

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

| Date | Time | Venue |
|-------------------------|-------|--|
| Friday, 26 January 2018 | 10:00 | Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR |

KENNETH GRAHAM
Clerk

Meeting Details

The meeting will take place at 10.00 am or at the conclusion of the meeting of the Audit Committee, whichever is the later.

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 www.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 reception 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.

- | | | |
|-----------|--|------------------|
| 1 | Minute | 5 - 12 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 24 November 2017. | |
| 2 | Update on Capability Scotland | |
| | Report by Chief Officer. (not available - copy to follow). | |
| 3 | Financial Report 1 April to 30 November 2017 | 13 - 32 |
| | Report by Chief Finance Officer. | |
| 4 | Performance Management Update - Focus Report on Unscheduled Care 2017/18 | 33 - 62 |
| | Report by Chief Officer. | |
| 5 | Update on Implementation of Carers Act | 63 - 84 |
| | Report by Chief Officer. | |
| 6 | Update on New GP Contract | |
| | Report by Chief Officer. (not available - copy to follow). | |
| 7 | Draft NHSGGC 5-Year Mental Health Strategy | 85 - 88 |
| | Report by Chief Officer. | |
| 8 | Non-financial Governance Update | 89 - 108 |
| | Report by Chief Officer. | |
| 9 | Alcohol and Drug Partnership (ADP) Annual Update Report 2016/17 | 109 - 130 |
| | Report by Chief Officer. | |
| 10 | Date of Next Meeting | |
| | Note that the next meeting of the IJB will be held at 9.30 am on 23 March 2018 in the Abercorn Conference Centre, Renfrew Road, Paisley. | |



Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board

| Date | Time | Venue |
|--------------------------|-------|--|
| Friday, 24 November 2017 | 10:00 | Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN |

PRESENT

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

CHAIR

Dr Donny Lyons, Chair, presided.

IN ATTENDANCE

Ken Graham, Head of Corporate Governance (Clerk) and Carol MacDonald, Senior Committee Services Officer (both Renfrewshire Council); and Iain Beattie, Head of Health and Social Care (Paisley), Caroline Burling, Acting Head of Mental Health, Addictions and Learning Disability Services, Fiona Mackay, Head of Strategic Planning & Health Improvement and Jean Still, Head of Administration (all Renfrewshire Health and Social Care Partnership).

APOLOGIES

Councillor Jennifer Adam-McGregor and Councillor Scott Kerr (both Renfrewshire Council); Stephen Cruickshank (service user residing in Renfrewshire) and Alan McNiven (third sector representative).

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.

ORDER OF BUSINESS

In terms of Standing Order 4.1 (iii), the Chair intimated that he proposed to alter the order of business to facilitate the conduct of the meeting by considering item 6 of the agenda after item 1 of the agenda.

1 MINUTE

The Minute of meeting of the Integration Joint Board (IJB) held on 15 September 2017 was submitted.

DECIDED: That the Minute be approved.

2 UPDATE ON CAPABILITY SCOTLAND

Under reference to item 3 of the Minute of the meeting of the IJB held on 15 September 2017 the Chief Officer submitted a report providing an update on the day care services for adults with learning difficulties operated by Capability Scotland, on behalf of the Renfrewshire Health and Social Care Partnership (HSCP), in Renfrewshire at Whitehaugh and West Lane Gardens, Paisley.

The report intimated that although Capability Scotland had re-stated their intention to cease provision of this service, further agreement had now been reached to extend the timescale until 30 April 2017 to allow further time to plan the transition arrangements for each of the 47 service users. This had been communicated to all service users and their respective families on 10 October 2017.

Staff from Renfrewshire Learning Disability Service and the locality team, supported by Capability Scotland staff and You First Advocacy, had met with 43 service users/families to discuss service user preferences; initial liaison work had taken place with the community link team within Renfrewshire HSCP to map out and identify whether mainstream community opportunities would be appropriate for some of the service users; initial discussions had taken place with Capability Scotland regarding an alternative service model in Renfrewshire and an outline plan had been submitted to the Chief Officer; and a market testing exercise took place on 23 October 2017 with a number of third-sector organisations to gauge interest in taking over the two day services.

It was noted that the next steps included progressing discussions with all service users and family members/carers regarding assessed needs, SDS budgets, individual preferences and progressing clear individual care plans based on agreed service choices; progressing plans to extend the community networks service and working with Capability Scotland to consider their proposed community service model; and progressing the market testing process with any provider interested in taking on the existing service.

It was proposed that a project plan detailing a timeline be submitted to the next meeting of the IJB to be held on 26 January 2018 and, if possible, the information shared with members prior to the meeting and that cognisance be taken of involving service users, carers and trade unions in the process going forward. This was agreed.

DECIDED:

(a) That the current position regarding Capability Scotland, as detailed in section 4 of the report, be noted;

(b) That the planned next steps, as detailed in section 5 of the report, be noted;

(c) That a project plan detailing a timeline be submitted to the next meeting of the IJB to be held on 26 January 2018 and, if possible, the information shared with members prior to the meeting; and

(d) That cognisance be taken of involving service users, carers and trade unions in the process going forward.

3 FINANCIAL REPORT 1 APRIL TO 30 SEPTEMBER 2017

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April to 15 September 2017 for Social Work and from 1 April to 30 September 2017 for the Health Board, as detailed in appendices 1 and 2 to the report.

The report provided an update on the implementation of the Living Wage for 2017/18.

The overall revenue position for the HSCP at 30 September 2017 was a breakeven position as detailed in the report. The achievement of the in-year breakeven position and a year-end breakeven position was dependent on the application of reserves carried forward from 2016/17 for both the adult social care budget and the health services budget.

Overall, social work adult services were currently reporting a breakeven position. However this had only been achieved from the application 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.

The key pressures were highlighted in sections 4 and 5 of the report. Appendices 3 and 4 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 5 to the report detailed the GP prescribing position; and Appendix 6 to the report detailed the reserve balances as at 30 September 2017.

Discussion took place on the increase in specialist observation costs and what was being done to address the situation; concern was also raised that savings were linked to staff vacancies and that the living wage was not being implemented. It was proposed that an update report would be submitted to a future meeting of the Board relative to the on-going issues. This was agreed.

DECIDED:

- (a) That the current revenue budget position as at 30 September 2017 be noted;
- (b) That the progress of the implementation of the Living Wage for 2017/18 be noted;
- (c) That the current position and application of the Partnership's reserves, as detailed in paragraphs 4.1 and 5.1 of the report, be noted; and
- (d) That it be agreed that an update report would be submitted to a future meeting of the Board relative to the on-going issues.

4 RENFREWSHIRE INTEGRATION JOINT BOARD RESERVES POLICY

Under reference to item 5 of the Minute of the meeting of the IJB held on 15 September 2017 the Chief Finance Officer submitted a report relative to a revised Renfrewshire Integration Joint Board Reserves Policy, a copy of which formed the appendix to the report.

The report intimated that the Reserves Policy had been revised to provide clarity on the level of reserves which could be held by the IJB, including ear-marked reserves. Section 6.2 of the Reserves Policy had been revised to reflect that the level of ear-marked reserves which could be held was in addition to general reserves; sections 7 and 8 had also been updated to reflect current practice and work required as part of the annual accounts process.

DECIDED: That the revised Renfrewshire Integration Joint Board Reserves Policy, which formed the appendix to the report, be approved.

5 PERFORMANCE MANAGEMENT MID-YEAR REPORT 2017/18

The Chief Officer submitted a report relative to the performance management report for April to September 2017.

The performance dashboard, which formed Appendix 1 to the report, summarised progress against the nine national outcomes and the full scorecard updating all performance measures formed Appendix 2 to the report.

There were 91 performance indicators of which 45 had targets set against them. Performance status was assessed as red if more than 10% variance from target; amber if within 10% variance of target; or green if on or above target. The dashboard indicated that currently 22% of performance measures had red status, 18% had amber status and 60% had green status.

Discussion took place on the performance outcomes that fell below target and specifically the GP Incentivised Scheme and the Anticipatory Care Plans. It was proposed that a report be submitted to a future meeting of the Board relative to the on-going issues. This was agreed.

DECIDED:

- (a) That the Performance Management Mid-Year Report 2017/18 for Renfrewshire HSCP be approved; and

(b) That it be agreed that a report be submitted to a future meeting of the Board relative to the on-going issues.

6 CHANGE AND IMPROVEMENT PROGRAMME UPDATE

Under reference to item 11 of the Minute of the meeting of the IJB held on 23 June 2017 the Chief Officer submitted a report seeking members continued support for the evolving Change and Improvement Programme including approval of a number of savings and efficiencies.

The report intimated that the Change and Improvement Programme was being delivered through three workstreams and Appendix 1 to the report provided an overview of the supporting projects which were being delivered by each workstream and progress to date.

Section 6 of the report detailed the first phase of savings identified through ongoing change and improvement work. The proposed savings had been assessed by the Finance and Planning Forum to ensure they aligned with strategic and financial plans and were deliverable and viable within the next three years. The Professional Advisory Group had also reviewed and risk assessed each proposal to provide an independent view on whether they could be delivered safely and in line with agreed clinical, quality and care standards and had identified mitigation where risks had been highlighted.

It was noted that the trade unions had not had sight of the reviews of the staffing structure and any changes in respect of local authority workers required communication with the Trade Unions.

It was proposed that the following information be submitted to a future meeting of the Board: (i) that more detail be provided relative to the further savings to be realised to the Mental Health & Addictions Service; and (ii) that further information be provided on how the Professional Advisory Group were involved and the process they used to conclude their investigation. This was agreed.

DECIDED:

(a) That the scope and progress of the 2017/18 Change and Improvement Programme to date be noted;

(b) That the saving proposals set out in section 6 of the report be approved;

(c) That it be noted that regular updates would be brought to the IJB to report on programme progress and seek approval for any new change and improvement work, including further savings proposals identified, to be included within this evolving programme;

(d) That it be noted that any change to the staffing structure in respect of local authority workers required communication with the Trade Unions; and

(e) That it be agreed that a report be submitted to a future meeting of the Board which detailed how the savings to the Mental Health & Addictions Service were to be realised and more detailed information on how the Professional Advisory Group were involved in the financial planning process and the methods they used to conclude their investigation.

7 PREPARATION FOR IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016

Under reference to item 15 of the Minute of the meeting of the IJB held on 15 September 2017 the Chief Officer submitted a report relative to preparation for implementation of The Carers (Scotland) Act 2016 which would come into force on 1 April 2018.

The report provided information in relation to Renfrewshire's position in terms of readiness against the key provisions required by the Act; the formal consultation process on the draft local Eligibility Criteria for young carers and adult carers which was currently underway; Scottish Government funding to support preparations for the Act over the coming year and beyond; and an update on the management of key risks identified by the Carers Act Strategic Steering Group.

DECIDED:

(a) That the report be noted; and

(b) That a report be submitted to the next meeting of the IJB to be held on 26 January 2018 on the findings of the consultation; seeking approval of the final drafts of the Adult and Children's Eligibility Criteria, and providing a further update on Renfrewshire's readiness for the Act's implementation on 1 April 2018.

8 ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER 2016/17

The Chief Social Work Officer (CSWO) submitted a report relative to his annual report which he had submitted to the meeting of Renfrewshire Council held on 28 September 2017. The Public Bodies (Joint Working) Scotland Act 2014 established the CSWO as part of the HSCP governance structure in order to carry out those statutory duties in relation to social work services provided by those partnerships.

The Council's Director of Children's Services, in his role as CSWO, provided an overview of the report, referred to the role and key areas of activities of the CSWO locally and outlined the issues and challenges encountered during 2016/17. The report provided information in relation to local governance arrangements; the activities of the CSWO; an overview of activities within social work service and key priorities in 2017/18.

DECIDED:

(a) That the key activities outlined within the report be noted;

(b) That it be noted that the annual report would be submitted to the Office of the Chief Social Work Officer at the Scottish Government; and

(c) That it be agreed that annual reports would continue to be provided to the IJB.

9 TRANSFORMATIONAL STRATEGY PROGRAMME

The Chief Officer submitted a report relative to the work being carried out by NHSGG&C to develop a Transformation Strategy for NHS services within the Health Board area. A copy of the NHSGG&C transformation plan Moving Forward Together formed the appendix to the report.

DECIDED:

(a) That the report be noted;

(b) That ongoing involvement of officers from the HSCP to develop the Moving Forward Together Strategy be agreed; and

(c) That authority be delegated to the Chief Officer to identify an appropriate member(s) to represent the IJB and HSCP on the Stakeholder Reference Group.

10 **CARE AT HOME SERVICE REVIEW**

The Chief Officer submitted a report relative to the challenges faced by the Care at Home Service and outlining the work currently underway through a review of the service to mitigate risk and to continue to develop the service to be fit for the future.

The review aimed to support the three-year transformational programme already underway within the service, which sought to modernise and improve the service to enable it to respond to increasing demands, growing complexity of needs and ensure the service worked as efficiently and effectively as possible; and to examine service systems, processes and practice to identify service pressures and to determine root causes of any challenges and concerns which impacted on delivery of Care and Home Services.

DECIDED: That the report and the work underway through the review process be noted.

11 **CLIMATE CHANGE**

The Chief Officer submitted a report relative to the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

The report intimated that the Order came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009 and required bodies, including the IJB, to prepare reports on compliance with climate change duties.

The Renfrewshire Integration Joint Board Climate Change Report 2016/17, which formed the appendix to the report, would be submitted to Sustainable Scotland Network.

DECIDED:

(a) That the report be noted: and

(b) That the Renfrewshire Integration Joint Board Climate Change Report 2016/17, as detailed in the appendix to the report, be approved for submission to Sustainable Scotland Network.

12 **RENFREWSHIRE COMMUNITY PLAN 2017/27**

The Chief Officer submitted a report relative to the Renfrewshire Community Plan 2017/27, a copy of which formed the appendix to the report.

The Plan set out the key priorities for Renfrewshire which would be targeted by community planning partners with local communities over a 10-year period. Renfrewshire HSCP was a key community planning partner and played an active role in working in partnership to deliver the outcomes of the Plan.

It was proposed that the first recommendation contained within the report be changed to 'approve' rather than 'note' as the HSCP and NHSGG&C were community planning partners. This was agreed.

DECIDED:

(a) That the Renfrewshire Community Plan 2017/27, approved by Renfrewshire Council on 28 September 2017, be approved; and

(b) That it be noted that updates would be brought back to the IJB to keep members sighted on progress of delivery against the measures contained within the Plan.

13 DATE OF NEXT MEETING

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 26 January 2018 in the Abercorn Conference Centre.

To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Finance Officer

Heading: Financial Report 1 April to 30 November 2017

1. Purpose

- 1.1 The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget current year position as at 8 December 2017 (Social Work) and 30 November 2017 (Health), and to provide an update on the implementation of the Living Wage for 2017/18.

2. Recommendation

It is recommended that the IJB:

- Note the current Revenue Budget position;
- Note the progress of the implementation of the Living Wage for 2017/18;
- Note the current position and application of the Partnership's reserves as detailed in Sections 4.1 and 5.1.

3. Current Financial Position

- 3.1 The overall revenue position for Renfrewshire HSCP is a breakeven as detailed in the table below. The achievement of the in-year and year-end breakeven positions are dependent on the application of reserves carried forward from 2016/17 for both the Adult Social Care budget and the Health Services budget.

(Appendix 6 provides a summary of the IJB's reserves at 30th November 2017)

| Division | Current Reported Position | Previously Reported Position |
|--------------------------------|---------------------------|------------------------------|
| Social Work – Adult Services | Breakeven | Breakeven |
| Renfrewshire Health Services | Breakeven | Breakeven |
| Total Renfrewshire HSCP | Breakeven | 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 to bring us to the net budget as reported.

4. Social Work – Adult Services

Current Position: breakeven
Previously Reported: breakeven

- 4.1 Overall, Social Work Adult Services are currently reporting a breakeven position. However, as previously reported this has been 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. The table below summarises how these budgets have been applied as at 8 December 2017. Members should note that these figures will be subject to change throughout 2017/18 given the volatility of both the Care at Home Service and Adult Placement budget.

Table 1: Additional Allocation 2017/18

| | | |
|---|--------------------|-------------------|
| | | £4,405,675 |
| OP Care Home 2017/18 NCHC Impact | -£434,285 | |
| Adult Supported Living Wage 17/18 | -£740,629 | |
| External Care at Home 17/18 | -£747,498 | |
| | <u>-£1,922,412</u> | |
| Balance as at P3 | | £2,483,263 |
| Pay Award Allocation 17/18 | | £553,783 |
| Transfer 2 x Income Max. Officers to C&P | | -£70,000 |
| Transfer Funding for Finance Business Partner | | -£5,371 |
| Internal Care at Home | -£471,913 | |
| Physical Disabilities Adult Placements | -£91,000 | |
| Learning Disabilities Adult Placements | -£369,000 | |
| Older People Adult Placements | -£15,000 | |
| | <u>-£946,913</u> | |
| Balance as at P9 | | £2,014,762 |

Table 2: Adult Social Care Reserves

| | | |
|---------------------------|--------------------|-------------------|
| | | £1,519,087 |
| External Care at Home | -£1,000,000 | |
| Internal Care at Home | -£519,087 | |
| | <u>-£1,519,087</u> | |
| Reserves Balance as at P9 | | £0 |

- 4.2 Consistent with the IJB's Reserves Policy, on 15 September 2017 IJB Members approved the application of reserves to deliver a breakeven position at the 31 March 2018.

