalities	2	0	1	4	7	No change
National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being	1	0	0	2	3	One to
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	3	5	No change
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	2	1	3	4	10	No change
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	2	8	10	No change
Total:	**12**	**7**	**26**	**46**	**91**	
Percentage %:	**27%**	**15%**	**58%**	**-**	**100%**	

Renfrewshire Integration Joint Board Scorecard 2017-2018

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PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Direction of Travel	
	Improvement
	Deterioration
	Same as previous reporting period

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/01 Percentage of adults able to look after their health very well or quite well	93%	Survey. Next data: 2017/18	93%	-	-	
Local Indicators						
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks	20.8 %	23.1%	Sep 17: 21.7%	21.4%		
HSCP/HI/LS/01 Increase in the number of people who assessed their health as good or very good	2014 77%	Survey. Next data: 2017/18	Survey. Next data expected in 2018	80%		
HSCP/HI/LS/02 Increase the percentage of people participating in 30 mins of moderate physical activity 5 or more times a week	2014 53%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	32%		

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PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/HI/LS/03 Reduce the percentage of adults who smoke	2014 19%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	23%		
HSCP/HI/LS/04 Reduce the percentage of adults that are overweight or obese	2014 49%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	55%		
HSCP/HI/MH/01 Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	2014 53.4	Survey. Next data expected in 2018	Survey. Next data expected in 2018	57		

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National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	81%	Survey. Next data: 2017/18	79%	-	-	
HSCP/CI/HCES/03 Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	81%	Survey. Next data: 2017/18	73%	-	-	
HSCP/CI/HCES/15 Proportion of last 6 months of life spent at home or in a community setting	87.5%	87.0%	89.0%	-	-	
HSCP/CI/HCES/18 Percentage of adults with intensive care needs receiving care at home	63%	62%	Annual figure. Not yet available	-	-	
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	287	107	192	-	-	
Local Indicators						
The total number of patients delayed (at census point) (Acute and Mental Health)	-	**Total:** 5 **Acute:** 5 (1<72hrs; 4>72hrs) **MH**: 0	**Mar 18 - Total:** 6 **Acute:** 6 (2<72hrs; 4>72hrs) **MH**: 0 (0>72hrs)	-		
The total number of delayed discharge episodes at month end (Acute and Mental Health)	-	**Total:** 38 **Acute:** 37 **MH**: 1	**Mar 18: Total:** 50 **Acute:** 45 **MH**: 5	-		
The total number of bed days occupied by delayed discharge patients (month end) (Acute and Mental Health)	-	**Total:** 313 **Acute:** 282 **MH**: 31	**Mar 18: Total:** 353 **Acute:** 221 **MH**: 132	-		
HPBS14b1 Number of Private Sector Housing Grants awarded to disabled tenants to adapt private homes	108	217	189	-		
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	96%	96%	100%	99%		

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PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
HPCHARTER23 The average time (in days) to complete medical adaptation applications	44	40	33.57	-	-	
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan	977	1,847	257	220		
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male) Emailed J McLaughlan 23/4	100%	100%	100%	100%		
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	87%	89%	89%	85%		
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target: 30%)	31%	27%	28%	30%		
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	501	460	459	-	-	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	98%	99%	99%	-	-	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	64%	66%	66%	-	-	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	20.71	29.13	39.47	-	-	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work Service)	20%	15%	22%	70%		
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	297	340	302	350		

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National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	77%	Survey. Next data: 2017/18	71%	-	-	
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	79%	Survey. Next data: 2017/18	77%	-	-	
Local Indicators						
HSCP/AS/AE/01 A&E waits less than 4 hours	88.6%	89.5%	Oct 17: 85.8%	95%	-	
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+)	42.8%	41.3%	Dec 17: 42.2%	48.2%	-	
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	43.0%	40.4%	Dec 17: 40.9%	45%	-	
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%	100%	Apr 18: 100%	100%	-	
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	161	117	118	-	-	
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-	71% of an audit of 319 (August and February audits combined.)	178 (56%) from 320 audited records; 95/120 Mental Health, 83/200 Children's Services	-	-	
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	13	16	8	-	-	

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PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	88%	95%	79% (87 < 4/52) (24 > 4/52)	100%		
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	98%	96%	98% (94 < 9/52) (2 > 9/52)	100%		
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	99.8%	100%	100%	90%		

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National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users						
PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/06 Percentage of people with positive experience of the care provided by their GP practice	88%	Survey. Next data: 2017/18	84%	-	-	
HSCP/CI/HCES/07 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	80%	Survey. Next data: 2017/18	79%	-	-	
HSCP/CI/HCES/17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	91%	86%	88%	-	-	
Local Indicators						
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	88.3%	89.6%	Sep 17: 85.8%	80%		
HSCP/AS/HA/03 Emergency admissions from care homes	477	538	Dec 17: 388	363		
HSCP/AS/HA/04 Emergency bed days rate 65+	302	297	263	-	-	
HSCP/HI/ADS/01 Alcohol brief interventions	1,036	761	Dec 17: 384	-	-	
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	-	Data expected in 2018.	Data expected in 2018.	1.86%		
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	154.1	180.8	Annual figure. Not yet available	130		
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	99.6%	93.3%	Dec 17: 84.5%	91.5%		
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.9	3.9	3.1	5		

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PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 1,000 population	9.8	9.9	Dec 17: 8.9	8.9	↑	✓
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.8%	5.8%	Dec 17: 6.8%	6%	↓	●
HSCP/CS/AX/01 Uptake rate of 30-month assessment	83%	82%	89%	80%	↑	✓
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%	100%	–	✓
HSCP/CS/SPL/02 Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	67%	47%	73%	95%	↑	●

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National Outcome 5. Health and social care services contribute to reducing health inequalities.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/11 Premature mortality rate. European age-standardised mortality rate per 100,000 for people aged under 75	463	491	Annual figure. Not yet available	-	-	
Local Indicators						
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	254	197	148**	228		
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	12.9%	13.6%	Sep 17: 14.5%	19.9%		
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	1,997	935	1,107	-	-	
HSCP/HI/EQIA/03 Number of quality assured EQIAs carried out	1	6	4 EQIAs plus 6 rapid EQUIAs carried out on finance and service redesign proposals	-	-	
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	63	38	92	-	-	
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	14.8	14.8	7.1*	15.3		

* This figure relates to new geographic boundaries and cannot now be compared to the previous figure of 14.8 years.
** Data incomplete for Quarter 4, Jan-Mar 2018

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National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)	39%	Survey. Next data: 2017/18	35%	-	-	
Local Indicators						
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	80	64	49	70		
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	56	29	15	-	-	

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National Outcome 7. People who use health and social care services are safe from harm.						
PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	84%	Survey. Next data: 2017/18	81%	-	-	
HSCP/CI/HCES/16 Falls rate per 1,000 population aged 65+	21	18	17	-	-	
HSCP/CI/SR/24 Suicide rate	21	16	Information available late 2018	-	-	
Local Indicators						
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	6.4%	5.8%	Information available mid 2018	12%		
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	2%	3%	5%	6%		

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National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	-	Indicator under development	-	-	
Local Indicators						
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	1	0	0	-	-	
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	609	493+50 on new pilot IDP = 543	909	-	-	
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	61.1%	68.9%	75.8%	80%		
HSCP/CS/H&S/02 Health sickness absence rate	7.0%	5.6%	5.5%	4%		
HSCP/AS/SW/01 Absence and sickness rates for Social Work Adult Services Staff (work days lost per FTE)	3.68	3.65	4.34	2.36 days		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	-	Jan 17: 100% Feb & Mar 17:N/A	100%	100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	100%	100%	100%	100%		
HSCP/CS/H&S/05 Improve the overall iMatter Employee Engagement Index rating and staff response rate.	-	65%	59%	70%	-	
HSCP/CORP/CMP/01 % of complaints within HSCP responded to within 20 days	-	-	76%	70%		

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National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/12 Emergency admission rate (per 100,000 population)	14,410	13,865	11,072	-	-	
HSCP/CI/HCES/13 Emergency bed day rate (per 100,000 population)	128,062	125,377	118,611	-	-	
HSCP/CI/HCES/14 Readmission to an acute hospital within 28 days of discharge per 1,000 admissions	104	96	75	-	-	
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	21%	21%	-	-	
Local Indicators						
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£15.47	£23.56	2017/18 information available early 2019	-	-	
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	2%	3.7%	2017/18 information available early 2019	-	-	
RSW/ILGB/SW3 Net residential costs per week for older persons (over 65)	£369	£360	2017/18 information available early 2019	-	-	
HSCP/AC/PHA/01 Prescribing variance from budget	1.07% over budget	0.83% underspent	3.95% over budget	-	-	
HSCP/AC/PHA/02 Formulary compliance	79.1%	79.5%	79.66%	78%	-	
HSCP/AC/PHA/03 Prescribing cost per treated patient	New indicator	New indicator	£83.70	£86.63	-	

H&SC Survey questions aligned to National Outcome Indicators	2017/18	2015/16
I am able to look after my own health	93%	93%
Service users are supported to live as independently as possible	79%	81%
Service users have a say in how their help, care or support is provided	73%	81%
Service users' health and care services seem to be well coordinated	71%	77%
Rating of overall help, care or support services	77%	79%
Rating of overall care provided by GP practice	84%	88%
The help, care or support maintains service users' quality of life	79%	80%
Carers feel supported to continue caring	35%	39%
Service users feel safe	81%	84%

H&SC Survey questions aligned to National Outcome Indicators	Renfrewshire	Scotland
I am able to look after my own health	93%	93%
Service users are supported to live as independently as possible	79%	81%
Service users have a say in how their help, care or support is provided	73%	76%
Service users' health and care services seem to be well coordinated	71%	74%
Rating of overall help, care or support services	77%	80%
Rating of overall care provided by GP practice	84%	83%
The help, care or support maintains service users' quality of life	79%	80%
Carers feel supported to continue caring	35%	37%
Service users feel safe	81%	83%

H &SC Survey questions aligned to National Outcome Indicators	Renfrewshire	Clackmannan-shire & Stirling	South Lanarkshire	South Ayrshire
I am able to look after my own health	93%	94%	92%	94%
Service users are supported to live as independently as possible	79%	81%	81%	82%
Service users have a say in how their help, care or support is provided	73%	74%	69%	77%
Service users' health and care services seem to be well coordinated	71%	76%	74%	85%
Rating of overall help, care or support services	77%	78%	78%	85%
Rating of overall care provided by GP practice	84%	87%	81%	85%
The help, care or support maintains service users' quality of life	79%	79%	82%	87%
Carers feel supported to continue caring	35%	38%	32%	36%
Service users feel safe	81%	86%	82%	85%

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Chief Officer**
Heading:	**Market Facilitation Plan**

1. Summary

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires IJBs to produce a Market Facilitation Plan.

1.2 A draft Plan has been developed in partnership with stakeholders and the Strategic Planning Group. This builds on the Strategic Plan 2016-19 and provides a basis for financial planning in 2018-19 and 2019-20.

1.3 This Plan will be used to shape and influence health and care services for Renfrewshire's population. The Market Facilitation Plan will direct the Service Improvement Plan. It will be regularly reviewed as services are reviewed and patterns of health and care needs change. It will also directly inform financial planning and how we allocate our resources to ensure we achieve best value. We want to continue to demonstrate that we are using resources efficiently and achieving best value.

2. Recommendation

It is recommended that the IJB:

- Note the progress made in developing a Market Facilitation Plan and approve the draft Plan attached (Appendix 1); and
- Agree that further engagement is carried out over the summer months to inform a final plan in September 2018.

3. Background

3.1 Renfrewshire's profile to inform Strategic Commissioning is a comprehensive document which was developed to inform the IJB's first Strategic Plan (2016-19). The profile has been updated to reflect the most recent demographic and activity changes. The Market Facilitation Plan has been produced to translate the profile of need and demand into a plan which can shape and influence health and care services in Renfrewshire.

3.2 Service reviews in addictions and older people's services have been carried out and this document reflects the commissioning implications for these reviews. Service reviews planned for 2018-19 will further inform this process.

3.3 A session with nursing home providers has been held to share the emerging demographic and care needs. This was an opportunity to hear a provider's perspective and allow this to inform the Market Facilitation Plan. Further engagement with other care providers will be carried out over the next few months.

3.4 The Market Facilitation Plan is a live document which can be used within the HSCP and by external providers to deliver care which meets the changing needs of our population. It will evolve as patterns of need change and in response to changes to national and local policies.

Implications of the Report

1. **Financial - None**
2. **HR & Organisational Development – None**
3. **Community Planning – None**
4. **Legal – None**
5. **Property/Assets – None**
6. **Information Technology – None**
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety – None**
9. **Procurement – None**
10. **Risk – None**
11. **Privacy Impact – None.**

List of Background Papers – None.

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DRAFT Renfrewshire HSCP Market Facilitation Plan – Shaping Health and Care Services for the Future

1. Purpose

1.1 The Scottish Government requires Integration Joint Boards to produce Market Facilitation Plans or Statements to support the objectives of their Strategic Plans as part of a core suite of strategic documents. This is part of the Public Bodies (Joint Working) (Scotland) Act 2014.

1.2 Market facilitation aims to inform, influence and adapt service delivery to offer a diverse range of sustainable, effective and quality care so people can access the right services for themselves and their families at the right time and in the right place.

We also expect that this Plan will give service providers an insight into the changes in the health and care needs of the population of Renfrewshire and the future shape of services that need to be developed and delivered to meet those changing needs.

1.3 Our Market Facilitation Plan links to our existing Strategic Plan 2016-2019 and will directly inform our next Strategic Plan 2019-22. It will also directly inform financial planning and how we allocate our resources to ensure we achieve best value. This will include the decommissioning of less effective under-utilised or outdated service models, and the commissioning and delivery of person centred, more outcome based services. We want to progress on the clear and continuing basis that we use our available resources as efficiently as possible, obtaining best value.

1.4 In section 9 of this plan, we begin to articulate the high level commissioning intentions which result from the demographic and activity changes which we expect over the next few years.

2. National Context

2.1 The provision of health and care services in Scotland is governed by a number of legal frameworks and guided by strategy and policy designed to ensure sustainable services which are safe, effective and person-centred. Key elements are summarised below.

2.2 The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer, healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care.
- There is a focus on prevention, anticipation and supported self-management.
- Hospital treatment is required, and if cannot be provided in a community setting, day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

2.3 The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 requires Partnerships to assess their performance in relation to the 9 National Health and Wellbeing Outcomes. These outcomes provide a strategic framework for the planning and delivery of health and social care services and are as follows:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
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.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Since we established our Strategic Plan for 2016-19, our work has been – and will continue to be – shaped by delivering these outcomes.

3. Renfrewshire Context

3.1 Renfrewshire Health and Social Care Partnership was established in June 2015 following formal approval of its Integration Scheme. It is the operational delivery organisation for child and adult health and adult social care services.

3.2 Our vision was developed in partnership with staff:

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

In order to deliver our vision and that of the Scottish Government, our Strategic Plan has been developed and describes the high level priorities which direct the HSCP.

Our three strategic priorities are:

1. Improving health and wellbeing
2. The right service, at the right time, in the right place
3. Working in partnership to treat the person as well as the condition.

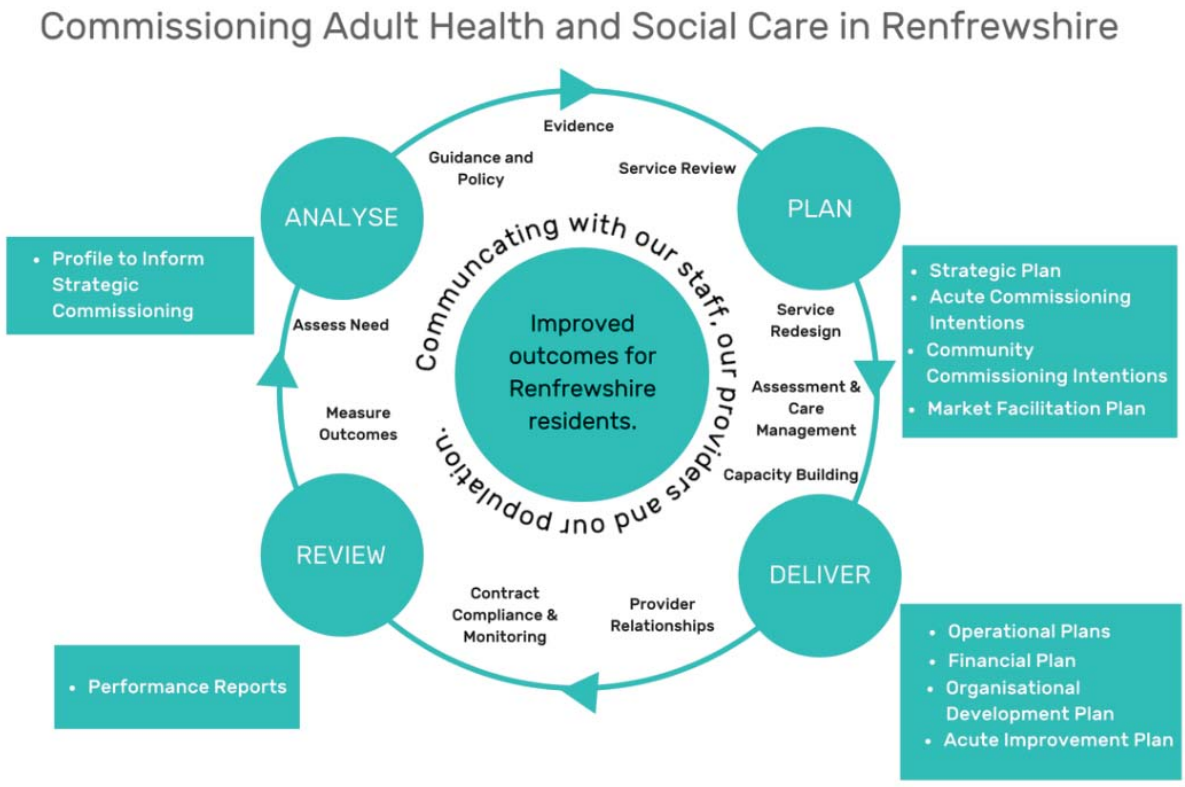
We do this by:

- Bringing services together and improving pathways
- Ensuring services in the community are accessible to all
- Giving people more choice and control
- Helping people to live as independently as possible
- Tackling inequalities and building strong communities
- Focusing on prevention and early intervention
- Providing effective support for carers
- Listening to patients and using service users' feedback to improve services.

3.3 Our Strategic Plan is underpinned by our Financial Plan; this plan provides an overview of the key messages in relation to the Integration Joint Board's financial planning for 2018/19 to 2020/21. It also provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Renfrewshire. The Financial Plan covers the following key areas of the financial strategy for the Partnership:

- Overview of the long term financial landscape
- Renfrewshire HSCP in context
- Key achievements to date
- Current and future pressures
- Mitigation programmes
- Understanding and addressing the financial challenge
- Medium term financial strategy.

3.4 The diagram below shows the planning and commissioning cycle we follow to improve health and care outcomes in Renfrewshire:



3.5 We recognise we cannot transform health and social care services in isolation. As part of our approach we continue to work in partnership with key stakeholders, our partner organisations (NHSGGC and Renfrewshire Council), Community Planning partners, NHSGGC Acute Services, and third sector organisations and providers.

3.6 The Joint Inspection of Adult Health and Social Care Services in Renfrewshire took place between October and December 2017. Subsequently on 18 April 2018, the Care Inspectorate and Healthcare Improvement Scotland published their findings from the inspection in their report 'Joint Inspection (Adults) the Effectiveness of Strategic

Planning in Renfrewshire'. The report highlights that Renfrewshire Health and Social Care Partnership is making significant progress on improving residents' health and social services. In addition, the report acknowledges that the HSCP plans to produce a new Market Facilitation Plan in 2018 which would set out the Partnership's high level summary and medium term commissioning intentions. However, it also recommended it would be beneficial if these were set out in further detail in a fully developed Market Facilitation Plan and included in updates to the joint Strategic Plan.

4. Future Demand

4.1 In section 5 we set out what these demographic and activity changes mean for services in Renfrewshire and in section 9 we describe how this will help us commission services in the future.

For more information, this document should be read in conjunction with the April 2018 Renfrewshire Profile to inform Strategic Commissioning, available on the Renfrewshire HSCP website at: http://www.renfrewshire.hscp.scot/media/6195/Profile-to-inform-Strategic-Commissioning-Apr-2018/

The following provides a headline summary of a number of the key health and care features to our current and future understanding of need across the Renfrewshire population.

4.2 Ageing Population

According to the latest official statistics from the National Records of Scotland, the population of Renfrewshire is 174,560. Projections show the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+. 13% of our population will be over 75 by 2039, compared to 8% in 2014. The size and make-up of our population will be a key consideration when planning and delivering health and social care services in the future. (Appendix 1)

4.3 Long Term Conditions

We will see an increase in people living with long term conditions (LTCs). These are health conditions that last a year or longer, impact on a person's life and may require ongoing care and support.

- By age 65, two-thirds of people will have a long term condition
- By age 75-84, 27% of people will have two or more
- People with LTCs account for over 60% of hospital bed days used
- Most people who need long term residential care have complex needs from multiple long term conditions.

4.4 Increase in Dementia Rates

We expect to see a 47% increase in dementia prevalence by 2035.

- Current prevalence is 2,994 people at 2017
- Projected prevalence is 4,400 people by 2035
- Rate of dementia increases with age and is higher for women

(Appendix 2)

4.5 **Reliance on Unpaid Carers**

Carers in Renfrewshire provide unpaid health and social care to others, mostly to close friends and relatives. Information from the 2011 Census showed that in Renfrewshire:

- 17,759 people indentified themselves as carers, 10% of the population of Renfrewshire at that time
- Just over a quarter of those carers (4,619) provided 50 hours or more of unpaid care per week
- 51% of all carers were women
- 17% of all carers were aged 65 and over. In terms of gender split, 42% of male carers were aged 65 and above compared to 57% of female carers
- 15% of carers aged 65 and above reported themselves as in bad or very bad health.

4.6 **Social Work/Social Care**

Contacts with adult social work services have increased by 31% in the last five years, from 22,338 to 29,259. Care at Home services have also seen significant growth in demand and this is expected to continue over the next 5+ years. In an average week, 15,200 hours of care are delivered to 1,828 clients, most of whom are over 75 years of age. The majority of our clients are supported out of hours and at weekends. (Appendix 3)

4.7 **Care Homes**

Renfrewshire has 22 care homes (three local authority residential homes, 16 private/Third Sector nursing homes and three private/Third Sector residential homes). Around 1,200 Renfrewshire residents live in care homes. The current vacancy rate is over 10%, and this varies greatly across Renfrewshire. The highest vacancy rates are in our own HSCP residential care homes. So further work will be taken forward to assess how appropriate this model of care is. The average age of residents in Renfrewshire care homes has increased from 82 to 88 over the last five years. This means that the typical care home resident is older, frailer, likely to have dementia and have a range of long term conditions. (Appendix 4)

4.8 **Addictions Service Review**

A comprehensive review of addictions services has been completed in April 2018. The review makes a number of recommendations which will impact on how we plan, commissioning and deliver services going forward. Whilst the review confirms many positives about our services, recommendations include changes to how we manage existing HSCP services, how services link to and work with GP services and some changes to what services do and the models of service we operate. For example, it is proposed that a more robust recovery/aftercare service is commissioned to allow a flow through addictions services, and to let clients explore and manage their own recovery. It is also proposed that a community based drugs service is developed, reducing the need for clients to attend Back Sneddon Street. These proposals have yet to be discussed in detail.

4.9 **Self-Directed Support**

Self Directed Support (SDS) is a term that describes the ways in which eligible individuals and families can have more informed choice and control over how their social care is provided to them, to meet their assessed needs. SDS gives people control over an 'individual' budget and lets them choose how it is spent to meet their assessed social care needs.

SDS can be used to purchase things like:

- Local authority services or services from voluntary or private sector organisations to support independent living. This might be support to get washed and dressed, manage medication, or get out and about.
- Physical products such as equipment that supports living independently at home.
- A short break or respite.
- Something else that meets the assessed social care needs.

As more people are allocated and work to mange such a budget, we need to be responding to both what services are available and are delivered and also to the impact this might have on services where the impact of SDS is to reduce the funding available to them and/or the level of demand on them.

5. What do these demographics and demand changes mean for services in Renfrewshire?

5.1 In the context of our aim to deliver care in homes or as close to home and local communities as possible, the issues raised in 4.2 to 4.9 above provide us and service providers with a number of challenges. We have a growing, older population, many of whom will have dementia and multiple and complex needs. We know that many services users rely on unpaid carers, who also need to be appropriately supported and valued. We are successfully supporting more people to stay at home and we have a number of clients with very complex needs in care homes.

Current issues for us:

- We have high and varying vacancy levels in care homes, particularly in our local authority residential homes.
- The care sector (Care at Home and care homes) has difficulty recruiting and retaining staff.
- We have access to a limited number of places for people under 65.
- Beds for people with acquired brain injury or with specific learning disabilities are not always locally available.
- Demand for care at home (24/7 availability) is increasing.

5.2 The drive to deliver seamless services through the integration of, or improved joint working between, health and social care and support services is well underway. Providers who reshape their service delivery models will be better placed to respond to future procurement opportunities.

Providers should therefore:

- Consider how their services are, or can be, made 'early intervention and prevention' focused and how to support people to be as independent as possible.

- Consider how their services interact with local communities and how they support capacity building within those communities.
- Recognise that increasingly the 'purchasing partner will no longer be the Local Authority/NHS but will be the service user. This will require providers to market their services differently and mean they will need to provide easy access to their services.
- Develop ways to monitor, evidence and analyse outcomes. Quality, adaptability and reliability will be key to providers' success in the changing market of adult social care and support.
- Create smarter joint working opportunities e.g. sharing resources, expertise and support to increase impact and efficiency.
- Explore ways to collaborate across services to deliver best value.

6. Unscheduled Care

6.1 Unscheduled care is the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances, and GP triaged emergency admissions to hospital. The Scottish Government has made unscheduled care an important area of focus for the health service in Scotland, with maximum waiting times in A&E (to be seen and treated) and reducing the number of bed days used as a result emergency admissions, being key targets. In Renfrewshire, most emergency admissions (86%) are to the Royal Alexandra Hospital (RAH), with 8% going to the Queen Elizabeth University Hospital (QEUH).

6.2 The Integration Joint Board's budget includes a 'set aside' budget for the commissioning of unscheduled care acute hospital services within scope. For 2016/17, the indicative set aside budget for unscheduled acute services in Renfrewshire was £32.3m. This budget has yet to be used to commission service differently.

