

Notice of Meeting and Agenda Community Care, Health & Wellbeing Thematic Board

Date	Time	Venue
Wednesday, 20 May 2015	14:00	Johnstone Town Hall, 25 Church Street, Johnstone, PA5 8FA,

KENNETH GRAHAM
Head of Corporate Governance

Membership

Councillor M Brown (Renfrewshire Council); D Leese, Lead Officer and Chief Officer Designate, F MacKay and C Walker, H Cunningham, Health & Social Care Partnership; J Ferrie, Engage Renfrewshire; S McLellan, Forum for Empowering Our Communities; P Nelis, Scottish Fire and Rescue Service; N Burns, Police Scotland; A Cumberland, West College Scotland; A Bonar, University of the West of Scotland (UWS); D Goodman, Renfrewshire Carers; J McKellar, Renfrew Leisure Limited; Dr A Van der Lee, GP Representative; D Reid, Renfrewshire ADP; R Telfer, Scottish Care; S McDonald, Active Communities; S Strachan, L McIntyre, R Robertson and L Muirhead (all Renfrewshire Council).

CHAIR

Councillor I McMillan

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 www.renfrewshire.gov.uk/agendas.

For further information, contact
democratic-services@renfrewshire.gov.uk.

Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to the reception where they will be directed to the meeting.

Items of business

Apologies

Apologies from members.

- | | | |
|----------|--|----------------|
| 1 | Minute of Previous Meeting | 5 - 8 |
| | Minute of Meeting held on 5 February, 2015 | |
| 2 | Rolling Action Log | 9 - 10 |
| | Report by Director of Finance & Resources. | |
| 3 | Interim Progress Report on Year 1 Targets | 11 - 18 |
| | Report by Community Planning Lead Officer. | |
| 4 | Developing a Response to the Poverty Commission Recommendations | |
| | Verbal Update by Chief Officer Designate, Health & Social Care. | |
| 5 | Integration Update | 19 - 26 |
| | Update by Chief Officer Designate, Health & Social Care Partnership. | |
| 6 | Clinical Services Review | |
| | Presentation by Dr Chris Johnstone, Associate Clinical Director. | |
| 7 | Brighter Renfrewshire Alcohol Awareness Week (BRAW) | 27 - 32 |
| | Report by Renfrewshire Alcohol and Drug Partnership. | |
| 8 | Midspan Event and Dissemination | |
| | Verbal update by Community Planning Lead Officer. | |
| 9 | Public Health Review - Stakeholder Engagement | 33 - 42 |
| | Report by Head of Planning and Health Improvement, Renfrewshire Health & Social Care Partnership | |

10 Timetable of Meetings for the Community Care, Health & Wellbeing Thematic Board - September 2015 to October 2016 43 - 44

Report by Director of Finance & Resources.

RENFREWSHIRE COMMUNITY PLANNING PARTNERSHIP

MINUTE OF THE MEETING OF THE COMMUNITY CARE, HEALTH & WELLBEING THEMATIC BOARD HELD ON 5th FEBRUARY, 2015

PRESENT

Councillor I McMillan and Councillor M Brown (Renfrewshire Council); D Leese (Renfrewshire Health and Social Care Partnership); S McDonald (Active Communities); J Ferrie (Engage Renfrewshire); S McLellan (Forum for Empowering Communities); Dr A Van der Lee (GP representative); D Reid (Renfrewshire Alcohol and Drug Partnership); D Goodman (Renfrewshire Carers); F MacKay, C Walker and H Cunningham (all Renfrewshire CHP); S Strachan and L Muirhead (both Renfrewshire Council); J McKellar (Renfrewshire Leisure Limited); R Telfer (Scottish Care); and P Nelis (Scottish Fire and Rescue Service).

Councillor I McMillan, presided.

IN ATTENDANCE

S Nelson (Police Scotland); and T Lavery, Lisa Fingland and C MacDonald (all Renfrewshire Council).

APOLOGIES

N Burns (Police Scotland); R Robertson (Renfrewshire Council); and A Cumberford (West College Scotland).

SEDERUNT

Councillor McMillan advised that an additional report, namely, Public Health Review: Engagement Paper had been tabled and would be taken at the end of the agenda.

1.	<p>MINUTE OF MEETING OF 20th NOVEMBER, 2014</p> <p>There was submitted the Minute of the Community Care, Health & Wellbeing Thematic Board held on 20th November, 2014.</p> <p><u>DECIDED:</u> That the minute be approved.</p>	Noted
2.	<p>ROLLING ACTION LOG</p> <p><u>CCH&W.05.02.14(2) – Midspan Event</u></p> <p>It was noted that a training/information session was to be held on 3rd March, 2015, immediately following the Social Work Health & Well-being Policy Board. An invitation to the session would be circulated to the Board in due course.</p> <p><u>CCH&W.15.05.14(7) – A More Active Scotland Implementation Plan</u></p> <p>It was agreed that a report would be submitted by Renfrewshire Leisure Ltd at the next meeting of the Board.</p>	

	<p><u>CCH&W.04.09.14(9) – Clinical Services Review</u></p> <p>J Ferrie advised that a community engagement event took place on 14th January, 2015 relative to the Clinical Services Review. D Leese intimated that information and data relating to the performance of the new service would be available by the beginning of March and a presentation updating members on the Review would be given to the next meeting of the Board.</p> <p><u>DECIDED:</u></p> <p>(a) That an invitation to the Midspan training/information session to be held on 3rd March, 2015 be circulated to Board members;</p> <p>(d) That a report on a More Active Scotland 10 Year Implementation Plan be submitted to the next meeting of the Board;</p> <p>(e) That a presentation relative to an update on the Clinical Services Review be given at the next meeting of the Board; and</p> <p>(f) That the Rolling Action Log be noted.</p>	<p>Clerk</p> <p>RL</p> <p>CHP</p> <p>Noted</p>
3.	<p>INTEGRATION SCHEME CONSULTATION</p> <p>D Leese gave a presentation relative to the integration of Renfrewshire Council and NHS Greater Glasgow and Clyde to form the Renfrewshire Health and Social Care Partnership (HSCP) which would be responsible for a range of delegated health and social care functions in our area.</p> <p>The presentation updated members on the development of integration arrangements; provided an opportunity to ask questions about the integration; and informed members of the consultation on the draft Integration Scheme.</p> <p><u>DECIDED:</u> That the presentation be noted.</p>	<p>Noted</p>
4.	<p>INTEGRATED CARE FUND: PLANNING UPDATE</p> <p>There was submitted a report by the Director of Social Work relative to progress in the submission of the draft Integrated Care Fund Plan to the Scottish Government in December 2014 and an update of current planning work on the community capacity-building element of the draft plan.</p> <p><u>DECIDED:</u></p> <p>(a) That an update on the Integrated Care Fund be submitted to a future meeting; and</p> <p>(b) That the report be noted.</p>	<p>Noted</p>





5.	<p>ADP UPDATE</p> <p>There was submitted a report by the Renfrewshire Alcohol & Drug Partnership (ADP) relative to an update on the work of the ADP.</p> <p>Discussion took place with regard to the update and in particular the alcohol related deaths audit which would be completed in December 2015. It was agreed that a presentation would be given to the Board in early 2016 on the results.</p> <p><u>DECIDED:</u></p> <p>(a) That a presentation early in 2016 be given to the Board relative to the audit on alcohol related deaths; and</p> <p>(b) That the update be noted.</p>	
6.	<p>(a) CARERS IDENTIFIED AT GP PRACTICES IN RENFREWSHIRE</p> <p>There was submitted a report by Renfrewshire Community Health Partnership (CHP) relative to carers who had been identified at GP Practices within Renfrewshire and who were being directed to appropriate support services.</p> <p>The report intimated that there had been an increase in the identification of carers in primary care in Renfrewshire. The report advised that the CHP would continue to encourage GP Practices to identify carers and refer them on to the Carers' Centre for support and training.</p> <p><u>DECIDED:</u> That the report be noted.</p> <p>(b) CARERS UPDATE</p> <p>There was submitted a report by the Carers' Centre relative to the services that were provided by the Centre; the views of the carers and how they felt about their role; and the areas to be improved to ensure that the carers felt supported.</p> <p><u>DECIDED:</u> That the report be noted.</p>	<p>Noted</p> <p>Noted</p>
7.	<p>TRANSFORMING CARE AFTER TREATMENT (TCAT) UPDATE</p> <p>S Strachan gave a verbal update relative to the expression of interest application form for a project developed by Renfrewshire CHP, Renfrewshire Council and MacMillan.</p> <p>She advised that the application had been successful in going through to Stage 2 of the application process with only four or five partnerships getting through the first stage. It was noted that the bid would now be supported to develop the project further through to implementation stage.</p> <p><u>DECIDED:</u> That the progress report be noted.</p>	<p>Noted</p>