4.3. **Older People**

Current Position: Net overspend of £23k
Previously Reported: Net overspend of £26k

As reported previously, demand pressures continue to be experienced within the Care at Home Service. As detailed in Table 1 (Section 4.1) at the start of 2017/18, additional resources of £747k were allocated from Renfrewshire Council's additional budget made available for 2017/18. However, even with

these additional monies the Care at Home budget remains under significant pressure (£2.185m overspend) at 8 December 2017 as summarised in Table 3 below.

This pressure on the overall Older People's budget is partially offset by vacancies within the Local Authority owned HSCP managed care homes, and, through the application of reserves and the use of additional resources from the Council's 2017/18 budget allocation. The overall position within Older People's services is a net overspend of £34k after the application of these resources.

Table 3: Care at Home Service

| | |
|---|-------------|
| Full Year Projection at 8 December 2017 (inc. £747k as per table 1) | -£2,184,855 |
| Add: Additional allocation from 17/18 monies (per table 1) | £471,913 |
| Revised position | -£1,712,942 |
| Application of reserves (per table 2) | £1,519,087 |
| Revised full year projection at 8 December 2017 | -£193,855 |

4.4 **Physical Disabilities**

Current Position: Net overspend of £87k
Previously Reported: n/a

The overspend within Physical Disabilities mainly relates to pressures within the Adult Placement budget reflecting both the impact of increasing demand and SDS.

4.5 **Mental Health**

Current Position: Net underspend of £66k
Previously Reported: n/a

The underspend within Mental Health Services mainly relates to vacancies within the service which are actively being recruited to, in the interim, agency staff have been brought in to relieve the pressure on the service.

4.6 **Addictions**

Current Position: Net underspend of £54k
Previously Reported: n/a

The underspend within Addictions reflects the current client profile of care packages within this area.

5. **Renfrewshire Health Services**

Current Position: Breakeven
Previously Reported: Breakeven

5.1 As previously reported, Renfrewshire Health Services are currently reporting a breakeven position. However, this has only been achieved from the application of reserves carried forward from the 2016/17 budget allocation. The table below summarises how the reserves have been applied as at 30 November 2017. As previously highlighted to members the amount of

reserves required to be drawn down in order to deliver a year-end breakeven position will be subject to change throughout 2017/18 given the volatility of costs associated with Special Observations within Mental Health in-patient services and other pressured budgets.

Table 4: Health General Reserves

| | |
|---|-------------------|
| Health Services General Reserves Opening Balance 2017/18 | £1,125,000 |
| Current Full Year Projected overspend | -£4,000 |
| Share of Pension Liabilities | -£180,000 |
| Share of Unallocated CHP savings | -£519,000 |
| | -£703,000 |
| Reserves Balance as at 30 November 2017 | £422,000 |

- 5.2 Consistent with the IJB's reserves policy, on 15 September 2017 Members approved the application of reserves to deliver a breakeven position at the 31 March 2018.

Earmarked reserves for 2018/19

Health Visiting Monies

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. It is therefore anticipated that c£180k will be transferred to earmarked reserves at the end of this financial year to be drawn down in 2018/19 as vacancies are filled.

Primary Care Transformation Monies

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, it is anticipated that any remaining funding will be transferred to earmarked reserves at the end of this financial year to be drawn down in 2018/19 as required.

- 5.4 **Adult Community Services (*District and Out of Hours Nursing; Rehabilitation Services, Equipu and Hospices*)**

Current Position: Net underspend of £335k
Previously Reported: Net underspend of £267k

The net underspend within Adult Community Services continues to be as previously reported mainly 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. There are a number of patients within Acute services who are due to transfer to AWI beds once they become available.

- 5.4 **Hosted Services (*support to GP's for areas such as breast screening, bowel screening and board wide podiatry service*)**

Current Position: Net underspend of £287k
Previously Reported: Net underspend of £239k

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.

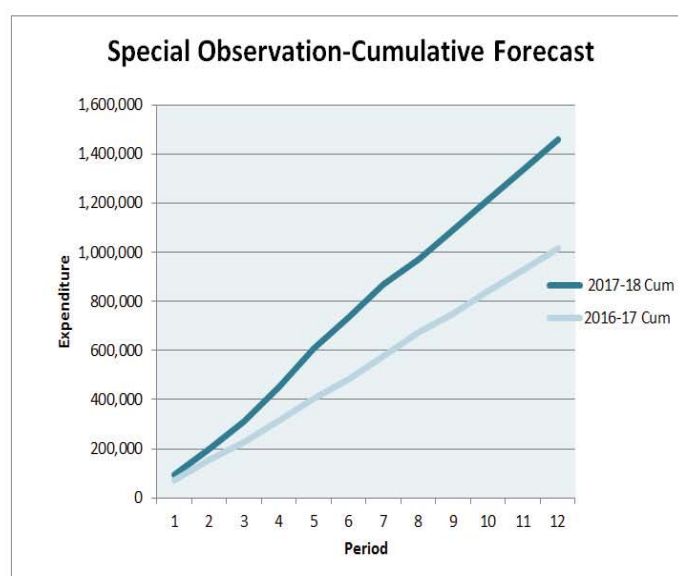
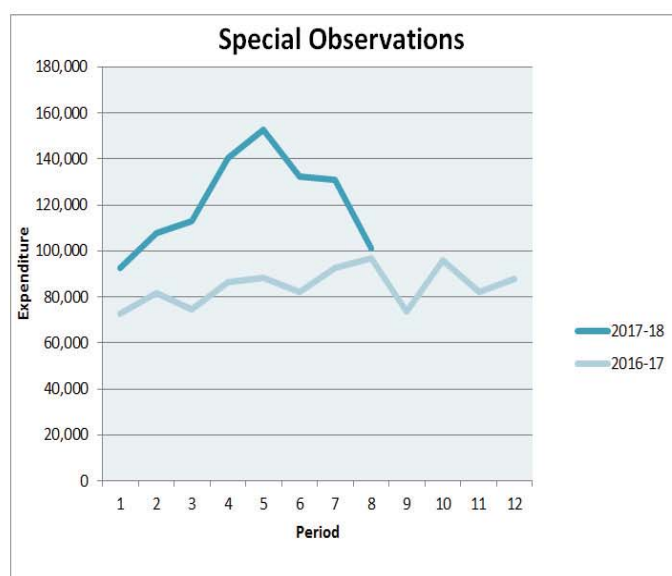
5.5 Mental Health

| | |
|----------------------|------------------------|
| Current Position: | Net overspend of £891k |
| Previously Reported: | Net overspend of £768k |

Overall, Mental Health services are reporting an over spend of £891k. This overspend is due to a number of contributing factors within both adult and elderly in-patient services.

As reported throughout 2016/17, and the first half of this financial year, the main overspends within in-patient services continue to relate to significant costs (overtime, agency and bank costs) associated with patients requiring enhanced levels of observation across all ward areas. In addition, pressures continue in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.

The graphs below summarise the increase in special observation costs over the past 20 months. At month 8, actual spend has increased by £295k from £675k this time last year to £970k, and the current year end projection is £1.457m an increase of £442k on the full year cost of £1.015m in 2016/17.



As discussed previously, work is underway to mitigate the current pressure on the budget, however, it is unlikely that this work will be sufficiently advanced in the current year to have a significant impact on the projected year-end position.

In addition to the above, the Chief Finance Officer has built these pressures into the IJB's Financial Plan for 2018/19, however, in order to fund these continuing pressures savings from other areas of the HSCP budget will need to be identified.

5.6 Integrated Care Fund

Current Position: Net underspend of £234k
Previously Reported: Net underspend of £186k

As previously reported this underspend is mainly in relation to turnover within ICF funded rehabilitation and enablement posts.

5.7 Prescribing

Current Position: Breakeven
Previously Reported: Breakeven

5.7.1 The reported GP prescribing position is based on the actual position for the year to 30 September 2017 (Appendix 5). The overall position across all Partnerships to 31 July 2017 is an overspend of £2,288k with Renfrewshire HSCP reporting a £450k overspend. However, under the risk sharing arrangement across NHSGGC this has been adjusted to report a cost neutral position.

5.7.2 The main challenges to achieving a balanced budget will be:

- 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); and
- Reduced levels of savings for drugs coming off patent (mainly Pregabalin).

5.7.3 Members are reminded that the prescribing risk sharing arrangement will no longer apply from 2018/19, should the short supply issues not be resolved by the end of 2017/18, HSCPs will be facing significant cost pressures over and above the normal GP prescribing cost pressures of increasing demand and price inflation.

6. Set Aside Budget

6.1 The Chief Finance Officer is continuing to work alongside colleagues within NHSGGC to develop a model whereby activity and usage of Acute services are linked to budget spending and delivery of partnership unscheduled care plans. This work is progressing at a slower than anticipated pace, however, it is expected to be concluded by 1 April 2018 to enable budgets based on actual activity and current costs to be allocated as part of the 2018/19 budget from NHSGGC.

7. Other Delegated Services

| Description | Full Year Budget | Year to date Budget | Spend to Date | Year-end Projection |
|-------------------------------|------------------|---------------------|---------------|---------------------|
| Garden Assistance Scheme | £369k | £257k | £257k | £369k |
| Housing Adaptations | £905k | £588k | £551k | £880k |
| Women's Aid | £88k | £46k | £51k | £88k |
| Grant Funding for Women's Aid | £0k | £10k | -£35k | £0k |
| Total | £1,362k | £901k | £824k | £1,337k |

- 7.1. The table above 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. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB. The summary position for the period to 8 December 2017 is an overall spend of £824k with an anticipated underspend of £25k at the year-end.
- 8. Living Wage Update 2017/18**
- 8.1 **Care at Home:** As previously reported all seven providers on our Care at Home Framework accepted the offered rate which covers the full cost of increasing the Scottish Living Wage from £8.25 per hour to £8.45 per plus on-costs.
- 8.2 **Supported Living:** As previously reported, all contracted Supported Living providers were offered increases to cover the full cost of the Living Wage increase, including the full cost of an 8-hour sleepover at £8.45 per hour plus on-costs. Renfrewshire Council currently contract with 11 providers of Supported Living services to deliver care and support services in Renfrewshire. To date 8 have accepted the whole of the offered agreement and 2 have accepted the offered day rate but cannot accept the offered sleepover rate as they work across multiple authorities and not all other authorities have offered sufficient rates to allow payment of £8.45 per hour for sleepover. Negotiations with the remaining provider are ongoing. For the final provider we have made an offer which the provider told us they cannot accept, as it is not sustainable for them as an organisation to implement the £8.45 rate.
- 8.3 **Residential Services:** Negotiations have also taken place with providers of residential services who are not on the National Care Home Contract to allow them to pay the Living Wage. Although largely complete further negotiations are required with one provider.
- 8.4 **Out of Area:** Negotiations with providers located out with Renfrewshire are complete with the exception of one with whom negotiations are on-going
- 8.5 **National Care Home Contract:** The terms of the contract for 2017/18 were negotiated by COSLA and the Scottish Government with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 2.8% was agreed for 2017/18 which includes an allowance to support delivery of £8.45 per hour to all care staff.
- 8.6 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 will be applied which will include the impact on on-costs. At present it is not clear from which date this increase will apply, however, it is likely that this will be from 1 May 2018.

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, delivery of 2017/18 agreed savings.
11. **Privacy Impact** – none.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

Appendix 1

Social Work Revenue Budget Position 1st April 2016 to 8th December 2017

| Subjective Heading | Annual Budget £000's | Year to Date Budget £000's | Actual to Date £000's | Variance | | |
|--------------------------|-------------------------|-------------------------------|--------------------------|-------------|--------------|-------------------|
| | | | | £000's | % | |
| Employee Costs | 27,848 | 19,810 | 19,448 | 362 | 1.8% | underspend |
| Property Costs | 384 | 171 | 154 | 17 | 9.9% | underspend |
| Supplies and Services | 1,558 | 676 | 754 | (78) | -11.5% | overspend |
| Contractors | 51,613 | 35,996 | 36,318 | (322) | -0.9% | overspend |
| Transport | 668 | 422 | 409 | 13 | 3.1% | underspend |
| Administrative Costs | 239 | 151 | 142 | 9 | 6.0% | underspend |
| Payments to Other Bodies | 5,405 | 3,705 | 3,695 | 10 | 0.3% | underspend |
| Capital Charges | - | - | - | - | 0.0% | breakeven |
| Gross Expenditure | 87,715 | 60,931 | 60,920 | 11 | 0.0% | underspend |
| | | | | | | |
| Income | (22,301) | (19,920) | (19,909) | (11) | 0.1% | overspend |
| NET EXPENDITURE | 65,414 | 41,011 | 41,011 | - | 0.00% | breakeven |

Position to 8th December is a breakeven of **£0 0.00%**
 Anticipated Year End Budget Position is a breakeven of **£0 0.00%**

| Client Group | Annual Budget £000's | Year to Date Budget £000's | Actual to Date £000's | Variance | | |
|----------------------------------|-------------------------|-------------------------------|--------------------------|----------|--------------|------------------|
| | | | | £000's | % | |
| Older People | 43,191 | 18,536 | 18,559 | (23) | -0.1% | overspend |
| Physical or Sensory Difficulties | 6,187 | 4,320 | 4,407 | (87) | -2.0% | overspend |
| Learning Difficulties | 13,587 | 14,000 | 14,010 | (10) | -0.1% | overspend |
| Mental Health Needs | 1,718 | 2,518 | 2,452 | 66 | 2.6% | underspend |
| Addiction Services | 731 | 671 | 617 | 54 | 8.0% | underspend |
| Integrated Care Fund | - | 966 | 966 | - | 0.0% | breakeven |
| NET EXPENDITURE | 65,414 | 41,011 | 41,011 | - | 0.00% | breakeven |

Position to 8th December is a breakeven of **£0 0.00%**
 Anticipated Year End Budget Position is a breakeven of **£0 0.00%**

**Health Revenue Budget Position
1st April 2017 to 30th November 2017**

| Subjective Heading | Annual Budget £'000 | YTD Budget £'000 | YTD Actuals £'000 | Variance | | |
|------------------------|------------------------|---------------------|----------------------|----------|--------------|------------|
| | | | | £'000 | % | |
| Employee Costs | 43,690 | 28,986 | 29,267 | (281) | -1.0% | overspend |
| Property Costs | 8 | 5 | 29 | (24) | -447.2% | overspend |
| Supplies and Services | 10,000 | 6,446 | 5,934 | 512 | 7.9% | underspend |
| Purchase Of Healthcare | 2,433 | 1,622 | 1,653 | (31) | -1.9% | overspend |
| Resource Transfer | 29,366 | 19,578 | 19,578 | (1) | 0.0% | overspend |
| Family Health Services | 82,247 | 56,124 | 56,124 | (0) | 0.0% | overspend |
| Savings | (218) | (145) | - | (145) | 100.0% | overspend |
| Gross Expenditure | 167,526 | 112,616 | 112,585 | 30 | 0.0% | underspend |
| Income | (4,046) | (2,636) | (2,606) | (30) | 1.1% | overspend |
| NET EXPENDITURE | 163,480 | 109,980 | 109,979 | 0 | 0.00% | |

Position to 30th November 17
Anticipated Yearend Budget Position

£0
£0

Break-even
Break-even

| Care Group | Annual Budget £'000 | YTD Budget £'000 | YTD Actuals £'000 | Variance | | |
|-------------------------------|------------------------|---------------------|----------------------|----------|--------------|------------|
| | | | | £'000 | % | |
| Addiction Services | 2,668 | 1,673 | 1,634 | 39 | 2.3% | underspend |
| Adult Community Services | 9,051 | 6,060 | 5,725 | 335 | 5.5% | underspend |
| Children's Services | 5,287 | 3,387 | 3,436 | (49) | -1.4% | overspend |
| Learning Disabilities | 1,169 | 782 | 769 | 13 | 1.7% | underspend |
| Mental Health | 18,962 | 12,771 | 13,662 | (891) | -7.0% | overspend |
| Hosted Services | 10,425 | 6,845 | 6,558 | 287 | 4.2% | underspend |
| Prescribing | 35,041 | 24,151 | 24,151 | (1) | 0.0% | overspend |
| Gms | 24,104 | 16,259 | 16,259 | - | 0.0% | breakeven |
| Other | 20,864 | 14,163 | 14,163 | (0) | 0.0% | overspend |
| Planning & Health Improvement | 1,230 | 699 | 651 | 48 | 6.9% | underspend |
| Other Services | 1,993 | 1,481 | 1,497 | (16) | -1.1% | overspend |
| Resource Transfer | 17,041 | 11,361 | 11,361 | (0) | 0.0% | overspend |
| Integrated Care Fund | 3,150 | 2,019 | 1,785 | 234 | 11.6% | underspend |
| Social Care Fund | 12,495 | 8,330 | 8,330 | - | 0.0% | breakeven |
| NET EXPENDITURE | | 109,980 | 109,980 | 0 | 0.00% | |