6.3 The Scottish Government Ministerial Strategic Group (MSG) for Health and Wellbeing requires all HSCPs to report on six key indicators. We have set trajectories for indicators one to four and monitor performance on all six on a monthly basis.

The six indicators are:

1. Number of emergency admissions into acute specialties
2. Number of unscheduled hospital bed days
3. Number of A&E attendances and the percentage of patients seen within 4 hours
4. Number of delayed discharge bed days
5. Percentage of last 6 months of life spent in the community
6. Percentage of population residing in non-hospital settings for all adults and for those aged 75+.

The following shows Renfrewshire's status against these six indicators. We have used the most recent validated information available, and where provisional data is used, we have noted this.

6.4 **Number of Emergency Admissions**

The total number of emergency admissions in 2016/17 of Renfrewshire residents into the NHSGGC acute services was 22,448 down slightly on the 2015/16 number of 22,652.

Our trajectory for this indicator is to see an approximate 2% reduction on the 2015/16 baseline of 22,448 by 2017/18 (21,986) and a 3% reduction by 2018/19 (21,759).

6.5 **Number of Unscheduled Hospital Bed Days (acute specialties)**

The provisional data reported in 2016/17 (128,961) shows a similar number of unscheduled hospital bed days for acute specialties as the 2015/16 baseline (128,936).

HSCP	2012/13	2013/14	2014/15	2015/16	2016/17p
Renfrewshire	122,665	129,531	137,243	128,936	128,961

p: provisional

Early data for 2017/18, which is not yet validated, shows unscheduled hospital bed days for the period April 2017 – January 2018 as 101,489. This, based on the data available, suggests an improvement of 6% over the same period last year (107,994).

Our trajectories are to reduce to 126,400 by 2017/18 and 123,820 by 2018/19.

6.6 **A&E Attendances**

In 2016/17 the total A&E attendances was 57,244 averaging 4,770 per month.

Our trajectories are to reduce to 56,669 by 2017/18 and 56,119 by 2018/19. (Appendix 5)

6.7 **Delayed Discharge Bed Days**

The number of bed days used as a result of patients delayed in their discharge in 2016/17 fluctuated across the months, with a year end total of 3,205.

August to December 2017 saw a slight increase in bed days lost to delayed discharges, but the monthly level is now back down to minimum levels. If we maintain this, we are hopeful of achieving the 2018/19 target of 3,205. (Appendix 6)

6.8 **Percentage of last six months of life in a community setting**

Over the last four year period,the percentage of people spending the last six months of life in a community setting has been consistent, averaging at 87.1%.

6.9 **Balance of Care: percentage of population in community or institutional settings**

In 2015/16 (for those aged 75+), 81.4% lived at home unsupported; 9.5% were supported to stay in their own homes; 7.2% resided in a care home; and 1.8% were in

hospital. In two years, there has been an increase in over 75s living at home (supported) and a reduction in the percentage in a care home. (Appendix 7)

6.10 **How are we reducing unscheduled care?**

During 2017/18, we have had a major communication drive to provide information to people in Renfrewshire about the best health and care service for their individual need.

Our Know Who to Turn to campaign has used public events, our website and social media to publicise health and care services and to ensure that people know about the wide range of available services. We hope to reduce demand on A&E services and GPs through this work and direct people to the best service for their need.

This year has also seen the maturing of our six GP clusters in Renfrewshire (two in Paisley and four covering the rest of Renfrewshire). Clusters have developed improvement plans and most of these have a focus to reduce our reliance on unscheduled care. Activity includes supporting local care homes to keep residents at home, working preventatively with high consumers of health and care services and promoting anticipatory care planning.

7. HSCP Workforce

7.1 Renfrewshire HSCP's Organisational Development and Service Improvement Strategy embraces the commitments detailed within Renfrewshire Council's 'A Better Future, A Better Council' and NHS Greater Glasgow and Clyde's 'Workforce Plan' by ensuring staff involved in health and social care delivery have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services.

7.2 The strategy focuses on three key objectives that support the workforce to be committed, capable and engaged in person centred, safe and effective service delivery and some examples of activity are noted below:

- Development of a Healthy Organisational Culture.
- Delivering a clear approach to Organisational Development (OD) and Service Improvement.
- Delivering a Workforce Plan for tomorrow's workforce.

7.3 The Organisational Development and Service Improvement Strategy is subject to annual review and will continue take into account future changes in corporate priorities and objectives; legislative and regulatory changes; and reflect ongoing changes in the profile of the HSCP workforce, their development needs and succession planning as services change in the future to meet service demand.

Workforce Demographics

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		HSCP Total		% of Available Workforce
	Headcount	WTE	Headcount	WTE	Headcount	WTE	%
16-20	3	2.35	3	3	6	5.35	0.25
21-30	126	104.32	119	107.76	245	212.08	10.04
31-40	192	156.05	243	195.84	435	351.89	17.82
41-50	319	256.26	378	311.37	697	567.63	28.55
51-60	472	382.1	422	356.36	894	738.46	36.63
61-65	97	74.59	46	36.73	143	111.32	5.86
66+	16	10.72	5	3.47	21	14.19	0.85
Total	**1225**	**986.39**	**1,216**	**1,014.53**	**2,441**	**2,000.92**	

Source: Renfrewshire HSCP/Renfrewshire Council

7.4 Over a third of staff working in the HSCP are aged 51 to 60 and almost half of the workforce are in the 31 to 50 age bracket. The total headcount of 2,441shows similar numbers of staff in the HSCP are employed by Renfrewshire Council and NHSGGC.

8. Housing

8.1 Renfrewshire Council and Renfrewshire HSCP recognise the importance of good, safe housing and environment in maintaining good health and in sustaining people for as long as possible in their own community. To agree strategic direction at the interface between housing and health policy issues, a joint Development and Housing Services/HSCP Strategic Group has been established. The group is accountable to the Senior Management Team of the HSCP and the Communities, Housing and Planning Services Directorate of the Council.

8.2 Key issues for us to jointly address are:

1. Need for appropriate housing for small/single households.
2. Clustering of accommodation for those who need support.
3. Accessible housing.
4. Community space to help avoid social isolation.
5. Ability to commit to future revenue costs in an annualised budgeting framework.

9. Moving Forward and Shaping the Market

9.1 As we move towards using this plan to commission health and care services, a number of principles are emerging which will direct HSCP planning and review activity. These include:

- We will need more specialist dementia services, and more dementia aware services.
- Services will be working with older, frailer people who are likely to have multiple long term conditions.
- We want to support people at home and in their own community. Services will need to be delivered in homes and care homes.
- We want to develop community resources and community spaces across Renfrewshire to support our efforts to keep people at home.

- We need to maximise utilisation of our estate, and use fit for purpose buildings.
- We have an obligation to deliver best value and to make best use of all resources.
- We need to be responsive to changing demand as people have increased control over their own budget.
- Our services need to be able to meet demand as it arises out of hours and at weekends.
- Accessible housing for small/single households, appropriately clustered for support is required.

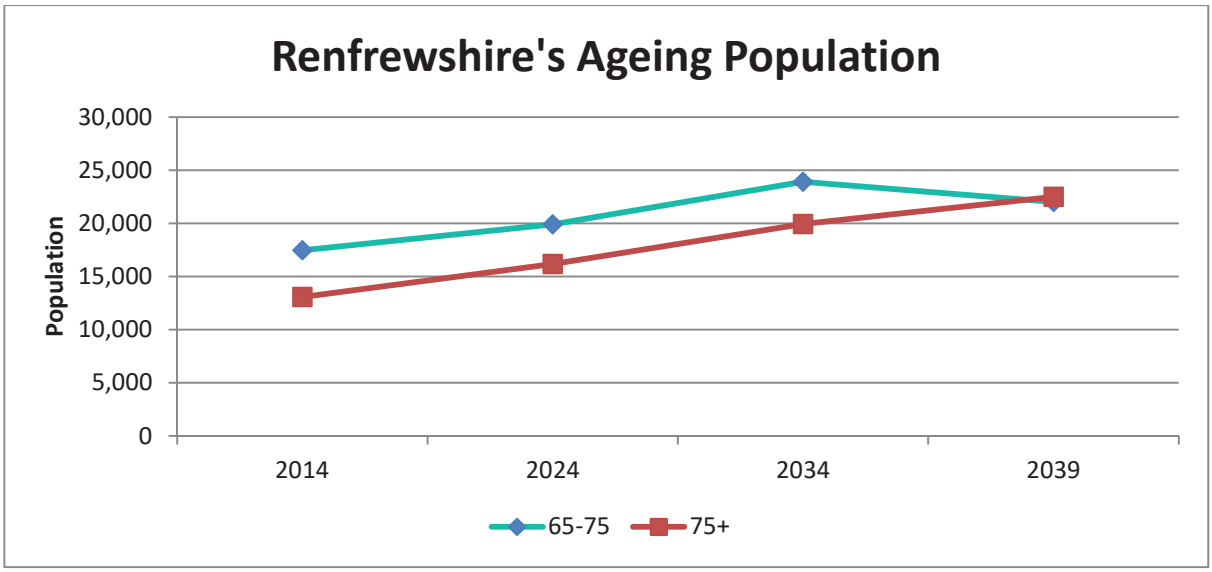
Ageing Population

(See 4.2)

Renfrewshire Population Projections to 2039

	2014		2024		2034		2039	
Age Group	Number	%	Number	%	Number	%	Number	%
0-15	29,973	17%	29,701	17%	29,531	17%	29,181	17%
16-49	76,167	44%	69,523	40%	68,845	40%	67,698	39%
50-64	36,330	21%	38,035	22%	30,765	18%	30,227	18%
65-75	17,480	10%	19,911	12%	23,916	14%	22,033	13%
75+	13,074	8%	16,179	9%	19,941	11%	22,517	13%
Total	173,024	100%	173,349	100%	172,998	100%	171,656	100%

Source: NRS population projections, 2016-based



Dementia

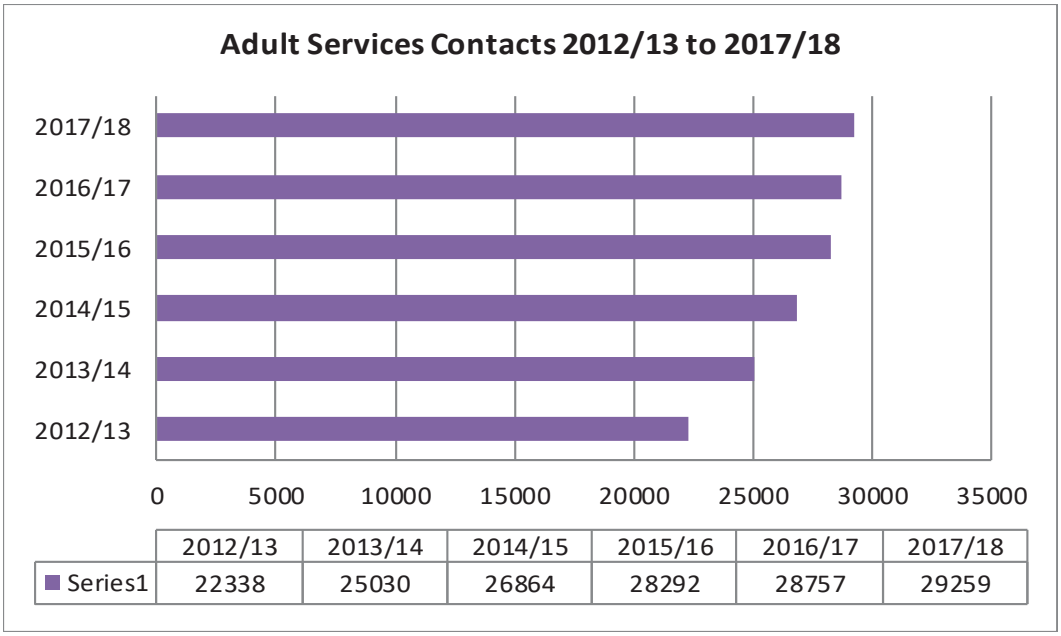
(See 4.4)

Renfrewshire Dementia Prevalence (%)		
Age	**Male**	**Female**
80-84	**14.5**	**16.4**
85-89	**20.9**	**28.5**
90-94	**29.2**	**44.4**
95+	**32.4**	**48.8**

Social Work/Social Care

(See 4.6)

Adult Services – number of contacts



Care at Home
Weekly Snapshot as at 31/3/2018

Age	0-17	18-64	65-74	75-84	85+	Total
Client Numbers	13	230	310	635	640	1,828
Package Hours	81	3145	2453	4950	4572	15,200
Worker Hours	81	3666	3053	5779	5290	17,868

Demand for Care At Home Services Out of Hours/Weekends and Overnight (65+)

Access to out of hours home care services 65+ (weekly snapshot as at year end 31/03)

Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Clients	922	1007	1080	941	1,009	1,141	1,290	1,538	1,532	1,484	1,456
Total Clients	1,490	1,520	1,525	1,305	1,299	1,416	1,532	1,785	1,751	1,673	1,644
%	62%	66%	71%	73%	78%	81%	84%	86%	87%	89%	89%

Access to evening/overnight home care services 65+ (Weekly snapshot as at year end - 31/03)

Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Clients	350	446	526	515	597	715	839	1,057	1,119	1,102	1,086
Total Clients	1,490	1,520	1,525	1,305	1,299	1,416	1,532	1,785	1,751	1,673	1,644
%	23%	29%	34%	39%	46%	50%	55%	59%	64%	66%	66%

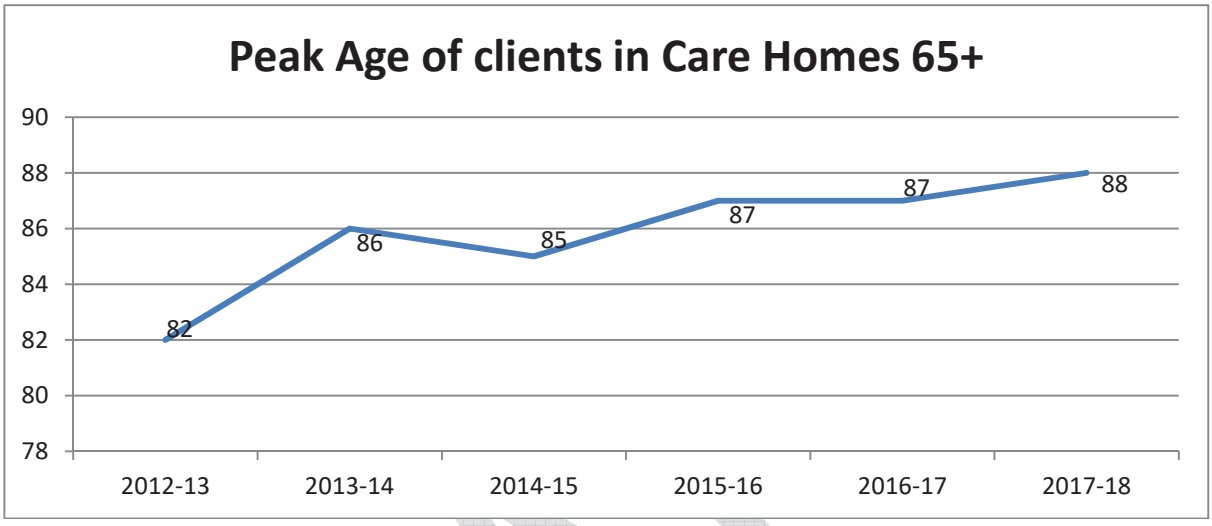
Access to weekend home care services 65+ (Weekly snapshot as at year end - 31/03)

Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Clients	914	994	1,072	928	1,001	1,138	1,287	1,533	1,526	1,477	1,449
Total Clients	1,490	1,520	1,525	1,305	1,299	1,416	1,532	1,785	1,751	1,673	1,644
%	61%	65%	70%	71%	77%	80%	84%	86%	87%	88%	88%

(See 4.7)

Peak Age of Renfrewshire Care Home Clients

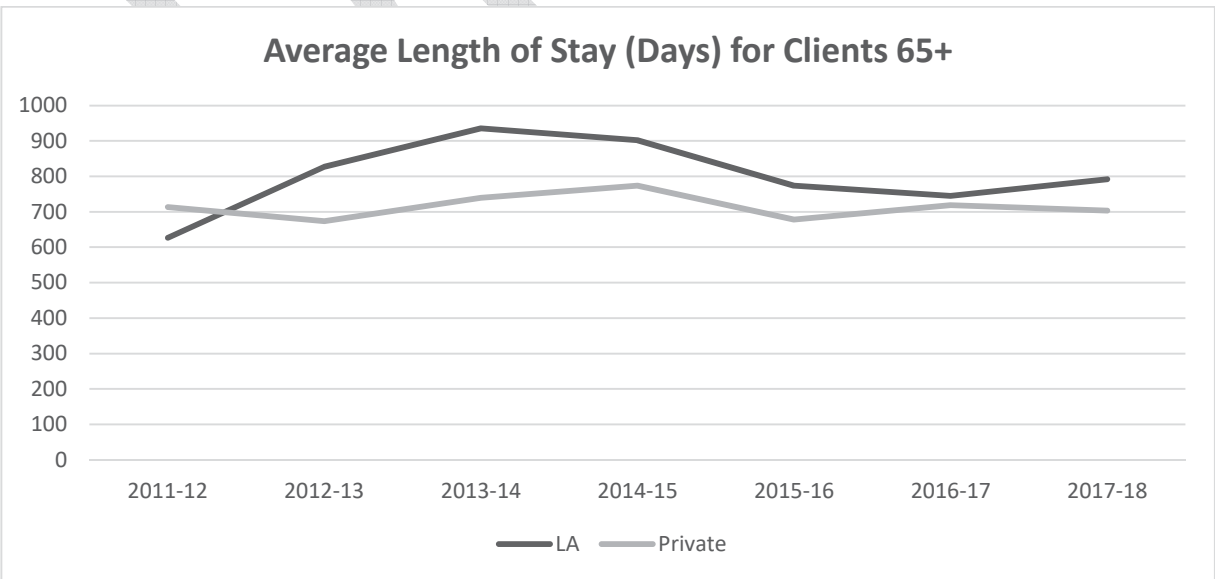
	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	Average
Peak	82	86	85	87	87	88	86.43



Peak age is the most common age of care home residents in any given year.

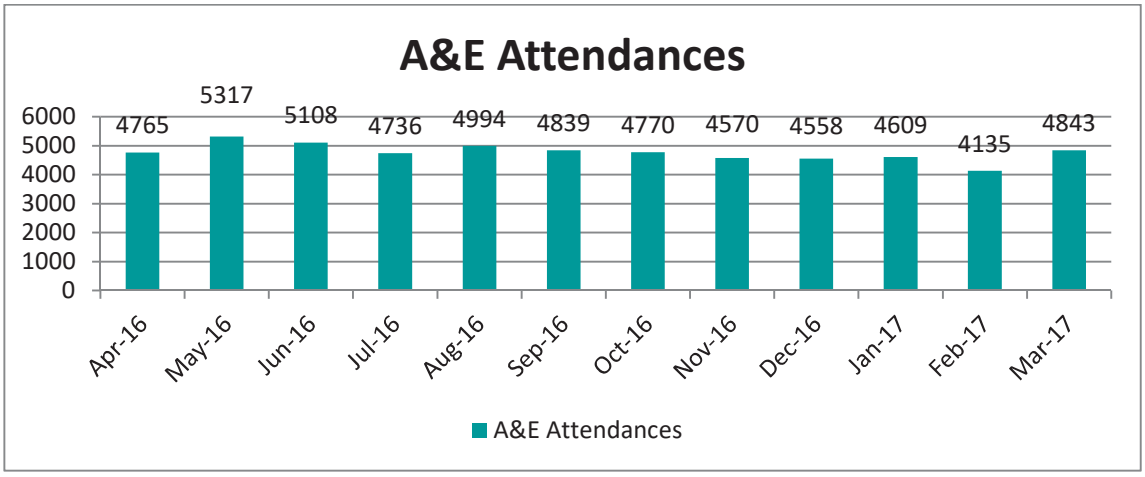
Average Length of Stay (Days) in Renfrewshire Care Homes

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Local Authority	**626.85**	**826.97**	**935.48**	**902.26**	**774.14**	**745.13**	**792.13**
Private	**713.49**	**673.2**	**739.36**	**773.75**	**678.37**	**718.43**	**703.64**
Combined average	**700.95**	**694.85**	**764.3**	**788.85**	**691.83**	**721.74**	**713.64**



A&E Attendances

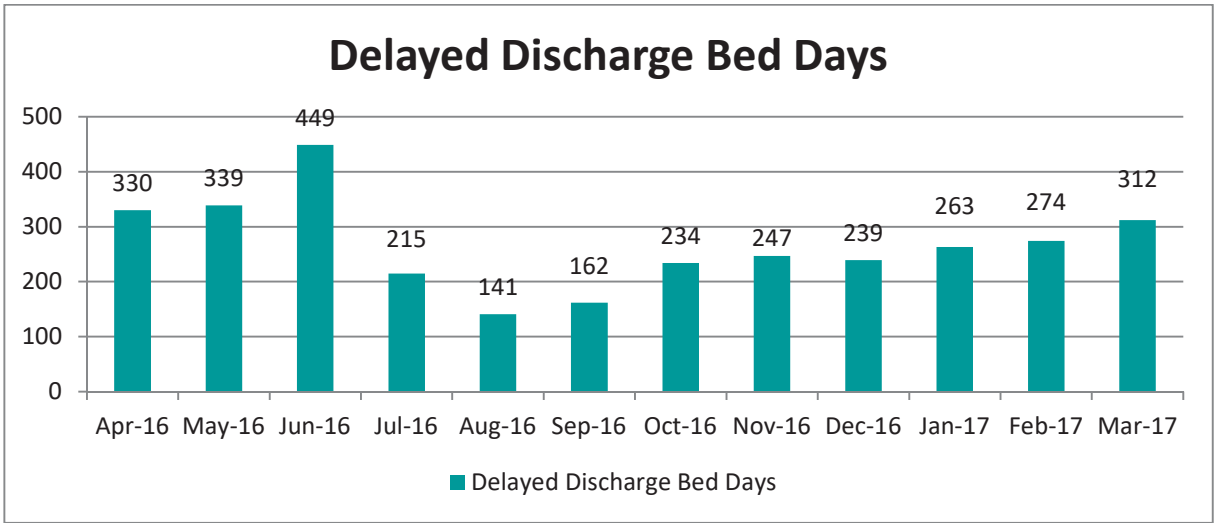
(See 7.6)



2016/17 provisional data

Delayed Discharges (Age 65+)

(See 7.7)



2016/17 provisional data

Performance Measures	2012/13 Actual	2013/14 Actual	2014/15 Actual	2015/16 Actual	2016/17 Actual	2017/18 Actual
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	12,698	5,835	5,325	3,633	1,910	2,712
Number of acute bed days lost to delayed discharges for Adults With Incapacity, age 65 years & over	2,050	2,288	4,301	2,624	664	652

Balance of Care

(See 7.9)

	Setting	2013/2014	2014/2015	2015/2016
Renfrewshire Aged 75+	Home (unsupported)	81.3%	80.2%	81.4%
	Home (supported)	8.8%	9.9%	9.5%
	Care Home	7.9%	7.8%	7.2%
	Hospice/Palliative Care Unit	0.0%	0.0%	0.0%
	Community hospital	0.0%	0.0%	0.0%
	Large hospital	2.0%	2.1%	1.8%

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Chief Officer**
Heading:	**GP Contract and Primary Care Improvement Plan**

1. Purpose

1.1 The purpose of this report is to present the draft Renfrewshire HSCP Primary Care Improvement Plan to the Integration Joint Board for noting.

2. Summary

2.1 The Integration Joint Board was updated in January 2018 on the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland and the associated Memorandum of Understanding (MOU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards.

2.2 Renfrewshire HSCP is required to develop a Primary Care Improvement Plan (PCIP), attached in Appendix 1, to document and establish how the key priorities within the Memorandum of Understanding (MOU) are to be embedded into primary care, in partnership with GPs and collaborating with other key stakeholders, including NHS Boards. The plan is required to be approved by the GP Sub-Committee of the Local Medical Committee by the end July 2018.

2.3 Over the next three years, every practice within NHS Greater Glasgow & Clyde (NHSGG&C) should be supported by expanded teams of HSCP and NHS Board employed health professionals. This will create a skilled multidisciplinary team surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist.

2.4 An overachiing NHSGG&C Primary Care Programme Board is in place, as well as a local Renfrewshire Primary Care Transformation Group to ensure delivery of contractual changes in line with the new GMS Contract agreement; and to provide direction and oversight for the development of the Primary Care Improvement Plan, in line with the MOU.

3. Recommendation

It is recommended that the IJB:

- Note the progress towards delivery to date and note that ongoing communication and engagement will guide further iterations of the local Primary Care Improvement Plan (PCIP);
- Agree that the Chief Officer and Clinical Director will work to agree this PCIP with the local GP Committee representative; and
- Agree that regular updates on progress with implementation of the PCIP will be provided to the IJB.

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4. Background

4.1 The new General Medical Services (GMS**)** was agreed earlier this year between Scottish Government and other partners including HSCP Chief Officers. Link: http://www.gov.scot/Resource/0053/00534343.pdf. The new contract, which came into effect from 1st April 2018, focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021.

4.2 As part of the Contract, a Memorandum of Understanding (MOU) Link: http://www.gov.scot/Resource/0053/00534343.pdf has been developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MOU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expect medical generalist.

4.3 Key priorities within the MoU are:

1) The Vaccination Transformation Programme (VTP)

- High level deliverable: All services to be Board run by 2021.

2) Pharmacotherapy Services

- High level deliverable: services to be delivered to the patients of every practice by 2021.

3) Community Treatment and Care Services

- High level deliverable: services to be delivered in every area by 2021, starting with Phlebotomy.

4) Urgent Care (Advanced Practitioners)

- High level deliverable: sustainable roles such as Advanced Nurse Practitioner services used for urgent unscheduled care as part of the practice or cluster-based team.

5) Additional Professional Roles (MSK Physiotherapy & Mental Heath Professionals)

- High level deliverable: create a dynamic multidiscipline team consisting of physiotherapists or mental health workers who can act as the first point of contact.

6) Community Links Workers

- High level deliverable: non-clinical staff, totalling at least 250 nationally to support patients who need it, starting with those in deprived areas.