8.	<p>COMMUNITY HEALTH & WELLBEING NETWORK UPDATE</p> <p>S McDonald advised that the Community Health & Wellbeing Network was not due to take place until Friday 13th March and an update would be given at the next meeting of the Board.</p> <p><u>DECIDED:</u> That an update on the Community Health & Wellbeing Network be given at the next meeting of the Board.</p>	Noted
9.	<p>PUBLIC HEALTH REVIEW: ENGAGEMENT PAPER</p> <p>There was tabled a report by Renfrewshire Community Health Partnership relative to a review of public health in Scotland.</p> <p>The report provided the context for the Ministerial announcement and set out the terms of reference for the review and outlined key challenges and potential opportunities for public health.</p> <p>F MacKay intimated that the Scottish Government Review Group asked for the paper to be shared widely in order that they could have the benefit of feedback from a range of stakeholders. She advised that she would send the engagement paper electronically to members and asked that all responses be sent to her by no later than Friday 13th March, 2015.</p> <p><u>DECIDED:</u></p> <p>(a) That the Engagement Paper be sent electronically to members and responded to by no later than Friday 13th March; and</p> <p>(b) That the report be noted.</p>	<p>FMack/ Members</p> <p>Noted</p>
10.	<p>AOCB</p> <p>Councillor McMillan indicated that the date of the next meeting was not suitable and asked the Clerk to rearrange the meeting.</p> <p><u>DECIDED:</u> That it be agreed that the date of the next meeting be changed and Members advised accordingly.</p>	Clerk

RENFREWSHIRE COUNCIL

COMMUNITY CARE, HEALTH & WELLBEING THEMATIC BOARD

ROLLING ACTION LOG

	Action is on track
	Areas for concern that will impact on completion date if not fixed.
	Action required to bring up to satisfactory level
	Past deadline date and action required.

KEY

Action No.	Action	Action Owner	Status	Expected Date of Completion	Actual Date of Closure	Update & Comments
<u>CCH&W.05.02.14(2)</u>	<p><u>Health Inequalities & Midspan Event</u></p> <ul style="list-style-type: none"> - R Robertson in discussion with Health Scotland with regard to developing a website to support local authorities. Update to next meeting. - Partnership project discussed involving Renfrewshire Council, CHP and NHS culminating in a national event in health inequalities in form of seminar event to take place later this year to would look at the mid span study which commenced in 1964 in Paisley/Renfrew. Update to a future meeting. 	<p>R Robertson</p> <p>P Macleod/ CHP/NHS</p>		Future Meeting	<p><u>CCH&WB.15.05.14</u> Briefing note presented updating members on progress.</p> <p><u>CCH&WB.04.09.14 (2) – Midspan Event</u> Midspan event organised to take place on 1st November, 2014 in Renfrewshire Town Hall at 11am. More details to be circulated to Members.</p> <p><u>CCH&W.20.11.14(2)</u> A summary of the Midspan event to be circulated to the Board.</p>	
<u>CCH&WB.15.05.14 (7)</u>	<p><u>A More Active Scotland 10 Year Implementation Plan</u></p> <p>A working group be set up to consider and develop the recommendations within the report.</p>	<p>CHP</p> <p>S MacDonald</p>		Future Meeting	<p><u>21.8.14</u> A draft set of terms of reference to be developed with a view to the working group meeting before the end of the calendar year.</p> <p><u>CCH&W.20.11.14(2)</u> A report to be submitted to a future meeting of the Board.</p>	
<u>CCH&WB.04.09.14 (6)</u>	<p><u>Integrated Care Fund 2015/16</u></p> <p>Integrated Care Fund Plan to be submitted to a future meeting.</p>	Lead Officer		Future Meeting		
<u>CCH&WB.04.09.14 (7)</u>	<p><u>Stroke – Risk Factors & Lowering the Risk</u></p> <p>Development of a campaign to centre around preventability with involvement from GPs, British Heart Foundation and other appropriate groups. Sources of funding to be investigated to develop the campaign and a report to be submitted to a future meeting of the board.</p>	R Robertson/ CHP		Future Meeting		<p><u>CCH&W.20.11.14(5)</u> Contact to be made with Stroke Association to obtain a follow up report.</p>

Action No.	Action	Action Owner	Status	Expected Date of Completion	Actual Date of Closure	Update & Comments
<u>CCH&WB.04.09.14 (9)</u>	<u>Renfrewshire Development Programme/Clinical Services Review</u> Update to be submitted to a future meeting.	CHP		Future Meeting		
<u>CCH&WB.04.09.14 (10)</u>	<u>Community Planning Update</u> Annual review report be prepared to note progress against the impact measures in the Community Plan	D Goodman /Partners ADP		Future Meeting		<u>CCH&W.20.11.14(5)</u> a) That a meeting of relevant partners take place with the intention of organising a joint meeting with the Carers Forum to discuss and develop an increase in carer engagement across Renfrewshire; b) That a meeting between representatives from the Board and ADP take place to identify key priorities and develop ideas for programme 2015/16.



To: Community Care Health and Wellbeing Thematic Board

On: 20th May 2015

Report by:

Fiona MacKay, Community Planning Lead Officer

INTERIM PROGRESS REPORT ON YEAR 1 TARGETS

1. Summary

- 1.1 The Renfrewshire Community Plan 2013 - 2023 clearly sets out 7 outcomes for the Community Care Health and Wellbeing theme together with one, three and ten year targets for each impact measure.
- 1.1 A Year 1 progress report on the Single Outcome Agreement was submitted to the Community Planning Partnership Board on 4 February 2015. At this meeting, the Board agreed that each thematic Board provide an interim progress report on those impact measures which were identified as being 10% or more out with target (red alert) to the meeting on 25 June 2015.
- 1.2 This report provides the Community Care, Health and Wellbeing Board with an update on remedial actions including any progress achieved and details of the work which is ongoing to improve the impact measures that were 10% or more out with target (red alert).

2 Recommendations

It is recommended that the Board:

- a. Notes the update provided on the indicators as detailed in Appendix 1
- b. Agrees that these updates will be reported to the Community Planning Partnership Board at its meeting on 25 June 2015.





3 Background

- 3.1 The Community Care, Health and Wellbeing Thematic Board sets targets for the Community Care, Health and Wellbeing Theme of the Renfrewshire Community Plan/ Single Outcome Agreement. The Board ensures that all partners work together to deliver agreed targets/outcomes to achieve the Community Care, Health and Wellbeing theme's long term vision: 'People have an increasing, healthy life expectancy and the quality of wellbeing and health inequalities between different communities are narrowed significantly'.

3.2 Community Care Health and Wellbeing is one of the key themes within Renfrewshire Community Plan, which was approved at the Scottish Government in August 2013. In order to achieve the Community Care Health and Wellbeing vision, the community planning partners have identified seven key outcomes which they aim to achieve by 2023:

- **Outcome 1:** Our residents will have an increasing life expectancy regardless of the community they live in.
- **Outcome 2:** Our residents will be valued and respected irrespective of age, physical disability or other needs.
- **Outcome 3:** Our residents will only use alcohol safely and appropriately.
- **Outcome 4:** Our residents will have improved positive healthy behaviours: eat healthier; be physically active; only use drugs as prescribed; and avoid or stop smoking.
- **Outcome 5:** Our residents will enjoy good mental health.
- **Outcome 6:** Our residents will get involved in activities and improve the health and wellbeing of their community.
- **Outcome 7:** Our residents will be supported to live independently as long as possible in their own homes and communities.