Position to 30th November 17
Anticipated Yearend Budget Position

£0
£0

Break-even
Break-even

For Information

1. Adult Community Services includes: District and Out of Hours Nursing; Rehabilitation 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 responsibility for Podiatry
6. Other Services = Business Support staff; Admin related costs, hotel services and property related costs such as rent

| | |
|--|-----------------|
| 2017/18 Adult Social Care Financial Allocation to Renfrewshire HSCP | |
| | £k |
| 2017/18 Renfrewshire HSCP Opening Budget: | 60,468.4 |
| | 60,468.4 |
| <u>Adjustments to Base Budget:</u> | |
| Impact of increase in the Living Wage and changes in sleepover costs | 1,989.0 |
| Inflationary pressures on commissioned 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 |
| <u>Budget Adjustments posted in month 4</u> | |
| 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 |
| <u>Budget Adjustments posted in month 6</u> | |
| 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 |
| <u>Budget Adjustments posted in month 8</u> | |
| 2017/18 Pay Award Correction | -3.8 |
| Adult Social Care Budget as reported @ 10 November 2017 | 65,489.7 |
| <u>Budget Adjustments posted in month 9</u> | |
| 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 |

2017/18 Adult Social Care Financial Allocation to Renfrewshire HSCP

| | £k |
|--|-----------------|
| 2017/18 Renfrewshire HSCP Opening Budget: | 60,468.4 |
| | 60,468.4 |
| <u>Adjustments to Base Budget:</u> | |
| Impact of increase in the Living Wage and changes in sleepover costs | 1,989.0 |
| Inflationary pressures on commissioned 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 |
| <u>Budget Adjustments posted in month 4</u> | |
| 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 |
| <u>Budget Adjustments posted in month 6</u> | |
| 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 |

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 reparentir | 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 | |
| Additions: | |
| Finance Staff Transfer-Mgt Transfer to HSCP | 80.8 |
| | 80.8 |
| Reductions: | |
| Prescribing Budget Adjustment | -384.5 |
| | -384.5 |
| 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 & Ac | 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 |
| | 120.6 |
| Reductions: | |
| FHS GMS Adjustment | -67.4 |
| | -67.4 |
| 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 |

GP Prescribing to September 2017 (£000)

| | <u>FY Budget</u> | <u>Budget YTD</u> | <u>Actual YTD</u> | <u>Total Variance</u> | <u>Sh Supply Variance</u> | <u>Off Patents Variance</u> | <u>Net Variance</u> |
|---------------------|------------------|-------------------|-------------------|---------------------------|-------------------------------|---------------------------------|-------------------------|
| Glasgow South | 46,275 | 23,312 | 23,611 | -299 | -263 | -78 | 42 |
| Glasgow North East | 40,056 | 20,179 | 20,568 | -389 | -235 | -70 | -84 |
| Glasgow North West | 38,950 | 19,622 | 19,800 | -178 | -276 | -71 | 169 |
| Glasgow City | 125,281 | 63,113 | 63,979 | -866 | -774 | -219 | 127 |
| Renfrewshire | 34,622 | 17,441 | 17,891 | -450 | -232 | -62 | -156 |
| West Dunbartonshire | 18,926 | 9,534 | 9,790 | -256 | -95 | -35 | -126 |
| East Dunbartonshire | 18,671 | 9,406 | 9,570 | -164 | -57 | -39 | -68 |
| Inverclyde | 17,767 | 8,950 | 9,216 | -266 | -157 | -35 | -74 |
| East Renfrewshire | 15,384 | 7,750 | 8,036 | -286 | -65 | -27 | -194 |
| Total HSCPs | 230,651 | 116,194 | 118,482 | -2,288 | -1,380 | -417 | -491 |
| Central Services | 6,371 | 3,210 | 3,017 | 193 | -15 | -2 | 210 |
| Total (GIC) | 237,022 | 119,404 | 121,499 | -2,095 | -1,395 | -419 | -281 |

Reserves Balances at 30th November 2017

| Earmarked Reserves | |
|--|--------------------------|
| | Health £000's |
| Opening Balance 1st April 2017 | 2,850 |
| Less: | |
| Primary Care Transformation Fund transfer to revenue account | -1,100 |
| GP Digital Transformation transfer to NHSGGC Corporate | -289 |
| GP Primary Scan Patient Records transfer to NHSGGC Corporate | -705 |
| Remaining Balance | 756 |
| Comprising: | |
| Funding for Temporary Mental Health Posts | 82 |
| Primary Care Transformation Fund Monies | 39 |
| District Nurse 3 year Recruitment Programme | 150 |
| Health and Safety Inspection Costs to Refurbish MH shower facilities | 35 |
| Prescribing | 450 |
| | 756 |

| General Reserves | | | |
|---|---|--------------------------|-------------------------|
| | Adult Social Care £000's | Health £000's | Total £000's |
| Opening Balance 1st April 2017 | 1,519 | 1,125 | 2,644 |
| Less: | | | |
| Allocation to Care at Home | -1,519 | | -1519 |
| Share of Pension Liabilities | | -181 | -181 |
| Share of Unallocated CHP savings | | -519 | -519 |
| Current Projected Balance required to deliver breakeven at year end | | -4 | -4 |
| Reserves Balances at 30th November 2017 | - | 421 | 421 |

this fig will change each month depending on the projected year end position

| Overall Position | Ear Marked Reserves | General Reserves | Total |
|---|--------------------------------|-----------------------------|--------------|
| Opening Balance 1st April 2017 | 2,850 | 2,644 | 5,494 |
| less: | | | |
| Amount drawn down at 8 December 2017 | -2,094 | -2,223 | -4,317 |
| Current Projected Balance required to deliver breakeven at year end | | -4 | -4 |
| | 756 | 417 | 1,173 |

this fig will change each month depending on the projected year end position

To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Subject: Performance Management Update - Focus Report on Unscheduled Care 2017/18

1. Summary

- 1.1 Performance information is presented at all Renfrewshire IJB meetings. The Performance Scorecard with all indicators aligned to the nine National Health and Wellbeing Outcomes is presented to the IJB twice per year. The mid-year position for 2017/18 was presented to the IJB in November 2017.
- 1.2 This Focus Report on Unscheduled Care provides an overview of performance at our interface with acute services at the Royal Alexandra Hospital (RAH) and other acute sites. It also builds on the Commissioning Unscheduled Care 2017/18 report presented to the IJB in March 2017.
- 1.3 An unscheduled care update report was presented at NHS Greater Glasgow and Clyde's Board meeting on 19th December 2017. It shows progress resulting from a raft of initiatives and collaborative working across NHSGGC on the key recommendations for 2017/18 made by the Unscheduled Care Improvement Programme in May 2017. Links to this report and the Commissioning Unscheduled Care Report 2017/18 are included in the list of background papers at the end of this report.
- 1.4 In Renfrewshire, acute and HSCP senior managers and clinicians met in June and October 2017 and developed a joint Acute and Partnership Unscheduled Work Plan to reduce the use of unscheduled care services. This includes a drive to positively impact on patient behaviour and direct people to the most appropriate services that meet their needs. The work plan focuses on: alternatives to admission; Emergency Department processes; management of current in-patient capacity; reduction in demand; e-health; and governance. All HSCTs report monthly to the NHSGGC Unscheduled Care Steering Group on progress against delivery and improvement plans. Renfrewshire's work plan is attached as Appendix 1.
- 1.5 The Scottish Government Ministerial Strategic Group (MSG) for Health and Wellbeing requires all HSCTs to report on six key indicators. Our performance against these indicators is also included in this report.

2. Recommendation

It is recommended that the IJB:

- Approves the Performance Management Focus Report on Unscheduled Care 2017/18 for Renfrewshire HSCP; and
- Receives a further update on progress in reducing reliance on unscheduled care during 2018/19.

3. Unscheduled Care Performance Reporting 2017/18

3.1 HSCPs have received guidance from the Scottish Government on preparing and sharing local objectives around six indicators for the Ministerial Strategic Group for Health and Community Care (MSG).

The objectives will be used to produce trajectories for each individual Partnership and will be reported on a quarterly basis.

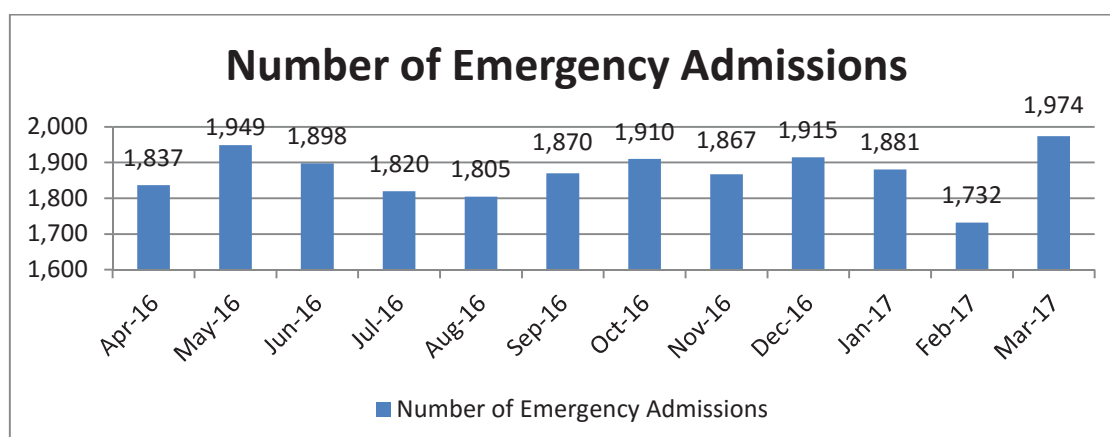
3.2 The six indicators are:

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 paragraphs in section 3 of this report show Renfrewshire's status against these six indicators and our local agreed priorities. We have used the most recent validated information available, and where provisional data is used, we have noted this.

3.3 Number of Emergency Admissions

The total number of emergency admissions in 2016/17 of Renfrewshire residents into the NHSGGC acute services was 22,458 which is down slightly on the 2015/16 number of 22,662. This equates to a rate of 12,855 per 100,000 population in Renfrewshire which is above the national average of 10,884 and the NHS Greater Glasgow and Clyde average of 12,112.



3.4 Number of Unscheduled Hospital Bed Days

In our Commissioning Unscheduled Care 2017/18 report we set a target of a 10% reduction in bed days consumed due to unscheduled admissions in 2017/18 from the 2015/16 baseline of 128,781. The target of 115,903 is challenging as the provisional data reported in 2016/17 shows a 1.8% increase from the 2015/16 baseline of 128,781. In Renfrewshire, the provisional rate per 100,000 population was 75,096 for 2016/17 which was slightly lower than the national average rate of 75,701.

| HSCP | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17p |
|-------------------------------|---------|---------|---------|---------|----------|
| Renfrewshire | 122,665 | 129,531 | 137,243 | 128,781 | 131,087 |
| Renfrewshire Rate per 100,000 | 70,376 | 74,490 | 78,771 | 73,775 | 75,096 |
| Scotland Rate per 100,000 | 74,846 | 75,129 | 77,320 | 75,295 | 75,701 |

p:provisional

Early data for 2017/18, which is not yet validated, shows: unscheduled bed days April – Sept (2017) 60,452. This is a significant improvement (8.6%) over the same period last year April – Sept (2018) 66,160.

Pathways have been developed within each of the Acute Directorates (Surgery, Medicine, Older People and Stroke Services) which enable patients to be referred for early assessment. The aim of the pathways is to prevent unplanned admissions where the patient's care could be provided on an ambulatory (outpatient) basis. Details of the pathways available are being shared with GPs in Renfrewshire via the HSCP website. Pathways for further acute conditions are being developed.

3.5 Number of Emergency Admissions from Care Homes

Reducing the number of emergency admissions from Care Homes is an identified priority in our Acute Services Commissioning Intentions. We want to further support care homes to reduce levels of admission to hospital.

| 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|---------|---------|---------|---------|
| 540 | 508 | 477 | 538 |

There were 538 emergency admissions to hospital from care homes in 2016/17 against a target of 480. We are in the process of doing a deeper analysis of the data to define length of hospital stay. The rate of emergency admissions from the 21 Care Homes in Renfrewshire varies from 5% to 30%. Care Homes that have a statistically significantly higher than average emergency admission rate, could potentially have one or two very complex patients who are constantly in and out of hospital for legitimate reasons. Our care home liaison nurses are supporting the Care Homes to reduce potentially preventable emergency admissions to hospital.

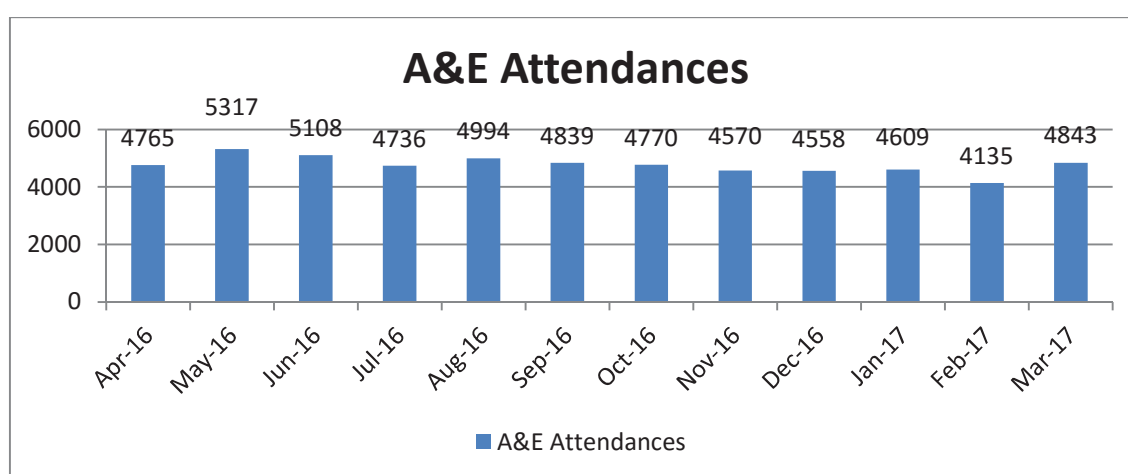
From April to September 2017, there were 237 emergency admissions to hospital from care homes which is just below the mid-year target of

241. We are working to maintain performance and achieve this target by year end 2017/18. We are working with our local LIST resource to make better use of available data, particularly supporting GP clusters to reduce reliance on unscheduled care. Our initial focus has been on analysis of data in the following areas:

- Admission to hospital from specific cares homes;
- Repeat attendances at A&E services; and
- Emergency admission rates.

3.6 A&E Attendances

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



2016/17 provisional data

The HSCP and Clyde Acute Sector joint Unscheduled Care Action Plan (Appendix 1) covers Emergency Department attendances, unplanned admissions and supporting early discharge. The full plan is appended, but some of the key areas of work are noted below:

1. Patient/public engagement - a study comprising 'exit interviews' will be carried out at the Royal Alexandra Hospital by researchers from the University of the West of Scotland on patients identified as having a presentation of a clinically 'minor' nature to better understand why they attended the Emergency Department. The tool has been developed jointly by clinicians in the Emergency Department and the HSCP. This work will be completed by March 2018.
2. Focus Groups are also planned, using a similar tool as the above, with two groups; young adults and individuals with mental health issues, to understand what is driving attendances at the Emergency Department. The Groups are planned to meet in February/March 2018 and the expectation is that this will provide us with an understanding of why people attend the Emergency Department and how we can direct them to the most appropriate service if that is not the local A&E service.

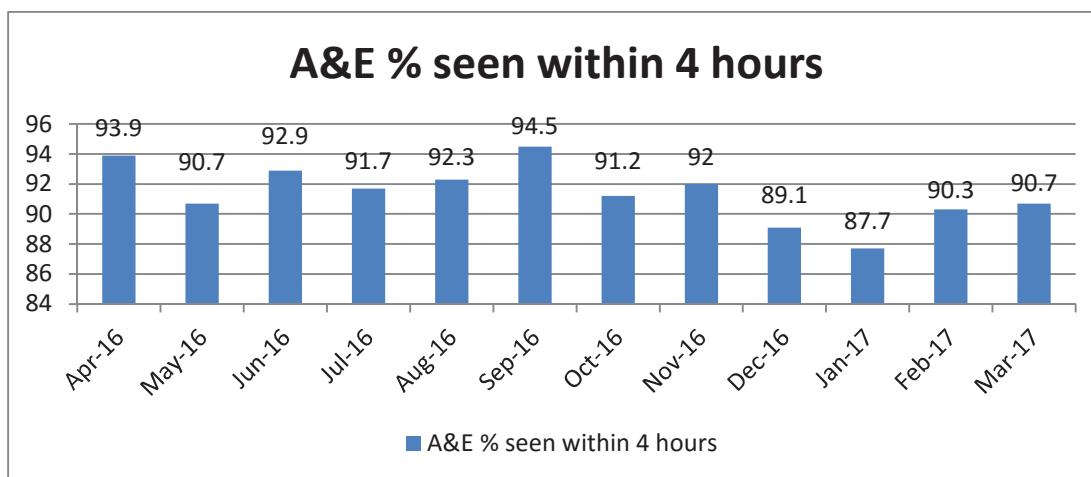
3. Chronic Obstructive Pulmonary Disease (COPD) Pathway: A respiratory interface group has been established with a view to:
 - Improving communication between acute and community services.
 - Developing more robust referral pathways.