Implications of the Report

1. **Financial -** Scottish Government confirmed the 2018-19 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund. This will be used by Integration Authorities to commission primary care services, and allocated on an NRAC basis through Health Boards to Integration Authorities (IAs). An in-year NRAC allocation to IAs for the PCIF (via Heath Boards) will comprise £45.750 million of the £115.5 million Primary Care Fund. There are a number of elements to the overall Primary Care Fund including: Primary Care Improvement Fund , General Medical Services, National Boards and Wider Primary Care Support including Out of Hours Fund. Primary Care Improvement Fund allocation in 2018-19 for Renfrewshire is **£1,553,435** to facilitate service redesign through the Primary Care Improvement Plan, of which **£1,292,253** is new allocation.
2. **HR & Organisational Development -** The new Contract will support the development of new roles and muti-disciplinary teams working in and alongside GP practices. The Contract also plans the transition of the GP role into an Expert Medical Generalist.
3. **Community Planning -** The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as intergral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda.
4. **Legal** - There are no legal issues with this report.
5. **Property/Assets -** Property remains in the ownership of the parent bodies.
6. **Information Technology -** Managing information and making information available will require ICT input.
7. **Equality & Human Rights -** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.
8. **Health & Safety -** Nil
9. **Procurement -** Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk -** The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Board, GP Sub Committee and LMC. The new contract seeks to address GP primary care sustainability. Workforce availability across all Allied Health Professionals/extended roles have been recognised as a challenge nationally.
11. **Privacy Impact -** N/A

List of Background Papers:

- Update on the new GP Contract (26 January 2018);
- The 2018 General Medical Services Contract in Scotland.

- Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities, and NHS Boards.
- Primary Care Improvement Fund: Annual Funding Letter 2018-19.

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Renfrewshire Health & Social Care Partnership

Implementation of 2018 General Medical Services (GMS) Contract

2018 - 2021

Renfrewshire Primary Care Improvement Plan (PCIP)

Working Draft
June 2018

Contents

Publications in Alternative Formats

We want the Primary Care Improvement Plan to be available to everyone and we are happy to consider requests for this publication in other languages or formats such as large print.

Please call: 0141 618 7629
Or email: Renfrewshire.HSCP@ggc.scot.nhs.uk

Executive Summary

"...these changes will enable the GPs of Scotland to make the best contribution possible to achieving better health outcomes. For those who are, or may aspire to become, GPs in Scotland, we invite you to join us in delivering, for the people of Scotland, better health and better care."

Shona Robinson (Cabinet Secretary for Health) & Alan McDevitt (Chair of Scottish GP Committee)

Our ambition for General Practice over the next three years is to support GPs in Renfrewshire to focus on their core role as E**xpert Medical Generalist** – managing undifferentiated presentations, providing complex care in the community and whole system clinical leadership. In order to achieve this it is essential that the unsustainable pressures on GP workload (and associated challenges in recruitment and retention) are addressed and that a significant proportion of GP time is released.

Over the next three years, every practice within Renfrewshire will be supported by expanding teams of HSCP and NHS board employed health and social care professionals. This will create a skilled multidisciplinary team surrounding Primary Care that will enable GPs to delegate responsibilities whilst ensuring that members of the public are able to access the right person, in the right place at the right time.

The 2018 GP Contract and associated Memorandum of Understanding (MOU) outline the key priority areas of focus in order to achieve our aims of **reducing GP workload** and **increasing recruitment and retention** by making Renfrewshire an exciting and positive place for current and future GPs to practice.

These priority areas include:

- Vaccinations services
- Pharmacotherapy services
- Community treatment and care services
- Urgent care services
- Additional professional clinical and nonclinical services including acute musculoskeletal physiotherapy services, community mental health services; and
- Community link worker services.

Our plan will outline how we intend to utilise the Primary Care Improvement Fund to deliver on the commitments set out in the MOU through service redesign and recruitment of an expanded workforce in support of General Practice.

It is our intention that this is a 'living document' – on-going communication and engagement with General Practice, service providers and the population of Renfrewshire will guide further iterations of our Primary Care Improvement Plan to ensure the delivery of safe, effective and high quality services that meet the key priority areas by the end of the 3 year implementation period.

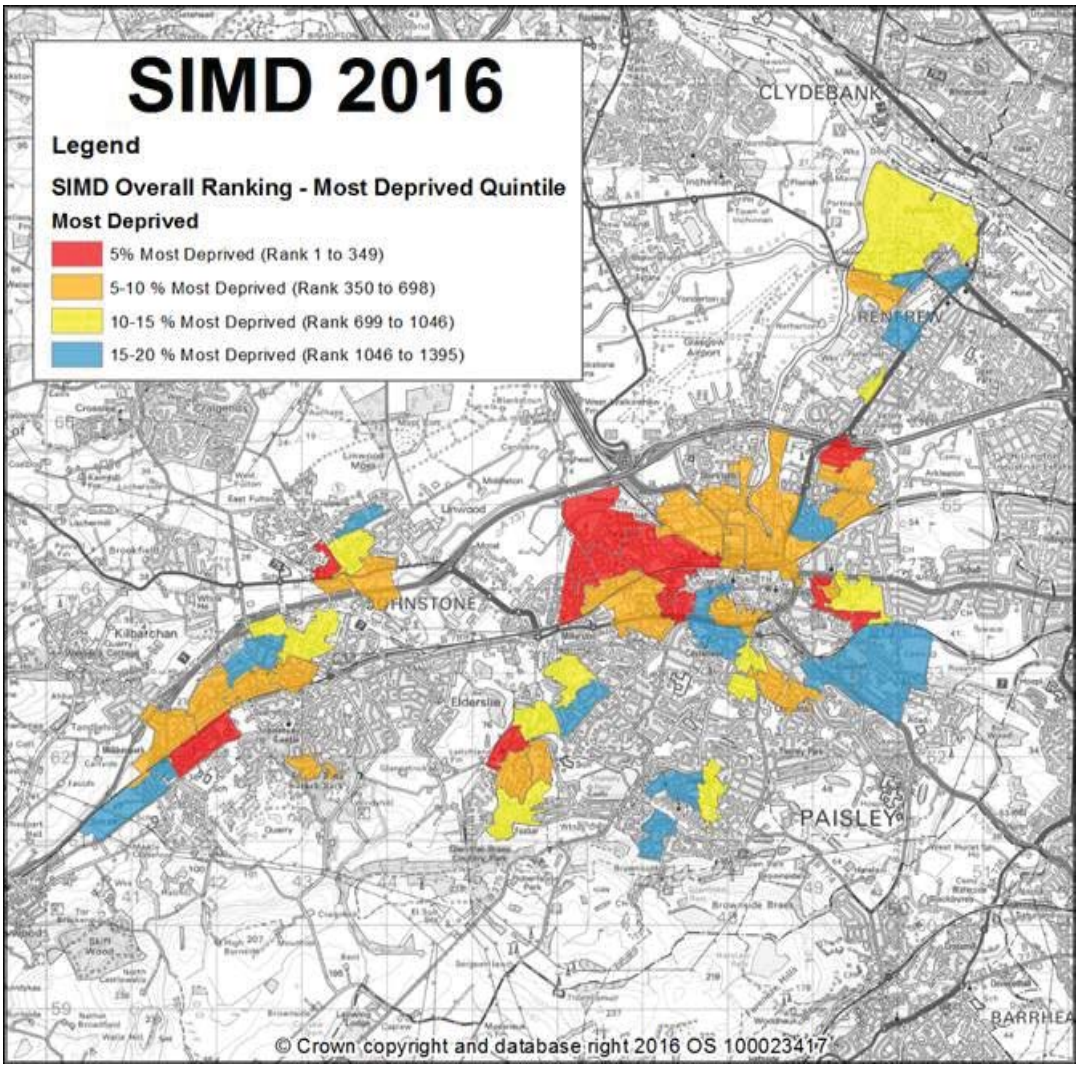
A1.	Local Profile
1.1	**Renfrewshire Local Context** Renfrewshire HSCP is one of the six Partnerships operating within the Greater Glasgow & Clyde Health Board. Renfrewshire covers an area of some 270 Km^2, with most of the population living in the towns of Paisley, Renfrew, Johnstone and surrounding villages. The HSCP is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire. Renfrewshire HSCP hosts two NHS Greater Glasgow & Clyde Board wide services: Podiatry and Primary Care Support. As with many areas in Greater Glasgow & Clyde, priorities for health and social care are focussed on addressing issues associated with age increase and deprivation demographics for the population. The majority of patients in Renfrewshire GP practices are aged 45-64. The projections show that the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+ from years 2014 to 2039. Additionally, Renfrewshire has a high proportion of datazones in the top most deprived deciles, with this projected to increase. **Figure 1: SIMD index in Renfrewshire (source - SCOTPHO)** 

Table 2: SIMD 2016 index breakdown (source - SIMD 2016)

SIMD 2016 Decile	Total Population	%
1	26,491	15%
2	19,950	11%
3	18,765	11%
4	15,560	9%
5	13,255	8%
6	18,044	10%
7	8,948	5%
8	19,936	11%
9	24,036	14%
10	9,245	5%
Grand Total	**174,230**	

This chart shows that just over 26% of the population of Renfrewshire (46,441 people) are in the top 20% most deprived datazones in Scotland. This has an effect on demands on health and social care services as those in the most deprived areas are more likely to have greater need and use of services. The rest of the population is relatively evenly spread across the other deciles. There are 12 data zones in Renfrewshire in the top 10% least deprived in Scotland.

1.2 **Projections of future population**

The size and make-up of the population going forward will be a key consideration when planning and delivering health and social care services. The 2016-based NRS (National Register of Scotland) population projections (Table 3) below show the estimated change in the population to 2039.

Table 3: Population Projections to 2039 (source – NRS population projections 2016 base)

Age Group	2014		2024		2034		2039	
	Number	%	Number	%	Number	%	Number	%
0-15	29,973	17%	29,701	17%	29,531	17%	29,181	17%
16-49	76,167	44%	69,523	40%	68,845	40%	67,698	39%
50-64	36,330	21%	38,035	22%	30,765	18%	30,227	18%
65-75	17,480	10%	19,911	12%	23,916	14%	22,033	13%
75+	13,074	8%	16,179	9%	19,941	11%	22,517	13%
Total	173,024	100%	173,349	100%	172,998	100%	171,656	100%

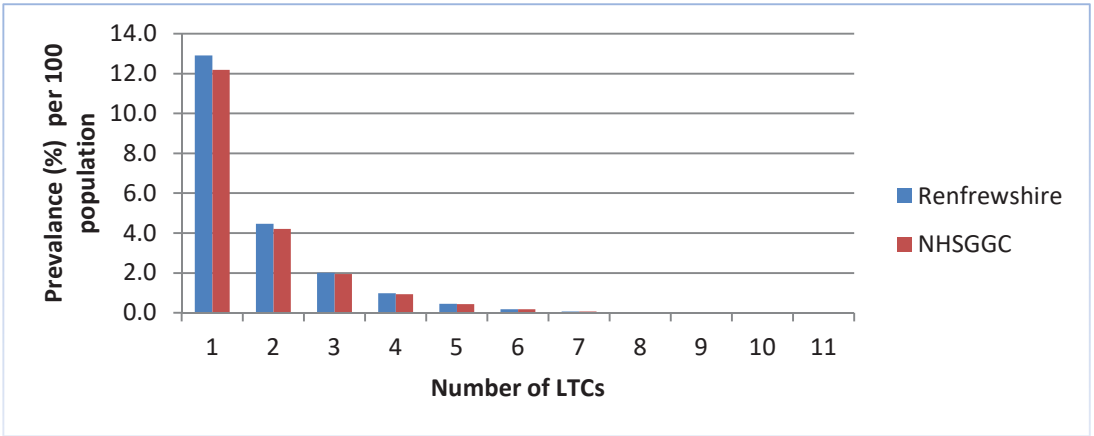
Source: NRS population projections, 2016-based

The projections show that the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+ from 8% in 2014 to 13% in 2039.

1.3 **Long Term conditions**

In Renfrewshire, 36,266 people have one or more Long Term Conditions (LTC), including cancer. The overall prevalence of having a Long Term Condition (LTC) in Renfrewshire is 21%, slightly higher than the board average of 20%. This is shown in Figure 4 below.

Figure 4. Proportion of the population in Renfrewshire HSCP and NHSGGC with LTCs (source – ISD)



1.4 **Primary Care - Context**

Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 20 community optometrists and 30 general dental practitioners. Within the 29 Renfrewshire GP practices there are 113 GP partners and 13 salaried GPs (as of June 2018) serving a registered list population of 189,956 (as of January 2018). In 2017, the average list size for Renfrewshire practices was 6,235. This is approximately 274 patients more than the Scottish average of 5,961.

1.4.1 Renfrewshire GP Clusters

GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. The 29 GP practices within Renfrewshire have been formed into a 6 cluster approach, under 2 localities – Paisley and West Renfrewshire. Two clusters sit within Paisley and four within West Renfrewshire. These are professional groupings of general practices that meet regularly to drive quality improvements within Primary Care, represented by their Practice Quality Lead (PQL). Each GP cluster also has a GP designated as the Cluster Quality Lead (CQL), who has a coordinating role within the cluster.

Work will continue to develop the collaborative learning role of GP clusters, to help identify and improve the quality of services. Healthcare Improvement Scotland and National Services Scotland, through Local Intelligence Support Teams (LIST) will support clusters to gather intelligence to establish what these priorities are, and how to collect and evaluate data to determine what action is needed.

1.5 **Local opportunities and challenges**

Local opportunities and challenges include:

Opportunities:

- A key opportunity locally is to promote General Practice in Renfrewshire and to increase recruitment and retention of GPs and practice staff through reduction of

GP workload.

- HSCP and NHS GGC employed teams supporting Primary Care will ensure patients can access high quality care and support from the right person, at the right time, the first time.
- Working with our community regarding use of GP services, expectations around medicines, use of emergency departments and reliance on traditional service provision.
- Continuing to shape our interface with Acute Services. The HSCP is engaged with colleagues in acute care to determine how we collectively reduce demand upon unscheduled care.

Challenges:

- Practice sustainability - practices across Renfrewshire face significant challenges in recruiting GPs:
  - Renfrewshire HSCP's 2017 GP workforce survey demonstrated that nearly **50%** of all practices faced GPs retiring in the next 3 years.
  - Those close to planned retirement represent **16%** of the total GP workforce
  - A total of **91%** of GPs reported difficulties in sourcing locums.
- Renfrewshire includes areas of significant deprivation and faces many challenges including poverty, unemployment, health inequalities and health and social concerns related to alcohol and drug use.
- The majority of patients in Renfrewshire practices are aged 45-64 highlighting that there is a challenging future in terms of caring for this ageing cohort in Primary Care.
- Ageing population - people living with multiple long term conditions, as such the demand on services is set to increase.
- Projected increase in service use within Renfrewshire (shown in **Table 5** below), with the biggest increase estimated for District Nursing Services. This may pose a risk for workforce recruitment for new multidisciplinary teams within Primary Care.

Table 5: Projected increase in demand for key services in Renfrewshire (source: PCIP Intelligence)

Scheduled Care	**2016 (current figures)**	**2025 (% increase)**
District Nursing contacts	147,904	16.6%
Chronic Medicines Scripts	17,176	11.7%
Physiotherapy appointments	50,472	1.1%
Outpatient referrals	54,802	7.6%
Day cases	22,389	5.5%
Inpatient stay bed days	29,384	9.9%
Unscheduled Care	**2016**	**2025**
Minor Ailments Scripts	73,316	3.0%
OOH cases	26,626	2.3%
Self-refer to ED	49,305	1.5%
GP/OOH refer	8,066	4.2%
Inpatient stay bed days	132,298	15.0%

- Understanding and improving our ways of working to optimise productivity and joint working. This includes addressing challenges with our IT systems to allow us

to share information appropriately.

- Developing our physical estate to optimise opportunities for co-location and joint working.

B2. Aims and priorities

HSCP Primary Care Improvement Plans will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three year plans, every practice in GGC should be supported by expanded teams of board employed health professionals providing care and support to patients

NHS GG&C HSCPs, LMC & GP Subcommittee shared overarching statement

2.1 **General Medical Services (GMS) Contract**

The new General Medical Services (GMS**)** Contract was agreed earlier this year between Scottish Government and other partners including HSCP Chief Officers (link: http://www.gov.scot/Resource/0053/00534343.pdf). The new contract, which came into effect from 1st April 2018, focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. Importantly, it is built on the existing values of General Practice, which are **Compassion**, **Empathy** and **Kindness**. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021.

Key Points of the Contract:

- **GP time will be freed up to spend more time with people who need to see them, usually people whose care needs are complex.**
- **There will be improved access to a wider range of professionals available in practices and the community for care when people do not need to see a GP.**
- **GP workload reduced leading to increased recruitment and retention.**

2.2 **Memorandum of Understanding (MOU)**

As part of the Contract, a Memorandum of Understanding (MOU) (link: http://www.gov.scot/Resource/0053/00534343.pdf) has been developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MOU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expect medical generalist.

2.3 **Primary Care Improvement Plan**

The Primary Care Improvement Plan (PCIP) is to document and establish how the key priorities within the MOU are to be embedded into primary care, in partnership with GPs and collaborating with other key stakeholders, including NHS Boards. Our local PCIP will take account of local priorities, population needs and existing services and builds on local engagement.

2.4	The six key MoU areas to be targeted over a three year period (April 2018-March 2021) are: • Vaccination Transformation Programme • Pharmacotherapy Services • Community Treatment and Care • Urgent Care (Advance Practitioners) • Additional Professional Roles • Community Link Workers (CLW).
2.5	Renfrewshire Health and Social Care Partnership, supported by the GP Sub-Committee, and by wider engagement from the wider context, will drive this plan to ensure that the role of the GP as the '*expert medical generalist'* can be supported by a multidisciplinary team. As such, appendix 4.3 outlines key steps that will be taken throughout the following three years to deliver on the key MoU areas.
2.6	Progress will be steady to ensure that the best solutions are used; however some areas may take time to embed. The pace of change to deliver the changes to ways of working over the next three years (2018-21) will largely be determined by workforce available, training, competency and capability and availability of resources through the Primary Care Fund.
2.7	A designated HSCP resource has been identified and involved in writing the draft of this plan. This team will support the development and implementation of the PCIP over the next three years in partnership with key stakeholders.
C3.	**Engagement process**
3.1	HSCPs are required to develop the PCIP in partnership, thereafter a number of methods have been used to communicate with, involve, engage and collaborate with local GPs, key stakeholders and with the GP Subcommittee to develop the plan. The PCIP will require GP Subcommittee approval and is subject to ongoing oversight and assurance via the local Renfrewshire representative of the GP subcommittee.
3.2	In Renfrewshire an initial GP Contract Implementation Group meeting was held on 28th March 2018, with GPs as well as the Chair/Vice Chair of the Practice Manager, Practice Nurse Forums and members of the HSCP Senior Management Team. This session aimed to: • Describe the scope of services to be delivered by the HSCP in a phased approach over the next three years • Outline the NHS GG&C overarching approach to implementation and Primary Care Improvement Plans as well as likely funding levels • Seek comments and suggestions to support development of the plan. Subsequently, a large scale engagement event took place on 6th June 2018 with over 70 representatives from the 29 GP practices across Renfrewshire. Funding for backfill was made available for a GP, Practice Nurse and Practice Manager from each GP surgery leading to a strong multi-professional attendance. In addition, members of the HSCP practice support pharmacist (PSP) team contributed to this session alongside HSCP managers and clinical leads. Representatives from the community nursing, pharmacy, MSK physiotherapy and health promotion teams outlined the various proposals within the MOU and how these might be implemented locally culminating in a prioritisation exercise to ensure that plans for year 1 reflect the needs and experience of local GP practices as well as beginning to

	shape priorities for years 2 onwards. Feedback has been positive about the inclusive approach Renfrewshire HSCP is taking.
3.3	A number of further bespoke events and meetings have been held to ensure all comments and suggestions have been used to help influence and shape our local plan. **Appendix A provides Renfrewshire HSCP PCIP Communication & Engagement Plan, which aims to summarise each stakeholder group and the means of engaging with them.** The HSCP will continue to develop this engagement process over the next three years in partnership.
3.4	A Renfrewshire Primary Care Transformation Group has also been established to provide oversight/assurance regarding progress. This group will review progress on the PCIP and delivery of the agreed outcomes and continue to develop plans in partnership for 2019/20/21. Membership of this group is inclusive of local GP Sub Committee and Local Medical Committee (LMC) representatives.
D4.	**Delivery of the MOU Commitments**
4.1	The six priority areas are: 1) The Vaccination Transformation Programme (VTP) 2) Pharmacotherapy Services 3) Community Treatment and Care 4) Urgent Care (Advance Practitioners) 5) Additional Professional Roles 6) Community Link Workers (CLW).
4.2	Within Renfrewshire a number of the key MOU priority areas are already underway as an early adopter. **Table 4.3** below outlines the current position for year one, as well as year two & three expected developments to deliver on the key MoU areas within Renfrewshire.

Table 4.3 Delivery of the MOU Commitments Plan

1) Vaccination Transformation Programme High level deliverable: All services to be Board run by 2021.			
MOU Commitment(s)	**Current Position for HSCP**	**Year 1 Developments**	**Year 2 & 3 Expected Developments**
Pre-school Immunisation	Renfrewshire HSCP has already moved to a 'community clinic' model as an early adopter. Community clinics offer >350 immunisations appointments each week, organised by NHS GG&C Child Health Screening Department.	This work is already delivered by Renfrewshire HSCP as per the MOU.	Development of the service to 'close the gap' and ensure that adult or older child arrivals to Renfrewshire who are deemed as 'unimmunised' will be covered by the pre-school or school based service.
School Based Immunisation	Immunisations are currently being provided by the NHS GG&C Immunisation School Health Team within Renfrewshire Schools.	This work is already delivered by Renfrewshire HSCP as per the MOU.	Development of the service to 'close the gap' and ensure that adult or older child arrivals to Renfrewshire who are deemed as 'unimmunised' will be covered by the pre-school or school based service
Travel Vaccinations and advice	Immunisation and advice, is currently primarily delivered by GP practices.	Early scoping of priorities amongst local GPs to inform year 2 and 3 delivery as part of the GGC wide Vaccination Transformation Programme.	There is an existing NHS GG&C wide co-ordinated approach for the Vaccination Transformation Programme (VTP) with phased implementation of the programme to be fully complete By April 2021.
Influenza Immunisation	GPs, District Nurses & Pharmacists currently provide immunisations. In 2017, 14 GP practices out of the 29 in Renfrewshire participated in a Housebound Influenza Vaccination pilot. This allowed for testing of the process to collate housebound data from fourteen practices and all nine DN teams, for geographical planning of this work. The housebound population identified by the fourteen practices and the DN caseload holders were vaccinated successfully within a four week period. This amounted to a total of 1176 vaccinations delivered.	We plan to build on the highly successful 2017/18 test of change and deliver a housebound influenza vaccination service covering all practices in winter 2018/19.	Scoping work as part of the VTP will be undertaken board wide to inform further development and ensure local delivery of all vaccinations as per the MOU by year 3.
At risk and age groups Immunisations	Currently delivered by practice nurses at GP surgeries. Established - Hep-B follow up vaccinations for at-risk babies.	Scoping work as part of the VTP will be undertaken board wide to inform further development and ensure local delivery of all vaccinations as per the MOU by year 3.	

2) Pharmacotherapy Services

High level desirable: Pharmacotherapy service to the patients of every practice by 2021.

MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Pharmacotherapy Services	Over the last few years Renfrewshire HSCP has had the benefit of additional funding, allowing a significant increase in the local Prescribing Support Team to enable the development of a new model of working based with GP Practices/Clusters. Currently there are 5.6 WTE band 7 Practice Support Pharmacists (PSPs) and 1.6WTE Practice Support Technicians (PSTs) in a 'GP workload reduction' role in keeping with the MOU aims of the new GP contract. This current workforce does not include those pharmacists already focussing on cost effectiveness and quality/safety programmes of work.	Additional resource will be developed to work with practices and clusters in the local area. Based on early indications we anticipate this will equate to an additional 5-6 WTE Practice Support Pharmacists (PSPs) and Practice Support Technicians (PSTs) to deliver the equivalent of 0.5WTE PSP/PSTs per practice.	As part of the board wide recruitment process the HSCP will further increase Whole Time Equivalent PSP/PST support to practices to deliver the full pharmacotherapy support package as outlined within the MOU.

3) Community Treatment and Care Services

High level deliverable: A service in every area, by 2021, starting with phlebotomy.

MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Community Treatment and Care Services	Renfrewshire HSCP has established a Short Life Working Group to scope operational viability of centralising a HSCP phlebotomy service. In Renfrewshire, there are currently no treatment rooms, however, district nurses can provide ear syringing and suture removal for housebound patients.	Develop a Community Phlebotomy Service within Renfrewshire HSCP. The aim of the service is to deliver an effective and high quality service that will maximise resources and improve the persons experience and outcomes. Creating a Community Phlebotomy service will release capacity in GP practices and the District Nursing service. By the end of year 1 every practice will have access to a phlebotomy service with the capacity to manage all bloods requested by primary care.	Expand on the foundations delivered in year 1 to deliver a Renfrewshire wide treatment room service as per the MOU.

4) Urgent Care (Advance Practitioners)

High level deliverable: A sustainable advance practitioner service for urgent unscheduled care as part of the practice or cluster based team, based on local need and local service design.

MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Specialist Paramedics	A clear model and approach has not yet been developed and evidenced.	In year one, scoping of different approaches will be building on the initial learning in Inverclyde and home visiting.	Based on the outcome of year 1 scoping and NHS GG&C wide engagement with SAS pilot programmes will be explored.
Advanced Nurse Practitioners (ANPs)	We do not currently employ ANPs in a GP practice support capacity. Based on the Inverclyde 'New Ways' programme this is an area of focus in potential early impact on GP workload – particularly home visiting.	We will seek to recruit 1.5WTE ANPs within year one of the programme as a foundation for further recruitment in years two and three.	Based on year 1 evaluation we will seek to develop a model of practice and cluster based ANP urgent care services closely integrated with the wider HSCP community nursing workforce.

5) Additional Professional roles

High level deliverable: In most areas, the new addition of new members of the MDT such as physiotherapists or mental health workers acting as the first point of contact.

MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Muscular Skeletal Services (MSK)	No additional HSCP MSK support in GP practices.	Board wide work is underway via the GGC Primary Care Transformation Board to develop a clear model and evidence base for this programme. We will seek to recruit 1.5WTE (Inclusive of Band 7 and share of 8a for clinical leadership) within year one of the programme as a foundation for further recruitment in years two and three.	We will work with the NHS GG&C Primary Care Transformation Board to review evidence for this model and potential impact on reducing GP workload, before expanding beyond the initial 1.5WTE.
Community Clinical Mental Health Professionals		Any developments being considered will be supported by the launch of the new NHSGG&C five year Adult Mental Health Strategy which has a clear focus on Primary Care & recovery.	