3.3 The impact measures that were 10% or more out with target red alert status from the Community Care Health and Wellbeing theme are outlined below:

Community Care Health and Wellbeing Indicators	Current Status	Year 1 Target	Year 1 Actual
Outcome 3. By 2023 our residents will only use alcohol safely and appropriately			
Reduction in the rate of alcohol related hospital admissions per 1000 population		8.9	10.5
Outcome 4. By 2023 our residents will have improved positive healthy behaviours: eat healthier; be physically active; only use drugs as prescribed; and avoid or stop smoking			
Reduction in the estimated prevalence of problem drug use amongst 15-64 year olds		1.86%	2.41%
Reduction in general, acute, inpatient & day case discharges with a diagnosis of drug misuse in any position 3 year rolling average rates per 100,000.		127	137
Outcome 7. By 2023 our residents will be supported to live independently for as long as possible in their own homes and communities			
Increase the percentage of local carers who feel supported to continue their caring role		86%	82%

3.4 Appendix 1 of the report provides an update on remedial actions; outlining progress achieved and provides details of the work which is ongoing to improve the performance of red alert indicators.

4 Resources

The Community Care Health and Wellbeing Action Plan identifies the resources requirements for each individual action.

5 Prevention

The work undertaken through the Community Care Health and Wellbeing Thematic Board helps to plan resources and direct investment towards prevention and early intervention.

6 Community Involvement/Engagement

The Action Plan has been developed through the Community Care Health and Wellbeing Thematic Board and sub groups whereby the third sector is widely represented.

For more information regarding this report, please contact Fiona MacKay, Community Planning Lead Officer on 0141 618 7656 or Sofija Tkacenko, Community Planning Intern on 0141 618 4168.

Appendix 1

Community Care, Health and Wellbeing

Impact Measure	Year 1 Target	Year 1 Actual	Remedial Action		
Outcome 3. By 2023 our residents will only use alcohol safely and appropriately					
Reduction in the rate of alcohol related emergency admissions aged 16 and over. Rolling year – crude rate per 1,000. The rate of 10.5 for 2013/14 equates to approx. 1,500 alcohol related emergency admissions per annum. This rate is for all Renfrewshire residents not just admissions to the RAH.	8.9	10.5 (2013/14)	The Community Care, Health and Wellbeing Board have agreed to make a response to the Licensing Board's consultation on overprovision in Renfrewshire. This will focus on the availability of alcohol from off sales premises in some of the areas of Renfrewshire where alcohol related health outcomes are particularly poor. The Board have also agreed to work towards a series of events in early June to raise awareness in communities of the impact of alcohol abuse. The aim is to encourage a healthier relationship in Renfrewshire with alcohol.		
Progress including action to date and milestones					
1. <u>Additional Data</u>					
	Dec 2012	Jun 2013	Dec 2013	Jun 2014	Dec 2014
Renfrewshire	10.4	9.7	10.0	10.9	10.7
Greater Glasgow and Clyde	10.6	10.0	10.1	10.4	10.1
The Young People’s Heath and Wellbeing Survey carried out in 2013 (5,500 S1-S6 pupils) showed that 51% never drink alcohol, increased from 40% in 2008.					
2. <u>Overprovision</u>					
A response was made in January 2015 to the Licensing Board’s consultation on overprovision in Renfrewshire. The response sought the expansion of the current on sales overprovision area in Paisley town centre, and this was supported by the Police. We also asked for an overprovision area on off sales to be designated in a number of areas in Renfrewshire where alcohol related health is poor and provision of outlets is high. The Board have yet to come to a conclusion on this consultation.					
3. <u>Alcohol Awareness Raising</u>					
The planning for the alcohol awareness week in Renfrewshire (15-19 th June) is progressing. There are three elements to BRAW (Brighter Renfrewshire Alcohol					

Impact Measure	Year 1 Target	Year 1 Actual	Remedial Action
<p>Awareness Week):</p> <ol style="list-style-type: none"> 1) A fund for local community groups to bid for to receive up to £500 to support BRAW activities. 16 groups have submitted successful bids. 2) Roadshows in each LAC during BRAW. 3) A showcase event on 19th June – street party in Abbey Close. <p>4. <u>Alcohol Brief Interventions</u></p> <p>Alcohol Brief Interventions (ABIs) are an evidence based intervention for moderate/non-problem drinkers. We have previously focused on delivering ABIs in primary care (680 delivered between April and December 2014). We are proposing to deliver ABIs at Clozapine clinics, depot clinics, stop smoking groups and Families First. All pregnant women are now routinely screened for drinking behaviour and given an ABI if appropriate.</p> <p>5. <u>Waiting Times for Services</u></p> <p>Since April 2011, Renfrewshire has shown a steady increase in performance for waiting times for alcohol services. The percentage of people waiting less than three weeks from referral to first treatment has grown from just under 70% in 2011 to around 90% in 2014. The last three quarters record 85.7%, 94.6%, 87.5%.</p> <p>6. <u>Addaction – Intensive Family Support Service</u></p> <p>Renfrewshire ADP, in partnership with Lloyds TSB Partnership Drugs Initiative, has commissioned Addaction (third sector partner) to provide an intensive support service to families (with children under the age of 8) affected by drugs and alcohol in Renfrewshire. The service will be delivered over seven days and will be delivered on an outreach basis offering a range of evidence based interventions such as relapse prevention, impact of parental substance misuse, harm reduction, confidence and self esteem building and anxiety and anger management.</p>			

Impact Measure	Year 1 Target	Year 1 Actual	Remedial Action
Outcome 4. By 2023 our residents will have improved positive healthy behaviours: eat healthier; be physically active; only use drugs as prescribed; and avoid or stop smoking			
Reduction in percentage of the estimated prevalence of problem drug use amongst 15-64 year olds. (As much of the problem drug using population is hidden, prevalence figures can only ever be estimates, combining data about the known population (e.g. those in contact with treatment services) and an estimate of the unknown population using capture/recapture methodology.)	1.86%	2.41%	<p>The reported prevalence rate of problem drug use in Renfrewshire has risen between 2009/10 and 2013/14, whilst the Scottish figure has fallen. There is some doubt about the accuracy of the 2009/10 figure for Renfrewshire, and recording has improved over the three year period, but Renfrewshire remains higher than the Scottish average of 1.68%.</p> <p>There are strong and clear links between poverty, deprivation, mental health and wellbeing, health inequalities, crime and drug and alcohol problems. Evidence shows that individuals are more at risk where there are low employment opportunities, poor personal resources and weak family and social networks. Addressing wider inequalities such as housing, income, education and health can play an important role in reducing drug misuse.</p> <p>Local work has focused on creating a 'system of care', addressing prevention, treatment and recovery:</p> <p>Prevention: Campaigns underway which aim to raise awareness include Cannabis and Overdose Prevention. The provision of a Safe Bus in the centre of Paisley during the run up to Christmas offered support to individuals who were intoxicated.</p> <p>Treatment: Waiting times for drug and alcohol services have reduced significantly. 98.5% of patients wait less than three weeks to be treated in alcohol services (target 91.5%). 98.0% of patients wait less than 3 weeks to be seen in drugs services (target 91.5%).</p> <p>Recovery: Initiatives such as the Sunshine Recovery Café, Network and the Addiction Worker Training Project aim to promote recovery and help individuals to move into training and employment.</p> <p>The Outcomes Star Tool was implemented in all drug and alcohol services to assist the Alcohol and Drug Partnership to evidence change. Most recent findings from the tool show that service users have demonstrated improvement in a number of key dimensions.</p>
Reduction in general, acute, inpatient & day case discharges with a diagnosis of drug misuse in any position 3 year rolling average rates per 100,000.	127	137	
Progress including action to date and milestones			
<p>1. <u>Additional Data</u> The Young People's Health and Wellbeing Survey carried out in 2013 (5,500 S1-S6 pupils) showed that 10% had ever taken illegal drugs, reduced from 17% in 2008.</p> <p>2. <u>Future Action</u> Give the wide range of activity taking place in this area (described above) it is proposed that a stocktake event is planned to review effectiveness and impact of each intervention.</p>			

Impact Measure	Year 1 Target	Year 1 Actual	Remedial Action
Outcome 7. By 2023 our residents will be supported to live independently for as long as possible in their own homes and communities			
Increase the percentage of local carers who feel supported to continue their caring role	86%	82%	This indicator is a self reported measure from a small survey of carers. The Community Care, Health and Wellbeing Board is seeking new ways to engage more effectively with carers to understand how we can better support them in their important role and encourage professionals to identify and direct carers to the services available.
Progress including action to date and milestones			
The partnership is making good progress with implementing the SDS Act. We envisage that access to personal budgets and an outcomes approach to care planning will assist service users and carers to exercise more choice and control over their care arrangements and better tailor them to meet their individual circumstances.			