This will impact on unscheduled admissions lost bed days and will help develop anticipatory care and self managed approaches.

4. The HSCP has invested in the design of our website which promotes the 'Know Who to Turn to' Campaign and Winter Campaign. We also promote the resources and information available through NHS Inform. Working jointly will ensure a consistency of messages that patients and members of the public receive. This is part of a wider NHSGG&C programme of communications with the public promoting how to use services appropriately both year around but also specifically during this current winter period.

3.7 A&E Treatment Times

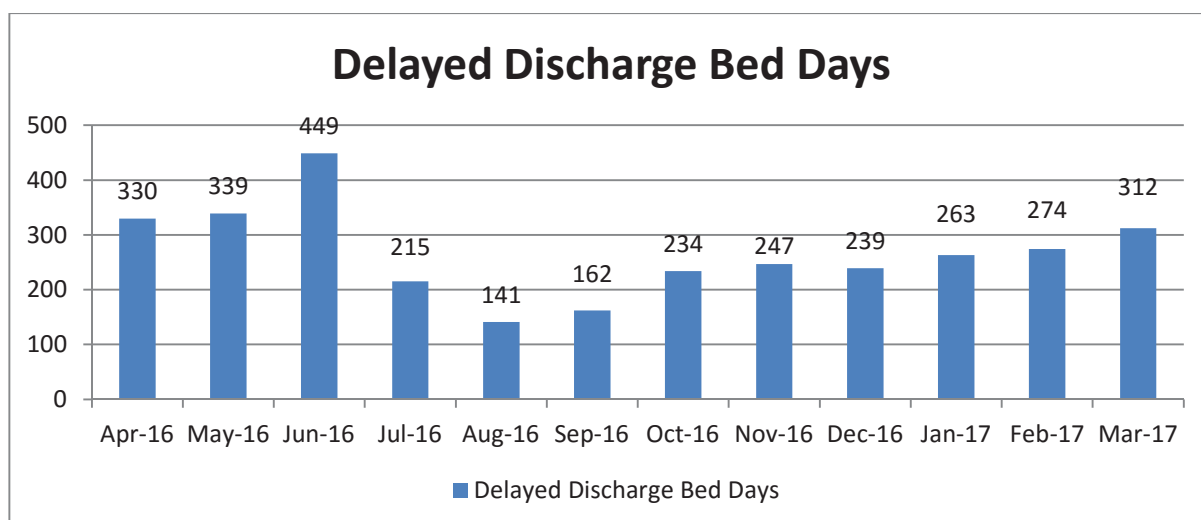
The A&E target is that 95% of people are seen, discharged, admitted or transferred within 4 hours. This is a challenging target at the RAH and has not been achieved in more than 18 months. The average in 2016/17 was 91.4%.



2016/17 provisional data

3.8 Delayed Discharge Bed Days

The graph overleaf shows the number of delayed discharge bed days in 2016/17 fluctuated across the months, with a year end total of 3,205.



2016/17 provisional data

In 2016, Renfrewshire was the highest performing HSCP in Scotland with the lowest rate per 1,000 population of delayed discharges. At August 2017, Renfrewshire is 5th out of the 31 HSCPs in Scotland.

Provisional data from April to October 2017 shows the following bed days lost due to delayed discharges:

| Apr | May | Jun | Jul | Aug | Sep | Oct |
|------------|------------|------------|------------|------------|------------|------------|
| 281 | 316 | 465 | 365 | 447 | 556 | 595 |

However, over the December/January winter pressure period, we have been able to bring the number of people delayed in acute beds down to a lower level, most of whom are adults with incapacity waiting for guardianship arrangements to be finalised. Some of these patients are being transferred to Darnley Court to free up acute beds. As at 8th January 2018, no Renfrewshire patients were waiting in acute beds for a community care package, and only 4 patients (all with guardianship issues) are delayed in acute beds. This is directly correlated to the efforts of HSCP staff in hospital social work and home care and other community services.

Variation in delayed discharge data is impacted by a number of variables including: increased demand where the number of older people flowing through acute services increases every year; seasonal variation; outbreaks of illness e.g. flu; the number of patients delayed due to a lack of capacity (e.g. one patient could consume 91 bed days in one quarter); availability of nursing home places and the number of people with complex care needs.

Through working in a multi-disciplinary way, we continue to prioritise and sustain effective and safe discharge to maintain and reduce the number of bed days lost due to delayed discharge.

3.9 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%

| 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|---------|---------|---------|---------|
| 87.2% | 86.4% | 87.5% | 87.3% |

3.10 Balance of Care: percentage of population in community or institutional settings

The data for the percentage of the population in community or institutional settings is quite dated. In 2015/16, 97.6% of Renfrewshire's population lived at home unsupported; 1.3% were supported to stay in their own homes; 0.7% resided in a care home; and 0.3% were in hospital.

The following table shows 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.

| | 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% |
| | | | | |

4. Other Acute Interface Indicators

4.1 Number of adults with an Anticipatory Care Plan

Increasing the number of people with anticipatory care plans was another priority identified in our Commissioning Unscheduled Care 2017/18 report.

1,847 Anticipatory Care Plans (ACPs) were completed in 2016/17 which was substantially higher than the 440 target. This included 1,307 ACPs completed through the GP incentivised scheme which was funded for one year in 2016/17.

For the period April to November 2017, approximately 257 new ACPs have been completed. However, this data is not yet complete but will be validated before year end 2017/18.

4.2 Percentage of deaths in acute hospitals 65+ and 75+

Continuing to reduce the trend in the number of people who die in hospital is another priority in our Commissioning Unscheduled Care 2017/18 report. The following table shows a steady reduction in deaths in acute hospitals for those aged 65+ and 75+ from 2011 to 2017.

| Deaths in Acute Hospitals | | |
|----------------------------------|----------------|----------------|
| | Age 65+ | Age 75+ |
| Jan – Dec 2011 | 51.9% | 51.2% |
| Jan – Dec 2012 | 45.7% | 45.0% |
| Jan – Dec 2013 | 43.0% | 41.8% |
| Jan – Dec 2014 | 46.3% | 44.9% |
| Jan – Dec 2015 | 42.8% | 43.1% |
| Jan – Dec 2016 | 41.3% | 40.4% |
| Apr 16 – Mar 2017 | 40.2% | 39.1% |
| Jul 16 – Jun 2017 | 40.0% | 38.7% |

5. Finance

- 5.1 Renfrewshire HSCP's budget includes a notional set aside allocation for unscheduled care (£29.582 million). Our aim to reduce reliance on unscheduled care and our usage of hospital beds should allow us to redirect a proportion of our set aside budget to invest in sustainable community services.

This has been the core focus of our Unscheduled Care Commissioning Intentions. However, to date, the set aside budget remains a notional allocation and any change in the balance of activity and care to date has not resulted in change in how this set aside budget is spent. In our September 2017 IJB paper we outlined our Financial Strategy and indicated our assumption is that we may want to use this budget in a more real way in 2018/19 to allow us to ensure that funding flows consistent with changes in the balance of care and activity.

6. Winter

- 6.1 Planning for winter, and in particular for the Christmas/New Year bank holiday period has required additional input over and above regular unscheduled care planning. HSCP staff developed a Winter Plan that was consistent with plan for other HSCPs across NHS GGC and was developed in collaboration with NHS GGC with colleagues for other areas and the acute sector. Renfrewshire's plan is attached at Appendix 2.
- 6.2 In the first week of January 2018, both acute and community services faced unprecedented demand for services. To date, the HSCP has been able to meet demand for homecare care home services and has maintained delayed discharges at a minimum level to free up beds in the acute sector. We have developed a directory of services which notes local alternatives to hospital admission for secondary and primary care clinicians, and have circulated this widely. Staff at the RAH attend daily huddle meetings and to date, have been able to respond immediately for requests for care packages in the community. As at 8th January 2018, no Renfrewshire patients are waiting in an acute bed for a care package, and only 4 patients with guardianship issues are currently in acute beds. Care at Home staff and other community services have worked hard over the bank holiday period to continue to support vulnerable people at home.

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 –

1. Commissioning Unscheduled Care 2017/18 Report:
<http://renfrewshire.cmis.uk.com/renfrewshire/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1618/Committee/127/Default.aspx>
 2. NHSGGC Unscheduled Care Update Report:
<http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf>
-

Author: Fiona MacKay, Head of Strategic Planning and Health Improvement

Renfrewshire - Planning Unscheduled Care – Acute and Partnership Workplan: October 2017

| Action | Owner | Start Date | Planned End Date | Update |
|---|--|------------|------------------|---|
| 1. Alternatives to Admission | | | | |
| 1.1 Promote the use of NSS Discovery Reports – engage with ISD (Discovery Team) to develop suite of reports to be used to monitor activity at GP practice level. Agree KPIs | Clare Walker Jackie Britton Stuart Sutton | Oct 17 | Jan 17 | Chris Hunter (ISD) working with Stuart Sutton to develop a standard report for GPs (ED attendances, etc). |
| 1.2 Investigate options/tools available to share information to help patients self-manage conditions. Build on work developed through 'Know Who To Turn To' campaign. | Louise Watson eHealth Chair Participation, Engagement and Communication Group, HSCP, Jacqui McGeough | Oct 17 | Ongoing | HSCP website promoting NHS Inform. Public Event planned for 16 November 2017 will publicise this. Comms/Media calendar being developed by PEC group. Know who to turn to featured in Spring/Summer Newsletter and will also be in Autumn Winter version. |
| 1.3 Develop OOH service model – alternative to ED – consider options for 'holding' for complex cases until service open next day (ref: Suzanne Miller doing work for Glasgow HSCP). | Ian Beattie Mandy Ferguson | Oct 17 | Ongoing | This is GG & C system wide. |
| 1.4 Explore options to introduce or further develop: - discharge to assess - use of Fast Track/hot clinics – available to GPs and secondary care to refer | Stuart Sutton Ian Keith | | | GP part of HSCP website being developed to note hot clinics and how to access them. |

| Action | Owner | Start Date | Planned End Date | Update |
|---|--|------------|------------------|--|
| <ul style="list-style-type: none"> - in reach support for chronic conditions - ambulatory care pathways – building on work developed through GG&C Unscheduled care improvement plan | Fiona Mackay Jacky Britton | Oct 17 | Dec 17 | |
| 1.5 Development of SPoC for Community based services 24/7 – this will support hospital teams – admission avoidance at ED/MAU and timely discharge | Caroline Clarke Stuart Sutton | Oct 17 | March 18 | Angela working with Roisin to promote WiRe. Also developing GP part of HSCP website. |
| 1.6 Review opportunities to develop tests of change from Day of Care Audit. | John Kennedy Jacqui McGeough | Oct 17 | Ongoing | HSCP to be introduced in future Day/Care audit work. |
| 1.7 Agree other small tests of change to facilitate quicker discharge and to reduce bed days used. | Stuart Sutton | Oct 17 | Ongoing | One ward is piloting getting patients up and dressed quicker in the morning. |
| 1.8 Step Up/Step Down Beds - review use/demand for step up/ step down beds and DNs commissioning respite beds. | Ian Beattie Mandy Ferguson Dot Jardine Graeme Simpson | Nov 17 | Ongoing | |
| 1.9 Next day appointment clinics. It was noted that there has been little uptake of this service. Jacqueline to resurrect the planning group to review GP data, rates and appropriateness of admission. | Chris Johnstone/ Stuart Sutton/ Ian Keith/ Jacqueline Nicol | | | |

| Action | Owner | Start Date | Planned End Date | Update |
|---|---|------------|------------------|---|
| ED Processes | | | | |
| 2.1 Investigate opportunities to publicise ED waiting times for GGC sites and signpost to other services. | Louise Watson eHealth Chair | - | - | This action is not being progressed. |
| 2.2 Using experiences in other Boards, consider options for redirection for patients who attend ED. Investigate tools to support redirection of patients who self present at ED. | Alasdair Corfield Gerry McLaughlin Sue Wilson | | | Use of NHS Inform at A&E being explored. Redirection being discussed at Board level. |
| Management of Current In-Patient Capacity | | | | |
| 3.1 Red Cross – build on work developed with Red Cross to support discharge including identification of longer term funding stream. | Dot Jardine Fiona MacKay Marie Farrell David Leese | Sept 17 | Jan18 | Now being funded on an interim basis by RAH. Meeting 10 October – agreed further information to be given. |
| 3.2 Explore practical next steps to plan to move to 7-day discharging (see table showing our recent profile). Identification and effective management of | Caroline Clark Ian Keith | Oct 17 | Mar 18 | Review times of ward rounds. Ian Keith has taken recommendations to Medical Advisory Committee. |

| Action | Owner | Start Date | Planned End Date | Update |
|--|--|---------------------------------|--------------------------------|---|
| elective/emergency capacity – e.g. ward rounds: max: of 'golden hour' and 7 day criteria led discharge. | Iain Keith | | | |
| 3.3 RAH to provide narrative on current delayed discharge figures, particularly around those waiting for AHP and a social worker. | Dot Jardine | | | |
| Reduction in Demand | | | | |
| 4.1 Develop a programme of work to better understand why people attend ED with a clear aim to influence behaviour change: - Focus groups: Young Adults Mental Health - Exit interviews | Jacqui McGeoch/Fiona MacKay/C Burling Roisin Robertson/Jackie Britton | Oct 17 Jan 18 Sept 17 | Feb 18 Mar 18 Feb 18 | Not started yet. Survey questions have been agreed. Process with ED agreed. No date finalised for survey to start. |
| 4.2 Get a service user perspective on the wider unscheduled care agenda. | Fiona MacKay | Oct 17 | Mar 18 | Use focus groups and 16 th November public event. |

| Action | Owner | Start Date | Planned End Date | Update |
|--|---|------------|------------------|--|
| <p>4.3 Develop tools and initiatives to progress a public campaign:</p> <ul style="list-style-type: none"> - Public messages (e.g. messages on buses/bus stops). - Use of social media and other technology (e.g. short, sharp text to get message out there, similar to Power of Attorney). | <p>Participation, Engagement and Communication Group, HSCP, plus:</p> <p>Jacqui McGeough</p> <p>DL/MF</p> | Oct 17 | Ongoing | <p>PEC plan and timetable</p> <p>Met with S Bustillo to link with NHSGGC messages around Know Who to Turn to. This is to be followed up by MF and DL re development of a hard hitting public campaign about the appropriate use of services.</p> |
| <p>4.4 Present data on emergency presentations from to local care homes. Facilitate a joint discussion on what can be done to improve performance/change practice with the aim of reducing bed days used.</p> | <p>Ian Beattie</p> <p>Mandy Ferguson</p> | Oct 17 | Mar 18 | <p>Pauline Robbie leading care home group.</p> <p>Clusters 3 and 5 have prioritised this and a monitoring system has been established, (being tested in Mark Storey's practice).</p> |
| <p>4.5 Review GP input to care homes – Align GP practices to care homes.</p> <p>Explore MDT virtual ward rounds for care homes to prevent admission/ readmission.</p> | <p>Ian Beattie</p> <p>Mandy Ferguson</p> <p>Stuart Sutton</p> | Oct 17 | Jan 18 | <p>Care homes to be encouraged to use own transport. All care homes to be mapped to practices.</p> |
| <p>4.6 Share data on top 100 frequent attendees at A&E with Cluster Quality Leads to identify areas of improvement.</p> | <p>Clare Walker</p> <p>Fiona MacKay</p> <p>Chris Hunter</p> | Oct 17 | Nov 17 | <p>Consent to share this information has now been informed and data forwarded to Cluster leads.</p> |
| <p>4.7 Engage with NHS 24 on algorithms used when care homes call NHS 24 (part of national OH review).</p> | <p>Ian Beattie</p> | Oct 17 | Oct 17 | <p>NHS 24 use same algorithm for all calls.</p> |

| Action | Owner | Start Date | Planned End Date | Update |
|---|--|------------|------------------|---|
| | Mandy Ferguson | | | |
| 4.8 Develop local pathways e.g. respiratory. Ensure all parts of the system can easily access existing pathways | Joyce Brown Karen Jarvis | Oct 17 | Feb 18 | Proposal for respiratory nurse being developed by the HSCP nurse advisor. |
| 4.9 Engage and work with SAS to prevent taking fallers to hospital where not necessary. | John Kennedy Ian Beattie Mandy Ferguson | | | Update required from Craig Ross. Mandy to circulate evaluation of falls strategy. |
| 4.10 Short life working group to be established by Dr Chris Johnstone to look at GP practice admissions: - Stock take for winter - Variations by practice - Flow from GP practices and late referrals which can impact on ambulance service. | Chris Johnstone | | | |
| 5. Escalation | | | | |
| 5.1 | | | | |
| 6. E-Health | | | | |
| 6.1 Promote wider use of eKIS and explore potential for improved access and use in secondary care including opportunities for editing (also SAS). | Marie Farrell and David Leese to discuss with William Edwards Chris Johnstone | Oct 17 | Jan 18 | Focus on Care homes |
| 6.2 Promote better use of self help Apps, NHS 24 and the Mental Health Directory. | Marie Farrell and David Leese to discuss with | Nov 17 | Jan 18 | |

| Action | Owner | Start Date | Planned End Date | Update |
|---|---|------------|------------------|---|
| | William Edwards | | | |
| 6.3 Improved access to joint records – noting this is bigger piece of work included in GG&C Unscheduled Care Improvement Plan | Marie Farrell and David Leese to discuss with William Edwards | Oct 17 | Ongoing | |
| 6.4 Review learning from COPD and other telehealth pilots in Renfrewshire and explore local test of change with clear aim to reduce COPD admissions and bed days in 2017/18. | Clare Walker | Oct 17 | Feb 18 | Link 4.8 - Findings of a pilot to link with respiratory work. Also need to investigate "Florence" work in West Dunbartonshire. |
| 7. Governance | | | | |
| 7.1 Workforce and Admissions - benchmark medical and specialist workforce highlighting shortfall areas which potentially impact on admission conversion rates (e.g. higher at end of week- driven in part to medical workforce capacity : engage with Health Board re: equity). | Alasdair Corfield David Leese | Jan 18 | Jan 18 | DL, as commissioner of unscheduled care, agreed to raise equity of resource with Health Board. RAH to share benchmarking work demo with Wishaw. |

Renfrewshire HSCP - Winter Plan 2017/18

1. Introduction

Health and Social Care Partnerships (HSCPs) have a critical role in the wider service system which enables the delivery of effective unscheduled care. It has been agreed through the NHS Greater Glasgow and Clyde (GGC) whole system planning group that each HSCP will produce an operational unscheduled care plan with a particular focus on the winter period. These plans will cover:

- The community service aspects of the 6 essential actions (Appendix 1)
- Delayed discharge
- Measures to reduce admissions and attendances
- Delivery of key service features including single point of access, Care Home support and Anticipatory Care
- Continuity and resilience
- Developing an agreed set of indicators to monitor performance
- Planning with GPs for the two long bank holidays

This Winter Plan identifies and addresses the local issues across the primary care and community services for which Renfrewshire Health and Social Care Partnership is responsible, to support the NHSGG&C whole system planning as detailed above. Many of the actions identified are required all year round – additional bank holidays, increased staff absence and additional demand over the festive period and into January will add to year round pressures.