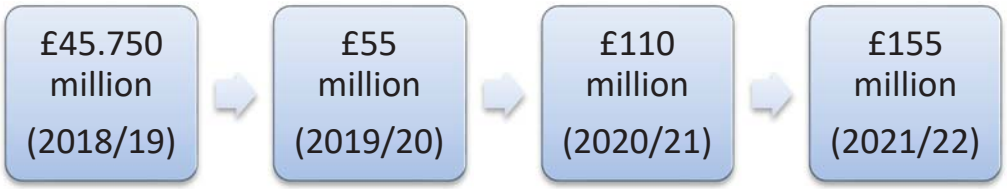
6) Community Link Workers (CLW) High level desirable: Non clinical staff supporting patients who need it, starting with those in deprived area.			
MOU Commitment(s)	**Current Position for HSCP**	**Year 1 Developments**	**Year 2 & 3 Expected Developments**
Community Links Worker	A link worker model, Community Connectors, has been tested in Renfrewshire for the last two years in eight practices. The programme links with eight GP practices in four clusters currently, which Community Links Workers (Social Prescribing) operate for part of the week out of these premises. This is an innovative development to facilitate a new way to access community support and opportunities for enhancing self-management for service users. It uses mental health trained link workers employed by the Third Sector and supported by two other Third Sector workers from housing and physical activity. Case studies demonstrate fewer GP appointments for users of Community Connectors' service.	Building on the success of this programme we will aim to upscale the Community Connectors programme to provide every practice with 7.5 hours per week of link worker cover. Renfrewshire HSCP Health Improvement Team will also build capacity to facilitate access to support services for financial inclusion and employability. This will help to increase confidence and skills in raising the issue of both employability and financial inclusion, and will be embedded into link workers' induction. This training will include the following: • Employability and Health – including how to use signposting resource • Raising the issue of financial inclusion (including debt management, welfare reform and financial capability) Additional training available may include: • Alcohol Brief Interventions • Understanding Mental Health • Understanding Domestic Abuse.	During years two and three we will explore further expansion to increase capacity to 11.25 hours per week of Community Connector cover (or beyond) depending on available resources and further feedback/evaluation from local practices and patients.

E5.	**Existing transformation activity**
5.1	The HSCP continues to support an ongoing programme of work in conjunction with primary care contractors/services to help individuals get the right medical assistance they need when they are ill, injured or have a long term condition. Going directly to the person with the appropriate skills is important and can facilitate a speedier recovery, additionally ensuring all NHS services are run and used efficiently. As part of this programme, the HSCP has run a series of Signposting Training events for practice reception staff and practice managers on behalf of GP Practices/Clusters. This training aims to support practice staff to follow a signposting pathway so that patients/service users can be signposted to the most appropriate health or social care professional. Health Improvement staff within Renfrewshire HSCP and NHS 24 have undertaken work to align with this training, and are providing practice staff with information on specific resources that can be used, and contacts that can be made. This work also aligns with wider systems such as ALISS (A Local Information System for Scotland), and Know Where to Turn, which compile databases of local resources. The HSCP will look to offer further signposting training sessions to GP practice staff to support care navigation to appropriate services over the next year. Additional work is being scoped to support alternative processes which decrease the time spent carrying out administrative tasks in GP practices. This aims to reduce the time spent by GPs completing these tasks and redirecting correspondence to other members of the practice team.
F6.	**Additional Content** (for context only – this sits outwith Primary Care Improvement funding allocation)
6.1	**<u>Community Pharmacy, Optometry and Dentistry</u>** Renfrewshire HSCP continues to establish and develop links with primary care contractors and have held a number of educational events. An educational meeting was held with GPs, Community Pharmacy and Optometrists in January 2018. This event enabled presentations around First Port of Call, Independent Prescribing and enabled interactive discussion around Clinical Topic Discussion. Following on from this event, work is being explored via the HSCP Lead Clinical Pharmacist to support the development of a PGD (Patient Group Direction) with Community Pharmacy, to avoid need for GP prescribing and to improve pathways. There are also well established links in Renfrewshire with GPs via GP Forum and Cluster Quality Leads meetings. These meetings will continue going forward.
6.2	**<u>Chronic Medication Service (CMS)</u>** The Chronic Medication Service (CMS) has been rolled out across Renfrewshire HSCP and the Prescribing Support Pharmacists and Technicians are working closely with the GP practices to support this piece of work. CMS allows patients who are on repeat medication to collect their prescriptions directly from their community pharmacy for a set length of time determined by the GP practice.
6.3	**<u>Community Services</u>** Many of our Community Services currently work in a practice or a locality aligned way. Examples include: • A Doing Well Team Leader in GP practices: Doing Well provide brief (time-limited) evidence-based psychological approaches for those experiencing mild to moderate mental health issues (e.g. OCD, Anxiety, Depression).

	• District Nurses (DNs) in Paisley are currently working with a corporate case load in a geographical model; however, every practice has an aligned DN to allow good communication to continue with complex and palliative care patients. DN services in West Renfrewshire are aligned to each practice as opposed to a geographical model. • Care at Home Services work in neighbourhood boundaries and are crucial in supporting people with daily tasks and activities to help them live at home and as independently as possible. Services can provide a wide range of assistance, including re-ablement, community alarm/technology enabled services (TECS), extra care housing, community meals and home respite. As services develop we will continue to engage with partners to determine the best way to deploy staff within practices, clusters or localities.
6.4	**Interface with Acute Services** The launch of the RAH and Renfrewshire HSCP acute/primary care interface meeting took place in February 2018 at the RAH. The aim of the forum is to further develop the already positive relationships and communication between primary and secondary care colleagues locally. Additionally, to provide a forum for improvements in patient pathways and addressing of any issues or concerns. The HSCP is also progressing work through a joint Unscheduled Care action plan with colleagues in the RAH, as part of the wider NHS GGC Unscheduled Care Programme. It is intended that this work will demonstrate how the HSCP can reduce unscheduled bed day demand on acute services.
6.5	**Minor Aliment Scheme/ Pharmacy First** (This work supports the MOU commitment 2 and forms part of the Primary Care Improvement funding allocation) Community Pharmacy should be first point of contact within the HSCP for Minor Ailments. Pharmacy First was rolled out across the HSCP in December 2017 enabling community pharmacists to assess and treat common conditions starting with impetigo and uncomplicated UTIs in women. Following on from this role out the HSCP Lead Clinical Pharmacist in conjunction with the Lead Pharmacist for Community Care and HSCP Clinical Director are looking to support access to rescue medicines for patients that require them for Chronic Obstructive Pulmonary Disease (COPD).
G7.	**Inequalities**
7.1	As highlighted in Section A, Renfrewshire has high levels of deprivation, and faces many challenges including poverty, unemployment, health inequalities and health and social concerns related to alcohol and drug use. Services will thus be developed with a focus on equality, ensuring fair and equitable access across Renfrewshire, and where appropriate an Equality Impact Assessment (EQIA) will be undertaken. An EQIA of the move from delivering pre-school immunisations in GP practices to community clinics has been already been conducted at NHS GG&C level and will inform future HSCP EQIAs.
7.2	**Supporting people through self-care** We know that the health status of our population is characterised by premature illness, associated with adverse life circumstances. We are also aware that the vast majority of our primary and secondary care is reactive, not proactive and not preventative. This is underpinned by health and health seeking-behaviours. In order to make a decisive shift towards self-care and prevention, we must work to support health literacy and inequality-sensitive care across all of our staff groups and services.

	Approaches based on care and support planning using House of Care and Inequality Sensitive Practice provide a starting point for the development of skills and planning approaches for use across the developing multidisciplinary teams throughout primary care. We will work collectively across the partnerships and with acute services and other planning partners such as the third sector and professional education to deliver strong, person-centred self-care approaches which will explicitly take account of inequalities and differences in health literacy. This approach will support new models of care, and ensure that these tackle inequalities and over-reliance on reactive care.
H8.	**Enablers**
8.1	**Workforce planning** A shortage of key professionals, specifically General Practitioners, District Nurses, and Care at Home Workers are a current recruitment and retention challenge for Renfrewshire HSCP. The HSCP undertook a local GP workforce survey and held a GP workforce event earlier in May 2017. As outlined previously, this survey demonstrated that nearly half of all practices in Renfrewshire face GPs retiring in the next three years, with those close to planned retirement representing 16% of the total GP workforce. The HSCP has since developed links between the local GP training scheme, National Education for Scotland (NES) and practices seeking to recruit GPs in an effort to boost retention. The HSCP Clinical Director is also working with NHS GG&C primary care colleagues to develop innovative new roles to attract GPs to the local area. The HSCP's Workforce Plan also identifies the key actions the HSCP is taking to improve current recruitment and retention challenges in our workforce. Service Level Agreements with local Further Education organisations have been reviewed and actions put in place to increase numbers of specialists in training for difficult to recruit posts such as District Nursing. There have been recruitment campaigns to attract applicants to posts such as Care at Home services alongside the development of localities and clusters to ensure that skill mix and distribution of staff is at its most effective to meet the strategic plans of the HSCP.
8.2	The changes proposed by the new contract will also be implemented with reference to the National Health and Social Care Workforce Plan for Improving Workforce Planning for Primary Care in Scotland. This document outlines key actions behind embedding MDTs in primary care and sustaining a workforce where the GP can act as the expert medical generalist (http://www.gov.scot/Resource/0053/00534821.pdf. Additional reference will be made to the new Integrated Workforce Plan published later in 2018.
8.3	**Accommodation** Fit for purpose accommodation is essential to deliver effective primary care services and to establish new ways of working in extended primary care teams. Space is at a premium in existing premises and many practices will be unable to accommodate the potential increase in staff employed by the HSCP. It is expected that staff within primary care will need to embrace an agile working policy to successfully accommodate members of the Multi-Disciplinary Team (MDT). IT can be a challenge in fully integrating teams, and advice will be sought to facilitate this. A stock take of current primary care accommodation capacity will be undertaken in order to inform local implementation. A board wide accommodation strategy is being developed and a key priority for Renfrewshire HSCP is the development of a Paisley Health & Social Care Centre.

I9.	Implementation
9.1	As outlined within section C3 a Renfrewshire Primary Care Transformation Group has been established to provide oversight/assurance on the development and implementation of the Primary Care Improvement Plan. This group will review progress on the PCIP and delivery of the agreed outcomes and continue to develop plans in consultation for 2019/20/21. Membership of this group is inclusive of local GP Sub Committee and Local Medical Committee (LMC) representatives. This group will report directly to the Integration Joint Board via the PCIP. Regular updates will also be provided to Renfrewshire Senior Management Team, GP Forum and through Renfrewshire HSCP Quality, Care & Professional Governance Arrangements.
9.2	Renfrewshire HSCP Chief Officer co-chairs the Primary Care Programme Board which Renfrewshire's Chief Finance Officer, Clinical Director and local LMC representative also attends. This group aims to: • Ensure delivery of contractual changes in NHSGGC in line with new GMS contract agreement • Provide direction and oversight for the development of Primary Care Improvement Plans (PCIPs) in line with the Memorandum of Understanding • Enable sharing of good practice and consistent approaches where appropriate. The Primary Care Programme Board also has a number of subgroups in place.
9.3	Deployment of the additional staff and services outlined below will be on a phased basis over the 3 year implementation period. Every practice in Renfrewshire will have access to a Community Connector (Link Worker), additional Practice Support Pharmacist (PSP) sessions, housebound flu vaccination and the community phlebotomy service by the end of year 1. Other services will only be delivered on a small scale due to funding and workforce constraints in year 1 (such as Advanced Nurse Practitioners and Advanced Practice Physiotherapists). These will be targeted at GP practices and clusters in most need of additional support due to recruitment and retention challenges. In addition, levels of provision of PSP sessions may be higher in year 1 in these GP practices and clusters. Renfrewshire HSCP will ensure that where possible provision is equitable within the context described above. As funding and available workforce increases in years 2 and 3 every practice will move towards a full 'fair share' of additional resource as the target MOU commitments are reached.
9.4	Delivery of the MOU commitments outlined in the PCIP will require additional funded project management support throughout the 3 year implementation period to ensure robust governance and financial arrangements, continuous engagement with key stakeholders and pace of change are embedded and maintained.
9.5	Sustainability and support to practices will be essential in order to provide stability and release capacity for GPs and GP practice staff to engage in the development and implementation of the PCIP and associated new workforce and services delivered around primary care. In year 1 we plan to fund significant backfill for clinical and managerial staff to attend workshops and organisational development programmes.
9.6	We will seek to appoint a one year fixed term salaried GP to provide support aligned to the Urgent Care MOU commitment (pending the ability to recruit additional ANPs or paramedics) as well as to provide capacity to practices where locum availability is a challenge and ensure they are able to engage with, and benefit from, the innovative services that will be delivered as part of the PCIP.

J10.	Funding profile
10.1	In May, the Scottish Government issued a letter confirming the 2018-19 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund. This will be used by Integration Authorities (IAs) to commission primary care services, and allocated on an NRAC basis through Health Boards to IAs.
10.1.1	An in-year NRAC allocation to IAs for the PCIF (via Heath Boards) will comprise of **£45.750 million** of the **£115.5 million** Primary Care Fund. There are a number of elements to the overall Primary Care Fund including: Primary Care Improvement Fund, General Medical Services, National Boards, and wider Primary Care Support including Out of Hours Fund.
10.2	**Primary Care Improvement Fund (PCIF)** The projected total PCIF is illustrated below for the duration of the new GMS contract: **Projected Total PCIF for the new GMS Contract 2018-21 (Scotland)** 
10.2.1	Initial allocation of the PCIF will be distributed to Integration Authorities in two tranches: • The initial tranche (70%) will be provided in June 2018, • Integrated Authorities (IA) are required to outline a plan for the full spending through a report to be submitted in September 2018 • With the further 30% of funding then due in November 2018 providing all spend is met. The Primary Care Improvement Fund allocation in 2018-19 for Renfrewshire is **£1,553,435** to facilitate service redesign through the Primary Care Improvement Plan, of which **£1,292,253** is new allocation. Breakdown includes:

Primary Care Fund £m	2018/19 HSCP Allocation	Existing funding	New HSCP Allocation		Tranche 1 (70%)	Tranche 2 (30%)
Renfrewshire Primary Care Improvement Fund	£1,553,435	-£261,181	**£1,292,253**		£904,577	£387,676

10.1.2	It is proposed that funding within Renfrewshire will be used during Year 1 (2018-19) as follows. The estimated costs included within the table below currently assume the pro rata costs to 31st March for each post with an estimate start date of September/October 2018. However, given the likelihood of slippage in relation to recruitment of some posts there may be some underspends in 2018/19. If this is not the case any overspends on the allocation will be met from the carried forward (former) Primary Care Transformation Fund. **(Please note this is indicative funding only)**

Service	Proposed Development	Estimated 18-19 cost	Indicative full year cost
Vaccination Programme	Pre-school Immunisation School Based Immunisation Influenza Immunisation (Housebound cohort)	£134,760 £TBC £33,200	£134,760 £TBC £33,200 (includes admin)
Pharmacotherapy Services	Maintain the current establishment of Primary Care Support for cost efficiency work Expansion of PSP/PST workforce (estimated doubling of current resource). Assume 1st October 2018 start date.	£366,000 £183,000	£366,000 £366,000
Community Treatment and Care	Develop a Renfrewshire HSCP Community Phlebotomy Service covering all bloods taken in Primary and Community care setting. Development of single point of access and administrative hub for patients/GP staff. Assume 1st October 2018 start date.	£293,250 £30,000 £41,051 £12,000 (one off set up costs – includes IT & training)	£585,500 (Healthcare Support Workers) £60,000 (Travel costs) £82,101 (estimated cost to administer a phlebotomy service)
Urgent Care: Advanced Nurse Practitioner	Begin to roll out recruitment for 1.5 WTE, Band 7. Assume 1st October 2018 start date.	£41,000	£82,039
Community Link Workers	Expand the Community Connectors programme to provide an average of 7.5hrs per practice of link worker capacity. Assume 1st October 2018 start date.	£84,120	£140,200
Additional Professional Roles: Advanced Practitioner Physiotherapist (APP)	Begin roll out recruitment for 1.5WTE APP (Inclusive of share of 8a clinical lead post) Assume 1st October 2018 start date.	£55,250	£89,539
Service	**Proposed Development**	**Estimated 18-19 cost**	**Indicative full year cost**
Cluster Quality Leads (CQLs)	Funding for CQL time	£30,200	£30,200
Pharmacy First	To sustain and develop the Pharmacy First Service.	£45,148	£45,148
PCIP Project Support	Project management/admin support to facilitate delivery of the PCIP and MOU commitments.	£55,000	£55,000
Clinical	Funding to support	£160,000	

	Leadership/ Development	development of clinical leadership, large scale workshops and supported organisational development including backfill for releasing GP/practice staff time.	One off in year cost	
	Document management and workflow training	Delivery of document workflow management training for GP practice staff to relieve pressure on GPs and develop new ways of working.	£30,000 One off in year cost	
	Signposting Training	Delivery of further signposting training to GP practice staff to support care navigation to correct service.	£10,000 One off in year cost	
	IT and equipment	Purchasing of IT mobile working platforms for new HSCP staff to ensure agile working and interconnectivity.	£30,000 One off in year cost	
	HSCP salaried GP post	Fixed term HSCP salaried GP post to provide clinical support to practices in support of the Urgent Care MOU commitment. Release time to facilitate engagement in GP contract implementation.	£80,000	£80,000 (1 year fixed term support)
		Total	**£1,713,979**	**£2,149,687**

10.1.3 Please note that significant one off costs to support GP practices and ensure delivery of the PCIP and MOU commitments are included in year one due to the fact most services will not commence until mid-way through the financial year. Funding priorities have been identified to maximise the in-year spend and ensure both the first and second tranches of funding can be utilised to the benefit of Renfrewshire Primary Care services and patients. It is likely slippage will occur in the initial implementation period and this is reflected in the slight projected over spend.

Whilst the recurring cost indicatively sits above the in-year allocation we anticipate a 20% increase in funding for year 2 of the implementation period (based on an increased national envelope of £55m from £45.75m). This would equate to an additional £314,082 and a total Renfrewshire recurring fund of £1,867,517. Additionally the costs of the phlebotomy service are modelled on 100% of activity shifting from primary care to HSCP staff – early indications have suggested some practices and GPs may continue to undertake a small proportion of bloods where this is felt to be clinically appropriate or preferable.

Other areas will be prioritised and fully costed in year 2 and 3.

K11. Evaluation and outcomes

11.1 The contractual move towards Multi-disciplinary Team (MDT) working will require robust and clear governance around decision-making and accountability. Key success indicators over the life of the plan will be assessed. These measurements will primarily include:

Area	Measurement of success/Outcomes
Vaccination Transformation Programme	• Monitor uptake rates and benchmark against current uptake rates.
Pharmacotherapy Services	• Prescribing Support Pharmacists and Technicians will begin to be allocated to GP practices to support delivery of special requests, IDLs, acute prescriptions

	& polypharmacy clinics. • Evaluate the service to ensure it is delivering maximum capability.
Area	**Measurement of success/Outcomes**
Community Treatment and Care (Phlebotomy)	• 100% of GP bloods diverted from GP Practice staff. • Satisfaction of GPs and patients with new service to inform further development.
Urgent Care	• Amount of GP consultation time saved. • Week of care audit data.
Additional Professional roles	**MSK Physiotherapy** • % of MSK presentations seen by Advanced Practice Physiotherapist rather than GP. • Week of care audit data. • Patient/GP Feedback.
Community Connectors (Cluster based)	• Progress on the delivery of these projects is monitored and reported on a quarterly basis. • The data and case studies gathered are/will be used as part of a long term evaluation of the impact of the programme on outcomes, services and service delivery.

In addition:

Area	**Measurement of success/Outcomes**
Access to the right professional at the right time	• Waiting times for appointments /assessment/review • Potential decrease in A&E attendance • Case Studies.
Improving Health Inequalities	• Population and practice/cluster data disease prevalence • Use of secondary care • Key health outcome data.
Week of Care Audit	• A week of care audit has been undertaken in three practices within one Renfrewshire GP cluster • Use this data to benchmark activity and check for improvements within GP capacity in after tests of change have embedded.

Renfrewshire HSCP
Primary Care Improvement Plan

Communication & Engagement Plan

Ref	Stakeholder/Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
1.1	HSCP Senior Management Team (SMT)	Overview of the key points in relation to the GMS Contract	Meeting / Presentation	30th November 2017	Chief Officer / Head of Primary Care Support & Development	Presentation was delivered to HSCP Senior Management Team (SMT) outlining key points in relation to the GMS Contract. This included contract offering, memorandum of understanding, supporting work, funding, process, timescales, issues and preparing for implementation. This continues to be a standing item at HSCP Senior Management Team meetings with a number of clinical team service managers leading some work streams.
		Communication & Engagement	Verbal/ Written	Ongoing	Chief Officer / Clinical Director / Associate Clinical Director	PCIP standing item at bi-weekly SMT meetings.
1.2	Renfrewshire Integration Joint Board (IJB)	Engage Closely & Influence Activity	Written Report / Meeting	26th January 2018 1st June 2018 29th June 2018	Chief Officer	Through the HSCP, IJB members were informed on the content of the new 2018 GMS Contract. Presentation and discussion at IJB development session outlining what new contract means, update on progress and direction of travel. Initial draft PCIP compiled and presented as IJB papers on 29th June 2018.

Ref	Stakeholder/Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
1.3	**Primary Care Professionals / Primary Care Staff**					
1.3.1	GP Forum	Engage Closely & Influence Activity	Meetings	Ongoing	Clinical Director	GP Contract/Primary Care Improvement Plan is a standing item on Renfrewshire HSCP GP Forum agenda to ensure ongoing collaboration with local GPs and HSCP Senior Management Team.
1.3.2	Renfrewshire Practice Nurse Forum	Engage Closely & Influence Activity	Meeting / Presentation	15th March 2018	Practice Nurse Support and Development Team Manager (Primary Care Support and Development)	Meeting was held to discuss GMS Contract and Practice Nurse role. An HSCP representative was in attendance at this meeting. Chair of the Practice Nurse Forum was also invited to engage in the initial HSCP GP Contract Implementation Group Meeting on 28th March 2018 and Renfrewshire GMS Contract/PCIP Workshop on 6th June 2018. Comments/suggestions were welcomed to influence local Primary Care Improvement Plan.
1.3.3	GPs & Chair/Vice Chair Practice Managers Fora / Chair Practice Nurse Fora/ SMT Representatives / Pharmacy Lead	Engage Closely & Influence Activity	Meeting & Presentation	28th March 2018 6th June 2018	Chief Officer/ Clinical & Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	GP Contract Meeting took place on 28th March 2018 to develop the PCIP in consultation with stakeholder views. Stakeholders expressed initial thoughts on local priorities for year. Following on from the initial Renfrewshire GP Contract and Primary Care Improvement Plan Implementation Group held on 28th March 2018, a follow up workshop event took place on 6th June 2018. The purpose of this session was to agree the 2018/19 priorities for the PCIP and start to model what a 2021 GP practice might look like in Renfrewshire and how the future GP 'expert medical generalist' role will develop – as well as how interfaces with other parts of the system

Ref	Stakeholder/Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
						might improve.
1.3.4	Renfrewshire Lead Optometrist	Engage Closely & Influence Activity	Email	10th April 2018	Clinical Director	To engage closely and to link developments and priorities around Optometry to support the PCIP.
1.3.5	Cluster Quality Leads (CQLs)	Communication & Engagement	Meeting	18th April 2018	Clinical Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	Discussion held to support implementation of GP contract in relation to cluster priorities.
1.3.6	Practice Managers	Engage Closely & Influence Activity	Meeting Meeting / Presentation	19th April 2018 25th April 2018	Glasgow LMC Clinical Director	Meeting held on GMS Contract and inform Practice Manager role and influence PCIP. Chair/Vice Chair of the Practice Manager Forum also engaged in the initial HSCP GP Contract Implementation Group Meeting on 28th March 2018. Comments/suggestions welcomed to influence local PCIP. Attendance at Practice Managers Forum to engage discussion/views to inform PCIP.
1.3.7	Cluster Protected Learning Time Events	Communication & Engagement	Events	Ongoing	CQLs	A number of CQLs have been discussing/providing overview of the emerging GP Contract at Cluster Protected Learning Time Events.
1.3.8	LMC/GP Sub/HSCP GP contract PCIP meetings	Engage Closely & Influence Activity	Meetings	Ongoing	Clinical Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP) Local LMC/GP Sub Representatives	A Renfrewshire Primary Care Transformation Group is in place to review progress on PCIP and delivery of the agreed outcomes and to continue to develop plans for 2019/20/21 as the year progresses.
1.3.8	Renfrewshire GP Sub Committee Representative	Engage Closely & Influence Activity	Meeting / Ongoing correspond-	Ongoing	Clinical Director / Local GP Sub Committee Representative	Ongoing engagement to ensure GP Sub Committee Representative is fully engaged as a key GP leader locally for the PCIP and to explore

Ref	Stakeholder/Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
			ence			insight/involvement into the wider HSCP (and SMT).
1.4 HSCP Staff						
1.4.1	Service Managers Meeting (Locality Services)	Communication & Engagement	Meeting	29th March 2018	Heads of Health & Community Care	Presentation and discussion to set out key provisions to improve cluster frameworks and multidisciplinary working.
1.4.2	Senior Nurse Group	Communication & Engagement	Meeting	17th April 2018	Chief Nurse	To provide overview and to engage in discussions around priority areas.
1.4.3	Renfrewshire Localities Clinical & Care Governance Group	Communication & Engagement	Meeting	19th April 2018	Head of Health & Community Care (Paisley) / Clinical Director	Discussion held to support implementation of GP Contract/PCIP and statutory responsibilities to support implementation.
1.4.4	Health Improvement Senior	Communication & Engagement	1-1 meeting	17th May 2018	Change & Improvement Officer (Providing local Project Management Support for the local PCIP	To provide overview and to engage in discussions around Health inequalities (focus on employability training opportunities).
1.4.5	All HSCP Staff	Communication	Team Bulletin	4th June 2018	Chief Officer	Article on GMS Contract & Primary Care Improvement Plan included in Renfrewshire HSCP June Team Bulletin which is issued to all staff within Renfrewshire HSCP.
1.5 Wider engagement						
1.5.1	Strategic Planning Workstream Meetings	Communication & Engagement	Meeting	3rd April 2018 / Ongoing	Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	To engage closely and to inform next 3 year HSCP Strategic Plan for 2019/2022.
1.5.2	Strategic Planning Group	Communication & Engagement	Meeting & Presentation	12th June 2018	Head of Strategic Planning & Health Improvement / Change & Improvement Officer	To engage closely with third sector and members of the public.

Ref	Stakeholder/Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
					(Providing local Project Management Support for the local PCIP)	
1.5.3	Communities	Communication	Newsletter	Spring/ Summer 2018	Chief Officer	Article on new GP Contract included in Renfrewshire HSCP Brighter Futures Newsletter within the Notice Board Section.