To: **Community Care, Health & Wellbeing Thematic Board**

On: **20th May, 2015**

Report by:

David Leese, Chief Officer Designate, Health & Social Care Partnership




INTEGRATION UPDATE

1. Summary

- 1.1 Renfrewshire Health and Social Care Partnership was established in shadow form in April 2015, bringing together local health services, adult social care services and some elements of housing services. A programme board was created to lead the integration work and the paper attached is the status report noted by the programme board on 6th May 2015.






2. Recommendations

- 2.1 The Community Care, Health and Wellbeing Board is asked to note the progress described in the attached status report.

 Renfrewshire Council	<div style="text-align: center;"> (Appendix 1) Renfrewshire HSCI – Status Report </div>			 NHS Greater Glasgow and Clyde
Programme	Health and Social Care Integration: Phase 2			
SRO	David Leese, Chief Officer Designate	Reporting Period	22 April 2015 – 6 May 2015	
Programme Manager	Frances Burns	Phase 2 Health		

Programme Stages	Time frame
Phase 1 - Integration Scheme and establishment of Shadow Integrated Joint Board	Dec 2014 – April 2015
Phase 2 –Establishment of IJB, development of Strategic Plan and delegation of prescribed functions to the IJB	April 2015 – April 2016
Phase 3 – Establishment and embedding of an integrated service delivery model	April 2016 – April 2017

Programme Milestones	Planned	Actual	RAG
Phase 1 : Approval of the Integration Scheme (IS)			
Feedback on draft IS from Scottish Government	-	29/04/15	✔
Renfrewshire internal review of IS amendments	08/05/15		
GGC Chief Officers meeting with SG to agree revisions	12/05/15		
Updated IS submitted to the Scottish Government	TBC		
IS approved by Scottish Government / IJB Legally constituted	TBC		
Phase 2 / Stage 1: Programme Definition			
1. Management structure in place			
Comms issued re arrangements for Partnership as of 1 April 2015	10/04/15	10/04/15	✔
New management structure in place	TBC		
Chief Finance Officer (CFO) appointed	31/05/15		
Interim Head of Adult Social Work Services appointed	TBC		
2. Programme Delivery and Governance Model finalised			
Programme Board (PB) composition agreed by Chief Officer Designate	13/04/15	13/04/15	✔
Timeline for the development of the Strategic Plan agreed by PB	27/04/15	27/04/15	
Workstreams Terms of Reference agreed by PB	08/06/15		
Programme Comms Plan inc stakeholder mapping approved by PB	08/06/15		
Programme Risk Register developed for PB	08/06/15		
3. Preparation for the establishment of the IJB and SPG			
Proposed non-voting members of the IJB agreed by Shadow IJB members	31/05/15		✔
Proposed composition of the Strategic Planning Group (SPG) agreed by Shadow IJB (scheduled Shadow IJB meeting)	19/06/15		
IJB voting members induction programme designed and scheduled	TBC		
IJB non-voting members induction programme designed and scheduled	TBC		
Induction programme for proposed SPG members designed and scheduled	TBC		
4. Stage 2 plans developed			
	30/06/15		✔
a. Plan for the development of the Strategic Plan (Workstream 3)			
b. Other Workstream delivery plans			
c. Transition approach & plans for delegation of prescribed non-SW Adult			

functions (Addictions / Gender Based Violence / Housing Adaptations)			
d. Planning arrangements to protect & develop key interfaces (Health Improvement / SW Children's Services / Acute Services & Planning)			
5. Programme Definition Document and Stage 2 plan approved by PB	TBC		
6. IJB legally constituted and agenda for first IJB meeting agreed (subject to Scottish Government / Scottish Parliament)	Est June 15		
Stage 2: Programme Delivery – to be defined during Stage 1	31/03/16		
Strategic Plan approved by the IJB and function delegated	31/03/16		
Stage 3: Programme Close and transition to business as usual - to be defined during Stage 2	30/04/16		

1. Programme Summary for period

Phase 1: Integration Scheme

Renfrewshire has received feedback from the Scottish Government (SG) on its draft Integration Scheme. All GGC Partnerships have been asked to make revisions to their current drafts.

Lynn Mitchell, RC Legal Services, Anne McMillan and Frances Burns have reviewed the SG comments. For all sections, except *Clause 5: Clinical and Care Governance* and *Clause 8: Finance*, these appear straightforward and Lynn is planning to amend our wording to comply. For *Clause 8: Finance*, Anne McMillan will propose updates to share with James Hobson (NHS GGC) and Frances Conlan (SG) respectively, with a view to these forming the basis of Board wide wording where appropriate. For *Clause 5: Clinical and Care Governance*, there is the option to reflect the content of the East Ayrshire version, however further Board wide discussion is required to agree if there can be a consistent approach across the Partnerships.

The six GGC Partnership Chief Officers are meeting with Frances Conlan on 12 May 2015 to review the IS feedback from the Scottish Government. David Leese, Anne McMillan and Lynn Mitchell have arranged to meet in advance of this meeting to agree Renfrewshire's position, and they will also be attending the Board wide meeting on 12 May 2015.

The Scottish Government has not yet set any timeline for the re-submission of Integration Schemes. The intention is to have mutually agreed content in advance of the re-submission date to facilitate the smooth passage of the IS through the Parliamentary process.

Phase 2: Programme Delivery and Governance Model

Senior Specialists are now in the process of identifying Workstream Coordinators / other key inputs, finalising Terms of Reference and undertaking more detailed planning, with a view to developing supporting delivery plans no later than the end of June 2015.

As agreed by the Programme Board, a Programme Reference Group will be established. This group will have a broad range of representatives from the key stakeholder groups and act as a sounding board for all Workstreams. The Programme Manager will work the Workstream Specialist to agree the composition of this group and terms of reference from this group. Proposals will be drafted for Programme Board approval.

The Programme Manager and Programme Support Officer will work with Lynn Mitchell, RC Legal Services to develop a visual timeline setting out the legal requirements in relation to integration.

The table below provides a summary of Workstream process -

Workstream	Status
1. Governance	a) Vision and Strategic Objectives
	b) IJB Governance inc membership
	c) IJB Development
	d) SLG Development
	e) Health and Safety
	f) Complaint and FOI
	g) Risk, Insurance and Business Continuity
	<p>This work is being taken forward by the Communications Workstream.</p> <ul style="list-style-type: none"> • Fiona MacKay is meeting with Cllr Iain McMillan on 11 May 2015, following the Programme Board meeting, to agree the proposed approach for identifying non-voting IJB members. The current proposals are set out in Appendix – see Board Decision 1 • Anne McMillan is drafting a paper for the Shadow IJB June 2015 meeting proposing IJB governance arrangements in line with the Act, around areas such as Audit and Due Diligence. • Papers on the Strategic Plan timeline and an update on/overview of the wider Workstream programme of work will also be tabled at this meeting. The deadline for submitting papers is 27 May 2015. <ul style="list-style-type: none"> • There is a meeting planned with the IJB voting members, the Chief Officer Designate and Chief SW Officer on 29 May 2015 (to be confirmed) to start shaping an IJB development plan, based on the previous paper issued to the Shadow IJB. Isla Hyslop, Head of OD Partnerships (NHS GCC) will also attend, given her work with the voting members of other GGC Partnerships. • Draft national guidance and support materials have been shared with Renfrewshire Programme Board and IJB voting members for feedback, see Appendix 2: IJB Development. <ul style="list-style-type: none"> a) Scottish Government Guidance: this <u>draft</u> guidance is for all members of the Integration Joint Board, particularly the Chair, and provides further advice to supplement the existing legislation, with a particular focus on the role and responsibilities and membership of the Integration Joint Board. b) NHS Education for Scotland IJB Development Toolkit: this resource (<u>currently in draft</u>) is designed to support all members of integration authorities. It is structured around providing key pieces of information followed by 'development exercises' that Board Members might use individually or collectively. <p>To be progressed – see Board Decision 2</p> <p>Meeting scheduled for 15 May 2015. The Programme Board will be kept advised of progress.</p> <p>Meeting now rescheduled for 12 May 2015. The Programme Board will be kept advised of progress.</p> <p>Risk Management An initial draft risk management policy and strategy must be submitted for consideration and approval by the IJB within three months of its establishment. The IJB must also develop risk management procedures and a risk register, with supporting principles and procedures (i.e. reporting of risks).</p> <p>A meeting with the RC Risk Manager took place on 29 April 2015 to agree how this work can be progressed. It</p>