2. Planning Arrangements

This plan has been developed in partnership with service planners and operational managers at the Royal Alexandra Hospital (RAH). A joint action plan to reduce unscheduled care has been developed and this Winter Plan builds on that work. It will be reviewed and monitored on an ongoing basis by the HSCP Senior Management Team.

3. Renfrewshire Actions Against the Scottish Government Key Themes

| Scottish Government Key Themes | Renfrewshire Actions |
|--|--|
| Safe and Effective Admission and Discharge | <p data-bbox="371 1151 400 1413"><u>Avoiding Admission</u></p> <p data-bbox="427 159 555 1413">The older adults' assessment unit supported by the in reach Community Out of Hours (OOH) Service and the chest pain assessment unit will continue to be supported to prevent unnecessary admissions. There is an ongoing funding challenge as no additional resources have been put in to support these initiatives.</p> <p data-bbox="582 159 710 1413">We will review the data to identify those care homes which have high levels of hospital admission and offer additional support to them. In particular, we will use our pharmacy team, our care home liaison nurses, community Rehabilitation and Enablement Services (RES) and our older adults liaison nurse to target those care homes.</p> <p data-bbox="737 831 766 1413"><u>Safe and Effective Admission and Discharge</u></p> <p data-bbox="809 159 873 1413">We will use TQA data from ISD and PAR reports to support practices and clusters to reduce performance outliers.</p> <p data-bbox="916 159 979 1413">We will explore the possibility of supporting residential homes which now accommodate more unwell residents with our liaison nurses.</p> <p data-bbox="1043 159 1107 1413">We will continue to remind GPs about the need to update the Key Information Summary (KIS), and to ensure their Anticipatory Care Plans are completed and clearly signposted.</p> <p data-bbox="1134 159 1198 1413">We will continue to encourage DN and RES staff to use clinical portal to access KIS and other relevant information to support care planning and discharge planning.</p> <p data-bbox="1225 159 1289 1413">Our district nurses (DNs) will support the national campaigns offering advice to patients with chronic conditions.</p> <p data-bbox="1316 159 1380 1413">We will share information about community pharmacy services and times with Homecare staff and with the local Accident and Emergency (A&E) department.</p> |

| Scottish Government Key Themes | Renfrewshire Actions |
|--------------------------------|---|
| | <p><u>Safe Discharge</u></p> <p>We will continue our existing good practice re discharge planning and avoiding lost bed days supported by a comprehensive social and health care response.</p> <p>The RAH target is to increase throughput in the Discharge Lounge to 400 patients per month; with referrals from all specialties on the site being encouraged. The lounge is available 5 days per week from 8am–8pm. The Lounge will have capacity for patients on trolleys which will help patients getting home quicker. The satellite dispensary facilities will mean patients can go to the lounge earlier in the day and the pharmacy will have access to pharmacy packs and controlled drugs, as appropriate. These enhanced facilities will help to free beds earlier in the day and mean that a wider range of patients can make use of the facilities. If funding becomes available the RAH would look to open the Lounge on Sunday over winter.</p> <p>We will use Darnley Court as a step-down facility for AWI patients, freeing up capacity in acute inpatient beds.</p> <p>We will continue to participate in the daily huddle meetings at the RAH and have extended this participation to include mental health and addictions. We will formalise and share the key messages/outputs of these meetings appropriately to promote whole system working. Any communication to GPs will be agreed at these meetings.</p> <p>The RAH target for the Transport Hub is for throughput of 400 patients per month. The transport is provided by Red Cross and SAS and there is a range of vehicles available to the team. The transport service is available 7 days per week from 7am – 7pm, with call handlers supporting the service 5 days and Bed Manager covering transport decisions at weekends to support weekend discharges. Referral to the Transport Hub is from inpatient areas and ED: the latter reducing the ED patients waiting for transport. We will also look to support Inreach Service if they require assistance with transport.</p> |

| Scottish Government Key Themes | Renfrewshire Actions |
|--------------------------------|--|
| | <p data-bbox="272 992 300 1413"><u>Mental Health Inpatients (Adult)</u></p> <p data-bbox="336 159 639 1413">The admission and discharge data for inpatient hospitals has been assessed over the last 5 years through the Mental Health Bed Management system. The bed management systems and bed managers provide daily reports on bed occupancy and availability. These reports also report on any projected ward closures should this be necessary in exceptional circumstances e.g. Noro virus, influenza etc. Annual leave will be managed across the winter and festive period to ensure sufficient staffing to manage demand. The pattern of admissions and discharges over the winter period is similar to the pattern throughout the rest of the year. No special arrangements need to be put in place relating to psychiatric admissions and discharges.</p> <p data-bbox="676 965 703 1413"><u>Community Mental Health Service</u></p> <p data-bbox="740 159 884 1413">Intensive Home Treatment Team will provide 24 hour 7 day week provision for emergency Mental health assessment and treatment to both community and the Emergency Department within the RAH. These services will be in place over the festive period. The Intensive Home Treatment Team will provide public holiday cover during the festive period.</p> <p data-bbox="920 159 991 1413">Community Mental health teams will operate throughout the festive period with skeleton staff during public holidays to facilitate discharge and prevent admission</p> <p data-bbox="1027 159 1098 1413">The services above receive referrals from Primary Care, Liaison Psychiatry and secondary Acute services.</p> <p data-bbox="1134 1050 1161 1413"><u>Out of Hours Arrangements</u></p> <p data-bbox="1198 159 1342 1413">Mental Health Services in Greater Glasgow and Clyde provide Out of Hours services which receive referrals from the GP OOH service which triages calls from NHS 24. These services will be in place over the festive period. It is not anticipated that there would be an unusual pattern of referrals to psychiatry based on previous year's information.</p> |

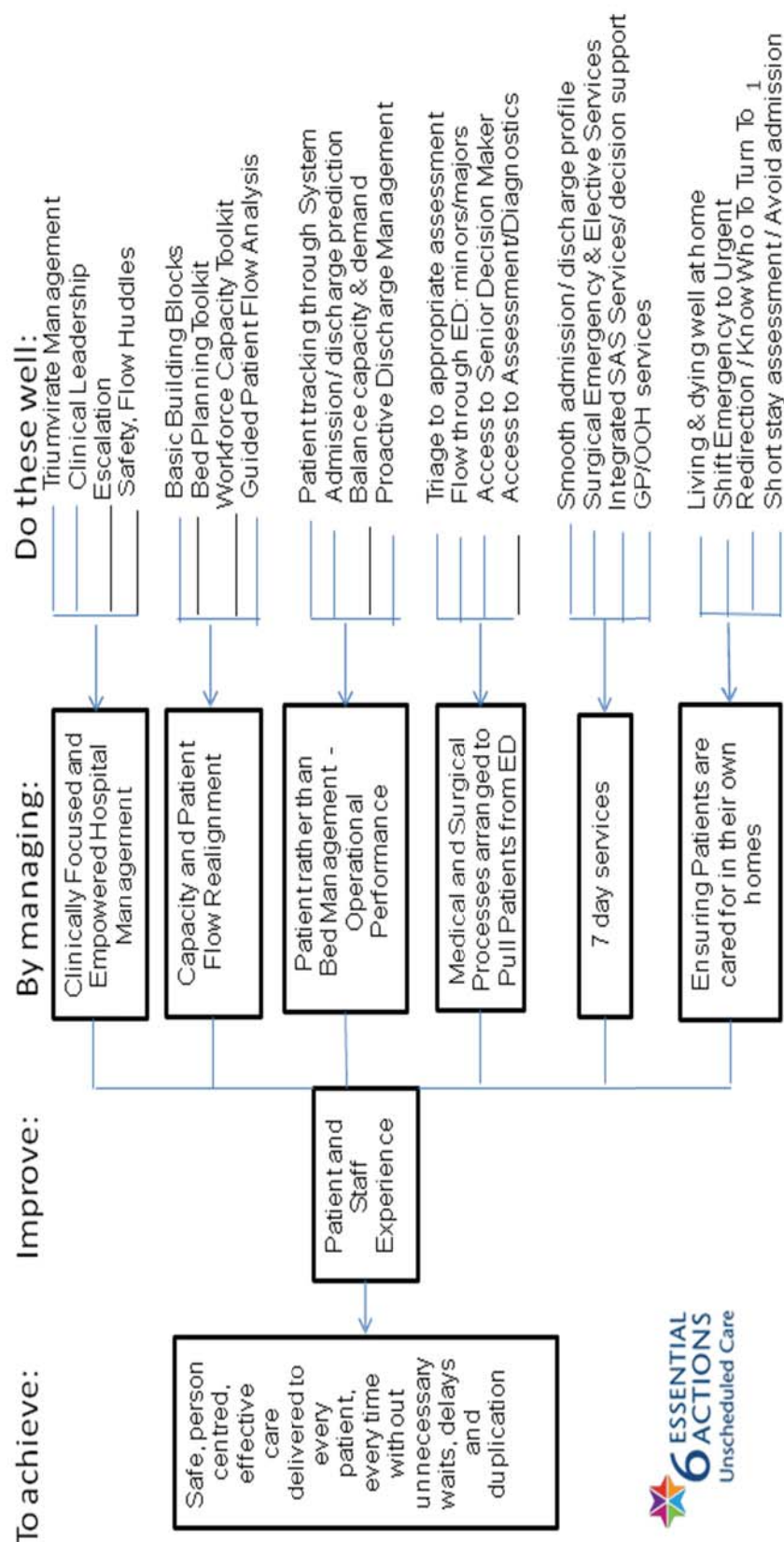
| Scottish Government Key Themes | Renfrewshire Actions |
|------------------------------------|---|
| | <p data-bbox="272 1120 304 1413"><u>Acute Hospital Liaison</u></p> <p data-bbox="336 159 448 1413">Liaison Psychiatry Services are provided 5 days a week to Royal Alexandra Hospital by Psychiatric Liaison Nurse services. Intensive Home Treatment Team provide mental health assessment of patients for deliberate self-harm over weekends and public holidays.</p> |
| Workforce Capacity Plans and Rotas | <p data-bbox="480 159 671 1413">All services will plan an enhanced level of cover and annual leave over the festive period, bearing in mind additional pressures and the potential for increased sickness absence. In addition, there is in place review and attendance plans to monitor absence. In the event of staff shortages access is available to the nurse bank. In exceptional circumstances community psychiatric nursing staff may be requested to work in inpatient services.</p> <p data-bbox="703 159 799 1413">Services will work with trade unions to agree a level of manageable leave. Service managers will be asked to confirm the process in their own area. Most services only allocate annual leave on a weekly basis as demand and capacity are reviewed.</p> <p data-bbox="831 159 951 1413">The Care at Home service has already highlighted a capacity issue, particularly in commissioned services. The Head of Adult Services is reviewing contracts and leading discussion with these providers to look at increasing capacity. It is likely that this will have a cost implication.</p> <p data-bbox="983 159 1046 1413">We will seek assurances from the nurse bank that steps are being taken to increase capacity and ensure there is equal coverage across the Greater Glasgow and Clyde area.</p> <p data-bbox="1078 159 1198 1413">We have reviewed the adverse weather policies of our two host organisations to ensure consistency, and we will circulate them to all staff, emphasising the need for uniform application. Decisions about service changes due to adverse weather will be cascaded in a managed way from the Chief Officer and the heads of service.</p> |

| Scottish Government Key Themes | Renfrewshire Actions |
|--|--|
| | <p><u>Severe Weather/Transport</u></p> <p>Within Mental Health Services, there is now access to some vehicles which will be fitted with winter tyres. Should it be required Adverse Weather policy will be used re staffing contingency arrangements. The Adverse Weather policies (NHS and Council) will be re-circulated to staff.</p> <p><u>Senior Staff Arrangements – Psychiatry</u></p> <p>Arrangements to ensure that senior staff are on-call and available over the festive period are in place. The on-call information will be held at each hospital and the centralised telephone service.</p> |
| Whole System Activity Plans – post Festive surge | <p>A joint meeting of the acute and community service managers is planned for the end of October.</p> <p>Key staff from the HSCP will be involved in the daily huddle meetings (including mental health and additions) and will cascade relevant information to other health and social care professionals.</p> |
| Strategies for Additional Winter Beds and Surge Capacity | <p>We will explore (across the system) how to most effectively use the beds at Darnley Court, Ward 36 and residential care homes. This will include simplifying the care pathway where possible and creative ways of supplying nursing, Allied Health Professionals (AHP) and medical cover (both money and people) within available resources.</p> |
| Risk of Patients being delayed on their Pathway is Minimised | <p>The availability of community staff over a 7 day period will ensure patients will transfer to the most appropriate care timeously according to individual care pathway.</p> |
| Discharges at Weekends and Bank Holidays | <p>We will continue to work with acute colleagues to make better use of the homecare weekend hours (currently under-utilised) to assist weekend discharges. We will also explore the potential for extending the days that the discharge lounge is available for (currently only Monday to Friday).</p> <p>We have identified the need for the Adult Services Referral Team (ASeRT) service to be available for the extra Social Work bank holiday. This will have a financial implication.</p> |

| Scottish Government Key Themes | Renfrewshire Actions |
|--|--|
| | We are currently exploring the cost and practicalities of extending hospital social work services to cover the two extended bank holiday periods and in the early evenings. |
| Escalation Plans tested with Partners | We will agree a core set of indicators to be shared by acute colleagues as an early alert system. These indicators will alert primary, community and social care services of activity surges. |
| Business Continuity Plans tested with Partners | <p>We have reviewed and updated current business continuity plans in health and social care services. All services have a robust business continuity plan which has been tested in table top exercises. Our Clinical Director will remind GPs about need to have robust business continuity plans, as he visits practices.</p> <p>The HSCP is involved in regular Council-led civil contingency meetings.</p> |
| Preparing Effectively for Norovirus | We recognise that Norovirus has the potential to affect both access to beds and availability of staff. We will follow infection control guidelines and GGC wide Norovirus Escalation plan will be followed. |
| Delivering Seasons Flu Vaccination to Public and Staff | <p>We will encourage all frontline staff to take up the offer of flu vaccination, recognising the different processes for health and social care staff. We will review the contract for commissioned home care to ensure that this staff group is offered vaccination.</p> <p>We will support GPs and community nurses to encourage high uptake of vaccination among vulnerable groups of patients, particularly the housebound, those in nursing/care homes and those in receipt of home care services. A proposal to develop a flu immunisation team to deliver the vaccine in clusters is being tested.</p> |

| Scottish Government Key Themes | Renfrewshire Actions |
|---|--|
| Communication to Staff and Primary Care | <p>We will use team bulletin to share this plan with all staff. We will also widely circulate the Council's Severe Winter Weather Response Guide 2016/17. Through social media, our website and newsletters, we are supporting the 'Know Who to Turn To' campaign.</p> <p>We will work with GP clusters to emphasise the need for robust business continuity planning and winter planning. We will also prepare a single communication for GPs/primary care with details of services available and times over the festive period.</p> <p>We are exploring a system of using group text messaging to communicate simultaneously with large staff groups.</p> <p>The availability and access to Mental Health Services is included in the Greater Glasgow & Clyde Board's public communication information issued for the festive period.</p> <p>We will develop, with acute colleagues, a briefing for GPs to make clear the routes into and services available at the RAH. This will include the times services are available, and will remind GPs of the advantages of admission early in the day. We will develop a section of our new HSCP website to support this.</p> |
| Effective Analysis to Plan for and Monitor Winter Capacity, Activity, Pressures and Performance | <p>Key indicators:</p> <ul style="list-style-type: none"> - Bed days lost due to delayed discharge - Bed days lost due to delayed discharge (AWI) - Emergency admissions 75+ - Uptake of flu vaccinations (staff) - Uptake of flu vaccinations (GP population) - Referrals to services which prevent admission. <p>We will work with acute colleagues to agree a suite of indicators discussed at daily huddle meetings, which can be circulated through the HSCP to influence referral patterns.</p> <p>In the event of exceptional circumstances such as a flu pandemic/norovirus/extreme weather conditions then there would be additional costs associated with staff cover including overtime and other costs.</p> |