Other Events held locally – External

Ref	Stakeholder/Target Group	Communication Needs	Method	Timescale	Lead Officer	Progress
1.6	Young People	Communication and Engagement	Event	22 March 2018	External - Alliance	Summary of views to inform planning of PCIP. HSCP representative in attendance.

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Chief Officer**
Heading:	**Workforce, Organisational Development and Service Improvement Implementation Plan Update**

1. Summary

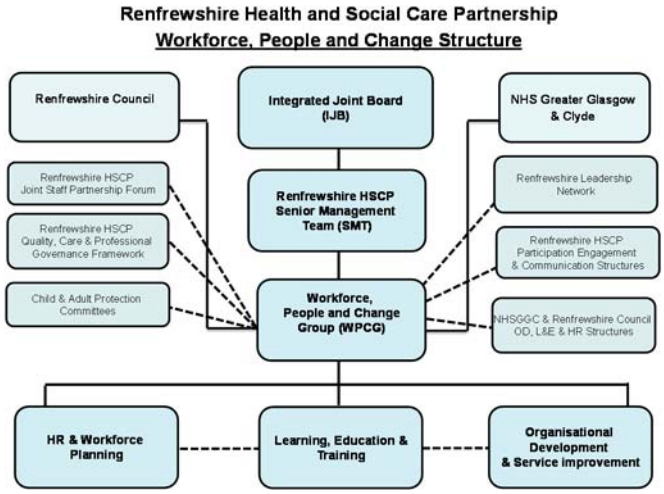
1.1 This paper is to update IJB members on progress in implementing the Renfrewshire HSCP Workforce, Organisational Development and Service Improvement Implementation Plan.

1.2 The paper outlines activities undertaken in 2017/18 in implementing the two key documents approved by the IJB in March 2016 and June 2017 respectively:

1. 2016/2019 Organisational Development and Service Improvement Strategy. The key objectives of this document include:
   - Developing a Healthy Organisational Culture;
   - Delivering a clear approach to Organisational Development and Service Improvement;
   - Delivering a workforce plan for tomorrow's workforce.

2. 2017/2019 Workforce Plan. The key objectives of this plan include:
   - Establishing a sustainable workforce;
   - Maintaining a capable workforce;
   - Developing an integrated workforce.

1.3 The report provides evidence and information to demonstrate the delivery of the key objectives in these documents. It should be noted that a number of the elements have been reported on to the IJB throughout the course of the year by the service leads responsible for the activity. The activity takes account of the requirements of the parent organisations and linkages to all other planning and governance structures within the HSCP (described in the diagram below).



2. Key Achievements

2.1 Our vision is for Renfrewshire to be a caring place where people are treated as individuals and supported to live well. Since 2015, this vision has been the starting point for our work in shaping and taking forward our organisational culture. It is underpinned by the professionalism, values and behaviour of our staff, by how our services and teams work and by our leadership approach across the organisation. This approach was endorsed by our recent inspection of adult health and care services, when very positive feedback was received from inspectors on the HSCPs leadership and direction. The sections below describe our key achievements in the last year.

2.2 We have invested in the development of our senior team:

- Regular Senior Management Team (SMT) development sessions and extended business development days.
- Establishment of a Leadership Network comprising over 160 managers and leaders from the organisation.
- Supporting leadership training, including the Ready 2 Lead programme. 30 leaders will commence this training in 2018/19.
- Developing our Strategic Planning Group (SPG) to be able to play an active role in strategic planning.

2.3 Visible leadership is central to how we work:

- Our professional leads from social work, clinical services and nursing ensure our professional staff feel valued, respected and engaged in our work.
- A series of Meet the Chief Officer sessions have taken place to give frontline staff direct access to our SMT to share ideas.
- A series of site/service visits by the IJB chair.
- A monthly Team Bulletin which is cascaded mainly face to face at team meetings.

2.4 We value the views and opinions of our staff. Two annual iMatter surveys have been completed and shown improvements in positive response scores across all staff governance components. Renfrewshire response rates and positive scores are higher than NHS Board average.

Our staff are formally recognised annually through the staff award programme which has attracted increasing numbers of nominations and the ceremony is an event which is looked forward to by staff throughout the organisation.

2.5 Improving communication and making better use of technology have been two key strands of activity we have used to develop the culture of our organisation. Our social media presence is significant and growing, and we have used this to communicate both internally with our staff, and externally to share public health messages with local communities. Public facing newsletters have been produced twice per year, and monthly Team Bulletins are cascaded to all staff.

2.6 During 2017/18 we have invested in the development of GP Clusters. This, and the implementation of the new GP contract, has resulted in a number of developments and improved collaboration. Examples of these activities include:

- Successful Protected Learning Time events in 2017/18.
- Good progress in agreeing appointment of Cluster Quality Leads across all six clusters for a further two year period
- Some key cross HSCP areas for quality improvement projects identified including COPD, diabetes, frailty/care homes and Anticipatory Care Plans.

2.7 A full programme of service reviews including Care at Home services and Addictions services has allowed a reprioritisation of resource and appropriate reinvestment to ensure services fit for purpose.

2.8 Our dynamic Participation, Engagement and Communications (PEC) Group have driven forward the PEC strategy. In particular, they have focused on the following:

- Creating and developing an HSCP identity and logo.
- Establishing and growing a positive social media presence.
- Producing newsletters and monthly Team Bulletins.
- Creating and developing a website.
- Developing a communications calendar.

3. Key Challenges

3.1 Ongoing financial constraints faced by the organisation have some impact on the ability of staff to undertake and engage with development activity. We know that staff having to take time out to attend to development/engagement activity or complete surveys/online learning can create some pressure for staff as they prioritise service delivery and as they work to meet growing demand on services.

3.2 Voluntary Early Release (VER), available to Council employees, has enabled a number of HSCP staff to leave. This can be a challenge to manage, but it has also provided the opportunity to implement redesign.

3.3 There are ongoing difficulties in recruiting to key posts such as District Nursing, GPs and Care at Home staff. This challenges our ability to ensure appropriate skill mix and resilience of the workforce in terms of service delivery. Managers have continued to work hard to ensure our services adapt to accommodate as best we can such challenges

3.4 The adult service inspection noted that further development of relationships with key partner organisations in 3rd and voluntary sectors was necessary to allow us to have a more holistic and collaborative approach to delivery of service for the population of Renfrewshire. We are committed to doing this but will take some time to change our ways of working and increased time to ensure that resources, knowledge, skills and experience are best utilised across all partners organisations.

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4. Recommendation

It is recommended that IJB:

- Note the progress made in 2017/18 to deliver the HSCP's Workforce, Organisational Development and Service Improvement Plan.

Implications of the Report

1. **Financial – None.**
2. **HR & Organisational Development – None.**
3. **Community Planning – None.**
4. **Legal – None.**
5. **Property/Assets – None.**
6. **Information Technogloy – None.**
7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on

equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety – None.**
9. **Procurement – None.**
10. **Risk – None.**
11. **Privacy Impact – None.**

List of Background Papers:

- Organisational Development and Service Improvement Strategy (approved by the IJB on 18 March 2016)
- Workforce Plan (approved by the IJB on 23 June 2017)

Author: Janice Turnbull, Senior Organsiational Development Advisor

Any enquiries regarding this paper should be directed to Fiona MacKay, Head of Strategic Planning and Health Improvement (Fiona.MacKay2@ggc.scot.nhs.uk / 0141 618 7656)

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Chief Officer**
Heading:	**Quality, Care and Professional Governance Annual Report 2017/18**

1. Purpose

1.1 This paper is to present the Quality, Care and Professional Governance Annual Report for the period April 2017 – March 2018 to the Integration Joint Board (Appendix 1). The paper also sets out the proposed new HSCP Quality, Care & Professional Governance structure, detailed in Section 2.3 and illustrated in Appendix 2.

2. Summary

2.1 Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.

2.2 The Renfrewshire Quality Care and Professional Governance Annual Report provides a variety of evidence to demonstrate the continued delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government.

2.3 A review of the HSCP governance arrangements was undertaken in early 2018, to ensure that the HSCP structures going forward are both efficient, effective and to avoid areas of duplication and overlap.

Following this review it is proposed that:

- A new Renfrewshire HSCP Quality, Care & Professional Governance – Operational Procedures & Guidelines Group be introduced to provide a governance forum to discuss, develop, review and ratify local operational procedures & guidelines associated with Adult Services.
- The work of the Professional Executive Group be incorporated into the Renfrewshire HSCP Localities Clinical & Care & Mental Health, Addictions & Learning Disability Services Governance Groups of which professional representatives are already a member. However, there is recognition/commitment that bespoke meetings may have to be arranged as required.

3. Recommendation

It is recommended that the IJB:

- Note the content of the report, attached in Appendix 1;

- Approve the proposed new HSCP Quality, Care & Professional Governance structure, attached in Appendix 2; and
- Note that future annual reports will be produced in line with NHS Greater Glasgow & Clyde's reporting cycle (April – March).

Implications of the Report

1. **Financial – Nil**
2. **HR & Organisational Development – Nil**
3. **Community Planning – Nil**
4. **Legal – Nil**
5. **Property/Assets – Nil**
6. **Information Technology –** Managing information and making information available may require ICT input.
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety – Nil**
9. **Procurement – Nil**
10. **Risk – Nil**
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers:

- Renfrewshire HSCP Quality, Care & Professional Governance Framework (approved by the IJB on 18 September 2015).

Authors: Angela Riddell, Change and Improvement Officer
Natalia Hedo, Clinical Governance Facilitator

Any enquiries regarding this paper should be directed to Frances Burns, Change and Improvement Manager (Frances.Burns@renfrewshire.gov.uk / 0141 618 7621)

Renfrewshire Health & Social Care Partnership

Appendix 1

Renfrewshire HSCP

Quality, Care & Professional Governance Annual Report (April 2017 – March 2018)

1. Purpose

1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period April 2017 to March 2018. The report provides a variety of evidence to continue to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Link**:** http://www.gov.scot/Resource/0049/00491266.pdf.

Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient & Effective.

2. Introduction

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

Services included are:

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

Renfrewshire HSCP hosts two NHS Greater Glasgow & Clyde Board wide services:

Podiatry and Primary Care Support.

2.2 Renfrewshire is a diverse area of towns, villages and countryside covering 270 square kilometres and situated 7 miles west of Glasgow City.

2.3 Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 20 community optometrists and 30 general dental practitioners, with a practice population of 189,956 (as of January 2018).

2.4 GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. The 29 GP practices within Renfrewshire have been formed into a six cluster approach, under two localities – Paisley and West Renfrewshire. Two within Paisley and four within West Renfrewshire. These are professional groupings of general practices that meet regularly to drive quality improvements within Primary Care, represented by their Practice Quality Lead (PQL). Each GP cluster have a GP designated as the Cluster Quality Lead (CQL), who has a coordinating role within the cluster.

2.5 In the HSCPs first HSCP Annual Quality, Care & Professional Governance report, March 2017 Link: https://goo.gl/1ujF0F a number of specific commitments were made that have/are being implemented including:

Commitment	Update on progress made
Training	
Staff to be invited to participate in Significant Clinical Incident (SCI) Masterclass /shadowing opportunities to be arranged.	A number of staff have had the opportunity to shadow SCI reviews. Sessions are also available for staff to participate in SCI Master classes via the Clinical Risk Department.
Arrange Council Officers Training for Health Senior Managers and new Social Workers.	A few health staff have now undertaken the last 2 days of the full 5 day council officer training. Relevant Social Worker staff have also undertaken the 5 day Council Officer Training as part of their statutory duties.
Roll out further programme of Root Cause Analysis Training.	A schedule of Root Cause Analysis Training dates have been confirmed for the year.
Staff to be invited to participate in Risk Management/Register Development Session.	A Risk Development Session took place on 7th March 2017 which over 20+ staff attended.
Guidance	
Develop guidance to support the process of completing and quality assuring a Rapid Alert for Social Work Significant Incidents.	Staff involved in commissioning/conducting SCI investigations must adhere to a series of principles and key requirements.
Develop guidance around Large Scale Investigations.	Work is ongoing at a local and national level in developing consistent Large Scale Investigation guidance.
Review process in line with Duty of Candour. Link: www.gov.scot/Topics/Health/Policy/Duty-of-Candour.	The new duty of candour regulations will commence from 1st April 2018. The duty creates a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received. The Scottish Government published supporting regulations

	on 13th February 2018. An NHS GG&C Short Life Working Group developed a Policy and Procedure (Duty of Candour Compliance) which locally there has a series of presentations/consultations with the Senior Management Team, Adult Protection Committee and Service Managers regarding the draft policy and expectations. Once finalised it is proposed that this policy will be shared and amended locally for other non-Health services such as social care. An e-learning resource is also being developed by NHS Education for Scotland.
Commitment	**Update on progress made**
Communication	
Include regular 3 key messages communications around governance within Renfrewshire HSCP team brief.	Regular key governance messages are included within Renfrewshire HSCP Team Brief. Examples include: updates on Duty of Candour, Carers Act, Dementia Strategy, Renfrewshire Health & Safety Roadshows, Flu vaccinations and Inspection of Adult Services.
Patient/Service User/Client and Carer Feedback	
Create a group of volunteers.	Recruitment process is underway to expand the number of volunteers within Renfrewshire HSCP. The role of the volunteer is to provide support and assist services to gain feedback/ information from Adults using health and social care services via their service user/carers experience. This will aim to improve access to quality health and social care services, learn from feedback and implement action plans on areas identified for improvement. Our Associate Clinical Director is leading this work.
Roll out further programme of Patient Experience initiatives.	The HSCP has extended this work by linking with a local volunteer to gain valuable insight into patient/service user and carers experience. Since the last report the Care at Home Service has invited the volunteer into their service to have conversations with people they care for about their experience, treatment, involvement and care. The recommendations from this have been incorporated into the overall Care at Home review/workplan. The volunteer has also worked with the Family Nurse Partnership to ascertain the views of clients in the first Family Nurse Partnership (FNP) cohort in Renfrewshire, East Renfrewshire, and Inverclyde about their FNP Journey and the impact of the programme on themselves and their child. This work builds upon programme of work previously undertaken within areas of District Nursing, Rehabilitation & Enablement, Podiatry Services and GP Practices.

3. Clinical & Care Governance Arrangements

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

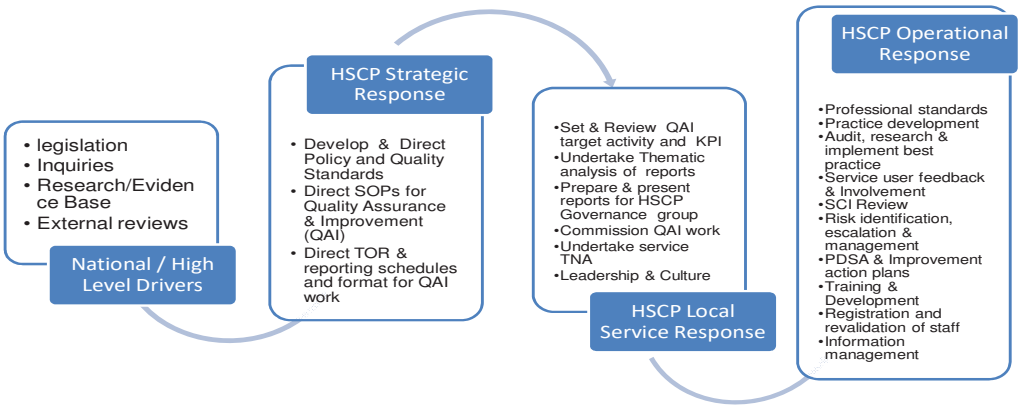
3.2 Renfrewshire HSCP have a number of supporting governance arrangements in place to ensure that the health & social care systems are working to a shared understanding and definition for Quality, Care & Professional Governance.

These include:

- Renfrewshire HSCP Executive Governance Group (REGG)
- Renfrewshire HSCP Professional Executive Group (PEG)
- Renfrewshire HSCP Service Pod - Locality Services
- Renfrewshire HSCP Service Pod - Mental Health, Addictions and Learning Disability Services
- Renfrewshire Chief Social Work Officers Professional Group (CSWO)
- Renfrewshire HSCP Medicines Management Group
- Renfrewshire Health & Safety Committee.

3.3 The HSCP Quality, Care & Professional Governance groups focus on issues arising from complaints and incidents and patient experience/feedback as these provide a vital source of learning and basis for improvement actions.

3.4 Quality, Care & Professional Governance arrangements within Renfrewshire are a dynamic process as illustrated below:



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

3.5 A review of the HSCP governance arrangements was undertaken in early 2018, to ensure that the HSCP structures going forward are both efficient, effective and to avoid areas of duplication and overlap. **See Appendix A for revised structure.**

This structure will enable:

- The introduction of a new Renfrewshire HSCP Quality, Care & Professional Governance – Operational Procedures & Guidelines Group to provide a

governance forum to discuss, develop, review and ratify local operational procedures & guidelines associated with Adult Services.

- Incorporate the work of the Professional Executive Group into the Renfrewshire HSCP Localities Clinical & Care & Mental Health, Addictions & Learning Disability Services Governance Groups of which professional representatives are already a member. However, there is recognition/commitment that bespoke meetings may have to be arranged as required.

3.6 The HSCP also has an established structure for professional governance, including system wide arrangements, providing leadership, guidance, support and advice for relevant staff. **See Appendix B.**

These include:

- Arrangements for professional leadership of Social Work staff with defined links to the Chief Social Work Officer
- A GP Clinical Director
- A Chief Nurse
- A Clinical Lead for Mental Health
- Professional Leads for each Allied Health Service.

The HSCP Chief Nurse also attends the hospice governance groups, and provides an advisory role in relation to training and development, local and national policy and best practice. The HSCP Clinical Director is chair of the NHS GG&C Primary Care and Community Clinical Governance Forum.

4. Safety (Incident Management, Reporting and Investigation)

4.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. There are various systems currently used within Renfrewshire HSCP to capture this including:

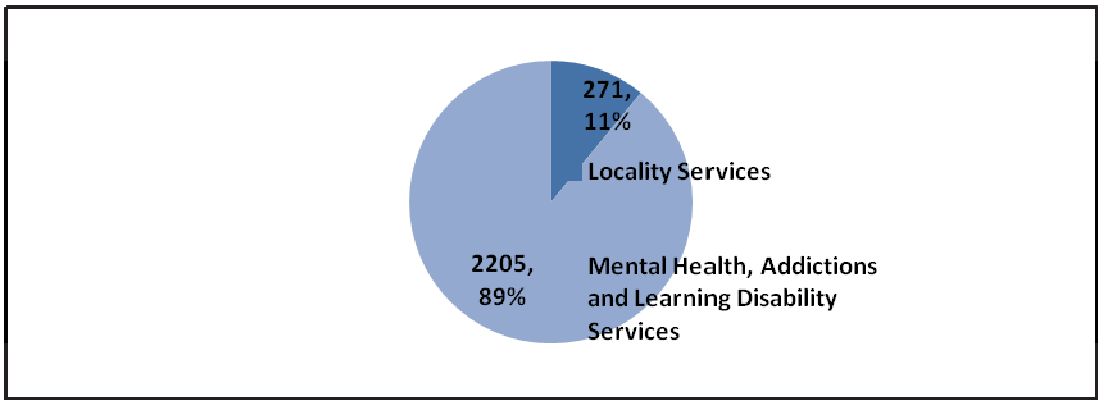
- DATIX (Datix Incident Reporting System) – Health
- AIRD (Accident Incident Reporting Database) – Social Work
- SCIs (Significant Clinical Incidents)
- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)
- Contracts Monitoring.

4.1.1 **DATIX**

4.1.1.1 DATIX is used to provide a clear reporting structure to record clinical incidents, near misses and complaints. DATIX is used to help improve safety for staff, visitors and contractors. Any incidents, near misses, complaints or concerns can be easily reported on the web based form. Managers can use this information to make informed decision on how to manage patient safety and identify those areas where risk is most in need of reduction.

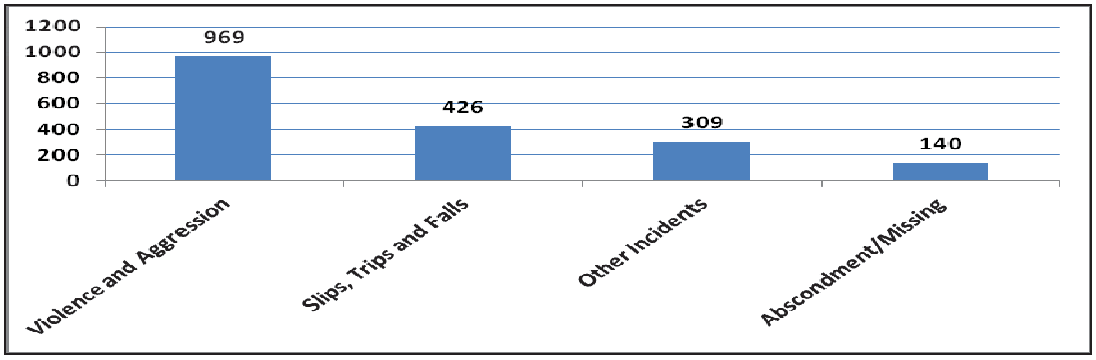
There were **2476** incidents reported between April 2017 – March 2018, compared to **2437 (+39)** in the previous year report.

Incidents Reported on DATIX



4.1.1.2 From April 2017 – March 2018 the highest reported categories relate to:

Highest Incident Categories Reported on DATIX



4.1.1.3

Actions in place to address the highest reported categories:

- **Violence and Aggression:** Training and refresher training are in place for staff in all wards and community departments and e-learning module is available. Violence Reduction service is available for staff within mental health to provide advice and support to staff around violence reduction and de-escalation strategies.

- **Slip/Trips and Falls:** In 2017 over 200 staff across the partnership attended Positive Steps Training. As a follow up the Rehabilitation Enablement Service and Health Improvement are providing additional dates for training in 2018. The HSCP Clinical Governance Facilitator is also leading on a project to reduce the number of reported falls by 25% in 12 months in the Older People's Mental Health Wards (North and East). This project will conclude during 2018 and a review will be undertaken to determine which strategies/interventions were successful. This will form part of an overall methodology that will include an agreed multi-factorial risk assessment and management plan. An NHS GG&C Board-wide short life working group is currently being established to produce this assessment and management plan which will be cross-referenced with NICE guidance 2013. (5).

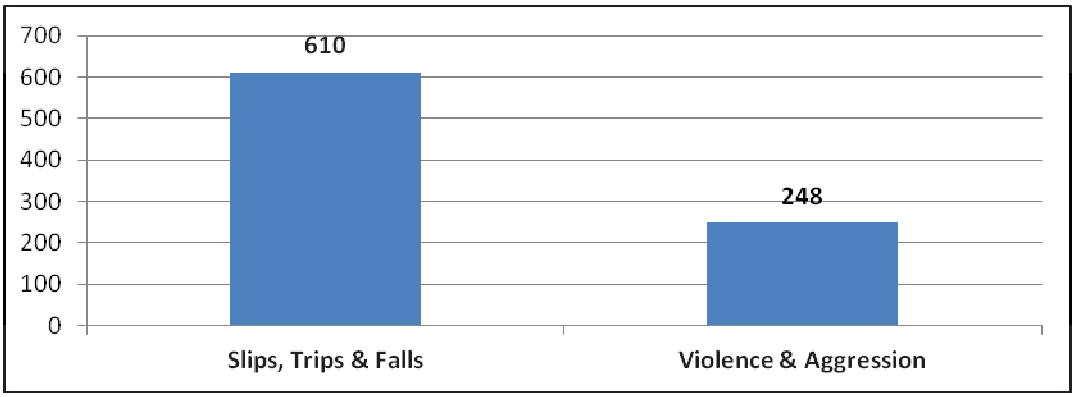
- **Other incidents:** Work is ongoing board wide to further refine categories and descriptors and with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the "other" category if appropriate. This will enable better analysis and action planning of known incidents

4.2 Accident Incident Reporting Database (AIRD)

4.2.1 The Accident Incident Reporting Database (AIRD) is a Lotus Notes based database which allows users within social work services to record accidents electronically.

During the period April 2017 – March 2018 there were a total of **858** accidents reported, compared to **903 (-45)** in the previous year report.

Incidents Reported on AIRD



The majority of reporting on AIRD occurs through notifications by the Partnership's Registered Care Services.

4.2.2

Actions in place to address incident management:

Slip/Trips and Falls: Through the Renfrewshire Falls Prevention & Management Group work streams it is recommended that:

- All reported/observed falls within care homes or day centres – complete a post-falls incident report.
- All residents to have Multifactorial Falls Risk Screening tool (MFRS) completed, or equivalent documentation.
- All falls in non-residential setting to be referred to the Rehabilitation & Enablement Service for Level 2 multifactorial assessment – in line with local falls pathway.

4.2.3 Medication Errors

224 Medication Errors were also reported on AIRD in the last year. Work is being undertaken to refine the reporting categories within medication errors. Current reported incidents include near misses as well as reportable incidents as defined by the Care Inspectorate.

In Older People Services there are well established, robust reporting mechanisms in place. Work is being undertaken to ensure Best Practice is being adopted within these services including:

- Robust application of Council's Medication Policy.
- All staff having access to Pharmacy led staff training.
- Protected time to allow medication administration within the Partnership's Residential Care Homes.
- Detailed incident reviews to promote understanding and learning from any

reported error.

- Application of Council Human Resources polices where necessary.

4.2.3.1 Prescribing Support Technicians also lead a medicine compliance service within the HSCP linking in with the Rehabilitation & Enablement Service and Care at Home. This focuses on determining the best outcome for patients to comply with their medication in their own home.

4.3 Incident reports from Datix and AIRD are produced and discussed on a regular basis at the Renfrewshire HSCP Locality Services, Mental Health, Addictions and Learning Disability Services and Health & Safety Committee Meetings. These reports detail the nature and range of incidents that have been reported through DATIX and AIRD systems and highlight the highest reported categories.

4.4 Significant Clinical Incident (SCI)

4.4.1 Significant Clinical Incidents are those events that have or, could have significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery). The purpose of an SCI investigation is to determine whether there are any learning points for the partnership and wider organisation following an adverse event. All Significant Clinical Incidents must have a Rapid Alert Template or a Severity 4/5 Template completed.

Renfrewshire HSCP Social Work services have adopted the "Rapid Alert" template used within health for serious incidents to ensure consistency in approach within the HSCP.

All incidents are appropriately investigated to minimise the risk of recurrence through learning.

4.4.2 From April 2017 – March 2018 a total of **12** SCIs have been commissioned, compared to **10 (+2)** in the previous year. All staff involved in commissioning/conducting SCI investigations must adhere to a series of principles and key requirements.