		is proposed that a Risk Workshop with the Senior Leadership Group is arranged for June 2015. The purpose of this workshop would be to agree, in practice, what the risk management policy, strategy and arrangements will look like for Renfrewshire.
		Insurance The IJB must decide whether they would like to participate in the CNORIS Scheme. The RC Risk Manager will draft a paper for the IJB June 2015 meeting which will set out the options available to assist decision making.
		Business Continuity It is recommended that the Partnership revisits the existing CHP and Council business continuity plans to ensure these are still fit for purpose.
	h) Changes to Council Scheme of Delegation	Ken Graham, Head of Governance RC, is currently reviewing the Council's Scheme of Delegation in light of a number of organisational changes. This piece of work will include the changes required to reflect the integration of health and social care. Ken will keep the Programme Board sighted on progress.
	i) Hosted Services	-
	j) Accommodation	Work has been progressing to co-locate Shiona Strachan (Head of Adult Services) and a number of her direct reports to the main HSCP HQ. To support this move, a number of internal moves have taken place over the last two week period and it is planned that Shiona and staff will move into the HSCP office from 11th May.
2. Communication, Consultation, & engagement	<p>Regular Workstream meetings have now been scheduled, with the first arranged for 28 May 2015.</p> <p>In advance of these meetings, the core team continue to progress the early priorities identified</p> <ul style="list-style-type: none"> • The first Partnership Staff Brief has been drafted. This first edition will focus on health and social care integration. The brief will be issued for managers to cascade next week (w/c 11 May 2015), once the content has been agreed by Cllr Iain McMillan, and the Trade Unions have been consulted. • NHS GGC team briefs will continue to be cascaded to Health staff via the Senior Leadership Group. Council staff will also continue to receive e-mails through SW Communications. • Updated content has also been drafted for the Partnership web area, aimed at the wider stakeholder groups, which will include feedback on the IS consultation process and FAQs. • Initial preparation work is also underway to map stakeholders and create a comprehensive communication and engagement timeline in liaison with the other Workstreams, particularly Strategic Planning and Workforce. 	
3. Strategic Planning	<ul style="list-style-type: none"> • Strategic Planning Group – Fiona Mackay is meeting with Cllr Iain McMillan on the 11 May 2015 to agree the process for nominating SPG members. Once approved, a template letter and supporting information will be circulated, by senior managers, to the existing groups from which the SPG members will be nominated. A paper on the selection process for SPG members will be submitted to the IJB meeting in June 2015. • Timeline for Strategic Plan – an extended meeting has been scheduled for 13 May to finalise the Strategic Plan framework and commence population of the content. 	
4. Perf Mgmt	<ul style="list-style-type: none"> • This will be taken forward as part of the Strategic Planning Group work 	


5. Delivering for localities	<ul style="list-style-type: none"> Workstream group members have initiated tasks around data gathering re demographics, health profiles and services Sylvia Morrison and Teresa Lavery have a meeting arranged to brief Stephen McLaughlin Teresa Lavery will brief the Director of Housing and discuss Housing input to the work of the Workstream group Representatives from the RHSCP are attending a Regional Locality Learning Event organised by JIT and the Scottish Government on 7 May 2015.
6. Workforce	<ul style="list-style-type: none"> An initial joint meeting of Council and Health lead officers representing Organisational Development, Workforce Planning, HR Policies and Procedures and Learning and Development has been scheduled for 8 May 2015. The Chief Officer Designate will chair this meeting.
7. Clinical & Care Governance	<ul style="list-style-type: none"> An initial, draft outline Clinical and Care Governance framework now been developed - Appendix 3
8. Finance and Audit	<p>Finance</p> <ul style="list-style-type: none"> The first Workstream meeting will take place on 7 May and are scheduled monthly thereafter. The Financial Performance Group Proposal / Terms of Reference has now been updated to reflect the comments received – see Appendix 4 <p>Internal Audit</p> <ul style="list-style-type: none"> A decision on the Chief Internal Auditor for the IJB has still to be agreed – Board Decision 3 The IJB Governance paper, being drafted by Anne McMillan, will update members on what is good financial governance, in line with national finance legislation, and also the progress developing these key components for the Renfrewshire Partnership.
9. Information sharing and ICT	<ul style="list-style-type: none"> Information Governance - Leads from the Council and NHS GGC are meeting on 12 May 2015 to discuss next steps in terms of drafting the local ISP (which will sit alongside the ISP in place with ISD). Operational ICT related issues to be resolved during 2015/16 – a meeting is being scheduled for the end of May to agree how the priority areas will be addressed. Medium to longer term ICT Developments - A Joint ICT Integration Workshop took place on 28 April 2015 which confirmed the key ICT challenges, opportunities and also the development of the portal. This is being led by Robin Wright, NHS GGC, and supported by Murdoch Carberry, RC Head of Reform and Change. The Workstream Specialists will retain an overview of this work during 2015/16.

Delegated Functions	Status
Addictions	Katrina Phillips has drafted an update to the Programme Board of the proposed operational management responsibilities and reporting framework for the integration of Social Work Adult Addiction Services and Domestic Abuse Services to Renfrewshire HSCP – see Appendix 5: Integration of Social Work Addictions and Domestic Abuse Services to Renfrewshire HSCP
Domestic Abuse	
Housing Adaptations	A short term working group has been established to finalise the service specification for Equipment and Adaptations by the end of June 2015. The specification will include a review of posts where there are split Housing / IJB responsibilities.
Gardening Assistance	Meeting with Head of Housing has been scheduled for 7 May 2015 to scope this work out. The Programme Board will be updated on the outcome of this meeting.
Acute	David Leese and Sylvia Morrison are meeting with Marie Farrell, the newly appointed Director of Acute (Clyde), on 11 May 2015 to discuss the linkages with the HSCP and Acute moving forward.

2. Decisions required
1. Agree the proposed non-voting IJB member representatives set out in Appendix 1

2. Advise how Senior Leadership Group Organisational Development should be taken forward
3. Chief Internal Auditor

3. Transition Fund Budget

Total budget**	Actual Spend to date	Variance	
£225,000	£3,479.97	£221,520.03	
Budget summary as at 31 March 2015**			
	Budget	Actual spend	Variance
Information and Research Assistant	£29,000	£955.50	£28,044.50
Graduate Intern	£5,300	£1,380.47	£3,919.53£3,919.53
NHS Admin Support post	£26,000	-	£26,000.00
Culture change	£25,000	-	£25,000.00
Admin support to senior SW team	£20,000	-	£20,000.00
Comms material/web presence/ engagement sessions/events	£30,000	£1,144	£28,856.00
Total committed to date	£135,300.00	£1,144.00	£99,856.00

4. Risks (where current evaluation is "High")

Description of risk	Mitigating action	Actionee	Date
1. When the RCHP ceases on 1 st April 2015 (as required by legislation) the IJB will not yet be legally constituted, creating a short term governance gap. There is a risk that former CHP decision making processes could be adversely affected as a result.	The Chief Officer Designate will continue to report to the NHS Board until the IJB is legally constituted	DL	Ongoing
2. There is a risk that when the prescribed functions which do not currently sit within the Council's Adult Services are delegated to the IJB this could result in a more fragmented service experience in some areas for users.	<ul style="list-style-type: none"> Lead Officers will be assigned to agree transition approach and plans for delegation of functions in order to minimise risk and impact on service continuity Each function will be individually risk assessed as future service delivery models are developed. 	DL/PM	Ongoing
3. There is a risk the IJB is not fully sighted on all the specific non Adult Social Work and Health functions which are required to be delegated in order to comply with the Act	Review the legal details in relation to all mandatory non Adult Social Work and Health functions to be delegated to ensure appropriate arrangements are being made.	LM	11/05/15
4. The timeline for the development of the Strategic Plan assumes it will be finalised just before the statutory deadline. There is a risk the Partnership would experience pressure to meet the required timescale.	The Strategic Plan Workstream to outline mitigation measures which will be put in place	FMcK / AM	11/05/15
5. There is a risk that there will be insufficient resource to fully support the 2015/16 Programme	<ul style="list-style-type: none"> Workstream Senior Specialists to escalate any capacity concerns and also highlight any opportunities to free up capacity for the programme. Transitional Funding is also available to assist with capacity issues. 	WS Senior Specialists	Ongoing
6. As the Partnership's branding and identity work will not be fully developed	<ul style="list-style-type: none"> Interim Partnership templates shared and senior officers to 	SJM	May 2015

until later in 2015, there is risk that there will be a gap period where staff may feel fully engaged and it may limit their ability to fully represent the new Partnership.	<p>encourage their adoption.</p> <ul style="list-style-type: none"> Comms Workstream to focus on the early staff engagement priorities which have been identified. Senior Leadership Group will recognise the need to take a flexible, pragmatic approach until Partnership identity / branding is developed. 		
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5. Issues (where priority is rated "High")			
Description of issue	Action required	Actionee	Date
1. There remains a lack of clarity around Acute engagement	David Leese and Sylvia Morrison are meeting with Marie Farrell, the newly appointed Director of Acute (Clyde), on 11 May 2015 to discuss the linkages with the HSCP and Acute moving forward.	DL	11/05/15