6 Essential Actions to Improving Unscheduled Care Performance



Winter Planning - Renfrewshire

Top 3 Actions

1. Programme of Work to support local care homes is being developed. Template has been developed to ensure care homes are covering key areas:
 - Christmas staffing levels.
 - Staff and resident flu vaccinations.
 - ACPs up to date.
2. Campaign to increase uptake of flu vaccination among HSCP staff.
3. Clinical part of HSCP website being developed to give concise advice to clinicians about available services to prevent admission. This is part of the wider workstream to educate the community about accessing the right service at the right time.

| Winter Planning - Key Actions | | | Renfrewshire | |
|--|--|---------------------|--|--|
| Key Quantifiable Actions | Impact | Owner | Status Update | |
| HSCPs have developed unscheduled care (winter) plans to reflect the systems in place to predict or identify vulnerable patients at risk so that the necessary support can be given to avoid unnecessary admission to hospital, and help people remain in their own homes. Key elements of these are: | Will support safe and effective admission discharge continuing in the lead-up to and over the festive period and also in to January 2018. | HSCP Chief Officers | CD focusing on readiness for winter with our GP practices at GP Forum on 23 November meeting and we will continue to press this over the period to 22.12.17. This includes practices identifying and supporting the most vulnerable patients, ensuring patients have required medication over the holiday period and updating eKIS. | |
| Anticipatory Care Planning; | | RHSCP CO and CD | We are working proactively to engage with every nursing and care home in Renfrewshire. We will prioritise those with highest level of admission to RAH. This will focus on ensuring the care homes are winter ready and clear on actions required when residents require GP or other care. Clear focus also on ensuring Care Homes have clear ACPs in place for each resident. . | |
| Admission Avoidance (including Medicines Management); and • Expediting Hospital Discharge | | | | |
| HSCP will augment the pathways at QEUH and GRI by providing additional AHP, Social Work and Homecare support staff to work with the established teams. Although provided by Glasgow HSCP, this service will be available to all appropriate patients regardless of postcode. | Designed to improve the effectiveness and quality of discharge planning, avoiding unnecessary admissions and shortening length of stay. | David Williams | List of HSCP services with referral details being developed to share with acute colleagues. Similar list of acute hot clinics being developed to share with primary care clinicians. Part of HSCP website being used to share this information. | |
| HSCPs have engaged with Scottish Ambulance Service to ensure that their staff have access to the information that eKIS provides. | Reduce avoidable delays in the patient journey ensuring appropriate care and discharge planning | COs | Local engagement with SAS (CD and Head of Adult Services) highlighted that they need CHI numbers to access eKIS. | |
| HSCP District Nursing teams support an early alert system. | Enables GP practices to highlight unexpected increases in demand for appointments as a result of a particular illness or virus that put a strain on GP services. | COs | Clearly defined escalation process through team leaders and SMT. | |

Winter Planning - Renfrewshire

| Key Quantifiable Actions | Impact | Owner | Status Update |
|--|---|----------------|--|
| Mental Health Services across Greater Glasgow and Clyde will be providing Out of Hours services which receive referrals from the GP Out of Hour service, Emergency Departments and NHS 24. These services will be in place over the winter period. | Enable provision of support outside of regular working hours to facilitate appropriate care and admission avoidance. | David Williams | Glasgow City lead out of hours planning and delivery. Local services pick up onward referrals through EMS. |
| HSCP Prescribing Teams will be working to support patients and care staff – in their own homes or in care homes – to manage their medicines and improve compliance. | Supports self-care and reduced hospital admissions for avoidable medication related issues. | COs | Pharmacy technician-led team get referrals from care homes, RES and GP practices to carry out medication compliance in patients' own homes. Planning to extend this to community pharmacy referrals and direct patient/carer referrals. |
| HSCPs have developed their District and Community Nursing teams alongside their social care teams (e.g. homecare, telecare and telehealth) to provide a service 24 hours, 365 days per year inclusive of bank public holidays. | These teams - in partnership with Acute and Out of Hours services – will support safe and effective hospital discharges during weekends and over festive period | COs | Embedded in normal day to day practice. Exploring how we might operate a joint care at home and DN out of hours service. |
| HSCP hospital discharge staff will identify residents on admission to hospital and proactively plan for their discharge (including prior to and over festive holiday periods). | Facilitate 7 day discharge, improving patient flow and reducing length of stay, particularly at weekends. | COs | Embedded in practice. Recently added in-reach from Care@Home services, to DN inreach into RAH. Attending daily MDT. |
| HSCPs have worked with local external providers of social care, with potential to spot purchase additional intermediate care placements to relieve any surge in appropriate referrals from the acute system. | Provides scope to increase capacity over winter. | COs | In place - spot purchasing available as required. Vacancy list circulated regularly to staff. |
| HSCPs are working with Red Cross transport to widen the scope of their support to improve on admission avoidance or to support discharge planning. | Supports admission avoidance from A&E from the main acute hospital sites over the winter period. | COs | Service currently in place and being funded from acute resources. |
| HSCP Business continuity plans tested with NHS Acute and other partners. | Provided assurance of relative resilience. | COs | HSCP Business Continuity Plan was tested in February 2017. Developed in partnership with Acute and Council colleagues. |
| HSCPs have updated Pandemic Flu Plans in conjunction with NHSGGC system as a whole and other partners. | Provided assurance of relative resilience | COs | Renfrewshire Flu Plan in place. CO leading a campaign to increase HSCP flu vaccination uptake by our staff. |
| Communications | MIU Comms | | HSCP Comms messages developed in partnership with NHSGGC and Renfrewshire Council. Social media used to encourage uptake of flu vaccination. Template of services to be completed by end November 2017. We assume NHSGGC Comms will be robust and consistent over coming weeks to positively direct patients to use services thoughtfully and appropriately. |
| External/Internal | GP Comms | | |
| HSCP Profile of Services | | | |
| Assessment Unit analysis | | | |

Winter Planning - Renfrewshire

| Key Quantifiable Actions | Impact | Owner | Status Update |
|-------------------------------------|--------|-------------------|--|
| Service Availability by Partnership | | HSCPs/Dot Jardine | Hospital Social Work Team available over some of the bank holidays. We will move to close off clear plan for ways of working over festive periods with RAH management |

To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Heading: Preparation for Implementation of the Carers (Scotland) Act 2016

1. Summary

1.1 The Carers (Scotland) Act will largely come into force on April 1st 2018. The Act relates to both adult and young carers.

1.2 The previous report to the IJB on 24 November 2017 included an assessment of readiness against the key provisions required under the Act and an update the formal consultation process on the draft local Eligibility Criteria.

1.3 This report provides a further update on Renfrewshire's preparations for the commencement of the new Act, including:

- A summary of the consultation results and the proposed eligibility criteria for carers;
 - The requirement for the Health Board and Renfrewshire Council to update their Integration Scheme to reflect the new Carers Act;
 - Progress developing Adult Carer Support Plans and to ensure staff are appropriately equipped and trained to deliver on its requirements;
 - Scottish Government funding to support preparations for the Act over the coming year and beyond; and
 - An update on the management of the key risks identified by the Carers Act Strategic Steering Group.
-

2. Recommendation

It is recommended that the IJB:

- Note the content of the report;
- Agree the eligibility criteria for adult carers as set out in Appendix 2 and Appendix 3;
- Agree to ring fence Renfrewshire's local allocation of the Scottish Government's Carers Act funding (still to be finalised) solely to fulfil its new duties and provisions under the new Act;
- Note the Chief Finance Officer's assumption that Renfrewshire's provision under the Act will be met within this allocated funding; and

- Agree a further report is brought to the IJB in March 2018 to confirm all required provisions are in place for the Act's implementation on 1 April 2018, and that Renfrewshire's updated Integration Scheme has been approved by Renfrewshire Council and NHSGGC Board.

3. Implementation Plan

- 3.1 The Carers (Scotland) Act will largely come into force on April 1st 2018. The Act relates to both adult and young carers.
- 3.2 Subject to outstanding national guidance being made available as a priority, Renfrewshire HSCP and Renfrewshire Council are satisfied that all outstanding provisions will be in place in advance of the Act.
- 3.3 A high level implementation plan and timeline is included at Appendix 1.

4. Eligibility Criteria

- 4.1 The Local Authority and NHS Board must, in consultation with carers and their representatives, develop local eligibility criteria for access to carer services. The Act does not preclude development of separate criteria for adult and young carers. The eligibility criteria require to be published by 31 March 2018. Regulation from Scottish Ministers is expected as regards the process for reviewing eligibility criteria.
- 4.2 Eligibility criteria are to be set locally to enable Local Authorities and IJBs to provide support to carers in different caring situations across a whole range of life circumstances. Local eligibility criteria will help Local Authorities and IJBs to prioritise support and to target resources as effectively and efficiently as possible. This recognises that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring. Demand can vary across different Local Authority areas. Preventative support to carers also has a role in helping manage future demand where it prevents needs from escalating.
- 4.3 There are three aspects to setting an eligibility framework:
- The criteria that determine it;
 - The thresholds that must be passed to trigger it; and
 - The services that follow it.
- 4.4 The Scottish Government has issued detailed guidance to support local authorities and IJBs in setting local eligibility criteria. The guidance also summarises the different ways of supporting carers if the carer's needs do not meet the local eligibility criteria.
- 4.5 The Scottish Government guidance provides five stages of impact/risk and a range of indicators (domains) relevant to carers' lives. The stages are:

- caring has no impact – no risk
- caring has low impact – low risk
- caring has moderate impact – moderate risk
- caring has substantial impact – substantial risk
- caring has critical impact – critical risk

The indicators (domains) are:

- health and wellbeing
- relationships
- living environment
- employment and training
- finance
- life balance
- future planning

4.6 The Scottish Government has decided against setting national eligibility criteria; instead it proposes that all Local Authority areas use the same suite of indicators but have local discretion to establish the threshold for support. The Carers Act does not preclude the use of different eligibility criteria in relation to young carers.

4.7 There is no national threshold for support as this is for local decision-making. Renfrewshire HSCP will therefore need to choose the levels of impact/risk and need which are appropriate to trigger the duty to provide support.

4.8 Before setting eligibility criteria, Renfrewshire HSCP and Renfrewshire Council's Children's Services must consult persons and bodies representative of carers and it must take steps it considers appropriate to involve carers.

Consultation on Eligibility Criteria

4.9 In line with Scottish Government direction, Renfrewshire HSCP consulted with local adult carers and relevant stakeholders on draft eligibility criteria based on national guidance.

4.10 The consultation process within Renfrewshire involved the following:

- A meeting with established carer representative groups in Renfrewshire across different client groups;
- A session with the Strategic Planning Group (a summary of the session with the Strategic Planning Group can be found at Appendix 4).
- A survey that was made available for carers to complete as a paper document or online

4.11 Carers who responded to the survey were broadly supportive of the draft eligibility criteria:

- 56% of carers who responded to the consultation agreed that there should be an eligibility threshold; 33% did not agree; and 10% did not answer.
- 44% of carers agreed with the 5 categories of impact/risk; 22% did not agree; and 33% did not answer.
- 44% of carers agreed that the indicators were the most appropriate to use and 56% did not answer.
- 89% of carers agreed that Renfrewshire should take a preventative approach particularly where the assessment of impact is moderate, low or no and 11% did not answer.
- 33% of carers agreed that the eligibility criteria should be reviewed no later than three years after it is published; 11% did not agree; and 56% did not answer.

Draft Eligibility Criteria

- 4.12 The draft eligibility criteria for carer support is set out in Appendix 2 and Appendix 3.
- 4.13 Appendix 2 shows the level at which the *duty* for the Local Authority is triggered; it is proposed that the threshold should be at the substantial and critical level. Below this (as indicated by the red line) the Local Authority will have a *power* to support carers at the moderate, low and no impact level.
- 4.14 Where the Local Authority has a *power* to support carers, community supports such as Renfrewshire Carers Centre will play an important role in supporting carers, particularly in encouraging a preventative approach to supporting carers. Renfrewshire HSCP will also continue to take a preventative approach to supporting carers and the development of resources in the community will be key to achieving this.
- 4.15 Appendix 3 sets out the indicators that will be used to determine the level of support required. Similar to Appendix 2, an illustrative red line has been placed indicating where the Local Authority has a *duty* to support and where it has a *power* to support.
- 4.16 Where the locality authority has a *duty* to support carers, the Local Authority will provide that support; where the Local Authority has a *power* to support, the Local Authority commissions community supports and carer services which will be provided on a preventative basis. These services will be monitored and reviewed during 2018/19 to assess and improve their effectiveness.
- 4.17 The Local Authority and HSCP already works closely with the Renfrewshire Carers Centre and other partners to provide a range of services specific to carers across all impact levels, including:

- Advocacy
- Emergency Planning
- Volunteer Project – volunteers sit with the cared for person to allow the carer to get a break.
- Young Carers – one to one and group support
- Young Carers - raising awareness in schools
- Training – including courses on power of attorney, first aid and caring for someone with autism, dementia.
- Mental Health – one to one and group support.
- Support Groups – including Alzheimers / Dementia, Male Carers, Parkinsons.
- Supporting new carers.

4.18 Carers are also supported to access general health and well being support in their community such as ROAR and Active Communities.

4.19 Discussions are ongoing with the Carers Centre regarding the extent to which their current services will require to be adapted in light of the demands of the Carers Act. This is likely to place greater emphasis on the above mentioned preventative approach to ensure that carers below the critical/substantial threshold will continue to have access to services from the carers centre. Examples would include support groups, information services, advocacy, and group work where carers can continue to benefit from networking and support from their peers.

Young Carers Eligibility Criteria

4.20 Renfrewshire has developed separate Young Carers Eligibility Criteria which aligns with the Scottish Government's Getting It Right for Every Child (GIRFEC) and young person approach. The GIRFEC approach is embedded across Renfrewshire and its partner agencies.

4.21 The draft Young Carers Eligibility Criteria was presented to the Education and Children's Services Policy Board on the 18 January 2018.

4.22 Consultation with young carers and other stakeholders about the proposed Eligibility Criteria was undertaken in late 2017. The language was simplified to ensure that it was accessible to younger carers based on feedback from the consultation with young people. The Young Person's Eligibility Criteria can be found in Appendix 5. Young carers were overwhelmingly supportive of the GIRFEC approach as they are familiar with its language and emphasis upon holistic wellbeing.

5. Integration Scheme

5.1 On 17 November 2017, the Scottish Government wrote to all NHS Chief Executives, Local Authority Chief Executives and HSCP Chief Officers to advise that in order to implement the Carers Act, the Scottish Government must incorporate provisions stemming from the Carers Act into those regulations that support the Public Bodies (Joint

Working) (Scotland) Act 2014. Health Boards and Local Authorities, working with IJBs, also need to amend their Integration Schemes to take account of the new provisions.

5.2 The letter confirmed that the Scottish Government had laid two further statutory instruments with the Scottish Parliament to accommodate the remaining necessary changes, which came into force on 18 December 2017. The two instruments are:

- The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No 2) Regulations 2017, which identifies a number of functions that *must* be delegated. In line with requirements on integration, the requirement to delegate these functions only extends to adult social care. Delegation of these functions with respect to children's social care remains a matter for local discretion
- The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017, which identifies functions that may be delegated.

5.3 In order to accommodate these changes, Renfrewshire HSCP is working with NHS Greater Glasgow and Clyde and Renfrewshire Council to amend Renfrewshire's Integration Scheme to include the Carers Act new duties to be delegated to IJBs. As per the process when Integration Schemes were originally written, Health Boards and Local Authorities have now informed the stakeholders identified within The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) of the proposed changes, and invited them to make comments in response.

5.4 The updated Integration Scheme will be submitted for approval to the NHSGGC Board on 20 February 2018, and to Renfrewshire Council's Leadership Board on 21 February 2018. Updated Integration Schemes must be submitted to the Scottish Government no later than 2 March 2018.