Details on SCIs are as follows:

Service	Month	Description
Mental Health	**April, May, July, August, September, October, December**	Suicides, Challenging Behaviour
District Nursing	**May**	Laboratory/Specimen
Addictions	**May, June, July**	Suicide and unexpected deaths
District Nursing	**August**	Patient Observations

4.4.3 Two Large Scale Investigations (LSI) under adult protection took place during 2017/18, both involving independent sector care homes for older people. The second LSI was particularly challenging in terms of the intensity of the investigation, the demands on staff resources, and the resulting impact on other areas of work such as assessment and care management. However, there was good evidence of strong partnership work between health and social care staff, and with the Care Inspectorate. There were successful outcomes in both cases.

4.4.4

Examples of shared learning/action following SCI investigation(s):

Addictions Service:

Issue 1:

- Although Risk assessment and management plan had been carried out and were contained in health and social work files, no evidence of any updates were found in either electronic or paper files.

Recommendation:

- All staff should ensure risks are updated and documented on the original Risk Screening and Assessment Management Tool in accordance with NHS GG&C policy.

  Action 1: All key workers must ensure that risk assessments and management plans are reviewed at regular intervals and after every change to the assessed risks. The key worker's line manager must ensure that the monitoring of risk assessment and management plan reviews is a standard part of line management supervision.

  Action 2: Renfrewshire Mental Health Service has implemented EMIS. All Drug Treatment and Testing Order (DTTO) staff will have read only access to EMIS by June 2018 and all Nursing staff within DTTO will have the ability to add to care record from June 2018.

Mental Health Services:

Issue 1:

- The lack of next of kin details. The initial assessment form did not prompt next of kin details. There was no clear evidence the service user was asked if family of friends could be involved in their care.

Recommendations:

- Next of kin details should be routinely recorded at the time of assessment. In addition, consent to involve next of kin should be asked and documented.

  Action: The Assessment Documentation has been reviewed and now incorporates Next of Kin details and consent to involve the Next of Kin is also now asked and recorded.

Issue 2:

- During assessment it was believed that the service user's GP had prescribed a certain medication. Service user declined taking this medication. However, the information should have been clarified with the service user's GP.

Recommendations:

- Any ambiguity regarding medications prescribed should be actively clarified with the GP.

  Action: All staff as a minimal should at the point of assessment record all medications being taken and if required; clarify this with the GP.

Issue 3:

- Service users' non attendance to appointments should be followed up more robustly.

Recommendations:

- A new Community Mental Health Team (CMHT) Operational Policy has been implemented recently and, as part of this, there is a clear guideline on approach to non attendance. Staff should follow the new policy.

Action: All non attendance of appointments will now be managed as detailed in the CMHT Operational Framework which has been implemented**.**

4.4.5

Example of incident management/investigation/reporting improvements:

- Thematic analysis sessions are carried out annually to identify recurring themes and to ensure the actions that were put in place following SCIs, have been implemented.
- There are 9 SAFETALK and 7 ASIST courses planned for 2018 to deliver suicide awareness training to Mental Health front line staff and implement suicide prevention policy for schools, with Children's Services.
- A process is in place to share learning across all HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum via status report template.

4.4.6 A number of bespoke events have been held to support system wide learning from SCIs and improve patient outcomes including:

- A local Pressure Ulcer Learning Event was held on 14th February 2018 to share learning from a Significant Clinical incident.
- A Significant Clinical Incident Review Executive Group (SCIREG) Event was held on 8th February 2018. The event aimed at sharing learning from incidents within Mental Health Specialist Services across NHS GG&C and introducing the new Duty of Candour Policy.
- Learning from SCIs is presented at GP Forum (as appropriate).

4.5 RIDDOR

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

4.5.2 From April 2017 – March 2018 a total of **11** incidents were investigated as RIDDORs within health and social work services, compared to **19 (-8**) in the previous reporting period:

Area	Categories	Number of incidents investigated as RIDDOR
Health Visiting	Slips, Trips & Falls	1
Mental Health, Addictions & Learning Disabilities	Violence & Aggression	7
	Moving and Handling	1
	Medical Devices/Equipment	1
	Slips, Trips & Falls	1

4.5.3 For each of the incidents action plans were put in place and these are discussed at the Renfrewshire HSCP Health and Safety Committee and local governance groups to ensure shared learning.

4.5.4 **Eexamples of the recommendations and actions from Violence and Aggression incidents:**

Recommendation	Action(s)
• Ward Managers must ensure that a post incident debrief is undertaken with injured person on their return to work.	• Post Incident Care Review Pro-Forma has been established and will be completed upon staff return to work following incidents.
• Violence and aggression risk assessments for the patient and the ward are reviewed. • The patient's care plan should be reviewed by the MDT with the support of the Violence Reduction Service where required. • Once reviewed all up-dated documentation should be brought to the attention of all relevant staff working within the ward.	• All risks are discussed regularly at nursing handover and regular MDT meetings. Staff are made aware of any changes and have access to patient notes and risk screening tools.

4.6 Contracts Management

4.6.1 The Contracts Management Team adopts both a proactive and reactive approach to the contract management of commissioned services as follows:

Proactive
Following an assessment of risk which priorities/identifies the services that require input, the team during the reporting period have undertaken:

- **18** full contract monitoring visits to services and completed detailed evidence based performance reports to assess performance across a broad range of key indicators.
- **28** follow up visits to evidence that actions required of the provider to improve services had been completed to the HSCP's satisfaction.
- A new system of sampling the practice of undertaking reviews of placements by care homes has been devised, to date 5 care homes have been visited.

Reactive
The team have responded to:

- **1258** significant event reports have been sent by providers during the reporting period. The initial inputting of these reports is now handled by ASeRT with the Contracts Management Team overseeing and signing off actions for each report.
  - The number of reports has increased **40%** from last year's figure of **765.** The bulk of reports relate to notification of unplanned hospital admissions, reports of potential harm relating to Adult Protection and significant medication errors.
  - The majority of significant event reports come from care homes and Learning Disability/Mental Health supported living services.
- **275** significant events were forwarded by ASeRT to the localities or specialised teams for action through Adult Support and Protection measures,
  - This has increased significantly from last year's figure of **68**.

The number of contracted service providers continues to grow each year now standing at **61** from last year's figure of **57 (+4)**.

4.6.2 Self Directed Support remains a challenge as people are able to opt to choose providers with little experience of delivering care and operating safe businesses. This level of non contracted services has increased and now stands at **10**.

4.6.3

Examples of improvements within the Contracts Monitoring Team:

- The team has increased the resources available for contracts monitoring by **50%** and has devised a smart approach to sampling reviews of older people care home placements.
- Supporting the development of fresh commissioning strategies and procurement exercises.

5. Risk Management

5.1 Renfrewshire HSCP aim to ensure that robust Risk Management processes, systems and culture are embedded within services. Risks are managed and escalated accordingly. A high level risk register is in place and reviewed on a regular basis. This Risk Register is shared with the Audit Committee and is reviewed by service managers and the senior management team.

5.2 Staffing issues are a standing item at regular Locality Managers and Team Leader meetings and issues are discussed and action taken accordingly. A number of services have developed risk registers which feed into HSCP Risk Register (as appropriate) for very high level risks. Systems wide staffing challenges are also escalated and succession planning in place.

5.3

Examples of risk management improvements:

- Independent Review of the Clozapine Clinic will be carried out this Spring by the Mental Health Network, this will focus on a test of change which is currently in place at present. The test of change is that all Paisley CMHT clients who are on "High dose monitoring" and depot injections will now receive a physical health check in line with the NHS GG&C Physical Health Care Policy. We wish to test out the benefits of this to clients and their carers.
- A Renfrewshire Health and Safety Roadshow was held on 29th January 2018. This included a range of information stands for staff to look through, with Health and Safety practitioners in attendance to provide advice and guidance. In addition, there was a drop in opportunity running alongside for managers to attend which allowed more time for topic specialists to answer any specific questions around Safe use of sharps, Falls, Skin surveillance associated with 'Wet Work' and glove use, Moving and Handling and Security.
- Safer sharps training for staff will commence in April 2018.

6. Public Protection

6.1 Renfrewshire HSCP remains committed to ensuring children and vulnerable adults remain safe from harm and that, where necessary, appropriate action is taken to reduce risk and protect them**.** Training is regularly reviewed to ensure it is fit for purpose, and that learning and development is available through practice forums, communication in a variety of formats, and events such as significant case reviews.

6.1.1 Adult Protection

6.1.1.1 The combined total for adult protection and welfare concerns referred **in 2017/18** was **2,829.** This compares with **2,578** referrals in 2016/17 and 2,523 in 2015/16 and represents a significant increase in the current year. Should this trend continue, this will have direct resource implications for social work staff, particularly demands on

qualified social workers serving as Council Officers. Police Scotland remains the source of the majority of all ASP contacts. Within 2017/18 they were responsible for **71%** of all referrals.

6.1.1.2 A Case File audit was undertaken in early 2018. The audit focused on adult protection referrals between 24 February 2016 and 31 December 2017 for which a decision was taken for "no further action" under ASP within the inquiry stage. Auditors selected from health, social care, police, Fire and Rescue, Housing, and the Care Inspectorate reviewed **50** multi-agency case files. Social work managers serving as auditors also reviewed a further **50** social work case files making a total of **100** audited case files. Key messages will feature in the self-evaluation report due later this year, although auditors generally found that participating as an auditor has benefited their own practice and understanding of Adult Support and Protection.

6.1.1.3 The multi-agency Financial Harm Subgroup of the Adult Protection Committee has developed a comprehensive and ambitious work plan covering goals to address prevention, identification, and intervention in relation to financial harm over the next two years. Inter-agency joint work is required to ensure the success of the plan, including the involvement of communication departments across all agencies. A work plan was approved by the Renfrewshire Adult Protection Committee (RAPC) which will be kept under regular review by the subgroup and progress will be considered by RAPC at every third meeting. A workshop on financial harm took place in February 2018, this focused on the variety of ways in which vulnerable people can be exploited and was very well attended by a variety of agencies including police, the banking industry and the Third sector.

6.1.1.4 An Initial Case Review was also undertaken following the tragic death of client in a house fire. This has resulted in an action plan where staff will give greater consideration to fire risks as part of their assessment and care input, and link with Fire and Rescue colleagues for advice and input where this is considered necessary.

6.2 **Child Protection**

6.2.1 Renfrewshire Child Protection Committee Conference is now held every two years, in parallel to the Adult Protection Committee Conference. The Conference themed Children's Emotional Health and Wellbeing was held on 14th March 2018 in Paisley Town Hall. Over 200 delegates from a wide range of services were in attendance, with post conference feedback being particularly positive.

Renfrewshire Child Protection Committee has also held a number of network lunches in locality areas. These have been popular with staff and have increased the reach of the Committee. A programme is being developed for 2018/19.

6.2.2 Performance reports continue to be submitted to the Child Protection Committee on the activities of partners in relation to the children and families who are involved in multi agency protection arrangements. In considering this data the committee has sought more detailed analysis of the trends that are evident from the data. An analysis of the Child Protection Register figures from 1 August 2015 to 31 July 2017 was undertaken. The analysis considered areas such as registrations, de-registrations, family size and age groups. The report highlighted the ongoing work that has taken place across services to increase understanding of the risks associated with unborn children, noting a wide range of professionals are now aware of the risks and as such a range of referrals relating to unborn children are now received. This highlights the importance of inter agency training and working, which will continue to be promoted.

6.2.3 Renfrewshire Child Protection Committee has also engaged with the work of the national Child Protection Improvement Programme (CPIP). In March 2018, a consultation was launched on a proposed new dataset for Child Protection Committees and Inspection purposes. A multi-agency group came together to provide a response to the consultation. Notification has also been received on the new Inspection programme for partnerships who have collective responsibility for improving services for vulnerable children, young people and their families. While there will continue to be a focus on child protection there will also be more detailed consideration given to the route into child protection, outcomes for children known to services and corporate parenting.

Learning Disability service has representation on the Renfrewshire Child Protection Committee.

6.2.4 The Children Affected by Parental Alcohol and Drug Use Group also provides a central point for focus within services. Training issues are discussed and monitored, good practice is shared, wider national developments and impact are taken forward by Addiction Service Manager along with other managers in services.

6.2.5

Examples of work undertaken to support Public Protection:

- The Renfrewshire Adult Protection procedures have been revised and updated to reflect the new Renfrewshire HSCP structure, roles and responsibilities.
- Community Mental Health Services completed a review of the Adult Support and Protection Duty Team within Specialty Services. The review has been positive and follow up actions have been agreed.
- Gender Based Violence and Childhood Sexual Abuse training is being organised for all mental health staff, which is being coordinated by the Community Mental Health Service.
- A full range of public protection training is offered to all staff across the partnership. This training is targeted at the duties carried out by each professional.
- An Information Sharing Protocol was developed with Police Scotland (The first of its kind in Scotland securing an immediate emergency response for the most vulnerable in Renfrewshire).
- Health and Social care staff have recently accessed both the health E resource, "Improving Wellbeing", and the RCPC GIRFEC briefing. Managers are proactive in ensuring that training is a priority for new staff or those who require a refresher.
- Staff are reminded of the importance of considering the vulnerability and welfare of children, particularly when undertaking home visits to adult.
- Safe and Together is a perpetrator pattern based, child centred, survivor strengths approach to working with domestic violence. Renfrewshire continues to embed the Safe and Together model of practice and social work, health and third sector managers attended training specifically designed for child protection supervisors in May 2018. Plans have been put in place this year to undertake joint training for health visiting and social work staff on the use of the neglect toolkit. The training will take place in May 2018. The aim is to further embed a shared understanding of thresholds in relation to neglect and consolidate the use of a shared approach and language for professionals.

7. Healthcare Associated Infections (HAI)/ Healthcare Environment Inspectorate (HEI)/Core Audits

7.1 Renfrewshire HSCP aim to comply with core audit schedules, ensuring improvements are implemented where required.

Some examples include:

- Within nursing services there are a number of quality assurance tools in place including Core Audit, Professional Assurance Framework and clinical dashboard tools, the outcomes of which are utilised to populate any necessary action plans. This also includes compliance with Pressure Ulcer Prevention policy and SCI processes.
- All Mental Health wards are inspected annually and measured against the HEI readiness aide memoire. In June 2017, this tool was reviewed and adapted to meet the Healthcare Improvement Scotland HAI standards, (2015), was signed off by the Mental Health HAI Steering Group in July 2017 and is now in use.
- Staff compliance with Standard Infection Control Procedures (SICPs) was audited by Senior Charge Nurses (SCNs) in April and October 2017. SICPs are the basic infection control measures necessary to reduce risk of transmission of microorganisms from both recognised and unrecognised sources of infection. Results were sent to the Mental Health HAI Lead to action.
- Every ward is required to complete a monthly audit of staff adherence to standards of hand washing. This is sent to the local Professional Nurse Advisor (PNA) who reports to the Mental Health HAI group.
- Infection Outbreaks are a standing agenda item at the Partnership Infection Control Support Group (PICSG) meetings and any learning following outbreaks is shared at the Mental Health HAI meeting and with local HAI meetings thereafter.
- The Senior Charge Nurses (SCNs), Senior Managers, Infection Control Nurses and any other nominated persons have access to the Share site that includes all Infection Control related information.
- The implementation of an electronic dashboard is currently in progress. This will reduce any duplication for SCNs and perhaps reduce delays in returns of any audits or action plans to the Professional Nurse Advisor.

8. Scottish Patient Safety Programme (SPSP)

8.1 The Scottish Patient Safety Programme in Primary Care aim is to reduce the number of events which could cause avoidable harm from healthcare delivered in any primary care setting. The work is supported by clinicians and staff from NHS Greater Glasgow & Clyde, Clinical Governance Support Unit.

8.2

Examples of risk management improvements:

<u>Renfrewshire Mental Health Service</u>:

- Have had 3 rounds of patient and staff climate surveys completed. Reports are shared with teams to reflect on and discuss the findings during a dedicated meeting.
- Data continues to be collected and entered on to the ward site, the data from this is discussed every 6 weeks and actions agreed.
- Staff continue to utilise the safety brief which is completed throughout the shift by trained and untrained staff, this information forms the base of the shift handover meetings.
- The annual patient and staff surveys continue with the Patient climate survey with action plan drawn from the information supplied. Following a recent audit of the clinical risk screening tool a drop in the wards score was recorded. A meeting was therefore arranged to discuss this involving both consultants and the nursing team. From the meeting an action plan was drawn up to address the deficits which were highlighted. It has been agreed that in future prior to the Multi-disciplinary Team (MDT) taking place, the nurse attending the MDT will remove all the risk screening tools of patients being discussed at the MDT and the risk screening tool will then be

discussed and updated as each patient is reviewed along with the patients drug kardex.

9. Professional Registration

9.1 Registration, revalidation and assurance are essential to maintaining a high level of professionalism. Current arrangements within Renfrewshire HSCP include:

9.1.1 Registration

Health: Across nursing services there is a database recording all registration and revalidation dates for clinical and non-clinical nursing staff. The database for registered nursing staff provides assurance to Renfrewshire HSCP, via the Chief Nurse/Professional Nurse Advisor that systems and processes are in place to check the registration and revalidation dates of all nursing staff. Registration and revalidation responsibilities are those of the nurse, however systems and processes that are in place ensure that lapse of registration is minimised. There is a Board policy and process in place to address lapses in registration.

Social Work: HR/ Business support have access to information held by Scottish Social Services Council (SSSC) which allows them to provide reports on those registered, including relevant renewal dates. However, this is for each different parts of the register. (There are a number of different parts, currently about 16 parts which are relevant to council staff, with more due to open).

9.1.1.1 On 2nd October 2017, the register opened for home care workers. New employees who take up post after this date are now required to register within 6 months of taking up employment. Existing employees have until 2020 to complete their registration. All home care workers are responsible for keeping their registration up to date and informing their line manager of their registration number and status.

To assist our workers the HSCP has invested in a programme of activity to support the registration of the Care at Home workforce. Work has commenced to ensure that the Care At Home Service has a robust system and structured process in place which allows the service to ensure new employees are assisted through the process of application as close to their start date as possible. This system allows the service to monitor and track registration status on a continual basis and action accordingly. The Care at Home, Service Development Team hold responsibility for this function and have approved access to the SSSC online account in order to input relevant data and flag up endorsement requirements to the Lead Counter signatories timeously. The team liaise closely with the employee, SSSC, Human Resources and other relevant staff to ensure information sharing good practice. Existing employee details are also logged onto the SSSC tracking system in the same manner with any impending deadline dates for registration being flagged up to the employee and their line manager. Existing employees are offered the same level of support as new employees. Employees are reminded of the SSSC registration requirements on a regular basis through news magazines, emails and as a standard agenda item at weekly team meetings.

9.1.2 Revalidation

9.1.2.1 **Health:** Revalidation is the process that all nurses need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). Revalidation has been in effect since April 2016 and happens every 3 years. Staff are required to collate evidence and undertake a professional reflective meeting and confirmation to demonstrate that they practise safely and effectively. Renfrewshire HSCP have a

process in place to support revalidation, and to ensure managers and team leaders are informed in advance of staff due to revalidate. The Chief Nurse reports quarterly to the Board Nurse Director in relation to registration/revalidation lapses.

Social Work: Practice in social work is that team managers meet with their direct report every 4/6 weeks. Issues relating to specific cases are recorded on AIS. Wider issues relating to are noted on a pro forma and actions agreed, signed off by both parties, and retained as an ongoing record.

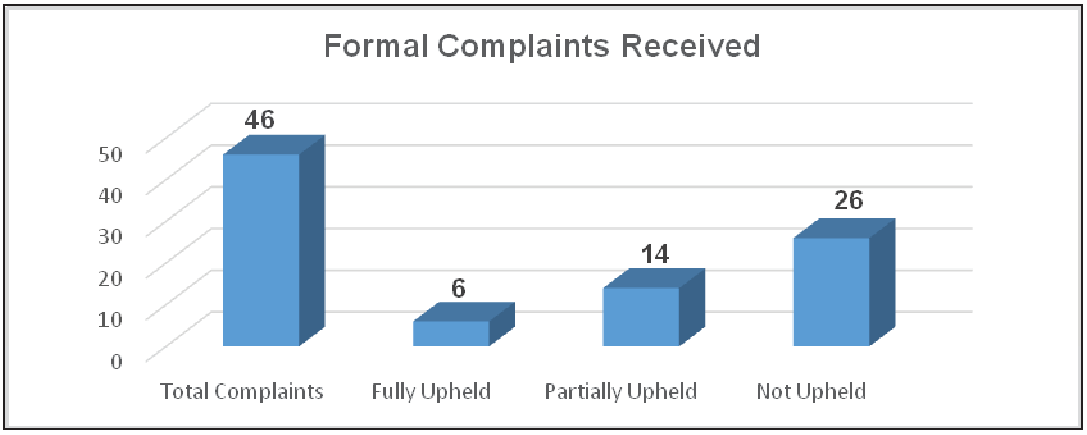
10. Patient Centred

10.1 Complaints

10.1.1 There are two distinct processes and recording mechanisms for health and social work complaints within the HSCP. Health complaints are logged on the Datix system and Social Work complaints are logged on Mail Track.

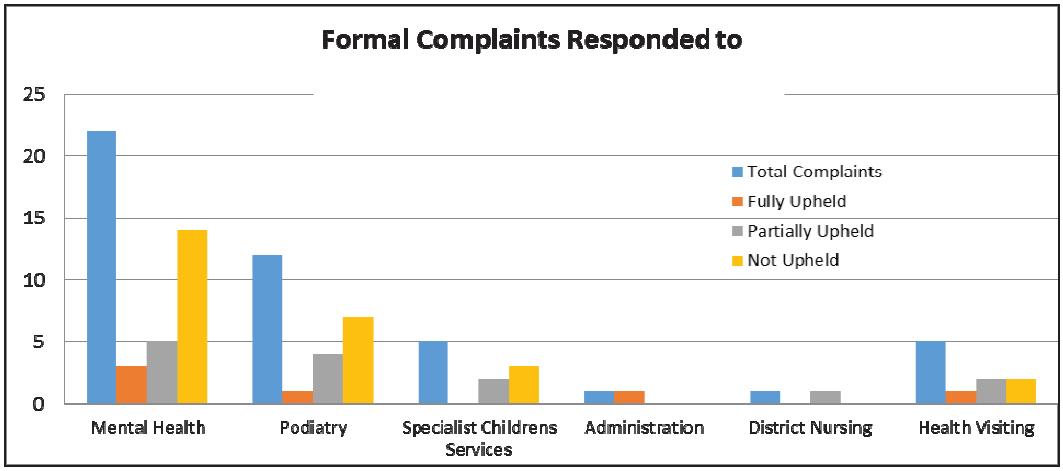
The HSCP are currently working towards a joint process to bring together health and social care complaints.

10.1.2 A total of **46** formal health complaints were received during April 2017 – March 2018 as shown on the chart below:

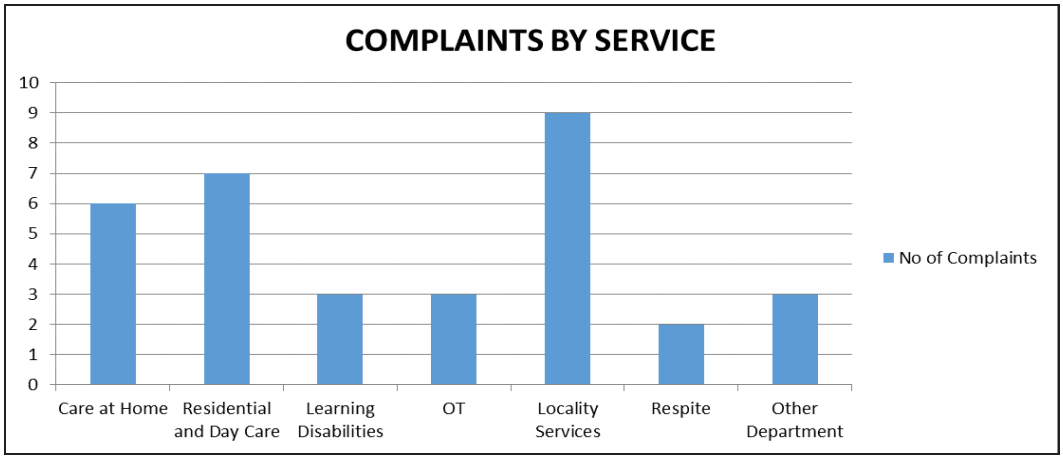


A total of **41** formal health complaints were received in the previous year **(+5).**

10.1.3 The graph below breaks these formal complaints into service area:



10.1.4 A total of **33** social work complaints were received during April 2017 – March 2018 in difference services shown in the chart below:



A total of **21** social work complaints were received in the previous year **(+12).**

10.1.5 Issues & Themes

The issues and themes identified from health and social work complaints included:

- Disagreement with clinical treatment/care plan
- Staff attitude and behaviour
- Delay in appointments and waiting times
- Failure to follow agreed procedures
- Communication
- Change in service
- Service Quality.

10.1.6 **Some of the actions taken in response of Complaints issues were as follows:**

- A mental health complaint regarding where visitors could meet with patients and lack of confidentiality when staff were discussing patients in the area has resulted in the following:
    - New signage will be developed relating to the revised visiting arrangements. A copy of this will be added to the ward carer's pack.
    - All staff reminded of the inappropriateness of discussing patient information in a public area. The Confidentiality and Data Protection Policy will be re-issued to all staff.
- A patient advised that there had been no payment of personal care allowance made. Review of the case and interviews with staff identified that there was no referral made or application for funding submitted following a request for this. This was carried out as a matter of urgency. A full apology was given for the fact that this was outstanding for a prolonged period of time which may have caused unnecessary stress. The patient also highlighted that they had requested a referral to be made for a social worker to carry out a financial assessment and support. This referral was not made until 2nd August 2017 when the patient's case was re-opened to the team. An apology was also made for this error and the referral processed.

- A complaint received regarding alleged provocative and derogatory remarks made by a member of staff to a patient was fully investigated. Despite the investigation finding no evidence to corroborate these allegations, the Chief Officer has requested that all staff within the ward attend Professional Boundaries training which reinforces the type of language and behaviours expected from staff.
- A complaint was received from a family member due to her mother receiving care from a particular care provider that she had specified she did not want. Unfortunately there were challenges in securing an alternative provider at that particular time. A keysafe and the Community Meals service were also not put in place. The lady's need for appropriate equipment to mobilise had changed from her initial assessment in hospital to when she arrived home. Processes for putting services in place have been reviewed.

10.2 **Scottish Public Services Ombudsman (SPSO)**

Once a complaint has been investigated and a response issued to the complainant, they have the right to approach the Scottish Public Services Ombudsman (SPSO) if they remain dissatisfied. Of the total number of complaints for health and social care, **5** were submitted to SPSO, **3** for Mental Health, **1** for Residential & Day Care and **1** for Health Visiting.