To: **COMMUNITY CARE, HEALTH & WELLBEING THEMATIC BOARD**

On: **20th May 2015**

Report by:
Renfrewshire Alcohol & Drug Partnership

BRIGHTER RENFREWSHIRE ALCOHOL AWARENESS WEEK (BRAW) –UPDATE

1. Summary

- 1.1 The purpose of this report is to update the Community Care, Health and Well Being Thematic Board on progress in relation to Renfrewshire Alcohol Awareness Week (BRAW).

2. Recommendations

- 2.1 It is recommended that members note the contents of the report.

3. Introduction

- 3.1 In response to alcohol related performance reported to the Renfrewshire Community Care Health and Wellbeing Thematic Board the ADP was tasked with developing a local alcohol awareness week. As a result, a multi-agency planning group has been established to progress the project, branded 'BRAW' – an acronym for Brighter Renfrewshire Alcohol Awareness Week.
- 3.2 BRAW will be held between 15th – 19th June 2015 and messages will focus on getting the most out of summer by being safe and having fun without excessive use of alcohol. The recent changes in drink driving legislation will also be included as a key BRAW message.
- 3.3 The Scottish Government's Alcohol Strategy , 'Changing Scotland's Relationship to Alcohol' states that in order to effectively address Scotland's issues with alcohol, interventions should take a whole population approach – ensuring health messages reach communities as a whole as opposed to specific demographics.

To reflect this whole population approach, BRAW will involve three key areas:



1. A fund that allows local community groups and services to bid for up to £500 to allow participation in agreed BRAW activities within their local areas.
 2. Road shows at supermarkets/shopping centres within each of the LAC areas during BRAW week
 3. A large showcase event on the final day of BRAW – 19th June 2015.
- 3.4 To ensure visible, recognisable branding a logo was developed and will be displayed on a number of resources which will be given out during BRAW. This will include T- Shirts, water bottles, wine and spirit unit pourers and flag pens. Posters, leaflets and a BRAW guide to summer will also be developed which will highlight key messages and sources of support.
- 3.5 Funding has been received from Renfrewshire ADP, Renfrewshire HSCP and Community Planning Partnership giving a total budget of £20,000 for implementing BRAW.

4. BRAW Fund and Activities

- 4.1 A funding panel, made up of representatives from Renfrewshire ADP support team and NHS Greater Glasgow & Clyde's (NHSGGC) Health Improvement team met to review all sixteen bids which were received from across Renfrewshire. Each bid was scored on its ability to meet BRAW objectives as well as NHSGGC Prevention and Education (P&E) model core elements.

BRAW Objectives	NHSGGC P&E Core Elements
<ul style="list-style-type: none">• To promote sensible drinking messages• To encourage people to seek support• To change attitudes to alcohol• To involve communities in tackling alcohol issues• To prevent or reduce harm caused by alcohol• To celebrate and support recovery from addiction	<ul style="list-style-type: none">• Resilience and protective factors• Environmental measures• Community involvement• Diversionary approaches• Brief Intervention approaches• Education• Training• Parenting programmes• Social marketing• Workplace alcohol and drug policies• Harm reduction – alcohol• Harm reduction - drugs

All sixteen bids received were funded. A breakdown of all funding bids are detailed:-



BRAW Funding Bids 2015

Organisation	Anticipated numbers/target group	BRAW project	Date of event	Funding Award	LAC Area
Create Paisley	30-60 young people aged 12-21	Create is a third sector organisation specialising in working with young people across Renfrewshire. They intend to host a BRAW street party which will focus on alcohol awareness messages, quizzes and activities.	19 th June 2015	£500.81	All
Youth Services (Renfrewshire Council)	60 young people	Youth Services intend to run workshops at the end of term in Glenburn, Ferguslie and Shortroods. The workshops will promote alcohol free lifestyles, discuss alcohol related harm by hosting quizzes and physical games.	16 th – 19 th June 2015	£350.00	Paisley North & Paisley South
Intensive Support Service (Renfrewshire Council)	15-20 vulnerable young women known to Social Work Services aged 14-21	The Intensive Support Service intends to host an open evening focussing on alternatives to alcohol, safety and diversionary activities. Health and beauty activities will be offered to encourage attendance.	17 th June 2015	£200.00	All
Community Safety Service (Renfrewshire Council)	General public	Community Safety's Safe Bus will be taken to Barshaw gala day, where messages about relating to alcohol safety and accessing support will be delivered via a large panel displayed on the side of the bus.	Tbc	£500.00	Paisley North
Street Stuff (Renfrewshire Council/St Mirren)	500 young people aged 10-18	Street Stuff offers diversionary activities such as football and dancing to young people across Renfrewshire. During BRAW week, community	15-19 th June 2015	£486.00	All



Football Club)		safety messages relating to alcohol will be delivered via the five Street Stuff boxes.			
The George Street Service (Renfrewshire Council)	Young people aged 16+. 455 current clients of homeless services to be invited	The George Street Service supports people affected by homelessness in Renfrewshire. As part of BRAW, the service will hold an open day providing alcohol education and awareness sessions using various resources.	18 th June 2015	£449.75	All
Community Learning & Development – Youth Services (Renfrewshire Council)	25 13- 16 year olds	Youth Services intend to host a Fiesta Friday which will include alcohol workshops and a Hawaiian themed cocktail evening.	19 th June 2015	£350.00	All
Linstone Housing	50 residents & community of Johnstone Castle	Linstone Housing intend to host a community BBQ with an emphasis on healthy living without alcohol. Sensible drinking messages and interactive resources will be used.	17 th June 2015	£250.00	Houston, Crosslea, Linwood, Riverside & Erskine
Paisley South Housing Association	Tenants of Paisley South Housing Association	PSHA will host a mocktail afternoon. Safer drinking messages will be delivered along with information on how to eat healthily on a limited budget.	18 th June 2015	£382.00	Paisley South
Police Scotland Youth Volunteer	14 – 17 year old school pupils – Castlehead High	Police Scotland Youth Volunteers will host a BBQ focussing on healthy eating and drinking. A guest speaker from RADAR (drug and alcohol youth service) will attend to provide information on alcohol consumption	10 th June 2015 (publicity embargoed until BRAW week)	£350.00	Paisley North
Kilty Kilty	General population	Kilty Kilty is a public house on New Street, Paisley who are heavily involved in the licensing forum. As part of BRAW, Kilty Kilty will offer alcohol free beers,	18 th & 19 th June 2015	£500.00	Paisley North



		ciders and mocktails free to patrons to promote alcohol free alternatives. Health information will also be distributed along with BRAW resources.			
Our Place Our Families	50 people – general population	OPOF will host a glitz and glam event during BRAW week which aims to raise awareness of alcohol by offering mocktails and activities.	18 th June 2015	£500.00	Renfrew & Gallowhill
Barnardo's	10+ young parents aged 16 -21	Young parents will be invited to participate in a workshop style day where information relating to alcohol and its impact will be explored with exercises and quizzes.	16 th 18 th June	£140.00	All
Sunshine Recovery Café	30+ people in Recovery & general population	The Sunshine Recovery Café will work with a photographer (also in recovery) to capture portraits of people who have recovered from addiction. These pictures will then be shown at an exhibition in Paisley Arts Centre to celebrate recovery.	16 th June 2015	£500.00	All
Erskine Music and Media Studio	10 Young People involved in making clip; 40-50 people viewing clip at showcase	EMMS will work with young people to develop a short, dramatised media clip showing the risks involved in misusing alcohol. The clip will also promote a sensible approach to drinking	19 th June 2015	£500.00	Houston, Crosslea, Linwood, Riverside & Erskine
Route 66	General public	Route 66 will host a stall a venue within the West End of Paisley. The stall will supply the public with information on services and information around alcohol.	18 th June 2015	£187.00	Paisley North

- 4.2 On the final day of BRAW (Friday, 19th June 2015), a large scale street party will be held on Abbey Close. Marquees will line Abbey Close and will contain various activities relating to alcohol. Paisley Abbey will provide catering to add to the BBQ/street party theme.