5.5 A copy of Renfrewshire's updated and approved Integration Scheme will be shared with the IJB.

5.6 Once the process for reviewing Integration Schemes is completed, the IJB must consider the implications of these new duties in the context of their overarching strategic commissioning plan. Any changes to the strategic commissioning plan will be incorporated incrementally as part of the local, ongoing, planning process.

6. Adult Carer Support Plans

6.1 The Carers Act requires that where a person is identified as an adult carer, that person must be offered an Adult Carer Support Plan (ACSP). This plan must detail:

- a) an adult carer's identified personal outcomes;
- b) an adult carer's identified needs; and
- c) the support to be provided by the responsible Local Authority (or HSCP) to the adult.

6.2 Work is currently ongoing within Renfrewshire HSCP, in partnership with Renfrewshire Carers Centre, to develop an ACSP which will incorporate the above requirements, and also facilitate the delivery of services to carers and include the options available under Self-directed Support.

6.3 A programme of staff training and awareness raising is currently in development to support the roll-out of the Carers Act and the ACSP in particular.

6.4 ACSPs will be offered to new carers from 1st April 2018. Existing carers will be offered an ACSP during 2018/19. The offer of the ACSP will coincide with the annual review of the cared-for person and will act as a trigger for the undertaking of the ACSP. It should be emphasised, however, that the carer has an entitlement to an independent review of their needs in their own right, separately from the cared-for person.

6.5 The introduction of the Carers Act will place additional pressures on existing services. The ACSP will require additional staff time to assess and complete, and there will be increased demands on the infrastructure to support the delivery of services either directly or via Self-directed Supports options such as Direct Payment.

7. Recognition of the Carer's Role in Transitions between Children and Adult Services

7.1. The transition between children and adult services is recognised as a particularly important and stressful issue for young people in transition and their carers. For this reason, a transition planning agreement is in place which clearly describes the steps to be taken towards transition to adult services. This is currently being updated to reflect new developments such as the Carers Act.

8. Scottish Government Funding

8.1. The Financial Memorandum to the Carers Bill sets out the Scottish Government's original estimated costs of implementing the Carers Act in Scotland. It is estimated that total costs will rise from £19.4m in year one (2018-19) to a recurring level of £88.521m by year 5 (2022-23).

8.2. Concerns about possible under-funding of the Carers Bill were expressed in submissions to the Scottish Parliament Finance Committee in 2015, by COSLA, Social Work Scotland, some individual local authorities and partnerships, and by leading Carers organisations.

- 8.3. In December 2017, the Draft Scottish 2018-19 Budget made a number of commitments in relation to Carers:
- “In 2018-19 an additional £66 million is included in the Local Government settlement allocations to support additional expenditure by local government on social care in recognition of a range of pressures they and integration authorities are facing, including support for the implementation of the Carers (Scotland) Act 2016, maintaining our joint commitment to the Living Wage (including our agreement to now extend it to cover sleepovers following the further work we have undertaken) and an increase in the Free Personal and Nursing Care Payments.”
 - “The Scottish Government also recognises the contribution that unpaid carers make to our public services and communities. That is why we will support the implementation of the Carers (Scotland Act) 2016 from 1 April 2018, with investment of £19.4 million in Health and Social Care Partnerships. This will enable carers to continue caring if they so wish and to have a life outside caring.”
- 8.4. Whilst Renfrewshire's local allocation of the Scottish Government's £19.4m funding to support the Carers Act has still to be agreed, it is recommended that the IJB ring fence this funding solely to fulfil its new duties and provisions under the new Act. Given the other financial pressures the IJB must address, Members are asked to note the Chief Finance Officer's assumption that Renfrewshire's provision under the Act will be met within this allocated funding.
- 8.5. The National Finance Advisory Group has identified a number of financial risks which are outlined in Section 9.

2017/18 Funding

- 8.6. Renfrewshire has been allocated £69.6k funding for 2017/18 by the Scottish Government to support implementation preparations for the commencement of the Act. The Strategic Steering Group recently agreed this funding would be allocated equally between the Adult and Young Carers service areas.
- 8.7. Children's Services are using their one off funding allocation towards creating a dedicated Young Carer Resource Worker (YCRW) to work across Renfrewshire Children's Services as well as the Carers Centre.
- 8.8. At this stage, much of the national guidance relating to the Act is yet to be finalised, and therefore not all of the financial and capacity implications associated with Act are known. However, in the meantime Renfrewshire HSCP intends to use its share of the 2017/18 funding allocation to deliver training and awareness raising sessions to staff and other stakeholders, and to use this period to identify the additional resources that will be required to fully implement the Act during 2018/19.

9. Risks

9.1 There are a number of risks which may impact on the successful implementation of the Carers Act. These are detailed in the table below with supporting mitigation activities identified by the Strategic Steering Group.

| Risk | Identified mitigation |
|---|--|
| <p>1 Delays in the issuing of regulations and in receiving final guidance could negatively impact on planning activity. In particular, there are a number of points which Renfrewshire require clarification i.e. where responsibility lies when a cared for person lives in Renfrewshire however the carer lives in another Local Authority area; more detail on waiving of charges in relation to short breaks</p> | <p>Renfrewshire has representation on national groups and has an early indication on direction of travel, in advance of regulations/ formal guidance being issued.</p> |
| <p>2 The development of local eligibility criteria could lead to inconsistency in support levels across Scotland, and even within the Greater Glasgow and Clyde area. There is also a risk that Carers who fall below the agreed eligibility threshold could be affected if a strategy is not in place to ensure appropriate prevention measures are in place.</p> | <p>This risk will highlighted through our representative on national groups.</p> |
| <p>3 The main financial risks, as identified by the national Financial Advisory Group, are:</p> <ul style="list-style-type: none"> • Inability to build capacity prior to commencement date resulting in Renfrewshire HSCP and Council being unable to cope with potential demand in year 1. • Insufficient funding as outlined in the Financial Memorandum to the Carers Bill to cover full costs of implementation, in particular for the earlier financial years; • Unit cost of providing an Adult Carer Support Plan / Young Carer Statement or duty to | <p>A new national Finance Group is being established to take forward outstanding issues relating to the financing of the Carers Act. This new group will focus on establishing, collecting and monitoring data, the identification and monitoring of key financial risks, and the formal process for addressing any significant financial gaps arising from the implementation of the Act.</p> |

| | |
|--|--|
| <p>support (including replacement care) is higher than estimated in the Financial Memorandum (which is at 2013-14 prices);</p> <ul style="list-style-type: none"> • Demand, for assessments and/or support, is significantly higher than outlined in Financial Memorandum; • Insufficient funding to cover full cost of Waiving of Charges as estimated at £16m per annum (nationally). • Insufficient funding to cover replacement care. | |
|--|--|

10. Next Steps

- 10.1 A further report will be brought to the IJB in March 2018 to confirm all required provisions are in place for the Act's implementation on 1 April 2018, and that Renfrewshire's updated Integration Scheme has been approved by Renfrewshire Council and NHS GGC Board.








Implications of the Report

- 1. Financial** – this report highlights a number of financial risks associated with the implementation of the Carers (Scotland) Act
- 2. HR & Organisational Development** – additional staff training planned to support staff through change.
- 3. Community Planning – Nil**
- 4. Legal** – The Health Board and Renfrewshire Council require to update their Integration Scheme to reflect the new Carers Act;
- 5. Property/Assets – Nil**
- 6. Information Technology** – managing information and making information available may require ICT input.
- 7. Equality & Human Rights** – Specific investment to reach hard to reach carers. Carers Strategy requirement of Carers (Scotland) Act will require full EQIA.
- 8. Health & Safety – Nil**
- 9. Procurement – Nil**
- 10. Risk** – as highlighted within the report
- 11. Privacy Impact – Nil**

List of Background Papers:

- Preparation for Implementation of the Carers (Scotland) Act, Renfrewshire Integration Joint Board, 15th September 2017
- Carers (Scotland) Act 2016 – Implementation of Young Carers Requirements, Education and Children's Services Policy Board, 2 November 2017

Author: Frances Burns, Change and Improvement Manager

| Date | Requirement | Status |
|----------------|--|---|
| Nov 2017 | <ul style="list-style-type: none"> Publish draft Young Carers and Adult Carers eligibility criteria Consultation process underway Report on the implications of the Act for Renfrewshire Children's Services presented to the Education and Children's Policy Board |  |
| Dec 2017 | <ul style="list-style-type: none"> Closure date for consultation responses Complete analysis of consultation responses and meetings |  |
| Jan 2018 | <ul style="list-style-type: none"> Report to IJB and Council on consultation responses and proposed final Adult and Young Carers eligibility criteria IJB and Council agree the first Adult Carers and Young Carers eligibility criteria, taking into account consultation responses. |  |
| Feb – Mar 2018 | <p>Based on final national guidance, systems, paperwork, training and infrastructure to support implementation of the Act will be put in place:</p> <ul style="list-style-type: none"> Arrangements for Support Plans and Young Person Statements in place Short breaks statement prepared and published Deliver any required changes to information systems Operational Guidance Plan and deliver communications and training to staff Develop public information including FAQs Council agrees 2018-19 budget, including available IJB budget to support the implementation of the Act, and this will be agreed by NHS Board. Draft Young Carers Strategy presented to the IJB and Council for approval Draft Adult Carers Strategic Objectives presented to the IJB and Council for approval |  |
| 20 Feb 2018 | <ul style="list-style-type: none"> NHS GGC approve updated Integration Scheme to include the new duties put in place by the Carers Act for delegation to IJBs |  |
| 01 Mar 2018 | <ul style="list-style-type: none"> Renfrewshire Council approve updated Integration Scheme to include the new duties put in place by the Carers Act for delegation to IJBs |  |
| 01 Apr 2018 | <ul style="list-style-type: none"> Draft Young Carers Strategy and Draft Adult Carers Strategic Objectives finalised and published Commence Act in line with eligibility criteria |  |

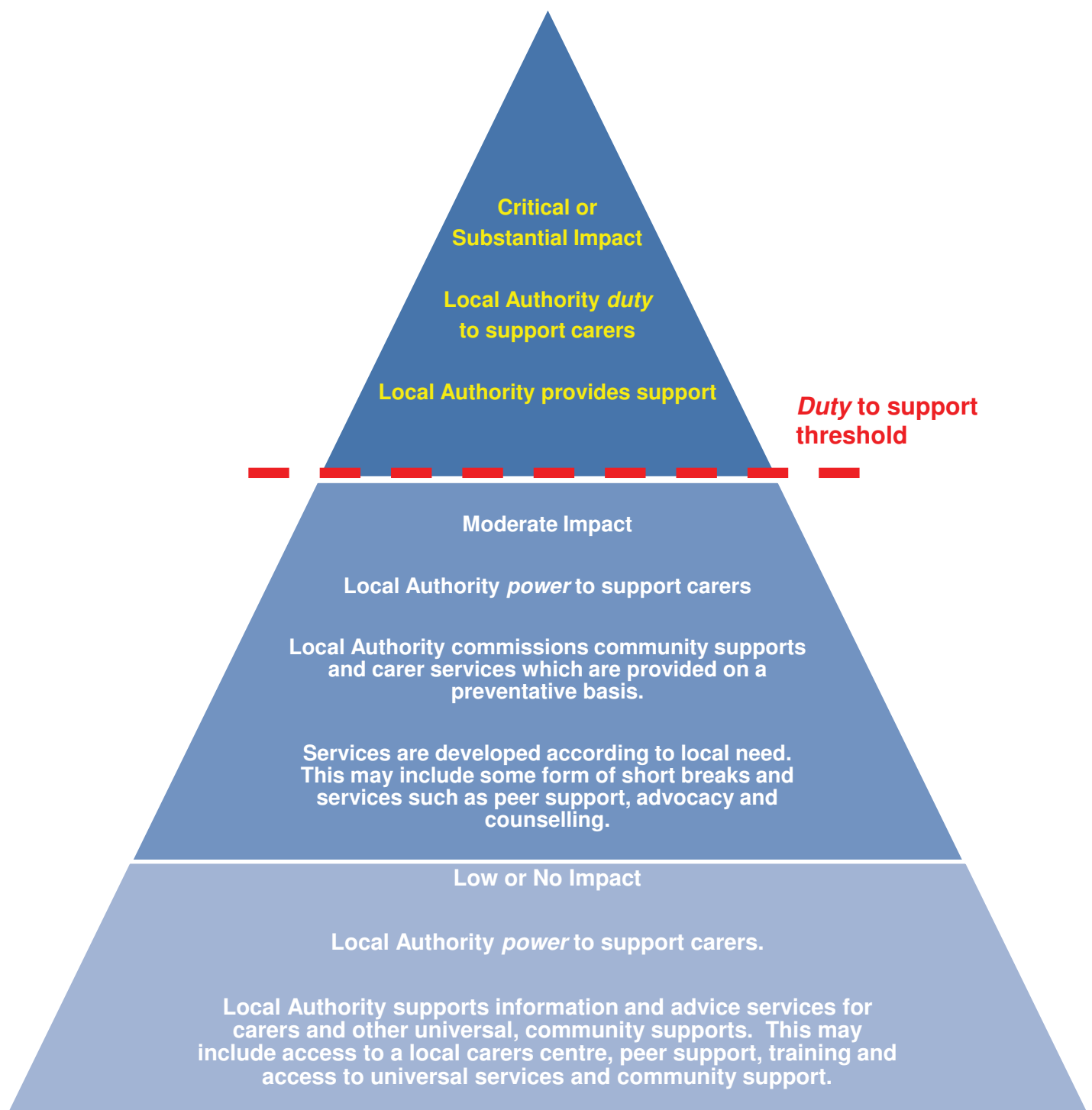


Table of Indicators

Appendix 3

DUTY TO SUPPORT THRESHOLD

| | Caring has no impact NO RISK | Caring has low impact LOW RISK | Caring has moderate impact MODERATE RISK | Caring has substantial impact SUBSTANTIAL RISK | Caring has critical impact CRITICAL RISK |
|-------------------------------|---|---|---|---|---|
| Health & Wellbeing | <p>Carer in good health.</p> <p>Carer has good emotional wellbeing.</p> | <p>Carer's health beginning to be affected.</p> <p>Caring role beginning to have an impact on emotional wellbeing.</p> | <p>Carer's health at risk without intervention.</p> <p>Some impact on carer's emotional wellbeing.</p> | <p>Carer has health need that requires attention.</p> <p>Significant impact on carer's emotional wellbeing.</p> | <p>Carer's health is breaking/has broken down.</p> <p>Carer's emotional wellbeing is breaking/has broken down.</p> |
| Relationships | <p>Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.</p> | <p>Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.</p> | <p>Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.</p> | <p>The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life.</p> | <p>The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.</p> |
| Living Environment | <p>Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person.</p> | <p>Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.</p> | <p>Carer's living environment is unsuitable but poses no immediate risk.</p> | <p>Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.</p> | <p>Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person.</p> |

| Caring has no impact NO RISK | Caring has low impact LOW RISK | Caring has moderate impact MODERATE RISK | Caring has substantial impact SUBSTANTIAL RISK | Caring has critical impact CRITICAL RISK |
|--|--|---|--|---|
| <p>Carer has no difficulty in managing caring and employment and/or education.</p> <p>Carer does not want to be in paid work or education.</p> | <p>Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term.</p> <p>Carer is not in paid work or education but would like to be in the long term.</p> | <p>Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term.</p> <p>Carer is not in paid work or education but would like to be in the medium term.</p> | <p>Carer has significantly difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term.</p> <p>Carer is not in paid work or education but would like to be soon.</p> | <p>Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education.</p> <p>Carer is not in paid work or education but would like to be now.</p> |
| <p>Employment & Training</p> | <p>Carer is not causing financial hardship e.g. carer can afford housing cost and utilities.</p> | <p>Carer is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.</p> | <p>Carer is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.</p> | <p>Carer is causing severe financial hardship e.g. carer cannot afford household essential and utilities, not meeting housing payments.</p> |
| <p>Finance</p> | <p>Carer has regular opportunities to achieve the balance they want in their life.</p> <p>They have a broad choice of breaks and activities which</p> | <p>Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life.</p> <p>They have access to a few breaks and activities which promote physical, mental,</p> | <p>Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life.</p> <p>They have little access to breaks and activities which promote physical,</p> | <p>Due to their caring role, the carer has no opportunities to achieve the balance they want in their life.</p> <p>They have no access to breaks and activities which promote physical,</p> |
| <p>Life balance</p> | | | | |

| | Caring has no impact NO RISK | Caring has low impact LOW RISK | Caring has moderate impact MODERATE RISK | Caring has substantial impact SUBSTANTIAL RISK | Caring has critical impact CRITICAL RISK |
|------------------------|---|--|---|--|--|
| | promote physical, mental, emotional wellbeing. | promote physical, mental, emotional wellbeing. | emotional wellbeing. | mental, emotional wellbeing. | mental, emotional wellbeing. |
| Future Planning | Carer is confident about planning for the future and has no concerns about managing caring. | Carer is largely confident about planning for the future but has minor concerns about managing caring. | Carer is not confident about planning for the future and has some concerns about managing caring. | Carer is anxious about planning for the future and has significant concerns about managing caring. | Carer is very anxious about planning for the future and has severe concerns about managing caring. |

**ELIGIBILITY CRITERIA TABLE TOP DISCUSSION
STRATEGIC PLANNING GROUP
25 OCTOBER 2017**

Q1. Do you agree that there needs to be an eligibility threshold?