1. A complaint submitted to the HSCP in June 2016 regarding care and treatment provided by Esteem to a patient. In November 2017 the Ombudsman notified the Board and the HSCP of their decision to uphold the complaint that:
    - The HSCP failed to provide adequate care and treatment to the patient;
    - The HSCP failed to communicate appropriately with the complainant when they raised concerns about the patient's condition; and
    - There was a failure to adequately monitor the patient during his admission to hospital.

    Esteem is now under management of Glasgow HSCP and the recommendations made by the SPSO have been passed to them to comply with.

2. The SPSO advised us in January 2018 that a complaint submitted by a patient in November 2017 regarding his care and treatment while an inpatient in Dykebar Hospital did not require a formal investigation.

3. A complaint regarding Liaison Psychiatry/Community Mental Health mental health was referred for review to the Ombudsman in July 2017. In February 2018 the Ombudsman advised they have upheld the complaint that the Board failed to provide a reasonable standard of psychiatric care and treatment to the patient. A copy of the findings and recommendations made by the Ombudsman has been sent to the HSCP Head of Mental Health to ensure compliance by 13 March 2018.

4. We await the outcome of a health visiting complaint submitted to the SPSO for review.

10.3 All actions that require to be reviewed must be reviewed by the Service Managers to ensure there are in place and that learning is shared with appropriate teams. Key members of staff have been trained to use the electronic actions module within Datix in order to track progress on actions.

10.4 Patient/Service User/Client and Carer Feedback

10.4.1 Renfrewshire HSCP have a positive approach to feedback and aim to use this to inform continuous improvement in service provision and ways of working.

The HSCP continues to ensure mechanisms are in place to obtain feedback from patients/service users/carers. Varies mechanisms have been used to capture experience of people who have been using/receiving our service(s) so that we can learn both from what works for people and their priorities.

10.4.2

Examples include:

- Patient conversations continue within in-patient areas in mental health twice yearly in each ward. Dates are planned for the year in advance and patients and their carers are invited to an informal discussion about their experiences in the ward. After each meeting, feedback is provided on a poster which describes the positive comments and any concerns raised by patients and their carers and what was done in response. These visits are carried out by the Service Manager, Professional Nurse Advisor and a representative from the service user organisation - Mental Health Network.
- Renfrewshire HSCP Children Services, including the Family Nurse Partnership took part in the 'What matters to you?' day on 6th June 2017. This Scotland-wide campaign aims to encourage and support meaningful conversations between people who provide health and social care and the people, families and carers who receive such care.
- The Podiatry Service embraces the 'Tell me what matters to you' approach in their every daily practice.
- Suggestion boxes in Podiatry clinics to give services users the opportunity to feedback
- 'Just to Say' cards in outpatient areas
- Feedback from Renfrew Community Immunisation clinic in June 2017
- Annual feedback surveys in the Community Mental Health Team.

10.4.3 The HSCP also continue to work with a local volunteer to gain valuable insight into patient service user and carers experience. A number of services have invited the volunteer into their services to have conversations with people we care for and their carers about their experience, treatment, involvement and care. Conversations are based on the five 'Must Do With Me' areas being promoted and supported through the Person-Centred Health & Care Collaborative. Each service area received direct feedback following this initiative and supporting action plans are in place based on areas identified for improvement.

10.4.4

Example of Patient Experience Initiative which has led to improvements in services based on feedback from patients/carers:

Family Nurse Partnership (FNP) Initiative:

- **Recommendation 1:** More opportunities to meet with groups of other young mums. **Action:** Messy Play for FNP clients took place in November 2017, with further plans underway to run this again.

- **Recommendation 2:** Improve on the initial contact as involvement by other agencies can cause concern and result in initial refusal to enrol in the programme. **Action:** The FNP are working collaboratively with Barnardos, Health improvement and other agencies across Renfrewshire and the other Local Authority Areas to ensure that young women are linked into community resources. FNP have also met with senior midwives to ensure that the pathway and notification process is followed.

10.4.5 Views and options of staff are also being sought via the iMatter survey which provides results on a team basis and enables them to identify areas of improvement. iMatters tool from the Scottish Government aims at helping individuals, teams and public sector organisations understand and improve staff experience. Staff experience involves individuals feeling motivated, supported and cared for at work and can be observed in levels of engagement, motivation and productivity.

11. Mental Health Officer (MHO) Service

11.1 The Mental Health Officer Service provides a responsive service to requests for consent to detentions under the MHCTA and ensures that individuals who are subject to detention receive information regarding their rights to appeal detention, access to independent advocacy and independent legal advice or representation. The service also ensures identification of Named Person in terms of the MHCTA.

11.1.1 Demand for Adult with Incapacity (AWI) reports, which require to be completed by a qualified Mental Health Officer (MHO), has risen steadily over recent years (this mirrors increases across Scotland). In 2017-2018 Renfrewshire received **208** requests for AWI MHO reports. In the previous year there were **202** such requests and **137** in the 2015/2016 year.

11.1.2 The other main area of work for the Mental Health Officer Service is around the Mental Health (Care and Treatment) (Scotland) Act 2003. The number of detentions under the Act has risen by 16% in the past year.

11.1.3 Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen significantly in recent years, from **79** in March 2015, to **107** in March 2016, to the current figure of **171**. Each order requires a qualified social worker to act as the "nominated officer" on behalf of the CSWO for day to day management of the case. In addition, there are currently approximately **425** private welfare guardianship orders running throughout Renfrewshire.

11.1.4 There has been an increase in referrals (all types) to the MHO Service of **44**%.

11.1.5 **Examples of key areas of work within the Mental Health Officers (MHOs) Service:**

- MHOs have robust processes to ensure new legislation requirements, changes and updates are disseminated to the Mental Health Officers group quickly and any relevant briefings or update training is provided
- Ensure completion of statutory reports and associated applications under the Mental Health (Care & Treatment) Act (MHCTA) and Adults with Incapacity (AWI) Acts
- Have involvement in Multi-Disciplinary Team meetings, Care Programme Approach/Multi-Agency Public Protection Arrangements and other meetings (as required)
- Assist and advice colleagues in terms of the application of legislation MHCTA/AWI/Adult Support and Protection (ASP) and attend case conferences (as necessary)
- Annual MHO Continuing Professional Development day is held
- Annual Registered Medical Practitioner/Mental Health Officer Clinical Development session is held to ensure and promote exchange of learning and understanding between professions
- Comply with the National Standards for MHO services and codes of practice for the MHCTA/AWI & ASP Acts and SSC Codes of Practice.

12. Care Inspectorate

12.1 The Care Inspectorate regulates and inspects care services to make sure that they meet the right standards. They also jointly inspect with other regulators to check how well different organisations in local areas work to support adults and children. They carry out inspections of registered services such as care homes, day services and care at home and publish inspection reports which grade care services according to set criteria.

12.1.1 The performance of Renfrewshire's adult services in terms of grading is detailed below:

Grading Scale: Grade 6 – Excellent, Grade 5 – Very good, Grade 4 – Good, Grade 3 – Adequate, Grade 2 – Weak, Grade 1 – Unsatisfactory
NA – Not Assessed

	Quality of Care & Support			Quality of Environment			Quality of Staffing			Quality of Management & Leadership		
Service	Previous	Current		Previous	Current		Previous	Current		Previous	Current	
Care at Home	5	4	↓		NA		5	5	↔	5	3	↓
Disability Resource Centre	6	6	↔	NA	5		6	6	↔	NA	6	
Residential												
Montrose	6	5	↓	6	6	↔	5	5	↔	6	4	↓
Hunterhill	6	4	↓	NA	4		NA	4		6	4	↓
Renfrew	4	5	↑	NA	5		NA	5		4	4	↔
Weavers Linn	5	5	↔	NA	5		6	6	↔	NA	5	
Day Services												
Ralston	5	6	↑	5	5	↔	5	5	↔	5	5	↔
Montrose	6	6	↔	NA	5		NA	5		5	5	↔
Renfrew	5	5	↔	4	4	↔	4	4	↔	4	5	↑
Johnstone	6	6	↔	6	6	↔	5	5	↔	5	5	↔
Falcon	5	6	↑	5	5	↔	5	5	↔	5	5	↔
Learning Disability Services												
Milldale	4	4	↔	NA	4		4	4	↔	NA	4	
Mirin	4	4	↔	4	4	↔	4	4	↔	4	4	↔
Spinners Gate	5	5	↔	NA			5	5	↔	5	NA	
Anchor Centre	4	4	↔	3	5	↑	4	4	↔	3	4	↑

*Grading is accurate at time of reporting.

12.1.2 The performance of partnership services was varied with one service recently receiving adequate grade. Over 2017/18, this service has been subject to an objective and focused review to identify service pressures and to determine root causes of the changes and concerns which impact on delivery of Care at Home Services.

The emerging themes from the review were:

- Improving ways of working, workforce productivity and overall service governance;
- Improving data collection and reporting;
- Improving referral process & service user pathways; and
- Assessment and review.

A whole service improvement plan has been developed to capture and monitor actions from this review. *(Update on this review has been subject to a separate IJB paper).*

It is the HSCPs ambition to have good or above grading for all services.

12.1.3 Renfrewshire Learning Disability Services provide both day and respite services which are registered with the Care inspectorate. The services continue to work to improve their grading on inspection against the standards. All services have good to very good across the 4 National Standards**.**

12.2 The Mental Welfare Commission also carries out unannounced visits to our hospital wards to ensure that staff are complying with the ward and service policies. Reports are produced after each visit so that services can learn from them and improve the area and treatment that they provide.

12.3 Scottish Ministers have also asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of the strategic plans prepared by integration authorities, from April 2017, in which Renfrewshire HSCP was subject to a Joint Inspection (Adults)*[1] between October and December 2017. The aim of this inspection is to ensure that the integration authorities have building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, namely:

- A shared vision
- Leadership of strategy and direction
- A culture of collaboration and partnership
- Effective governance structures
- A needs analysis on which to plan and jointly commission services
- Robust mechanisms to engage with communities
- A plan for effective use of financial resources, and
- A coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning.

***[1] At the time of writing this report feedback from the recent HSCP Adult Services Inspection is awaited.**

13. Quality Improvement / Clinical Effectiveness

13.1 Renfrewshire HSCP aim to ensure that priorities are identified that lead to

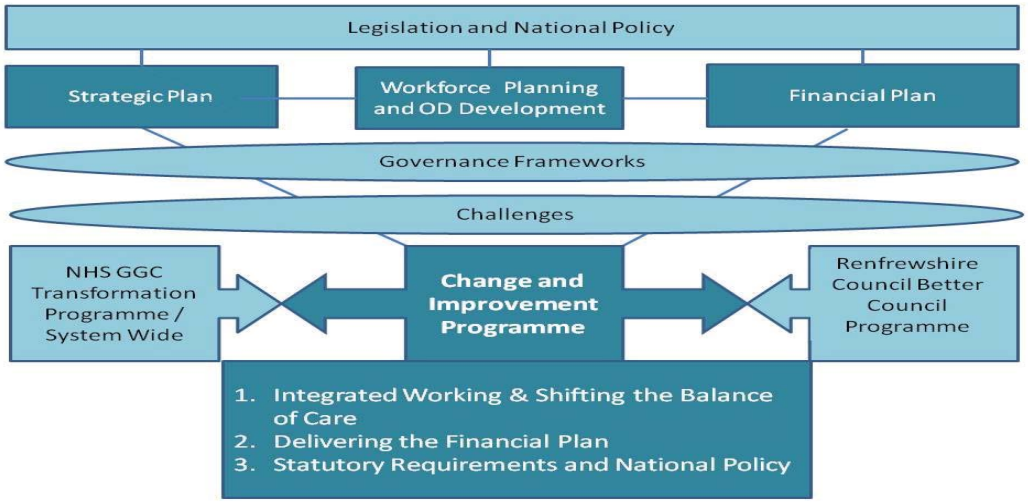
improvement in services. Examples of improvements which have been developed in specific Renfrewshire Services over the last year are detailed within **Appendix 1.1**.

13.2 Over the last year the Senior Management Team and the Change and Improvement Team have worked with staff on a number of projects/initiatives on areas where it is felt changes could be made to achieve further efficiencies and value for our patients/service users and to address the resource challenges we face.

The HSCP Change and Improvement Team support Heads of Service and Service Managers to successfully scope, plan, manage and implement service improvement and redesign reviews/projects and to ensure these deliver clear demonstrable benefits. This team adopt a structured methodology and technique to manage change across the partnership.

In addition, The HSCP Change and Improvement Programme is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach.

Diagram 1: Change and Improvement Programme



13.3 The HSCP have also introduced a GP alerts system which aims to provide a consistent approach to capture issues and themes on service provision within Renfrewshire. All alerts are reviewed and actioned on accordingly.

14. Implementation of Guidance/Policies

14.1 Renfrewshire HSCP aim to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed at the Renfrewshire HSCP Locality Services and Mental Health, Addictions and Learning Disability Services meetings and actioned accordingly. In addition a number of bespoke sessions have also been facilitated.

14.2 Over the last year Renfrewshire HSCP have responded to a number of consultation exercises including:

Consultation	Date
Professional Standards for Record Keeping Policy	May 2017

Clinical Policy Consultation - MHS 41 Suicide Prevention	June 2017
Safe and Effective Staffing	June 2017
Duty of Candour Regulations	June 2017
Duty of Candour Policy: Draft for Consultation	February 2018

In addition:

- Group meetings are held to review, discuss and comment on revised policies and guidance that are out for consultation e.g. Advanced Statements Guidance, Suicide Reduction Guidance, and Substance Misuse Policy.
- A short working group had been set up to benchmark and produce an implementation plan for the revised Community Mental Health Team Operational Framework. The revised framework is now in place and being applied in services.
- A whole system review for Addictions Services is being led by an independent reviewer to assess all aspects of service and care delivery to ensure they are person-cantered and recovery focused with clear pathways identified within Renfrewshire Addiction Services. This process will incorporate a review of the overall demand and capacity of each of the core services, current staffing profile to ensure the appropriate skill mix and the current clinical and care models within each service. Recommendations will be made to management once the review is concluded and change will be implemented.

15. Good News

15.1 Recognising and celebrating success

Renfrewshire HSCP aim to recognise and celebrate success, whereby a number of staff within the HSCP have received a number of awards for service improvements/initiatives through Renfrewshire HSCP Staff Awards, Chairman's Awards, Mental Health Nursing Forum Scotland - Practice Excellence.

Renfrewshire HSCP Family Nurse Supervisor was nominated, recruited and successfully completed the Queen Nurse Development Programme. This title is awarded to clinical leaders who can demonstrate their impact as expert practitioners. Twenty candidates were selected in 2017 for the first cohort work in communities across Scotland, representing a diverse range of clinical specialities. Our Family Nurse Supervisor received the Queen's Nurse title at an awards dinner on December 1st 2017, having completed the nine month development programme.

In 2018 another 21 candidates have been selected of which two Renfrewshire HSCP Community Nurses have been successful following the recruitment process.

15.2 Direct access to Brain Natriuretic Peptide (BNP) blood tests

After a successful pilot in Renfrewshire, in which GPs were given direct access to BNP (Brain Natriuretic Peptide) blood tests for patients with suspected Heart Failure. This was rolled out across all GP practices in Greater Glasgow & Clyde NHS Board.

The Renfrewshire pilot concluded that providing access to BNP in primary care cost efficiently improves the patient journey, immediately reduces delaying in excluding Heart Failure as a diagnosis, reduces referrals to the Heart Failure Diagnosis Pathway, reduces the number of secondary care attendees for these patients,

reduces waiting times for echo, cardiology review and thus diagnosis, improves the diagnosis of heart failure and other cardiac pathology for these patients and reduces the risk of emergency admission or death prior to commencing treatment.

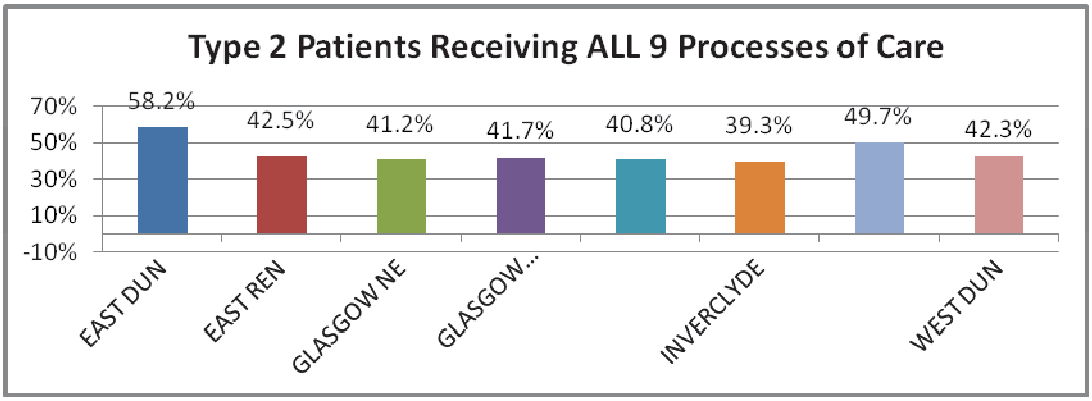
15.3 Renfrewshire Alcohol and Drug Partnership

Renfrewshire Alcohol and Drug Partnership (ADP) provided funding to offer individuals the opportunity to sustain their recovery from alcohol and drugs. The Peer Support Project, which was developed by the NetWork (vocational rehabilitation service), offered a pathway for people who were in recovery from addictions to train to become peer support workers. This involved training a group of individuals in a number of areas prior to attending university to gain a professional development award in Peer2Peer working. Paid work placements were sourced and individuals gained experience in working in the NHS, third sector agencies and for the Department of Work and Pensions. The experience they gained was invaluable which aimed to increase their life chances and progress towards further employment opportunities. In total 16 individuals completed the project and as a result four have gained permanent employment.

15.4 Renfrewshire Diabetes Interface Group

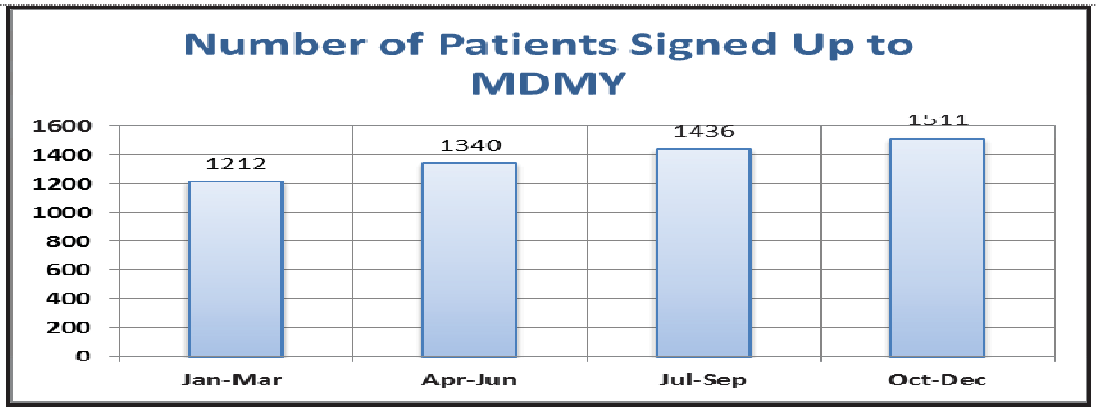
Renfrewshire Diabetes Interface Group meets on a bimonthly basis to further develop joint working to improve the experience and outcomes for people with diabetes living in Renfrewshire. Renfrewshire HSCP issue quarterly diabetic data from the NHS GGC Diabetes Managed Care Network to GP Practices/Clusters. This data shows how many patients with diabetes have received all 9 Processes of Care.

The HSCP Performance at end March 2018 is outlined below:



The 9 Process of Care in the diabetic bundle are: 1. HbA1c, 2. Weight, 3. Blood Pressure, 4. Smoking Status, 5. Diabetic Retinopathy Screening, 6. Urinary Albumin, 7. Creatinine, 8. Cholesterol, 9. Foot Risk.

15.4.1 A key aim of the Diabetes Interface Group is also to promote the use of My Diabetes My Way (MDMW). There is clear evidence that MDMW is a useful website for patients and improves their understanding of their own disease, by allowing patients to follow their diabetes, see their blood results and follow their blood pressure readings. Link: www.mydiabetesmyway.scot.nhs.uk. Over the last few years there has been a steady rise in people signing up to MDMW in Renfrewshire from 1212 individuals signed up (as at MDMW Quarterly Report: January - March 2017) to 1511 **(+299)** (as at October – December 2017).



16. Conclusion

16.1 Renfrewshire HSCP will continue to work in a way that fosters continuous improvement in clinical, quality and safety at all times. We believe we have achieved an effective mechanism for assessment and assurance regarding quality, care & professional governance and we will strive to make improvement wherever possible.

Through our governance arrangements we will ensure safe and effective quality care has a focus on management of risk, of improving care and delivering better outcomes.

16.2

Next steps for 2018/2019:

Future governance:

- Implement the proposed new HSCP Quality, Care and Professional Governance structure/arrangements.
- Update Renfrewshire HSCP Quality, Care & Professional Governance Framework in line with the proposed new structure.
- Continue to facilitate bespoke sessions to support Quality, Care & Professional Governance arrangements and to learn from incidents and complaints.

Legislative Requirements:

- Through Renfrewshire's governance arrangements/structure oversee legislative requirements, external changes and national policies which the HSCP must address over 2018/19 to ensure statutory compliance, good governance and to protect our service users and workforce.
- Ensure compliance with the new General Data Protection Regulation (GDPR).
- Acting upon any actions and recommendations coming out of the recent HSCP Adult Services Inspection.

Policies & Procedures:

- Update Renfrewshire Falls Strategy.
- Develop combined Locality Services Service Specification and Operational Policies.

17. Recommendations

The Renfrewshire HSCP Quality, Care and Professional Governance Executive Group, Integrated Joint Board and NHSGG&C Board are asked to:

- **Note** the content of this report; and
- **Approve** the proposed new HSCP Quality, Care & Professional Governance
- **Note** that future annual reports will be produced in line with NHS Greater Glasgow & Clyde reporting cycle of April – March.

Appendix 1a

Renfrewshire HSCP
Examples of improvements which have been developed in specific Renfrewshire Services over the last year (April 2017 – March 2018)

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Addiction Services			
Improve access to Harm Reduction services including Needle Replacement, wound care, Blood Bourne Virus (BBV) Testing and Hepatitis Immunisations.	Offer Harm Reduction Clinic one evening per week.	Clients have wider access to clean injecting equipment and the choice to access BBV testing when out with core opening hours.	Numbers attending service.
Increase access to Naloxone to clients who are not currently in treatment with Renfrewshire Drug Service (RDS).	Develop peer support Naloxone training in conjunction with Scottish Drugs Forum.	Individuals not in contact with mainstream treatment services will be outreached to and offered Naloxone.	Numbers of Naloxone kits distributed.
Children & Families			
To develop and fully embed Children's Immunisation Community Clinics within Renfrewshire.	Children's Immunisation Community Clinics are almost fully in place with the exception of 3 GP Practices. Current test of change taking place in Ferguslie texting parents the day before to remind of their child's Immunisation appointment. Early results are proving positive with a noted reduction in DNAs. Further development of this process across Renfrewshire will be considered following final outcome.	Review of 3 GP Practices is required to align them with immunisation community clinics. Parents have welcomed the immunisation clinics as seen from Survey 6th June 2017 'What matters to me' Survey to be repeated June 2018	Immunisation clinic returns are completed weekly. Average attendance is 65%- 76% with approx. with 20 % DNAs. Immunisation rates have remained high and Renfrewshire uptake is noted to be above the Scottish average.
District Nursing			
Housebound flu vaccination programme. Pilot tested 2017 with 14 GP practices.	To vaccinate all housebound patients with flu vaccine as early as possible	Improved patient care and reduced GP workload. (This model can now be considered for roll out across the HSCP area, it demonstrates what can be achieved with shared goals, team-working and a vision for the future of what	Results show participating practice patients were quickly and completely immunised by dedicated DN team funded jointly by HSCP and GPs within a four week period, amounting to a total of 1176 vaccinations

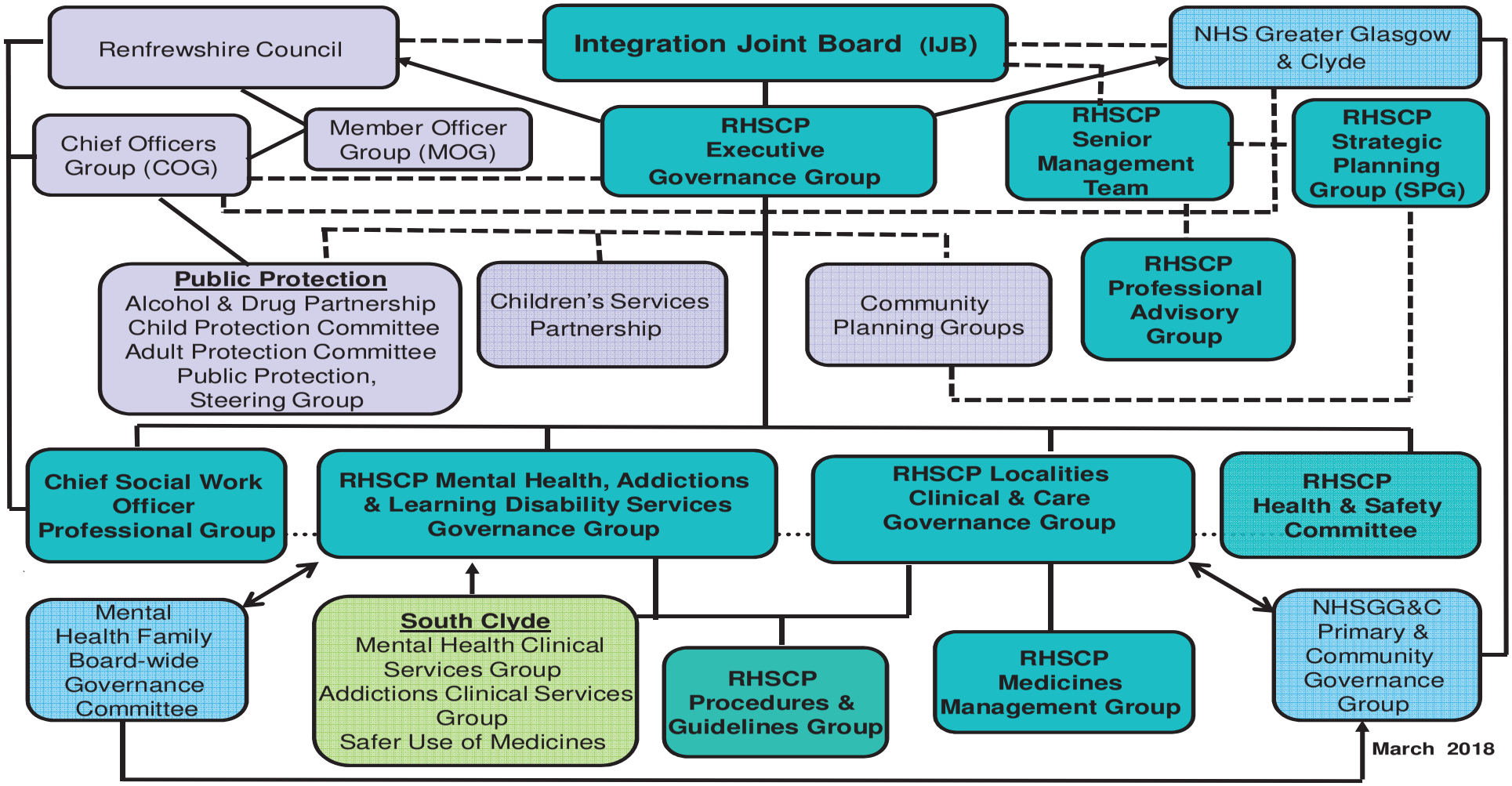
		primary care services may look like).	delivered.
Mental Health Officer (MHO) Service			
Business Information	Reviewed Business Process introduced over past 18 months	Better data reporting of service activity and demand enabling more robust workforce planning	SWIFT/AIS Management Reports
Mental Health - Community Adults			
All Paisley CMHT clients who are on "High dose monitoring" and depot injections will now receive a physical health check in line with GG&C Physical Health Care Policy.	Better physical health outcomes for clients.	Audit will be in Spring 2018.	
Mental Health - Community Older Adults			
Introduction of EMIS, moving towards a paperless system.	EMIS introduced in February 2017, training rolled out across Renfrewshire HSCP for community mental health services.	All staff now recording notes electronically.	• Core audits • Multi-Disciplinary Teams • Case load management.
To ensure all patients referred to older people's community mental health team receive initial appointment within four weeks of referral.	To create one community nursing team able to assess patients across Renfrewshire HSCP for mental health initial assessment. Occupational Therapy staff now included within initial assessment rota.	By removing area boundaries for nursing team, 4 week target now being met	Able to manage through EMIS.
To ensure standards of practice across Older People (OPCMHT) Community Mental Health nursing teams.	Nursing staff brought together in one room to share learning, experience and knowledge, making it easier to implement appropriate assessment tools.	All Nursing staff now utilising the same assessment and recording tools to provide safe standards of practice across Renfrewshire HSCP for OPCMHT.	Reviewed at: • Multidisciplinary Team (MDT) and • Case load management • Core audits.
To ensure that patients are receiving the appropriate care within community.	To create a process for all staff involved with Self Directed support (SDS), that would enable integrated work, employing staff with the correct skills to ensure an enhanced level of care of patients and reduce staff tensions.	Process discussed and agreed with agencies involved with SDS within OPCMHT, leading to an agreed pathway and process that utilises skills of staff. Staff aware of their role and responsibilities within this process.	Process reviewed by senior members of staff 6 monthly.
To increase engagement with nurse led memory clinic.	Staff to carry out memory assessment at patient's home.	Enhancing information gathered at assessment Reducing DNA rates.	