Those who successfully bid in to the BRAW fund will be invited to host a stall and other agencies will be in attendance, i.e. Glasgow Science Centre will deliver information on how alcohol affects the body and a professional bar tender will make mocktails and entertain the crowd with a flamboyant performance.

Local services will also be represented, including NHS and Council Drug and Alcohol Services, Scottish Fire & Rescue Service and Police Scotland.





To: **Community Care, Health and Wellbeing Thematic Board**

On: **20 May 2015**

Report by:

**Head of Planning and Health Improvement
Renfrewshire Health and Social Care Partnership**

PUBLIC HEALTH REVIEW – STAKEHOLDER ENGAGEMENT

1. Summary

Scottish Ministers announced in November 2014 that they had asked for a review of public health in Scotland and had established an expert group to take this forward and report back in 2015.

The focus for the review is on how to widen and deepen the influence of Public Health –both as a public service function and an important outcome for Scotland. The core question is: "How can we be more effective in tackling health and social inequalities, and increasing healthy life expectancy in Scotland in a sustainable way?"

2. Recommendations

It is recommended that the Community Care Health and Wellbeing Board notes the response to the stakeholder consultation as detailed in Appendix 2.

3. Background

Scottish Ministers announced in November 2014 that they had asked for a review of public health in Scotland and had established an expert group to take this forward and report back in 2015.

The public health function, with its strong focus on prevention, equity and quality, is integral to health service values and aims in Scotland, and to public services reform. The focus for the review is on how to widen and deepen the influence of Public Health –both as a public service function and an important outcome for Scotland. The core question is: "How can we be more effective in tackling health and social inequalities, and increasing healthy life expectancy in Scotland in a sustainable way?"



In light of this, the review group has been asked to:

Undertake a review of public health systems and the delivery of all public health functions in Scotland with a strong focus on how public health contributes to improving health and wellbeing across the life-course, and reducing health inequalities for the future.

To examine:

- Public health leadership and influence both within the health sector and more widely
- Workforce planning and development, succession planning and resourcing within the multi-disciplinary core public health workforce
- Opportunities for greater joined-up working and successful implementation of public health measures within the context of community planning, single outcome agreements, and health and social care integration

To make recommendations to:

- Strengthen the contribution of Public Health in Scotland in light of current and future population health challenges and the emerging policy and organisational contexts
- Maximise the effectiveness and efficiency of the public health resource in Scotland
- Achieve consistency where this will enhance quality and impact
- Ensure the responsiveness and resilience of the public health function for the future

At its initial meeting, in December 2014, the review group asked for an engagement paper to be drafted to seek input from stakeholders (see Appendix 1). Members of the Community Care, Health and Wellbeing Board were asked for comments on the engagement paper at the meeting on 5th February.

In developing a response to the consultation, a group of officers from Renfrewshire Council and Renfrewshire Community Health Partnership met to discuss and agree the Community Planning Partnerships response, which is detailed in Appendix 2. The response offers comments on the following three key themes:

1. Good practice and what works well
2. Access to public health support and information
3. Practicalities and moving from research to practice

4. Resources

No resource implications

5. Prevention

The public health function, with its strong focus on prevention, equity and quality, is integral to health service values and aims in Scotland, and to public services reform .

28 January 2015

Public Health Review: Engagement Paper

Scottish Ministers announced in November 2014 that they had asked for a review of public health in Scotland and had established an expert group to take this forward and report back in 2015. The review group, chaired by Dr Hamish Wilson, met for the first time in December 2014 when it agreed that it was important to get views and input from a wide range of stakeholders to help inform the review.

This paper provides the context for the Ministerial announcement and sets out the terms of reference for the review. It also outlines key challenges and potential opportunities for public health.

The review group would welcome stakeholder responses to the engagement questions and would be grateful if the paper could be shared widely so that the group can have the benefit of feedback from a range of stakeholders, recognising that responsibilities for addressing public health issues sit not only within the health sector but also in local and national government, the community and voluntary sector, and the private sector. This paper is intended as a stimulus for initial engagement and will be followed by further opportunities for engagement, for example through regional and national meetings.

Public Health

Public health has been defined as the activity and outcomes associated with “*the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society*”¹. The public health function involves mobilising local, national and international resources to focus resources, policies, services and wider societal processes to promote improved health and wellbeing in the population.

The public health function (or endeavour) can be defined as “a robust, adequately resourced system that can secure and sustain the public’s health, addressing health and associated policy issues at a population level and leading a co-ordinated effort to tackle underlying causes of poor health”². For this function to be successful it needs to be delivered in partnership with individuals, communities, Scottish Government, local government, public, private and third sector organisations.

The three key domains of public health defined by the Faculty of Public Health are health improvement, improving health services and health protection. A fourth area comprises public health intelligence and evidence: the data and research evidence that underpin effective public health policy and practice. The public health review will encompass the spectrum of activities incorporated within these definitions of public health.

¹ Public Health in England. The Report of the Committee of Inquiry into the Future Development of the Public Health Function. HMSO, 1988.

² Adapted from review of the Public Health Function in Scotland 1999.

Context

Public health involves a wide-ranging set of activities focussed on creating the conditions for good health, and reducing the potential for ill-health, across the life-course. The public health task continues to be to help the whole population realise their potential for health and wellbeing and to help reduce the inequalities gap. This includes helping individuals, in so far as they are able, to take responsibility for their own health and wellbeing and that of others. Given the country's health record, and the consequences of this for individuals, communities and the country as a whole, this is a major priority for Scotland.

The Scottish Government is committed to promoting fairness and social justice as an overarching theme across Government and delivery organisations. Tackling health inequalities is recognised as one of the major policy challenges and necessitates action on the spectrum of determinants of health (including education, employment and economic factors, physical and social environments, and the quality and shape of services).

A number of policy and service developments provide a stimulus for a strengthening of the public health endeavour. For example, the [Scottish Government 2020 Vision for Health and Social Care](#) includes a focus on prevention; and reducing health inequalities is identified as one of the 12 priority areas for action in the [Route Map](#) to this Vision.

The integration of health and social care will provide a number of specific opportunities to strengthen the role of public health in Scotland, with much greater possibilities for joined-up working, prevention, population-based health improvement and person-centred care.

Community Planning Partnerships, with shared ownership of priorities set out in Single Outcome Agreements, provide the basis and potential for real collaborative working, leadership and influence to achieve effective public health measures through a whole systems approach and adoption of health in all policies. The Community Empowerment Bill opens up new possibilities for greater power and decision-making at local levels.

In light of these policies and others we might consider what the public health function could look like in the future and how public health can be a powerful player in the policy and delivery landscape.

It is within this context that Ministers have asked for a review of public health.

Public Health Challenge

The public health challenge remains complex and persistent. Current public health practice is still predominantly focused on addressing the causes of communicable and non-communicable disease and that work is valuable and should continue. There is a desire, though, for the public health response to develop further,

expanding its contribution to tackling health inequalities and securing longer healthy life expectancy for Scotland's increasingly diverse population. Could more joint endeavour help to optimise the impact of the public health resource? Is there an opportunity for closer integration with local authorities? Can increased cooperation reduce any duplication of effort? Is there a single strategic vision for public health in Scotland which could give greater visibility and effectiveness and reduce variation and deliver a 'once for Scotland' approach?

Terms of Reference

The public health function, with its strong focus on prevention, equity and quality, is integral to health service values and aims in Scotland, and to public services reform. The focus for the review is on how to widen and deepen the influence of Public Health –both as a public service function and an important outcome for Scotland. The core question is: “How can we be more effective in tackling health and social inequalities, and increasing healthy life expectancy in Scotland in a sustainable way?” In light of this, the review group has been asked to progress the following.