To provide enhanced level of care for those older adults admitted to acute wards experiencing mental health complex difficulties.	Development of role of liaison team with acute hospital.	Older adults admitted to acute wards with complex mental health issues, now receiving enhanced support. Reduction in length of stay for older adults with complex mental health issues within acute wards due to effective management of mental health issues.	
To enhance level of care provided to those older adults residing in care homes.	Development of care home liaison team.	Reduction of admissions to hospital	
Mental Health – Inpatients			
Support on-going training for Promoting Excellence Dementia Skilled.	The Senior Charge Nurse is acting as a facilitator for 1 day training for Promoting Excellence-Dementia Skilled Calendar of dates continued throughout 2018	Improved skill level for staff working with patients with dementia Partnership working with sessions being delivered by and to both health and social care staff groups	Senior charge nurses sign of those staff completing Promoting excellence- Dementia Skilled Register of staff who have undergone the training. Those who completed training are now able to advance to Stress and Distress training.
Dementia Specialist Improvement lead course	Senior charge nurse undertaking the Dementia Specialist Improvement Lead (DSIL) course. Develop a programme of training and continuous improvement across South Clyde. Clinical Psychologist now in post for Inpatient Complex care ward. Both Clinical Psychologist and Senior Charge Nurse have completed NES 2 day Stress and Distress training with additional coaching sessions.	Improved skill level for staff working with patients with dementia. Improve staff resilience Development of a Project Implementation plan and proposed training calendar due to commence April/May 2018 with 2 day training for registered nurses/ AHP staff and Modular sessions for Health Care Support Workers.	In development stage. Register of staff completing the training. Once staff complete training, Stress and Distress management process will be implanted in the ward. This is expected to improve the experience of those with distressed behaviours and support staff to meet patients needs
Occupational Therapy (OT) Service (Mental Health)			
Support and engage with new patients at point of admission to Adult acute ward.	New welcome leaflet and welcome group established in Leverndale Hospital, Ward 3B.	Increase patient knowledge of the groups and therapies they can access during inpatient stay.	Good attendance at welcome group. Positive feedback from patients.
Provide the adult inpatient service with peer support to enable their recovery journey	New Peer support post established in Leverndale Hospital, Ward 3B.	Support and enhance adult inpatient recovery journey.	Nursing staff, Consultants and Psychology staff positively commented about the additional support and unique contribution of the peer support worker.

			Patients actively seeking out the peer support worker.
Increase the use of standardised assessments in the Older Adult wards	Assessment of Motor and Processing skills (AMPS) trained staff rotated to older adult wards.	Improvement in assessment of function of our patients and a reliable outcome measure of OT intervention.	Old Age Psychiatry Consultants are requesting AMPS assessment to support discharge planning. Quicker assessment of needs due to accuracy of baseline functional assessment.
Renfrewshire's contribution to Allied Health Professionals (AHP) Connecting people Connection support strand of the Dementia strategy 2017/2020.	Support Alzheimer's Scotland national group with a new social media twitter account for people with Dementia and their carers.	Share OT related and hints and tips that support people with dementia and their carers.	Twitter analytics currently collating data.
Scope seating requirement needs and manage current specialist seating stock in all older adult wards.	Seating inventory established. All seating detailed in type and service/repair requirements.	Accurate data base of seating which can be utilised for patient need.	Patient seating needs identified quicker. Reliable stock details and seating service needs met in a timely basis.
Prescribing Support Pharmacist & Prescribing Support Technicians			
Improve compliance with medication within the homecare setting for patients	PSTs & PSPs visit patients at home following referral from RES, GP practices or Care at Home	Patient able to take their medication at home, medication effective, polypharmacy review where appropriate	Evaluation report completed annually.
Serial prescribing rolled out across Renfrewshire HSCP linking GP practices and community pharmacies	Patients suitable for CMS are identified by the PSPs or GP practice and patient attends pharmacy for prescription	Patient has less steps involved for regular repeat medication where suitable	% of patients signed up for in GP practices to achieve reduced workload of repeat prescriptions should be around 10%.
PSPs team now working in Clusters within Renfrewshire HSCP	PSPs were reallocated GP practices within clusters	PSPs are able to support GP practices within their cluster if PSP absent	Greater PSP support to GP practices.
Rehabilitation & Enablement			
Increase referrals from DN to RES team	Weekly meeting with DN teams	Awaiting to evaluate.	

Renfrewshire Health & Social Care Partnership (RHSCP)

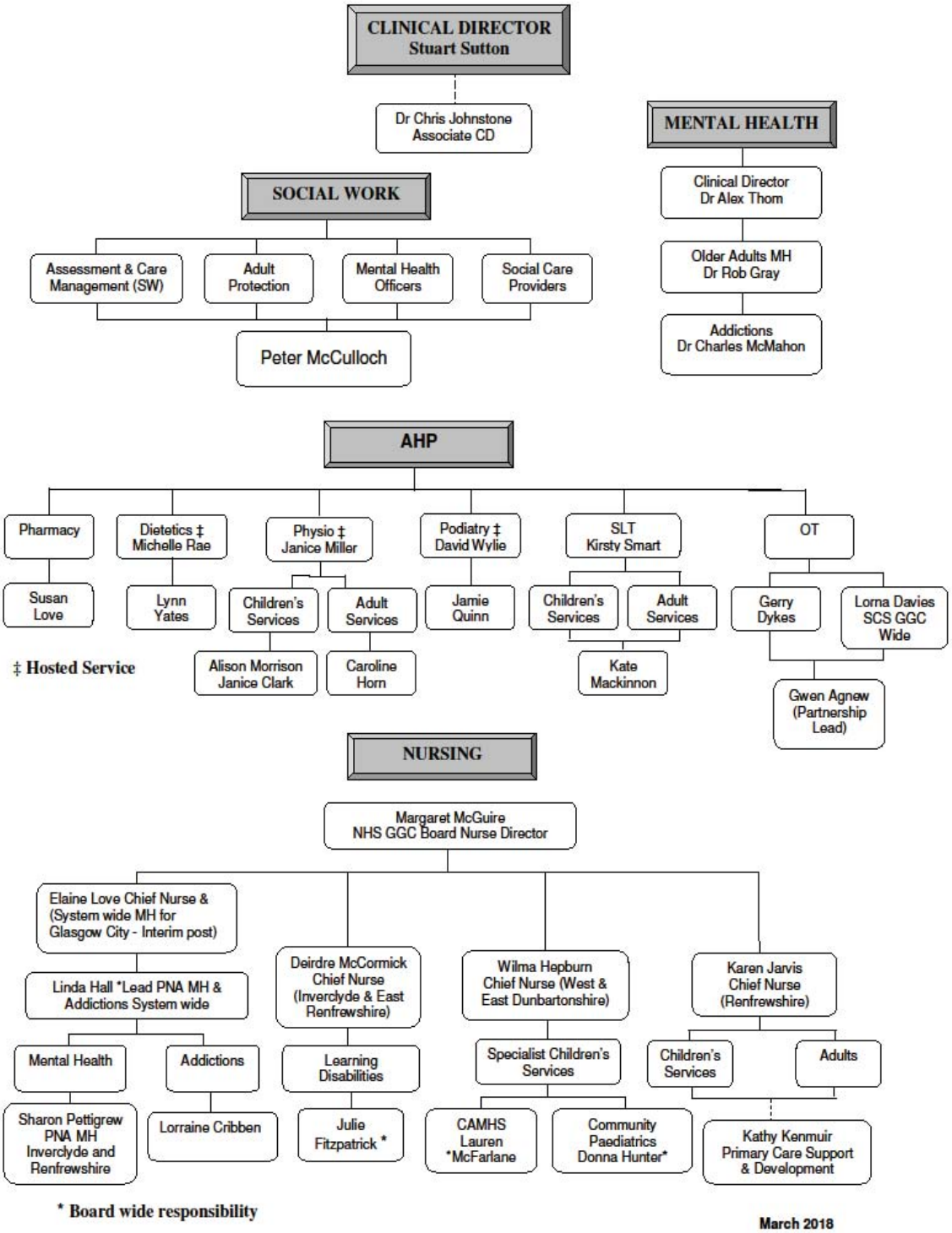
Quality, Care & Professional Governance Structure



March 2018

Renfrewshire Health & Social Care Partnership

Renfrewshire Professional Structure



To: **Renfrewshire Integration Joint Board**

On: **29 June 2018**

Report by: **Chief Officer**

Heading: **Inspection of Adult Health and Social Work Services in Renfrewshire**

1. Summary

1.1 On 11 September 2017, the Chief Officer, Renfrewshire Health and Social Care Partnership received notification from the Care Inspectorate and Healthcare Improvement Scotland that a joint inspection of adult health and social care services in Renfrewshire would be undertaken in the coming months. The aim of the inspection is to ensure that the relatively newly formed integration authority has the necessary building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, namely:

- a shared vision
- leadership of strategy and direction
- a culture of collaboration and partnership
- effective governance structures
- a needs analysis on which to plan and jointly commission services
- robust mechanisms to engage with communities
- a plan for effective use of financial resources, and
- a coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning.

1.2 The purpose of this inspection was for the HSCP to answer the question "How well do we plan and commission services to achieve better outcomes for people?" Included within the inspection was an evaluation of how people experience our services and the extent to which the HSCP is making progress in its journey towards efficient, effective and integrated services which are likely to lead to better experiences and improved outcomes over time.

1.3 Renfrewshire was the second HSCP to be inspected using this new model.

2. Recommendation

It is recommended that the IJB:

- Note the publication of the Inspection Report;
- Acknowledges the work of staff throughout the HSCP in delivering the positive leadership and performance that is reflected in the Inspection Report; and
- Agrees the Improvement Plan as detailed in Appendix 1.

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3. Joint Inspection of Adult Health and Social Care Service in Renfrewshire

3.1. The joint inspection took place between October and December 2017. In preparation for the inspection, the partnership undertook a self evaluation across the following Quality Indicators that the Care Inspectorate and Healthcare Improvement Scotland had identified as being in scope for the inspection:

- Quality Indicator 1 - Key performance outcomes
    - 1.1 Improvements in partnership performance in both health and social care
- Quality Indicator 6 – Policy development and plans to support improvement in service
    - 6.1 Operational and strategic planning arrangements.
    - 6.5 Commissioning arrangements
- Quality Indicator 9 – Leadership and direction that promotes partnership
    - 9.1 Vision, values and culture across the partnership
    - 9.2 Leadership of strategy and direction.

The partnership self evaluated each of the Quality Indicators as Level 4 – Good using the Care Inspectorate/Healthcare Improvement Scotland's six point scale below.

Level 6	Excellent	Outstanding or sector leading
Level 5	Very good	Major strengths
Level 4	Good	Important strengths with areas for improvement
Level 3	Adequate	Strengths just outweigh weaknesses
Level 2	Weak	Important weaknesses
Level 1	Unsatisfactory	Major weaknesses

3.2. The self-evaluation together with supporting evidence and examples of good practice were submitted to the Inspection Team on 27 October 2017. Following this the inspectors carried out a series of onsite scrutiny sessions with staff, partners, providers, carers and service users.

3.3. In addition, a staff survey was undertaken by the inspectors and the results of which have informed the inspection report. The results of the survey were presented to the Health and Social Care Senior Management Team on 10 November 2017. At that time the response rate (34%) was the highest received by the inspection team and it was also noted that the overall response to the questions was more positive than the national average.

3.4. On 18 April 2018, the Care Inspectorate and Healthcare Improvement Scotland published their findings from the inspection in the report 'Joint Inspection (Adults) the Effectiveness of Strategic Planning in Renfrewshire'. A copy of the report is available at: http://www.careinspectorate.com/images/documents/4344/Joint%20inspection%20(Adults)%20Strategic%20Planning%20Renfrewshire.pdf

3.5. The report:

- highlights that Renfrewshire Health and Social Partnership are making significant progress on improving residents' health and social services,
- concurs with the self assessment that Quality Indicators 1 and 6 are Level 4 – Good.
- very positive comments on Quality Indicator 9 have been provided within the report. In advance of the inspection, the partnership was advised that Quality Indicator 9 would not be given a formal grade.

3.5 On the whole, the report is positive and highlights the following key successes:

Key Performance Outcomes

- The partnership has a robust, structured approach to monitoring progress in performance. Regular reports are produced and these are reviewed by senior managers and the IJB. Exception reports are also produced for the IJB.
- The partnership is performing well against national targets. A key area of success is the timely discharge of individuals from hospital. The partnership has a history of low rates of delayed discharge and is continuing to perform well.

Strategic Planning and Commissioning Arrangements

- The partnership has completed a joint strategic needs analysis, supporting the development of its joint strategic plan and related plans.
- The partnership has successfully begun the development of a range of early intervention and support services for adults and their carers.

Leadership and Direction that supports Partnership

- The partnership has a clear vision which is understood and shared by all grades of staff. There is a strong commitment to the delivery of health and social care services in line with this vision. There are clear connections between the vision and the strategic plan.
- Members of the senior management team are highly visible, and supportive of frontline staff. Joint working is promoted, and a culture of integrated working is evident. The joint working is contributing to the delivery of positive outcomes for people experiencing health and social care services.

3.6 As well as recognising the Partnerships important strengths, the Inspection report also identifies the following areas for improvement:

QI 1.1 Improvements in partnership performance in both healthcare and social care:
Develop a strategic approach to gathering qualitative and outcome focussed feedback from people who experience health and social work services.
Benchmark our performance against other partnerships across the country
QI 6.5 Commissioning Arrangements
Work with the local community and with other stakeholders to develop and implement a cross-sector market facilitation strategy
Develop joint robust quality assurance systems and a joint programme of quality assurance activity that are embedded in practice
Involve people who experience services, carers and key stakeholders, including the third and independent sectors, at an earlier stage when services were being planned or (re)designed
Revised and updated strategic commissioning plan including: • how priorities are to be resourced • how joint organisational development planning to support this is to be taken forward • how consultation, engagement and involvement are to be maintained • fully costed action plans including plans for investment and disinvestment based on identified future needs expected measurable outcomes
QI 9.2 Leadership of strategy and direction
Conduct a training needs analysis and developing a structured programme of sessions for IJB members

The Inspectors feedback highlighted that the HSCP has built a strong foundation to work from in taking forward improvement actions. The improvement plan, detailed in Appendix 1, will support the partnership to address the areas for improvement identified within the inspection report.

4. Next Steps

4.1 Following agreement of this report and improvement plan, the actions identified within Appendix 1 will be driven forward and an update will be provided as part of the Annual Performance Report 2018/19.

4.2 The Inspection report will also be considered at key fora such as the Public Protection Chief Officers group, the NHS Board's Clinical and Care Governance Committee and the HSCP's Staff Partnership Forum and more specific or detailed recommendations from these groups which support the improvement plan will be fed into the overall improvement programme.

Implications of the Report

1. **Financial - none.**
2. **HR & Organisational Development - none**
3. **Community/Council Planning – none**
4. **Legal – none**.
5. **Property/Assets – none**
6. **Information Technology – none**
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety – none**
9. **Procurement – none**
10. **Risk – none**
11. **Privacy Impact – none**

List of Background Papers - Update on Joint Inspection for Adult Services (15 September 2017)

Author: Yvonne Farquhar, Service Planning and Policy Development Manager

Any enquiries regarding this paper should be directed to Ian Beattie, Head of Health and Social Care Services (Ian.Beattie@renfrewshire.gov.uk / 0141 618 6855)

Adult Health and Social Care Services in Renfrewshire

Inspection Improvement Plan

Quality Improvement Indicator 1: Key Performance Outcomes:		
QI 1.1 Improvements in partnership performance in both healthcare and social care		
Improvement Area 1: Develop a strategic approach to gathering qualitative and outcome focussed feedback from people who experience health and social work services		
Action	**Responsible Officer**	**Timescales**
Patient experience feedback is closely linked to the Strategic Plan and an annual report will be presented to the IJB. Actions will include: • Recruitment of volunteers to undertake patient experience surveys • Explore opportunities with Renfrewshire Council to include feedback questions within the revised Public Services Panel survey • Continue to consider feedback from Adult Health and Wellbeing Survey (every 3 years)	Head of Strategic Planning and Health Improvement	Ongoing
Improvement Area 2: Benchmark our performance against other partnerships across the country		
We will continue to make use of the Local Government Benchmarking Framework (LGBF) and review our own performance over time, compare performance against peer authorities (family group) and identify areas for improvement.	Head of Strategic Planning and Health Improvement	Ongoing
Using LGBF we will investigate additional opportunities for benchmarking with members of the family group (Clackmannanshire, Dumfries & Galloway, Falkirk, Fife and West Lothian)	Head of Strategic Planning and Health Improvement	Ongoing
Include benchmarking data within the Strategic Plan Annual Report	Head of Strategic Planning and Health Improvement	Included within the 2017/18 Annual Report

Quality Improvement Indicator 6: Policy development and plans to support improvement in service		
QI 6.5 Commissioning Arrangements		
Improvement Area 3: Work with the local community and with other stakeholders to develop and implement a cross-sector market facilitation strategy		
Develop our Market Facilitation Plan in consultation with our stakeholders	Head of Strategic Planning and Health Improvement	First Market Facilitation Plan will be developed by end of June 2018, however this will be regularly reviewed an updated
Improvement Area 4: Develop joint robust quality assurance systems and a joint programme of quality assurance activity that are embedded in practice		
Continue to provide the Clinical and Care Governance Annual Report	Clinical Director	By end of September each year
Where appropriate, each service will develop and embed quality assurance practice	Clinical Director	Ongoing
Improvement Area 5: Involve people who experience services, carers and key stakeholders, including the third and independent sectors, at an earlier stage when services were being planned or (re)designed		
We will build on our existing practice of involving key stakeholders at an early stage in (re)designing our services. As part of this we will investigate using design methods of developing services including the double diamond design process.	All Heads of Service	Ongoing
Improvement Area 6: Revised and updated strategic commissioning plan including: • how priorities are to be resourced • how joint organisational development planning to support this is to be taken forward • how consultation, engagement and involvement are to be maintained • fully costed action plans including plans for investment and disinvestment based on identified future needs expected measurable outcomes		
Develop a revised Strategic Commissioning Plan	Head of Strategic Planning and Health Improvement	April 2019

Quality Improvement Indicator 9:Leadership and direction that promotes partnership		
QI 9.2:Leadership of strategy and direction		
Improvement Area 7: Conduct a training needs analysis and developing a structured programme of sessions for IJB members		
IJB members to undertake a Training Needs Analysis	Head of Administration	December 2018
Develop a programme of development sessions for members of the IJB	Head of Administration	End of September 2018

To:	**Renfrewshire Integration Joint Board**
On:	**29 June 2018**
Report by:	**Chief Officer**
Subject:	**Integrated Children's Services Partnership Plan 2018 - 2021**

1. Summary

1.1. The Children and Young People (Scotland) Act 2014 received Royal Assent on 27th March 2014. Part 3 of the Act places a joint duty on local authorities and Health Boards to produce three yearly Children's Services Plans. The first plan was required to commence on 1st April 2017.

1.2. Statutory Guidance on Children's Services Planning was published in December 2016. The Guidance sets out a number of new requirements which must be followed in developing, implementing and reviewing their new Children's Services Plans. The Guidance encourages innovative presentation formats and emphasises the importance of consultation with children and young people, in developing the plan.

1.3. The Renfrewshire Children's Services Partnership produced an interim plan to cover the period 2017-18. This was to allow a full analysis of the results of the comprehensive wellbeing study carried out with Renfrewshire's children and young people.

1.4. The new, three year Children's Services Partnership Plan for 2018-2021 has been produced in collaboration with children and young people, statutory partners and third sector organisations. It is informed by extensive consultation with children and young people. Following their feedback, we have taken the approach of producing a 'Plan on a Page'. The one page format conveys the all of the essential, high level information required of a plan in a manner which is accessible to children and young people. A copy of the plan (in poster format) will be displayed at the IJB meeting.

1.5. Our 'Plan on a Page' includes multi-media functions which present short video clips of council officers explaining the purpose of the plan as well as links to websites of relevance to local children and young people.

1.6. The new approach is innovative and is inspired by this Scottish Year of the Young Person. The attractive and accessible format of the plan helps Renfrewshire to deliver on its aspiration of being a 'child friendly' council.

1.7. The 'Plan on a Page' will be informed by detailed action plans which are currently being developed by the Renfrewshire Children's Services Partnership. Development of the action plans is being timed to allow their alignment with new national inspection and reporting requirements which will be published imminently.

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2. Recommendations

It is recommended that the IJB:

- Approve the Children's Services Partnership 'Plan on a Page' including the interactive multi-media resources; and
- Note the ongoing development of detailed actions plans to support delivery of the priorities detailed in the Plan. The action plans will be finalised when the new inspection framework and requirements of the new national minimum dataset are confirmed by the Scottish Government. These are anticipated early in the summer.

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3. Background

3.1. In 2016/17 Renfrewshire Council became the first local authority to repeat the collection of wellbeing data about our children and young people. Over 10,000 children and young people participated and provided valuable information about their key developmental outcomes and the risks and protective factors in their lives. The survey data also allowed us the evaluation of the impact of the previous Children's Services Plan and the identification of new priorities for the planning period 2018-21.

3.2. During 2017, the wellbeing data was shared with a wide range of stakeholders in the statutory and voluntary sectors, as well as with many groups of children and young people. Their feedback highlighted three clear priorities for action:

- Improving adolescent mental health and wellbeing;
- Increasing physical activity for all children and young people; and
- Promoting positive adolescent relationships.

3.3. We also consulted extensively with children and young people about what they wanted from our new Children's Services Plan. Their feedback was clear – they wanted a plan which they could easily read and understand and which explained what the Council and its partners would do to improve their lives. Many young people told us that they had never before read a Children's Services' Plan because they found it too long and felt it was aimed at professionals.

3.4. This is the Scottish Year of the Young Person and also of Renfrewshire's aspiration to be a 'child friendly' council, we decided to develop a new,

innovative plan which was attractive and accessible to our children and young people. The 'Plan on a Page' sets out in an eye-catching and colourful format the high level priorities of the Children's Services Partnership and highlights the outcomes we are all working to achieve.

3.5. The Plan also uses interactive, multi-media content to engage and inform children and young people. The Plan includes QR codes which enable smart phone users to access short video clips of the Director of Children's Services and other key staff explaining the purpose of the plan and providing other relevant details about local services and the delivery of the priorities. The Plan also includes links to useful websites such as the 'No Worries' site, Renfrewshire Youth Services and the Scottish Commissioner for Children and Young People.

3.6. The plan incorporates the winning drawings from an art competition in which local primary school children were asked to draw pictures of what they liked best about growing up in Renfrewshire. The winning drawings were chosen by the Children's Champions' Board.

3.7. The plan is underpinned by detailed action plans which set our how partners will deliver the plan and how progress will be measured. These will be finalised when the new inspection arrangements are published.

Implications of the Report

1. **Financial –** None.
2. **HR & Organisational Development** – None.
3. **Community Planning** – The plan aims to ensure that all of our children and young people have the best start in life, are safe and healthy and live in fair, thriving and resilient communities. The plan describes that partners will work together to improve outcomes for all.
4. **Legal –** None.
5. **Property/Assets –** None.
6. **Information Technology –** None.
7. **Equality & Human Rights –** The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None.
9. **Procurement** – None.

10. **Risk** – None**.**

11. **Privacy Impact** – None.

List of Background Papers - Children's Services Partnership Plan 2017-18 (Renfrewshire IJB, 23 June 2017)

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