To undertake a review of public health systems and the delivery of all public health functions in Scotland with a strong focus on how public health contributes to improving health and wellbeing across the life-course, and reducing health inequalities for the future.

To examine:

- public health leadership and influence both within the health sector and more widely,
- workforce planning and development, succession planning and resourcing within the multi-disciplinary core public health workforce, and
- opportunities for greater joined-up working and successful implementation of public health measures within the context of community planning, single outcome agreements, and health and social care integration.

To make recommendations to:

- strengthen the contribution of Public Health in Scotland in light of current and future population health challenges and the emerging policy and organisational contexts,
- maximise the effectiveness and efficiency of the public health resource in Scotland,
- achieve consistency where this will enhance quality and impact, and
- ensure the responsiveness and resilience of the public health function for the future.

Engagement Questions

At its initial meeting, in December 2014, the review group asked for this engagement paper to be drafted to seek input from stakeholders on a number of questions to help inform the considerations of the group:

1. How can public health in Scotland best contribute to the challenges discussed? Specifically, what is your view and evidence of the Strengths, Weaknesses, Opportunities and Threats (SWOT) to the contribution of the public health function in improving Scotland's health and reducing inequalities?
2. How can public health leadership in Scotland be developed to deliver maximum impact?
3. How do we strengthen and support partnerships to tackle the challenges and add greater value. How do we support the wider public health workforce within those partnerships to continue to develop and sustain their public health roles?
4. What would help to maintain a core/specialist public health resource that works effectively, is well co-ordinated and resilient?
5. How can we provide opportunities for professional development and workforce succession planning for the core public health workforce?

Public Health Review Stakeholder Engagement

Stakeholders are invited to offer their responses to the engagement questions to the review group by emailing publichealthreview@scotland.gsi.gov.uk by 12 March 2015. Please complete the respondent information questions on page 5 and return with your information. We would be grateful if you are able to limit responses to 12 A4 sides to help the secretariat with reviewing the information

We are aware that the Scottish Public Health Workforce Development Group, chaired by Andrew Fraser, has sought input from stakeholders on a range of workforce matters and Andrew Fraser has agreed to share the responses with the review group.

For further information or enquiries please contact the publichealthreview@scotland.gsi.gov.uk mailbox or the Scottish Government policy lead Heather Cowan on 0131 244 2136

Please complete the respondent information questions on page 5 and return with your responses:

1. Organisation name

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2. Title | Forename | Surname

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3. Postal Address

Post Code

4. Phone | Email address

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5. I am responding as a group/organisation ☐ and note that the response will be shared with the public health review groupⁱ.

The name and address of your organisation will be made available to the public (e.g. if the Scottish Government publishes a report on behalf of the review group or if responses are published on the Scottish Government website).

Are you content for your response to be made available?

Please tick as appropriate ☐ Yes ☐ No

6. I am responding as an individual ☐ and note that the response will be shared with the public health review groupⁱⁱ.

Do you agree to your response being made public? (e.g. if the Scottish Government publishes a report on behalf of the review group or if responses are published on the Scottish Government website?)

Please tick as appropriate ☐ Yes ☐ No

Where confidentiality is not requested the Scottish Government can make your responses available in one of the following basis please tick the one that applies.

Yes, make my response, name and address all available ☐

Yes, make my response available, but not my name and address ☐

Yes, make my response and name available, but not my address ☐

7. Public Health Division of the Scottish Government (SG) will share your response internally with other SG policy teams who may be addressing the issues you discuss. SG may then wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this engagement exercise

Please tick as appropriate ☐ Yes ☐ No

ⁱ Review Group membership available by contacting the publichealthreview@scotland.gsi.gov.uk mailbox

ⁱⁱ Review Group membership available by contacting the publichealthreview@scotland.gsi.gov.uk Mailbox



Public Health Review – Stakeholder Engagement

Response from Renfrewshire Community Planning Partnership

The Community Planning Partnership in Renfrewshire is pleased to have the opportunity to contribute to the national Public Health Review. We recognise that our partnership has a key role to play to reduce health inequalities in Renfrewshire. Our vision is for people in Renfrewshire to have an increasing, healthy life expectancy, with inequalities between different communities being narrowed significantly. Partners across the Council, NHS, voluntary sector, Police, Fire and further/higher education all have a role to deliver this vision.

We are unable to structure a response around the five consultation questions, but offer our comments around key themes:

1. Good practice and what works well
2. Access to public health support and information
3. Practicalities and moving from research to practice.

1. Good Practice and What Works Well

A Tackling Poverty Commission was set up in Renfrewshire and will report later this month. A public health specialist was part of the commission, and further public health input was received as part of the evidence gathering process from the Centre for Population Health. Input at this strategic level was extremely valuable and supported the wider gathering of information. Local public health/health improvement support will be required at the next stage of implementation.

In Renfrewshire, the local health service has taken a lead role in Community Planning, supporting the Partnership Board and leading some of the cross-cutting work. This has widened ownership of the Community Planning agenda, and strengthened the focus on health, wellbeing and inequalities across the whole plan.

Our SOA offers a set of outcomes which we hope will interconnect to provide improvements in Renfrewshire. We also recognise there are many more partners, beyond the Community Planning Partners who can be engaged in the debate and have a contribution to reduce health inequalities; local businesses, less formal groups of residents and communities.

We have been able to gather very good local health intelligence by undertaking both adult and young people health & wellbeing surveys. A public health researcher provided the specialist advice to ensure we received the best possible information from these surveys both individually and over time. The results have been useful to determine local action by a number of partners.



2. Access to Public Health Support and Information

Stronger Public Health leadership at national level is vital to influence public policy.

The wide range of local, national and online support is complex for Community Planning partners to understand and access. It would be helpful to have the role of local health improvement, Board specialists, national agencies and the Centre for Population Health clearly described with pathways into each of these areas clarified.

At a local level, we will be moving into our new Health and Social Care partnership arrangements on 1st April, with the Chief Officer having a significant role in the Council's Corporate Management structure. The HSCP will offer an opportunity to generate momentum around reducing health inequalities. The local health improvement team will be part of the Health and Social Care Partnership, and this arrangement may place them in a stronger position to influence health and the health impact of wider decisions made across the Council.

3. Practicalities and Moving from Research/Policy into Practice

It remains a challenge to use public health support to change local policy. For example, public health information has been used to try to influence licensing decisions but it has proved difficult to link population health information with specific licensing decisions. We need help to use the evidence provided by Public Health in a targeted, effective way to influence policy. Therefore, it is important to embed Public Health leadership responsibility across leaders in Community Planning Partnerships.

There is also a risk in passing on increasing public health responsibility to frontline staff, where the reason for the contact is a specific health or social care need. We are asking more and more of this group of staff, and while there may be a health improvement opportunity, frontline staff need appropriate training and time to carry out an operational and a health improvement role.



To: **Community Care, Health & Wellbeing Thematic Board**

On: **20th May, 2015**

Report by:
Director of Finance & Resources

TIMETABLE OF MEETINGS FOR THE COMMUNITY CARE, HEALTH & WELLBEING THEMATIC BOARD – SEPTEMBER 2015 TO OCTOBER 2016

1. Summary

- 1.1 The purpose of the report is to submit for consideration the proposed calendar of meeting dates for the Community Care, Health & Wellbeing Thematic Board for the period September 2015 to October 2016.
- 1.2 As the Board has agreed to develop a programme of visits to projects/initiatives to coincide with meetings, consideration should also be given to identifying which projects/initiatives to visit and suitable venues for meetings.

2. Recommendations

- 2.1 It is recommended that the Board approves the timetable of meetings to October 2016; schedule a programme of visits to projects/initiatives; and identify suitable venues for meetings to coincide with visits.

3. Background

- 3.1 The timetable takes account of all standard meetings of the Community Care, Health & Wellbeing Thematic Board but does not take into account any ad-hoc meetings which might be held as and when necessary.



3.2 All meetings will commence at 2pm and the proposed dates are as follows:

Tuesday 8th September, 2015
Thursday 19th November, 2015
Thursday 11th February, 2016
Thursday 14th April, 2016
Thursday 2nd June, 2016
Thursday 8th September, 2016
Thursday 17th October, 2016