Yes

Worries around the Carers' Centre being inundated with carers who do not meet the criteria and the general understanding of what is going to constitute the levels of risk/threshold.

Other concerns were around who will be carrying out the assessments; and with limited resources, targeting those most in need. Members felt there should be a mechanism in place to identify and monitor those who may be at moderate risk but who could then potentially move up to critical.

Q2. Do you agree that the five categories on impact/risk are the right ones to use?

Yes

Members felt indicators may not necessarily take into consideration the full range of impact, e.g. finance. There's nothing that reflects the 'intensity' of the caring role i.e. is it 24/7? Or are they caring for someone with dementia etc., or do they have a dual caring role? Questions also arose around a critical risk identified in just one area but not others, how would they be assessed? There were also concerns around possible disagreements between carers/Carers' Centre if they were assessing need.

Q3. Do you agree that the above indicators are the most appropriate ones to use?

Yes

Thoughts included: more reflection of what it might mean for each individual carer. Members felt that a statutory body 'Assessor' within the Carers' Centre was a good idea.

Q4. Do you agree that Renfrewshire's eligibility criteria should include a preventative approach, particularly where the assessment of impact is moderate, low or no impact?

Yes

Thoughts included: is there an identified trajectory – is the carer coping? Reviews should be frequent. Early intervention and sign-posting is important. There's a need to plan for emergencies. A need for additional dementia services to continue as this is added support for prevention.

Q5. Where and in what format should eligibility criteria be published?

Both online and in print in Easy Read format, e.g. leaflets. It was thought that people would only read the criteria when they needed to. Areas where they should be

available: Carers' Centre, GP practices, pharmacies, acute facilities, area groups such as the Elderly Forum.

Q6. Are you content that Renfrewshire undertakes to review its eligibility criteria no later than three years after it is published?

Some members felt a three year review period was too long because it was new legislation. The process should perhaps be reviewed more regularly to ensure people receive the right help at the right time.

Do you have any further comments you wish to make concerning Renfrewshire's Eligibility Criteria?

Staff training featured heavily here. It was felt that this was key to the success of the implementation process. Another suggestion was possible peer support workers and the adoption of a more holistic approach. Advocacy support was also raised.

Renfrewshire Young Carers Eligibility Criteria

To be eligible for services, a young carer must:

1. Meet the definition of young carer as per the Carers (Scotland) Act 2016.

... "carer" means an individual who provides or intends to provide care for another individual (the "cared-for person"). Part 1 (1)

... "young carer" means a carer who –is under 18 years old, or has attained the age of 18 years while a pupil at a school, and has since attaining that age remained a pupil at that or another school. Part 2 (a) & (b).

2. Live in Renfrewshire.
3. Have caring responsibilities which have, or are likely to have, an adverse impact upon their wellbeing, assessed in terms of SHANARRI wellbeing indicators.
4. Have caring responsibilities exceeding that which an 'average' child or young person of the same age and stage of development might reasonably be expected to undertake (for example, helping with shopping, basic housework tasks, preparing simple meals).

To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Heading: Draft NHSGGC 5-Year Mental Health Strategy

1. Summary

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an update on draft Five Year Strategy for Adult Mental Health Services in NHS Greater Glasgow & Clyde (NHSGGC).
-

2. Recommendation

It is recommended that the IJB:

- Notes the report and agree the strategic direction;
 - Requests that the full strategy is presented when available at a future meeting of the IJB; and
 - Authorises the Chief Officer to engage with other HSCPs in the preparation of the implementation plan.
-

3. Background

- 3.1 Over the past two decades Adult Mental Health Services in NHSGGC been subject to transformational change with a pronounced shift in the balance of care significantly reducing the level of inpatient beds and reinvesting progressively in a spectrum of evidence based quality community and specialist services.
- 3.2 The current service delivery model for Mental Health within NHSGGC was set out in an original framework and re-iterated in the subsequent NHSGGC Clinical Service Review of 2012-13.
- 3.3 Provision of Mental Health services have largely been planned and in some cases managed at a NHSGGC level. This approach has successfully overcome previous challenges and pressures with the predecessors to Health and Social Care Partnerships (HSCPs) collaborating to deliver a mutually beneficial outcome.

4. Strategy Drivers

- 4.1 HSCPs in NHSGGC are working together to develop a whole system five-year strategy for mental health because:
- The adult mental health system is operating under unsustainable pressure with 3% annual growth demand and bed occupancy frequently operating over 100%. There is no prospect of an easing of these pressures in the short to medium term.

- Implementing conventional efficiencies and seeking modest incremental change will not be sufficient to meet financial targets while maintaining safe and effective services.
- There is some scope for system-wide pooling and consolidation of resources, including performance improvement, pathway redesign and innovative forms of support.
- Cross-system interdependencies are strong and complex, and need to be coordinated in a GGC-wide context.

5. Principles and Levels of Care

5.1 The strategy requires system-wide engagement by all HSCPs and of the NHSGGC Board. The following key principles underpin the 5 year strategy:

- A whole-system approach to Mental Health across the NHS GG&C Board area, recognising the importance of interfaces with primary care, Acute, public health, health improvement, social care and third sector provision;
- A model of stepped/matched care responding to routine clinical outcome measurement and with an emphasis on using low-intensity interventions whenever appropriate;
- A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”;
- Identification and delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment;
- Attention to trauma and adversity where that influences the presentation and response to treatment;
- Prevention and early intervention;
- Recognition of the importance of recovery-based approaches, including peer support;
- Meaningful service user and carer engagement and involvement to help guide the implementation process;
- A workforce development approach that supports staff through the change process and equips staff with the necessary training and skills for the future;
- A robust risk management process to inform and guide the implementation process;

5.2 The “care needed” means timely access to the full range of interventions recommended by NICE, SIGN, the Matrix and other accepted care standards in Scotland. Using a “stepped” or “matched” care model, services tailor the intensity of care provided to meet patient needs. To this end, five levels of care were identified:

- Public health interventions,
- Open access services that did not require referral and supported self-care,
- Early responses and brief interventions,
- Longer-term multidisciplinary ongoing care,
- Intensive treatment and support.

An “unscheduled care” element is also needed to respond to crises and emergency needs, for all conditions and setting.

6. Complex Adaptive System

- 6.1 Mental Health services can be considered to be a “complex adaptive system” in which each service element is dependent on many others to function properly. Changes in one part of the system are likely to have consequences elsewhere, and those interdependencies need to be identified and managed carefully.
- 6.2 To address the challenge, the 5 year strategy has concentrated on the following 7 strands of work:
- **Unscheduled care**, including crisis responses, home treatment, and acute MH inpatient care;
 - **Recovery-oriented care** including inpatient provision and a range of community-based services, including Local Authority and third sector provision;
 - **Well-being-orientated care including working with children’s services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start;**
 - **Productivity** initiatives in community services to enhance capacity while maintaining quality of care;
 - Medium-long term planning for **prevention** of mental health problems;
 - **Bed modelling - short Stay mental health beds**: underpinning the first three strands is the need to estimate the number and type of hospital beds that the system needs to provide in order to deliver effective care; and
 - **Shifting the Balance of Care - Rehabilitation and Long Stay Beds**: moving away from hospital wards to community alternatives for people requiring longer term, 24/7 care, with residual mental health rehabilitation hospital beds working to a consistent, recovery-focussed model.

7. Next Steps

- 7.1. Key next steps include:
- Chief Finance Officers for all HSCPs will be engaging in the near future to form the financial framework;
 - Finalising current work streams on unscheduled care review for adult mental health, including mental health liaison, crisis and out of hours services and bed modelling; and
 - Develop a local HSCP action plan following the approval of the Mental Health Strategy.

Implications of the Report

1. **Financial** – There will be a supporting financial framework when our local plan is brought back to the IJB at a future meeting.
2. **HR & Organisational Development** – A requirement for staff engagement is acknowledged within the draft strategy to support staff through the change process. The proposals will have implications across acute and community services.
3. **Community Planning** – will require to be involved with the development of the Renfrewshire HSCP action plan.
4. **Legal** – Nil
5. **Property/Assets** – Nil.
6. **Information Technology** – Nil.

7. **Equality & Human Rights** – Policy, practise or activity may in this regard require to be assessed as to the impact on any individual or group of people with a protected characteristic as determined by the Equality Act 2010.
 8. **Health & Safety** – Nil.
 9. **Procurement** – Nil.
 10. **Risk** –These will be assessed in the coming period and reflected in our local plan. It is evident that the proposals are likely to see a reduction in the available in-patient beds available as plans move towards more community based services.
 11. **Privacy Impact** – Nil.
-

List of Background Papers - None.

Author: David Leese, Chief Officer

To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Heading: Non-financial Governance Arrangements

1. Summary

- 1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place from 1 April 2017. The report also provides performance information regarding Freedom of Information (Fol) and Complaints. This report covers the 6 month period 1 April to 30 September 2017.
-

2. Recommendation

It is recommended that the IJB note the content of this Report, specifically around:

- Freedom of Information (Fol) and Publication Scheme;
 - Health and Safety;
 - Complaints;
 - Business Continuity; and
 - Insurance and Claims.
-

3. Freedom of Information

Background

- 3.1. The Freedom of Information (Scotland) Act 2002 (FoISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FoISA as a public authority within its own right. Although the IJB will only hold a very limited amount of information, it must respond to Freedom of Information requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016. The Commissioner has approved this scheme until 31 May 2019.

3.2. In July 2017, the Commissioner requested that the following Key Changes be made:

1. The addition of a “Terms used” glossary
2. Revisions to the terminology used throughout the MPS to ensure consistency across the MPS and Guidance
3. Clarification that the Commissioner requires to be notified if the legal status of an authority changes at paragraph 9(ii).

3.3. A link to the revised IJB Publication Scheme is noted below.
http://www.renfrewshire.hscp.scot/media/5708/Renfrewshire-IJB-Model-Publication-Scheme-Dec-2017/pdf/Renfrewshire_IJB_Model_Publication_Scheme_Dec_2017.pdf

Requests Received

3.4. During the period 1 April to 30 September 2017, the IJB did not receive any requests for information. Statistical information regarding IJB Fols continues to be uploaded directly onto the Scottish Information Commissioner’s statistics database on a quarterly basis, including nil returns.

3.5. It was agreed that any Fol relating to the operational delivery of health and adult social care serviced received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.

3.6. During the 6 month period, Renfrewshire Council received 53 Fol requests specifically regarding adult social care. The main issues and themes raised included:

- Care at Home (domiciliary care);
- Disabilities; and
- Self-Directed Support (SDS).

3.7. During the specified timeframe, no Fol requests were received specifically for information regarding health services within Renfrewshire.

4. Health & Safety

Background

4.1. The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council.

As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.

- 4.2. The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and Area Partnership Forum (APF).
- 4.3. The Health & Safety arrangements within Renfrewshire Council are governed by the corporate Health and Safety section which inform the Chief Executive and Directors. This is further enhanced with the application of a health and safety management system which is certified to BS OHSAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 4.4. An HSCP Health & Safety Committee has been formed and has service representation from health council staff and partnership representation.
- 4.5. The Health & Safety Committee's role within the Partnership is to co-ordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.
- 4.6. The NHS Greater Glasgow & Clyde strategy and action plan has been developed and adapted for local use. The Committee meets four times per annum.

5. Complaints

- 5.1. The Complaints Standards Authority (CSA) has worked closely with a range of partners and stakeholders to develop Model Complaints Handling Procedures (CHPs) for each public service sector.
- 5.2. These model CHPs have been developed in line with the recommendations of the Sinclair¹ report that the Scottish Public Services Ombudsman (SPSO) simplify and improve complaints handling by developing standardised CHPs. They have also been developed within the framework of the SPSO Statement of Complaint Handling Principles, approved by the Scottish Parliament, and Guidance on a Model Complaints Handling Procedure.
- 5.3. The Model CHPs for NHS, Social Work and Integrated Joint Boards came into effect on 1 April 2017 and states that Stage 1 complaints (previously informal complaints) should be straightforward, easily

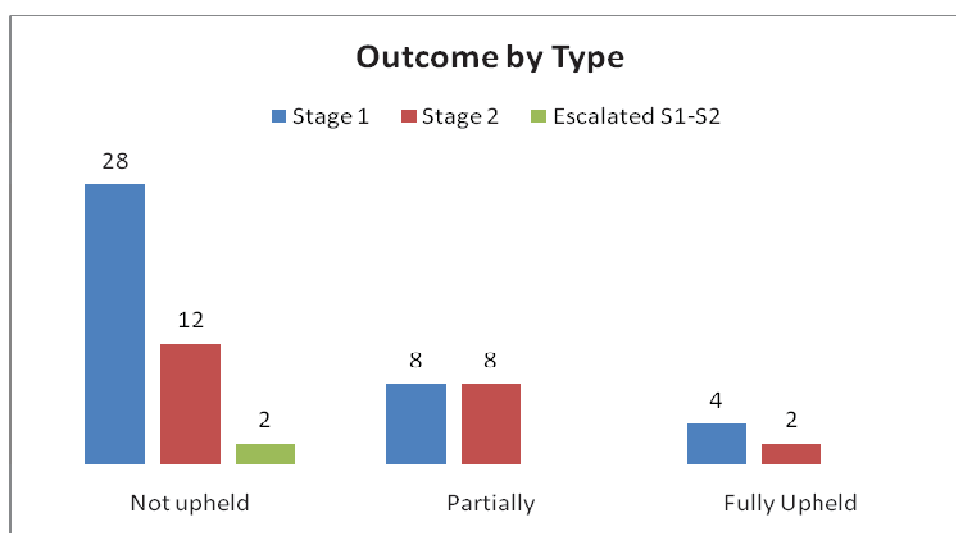
¹ <http://www.gov.scot/Topics/Government/PublicServiceReform/IndependentReviewofReg/ActionGroups/FCSAG>

resolved, requiring little or no investigation and should be resolved within 5 working days (extended to 10 in exceptional circumstances). Stage 2 complaints (previously Formal complaints) are more complex, serious or high risk (or have not been resolved at Stage 1 and escalated to Stage 2). These are fully investigated and we aim to resolve these within 20 working days.

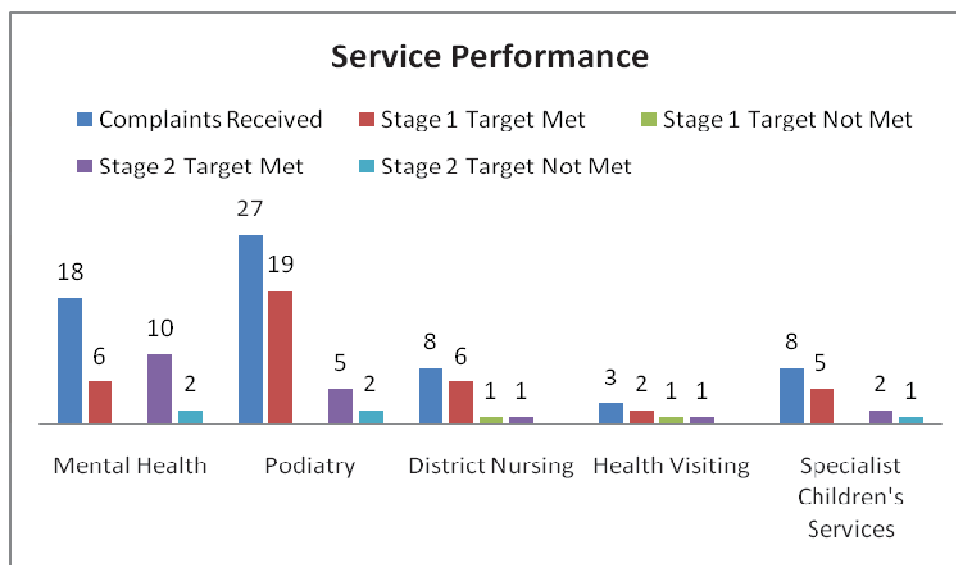
- 5.4. This report provides a commentary and statistics on complaints handling in the HSCP and IJB for the period 1 April – 30 September 2017.

Health Complaints

- 5.5. A total of **66** Stage 1 and Stage 2 health complaints were received during the above period of which **2** Stage 2 complaints were withdrawn due to consent not being received.
- 5.6. Of the **64** complaints progressed, **40** Stage 1, **24** Stage 2 (-4 from April – September 2016) including 2 Stage 1 escalated to Stage 2, were responded to, the outcome of which is noted in the table below.
- 5.7. We are unable to provide a comparison figure for Stage 1 complaints as the previous reporting arrangements did not take these into account.
- 5.8. The outcomes of the **24** Stage 2 complaints are as follows:
Fully Upheld 2 (-4); Partially Upheld 8 (-2); Not Upheld 14 (+3); Outstanding 0 (-1).



- 5.9. The service performance of the **64** Stage 1 and Stage 2 complaints responded to is detailed in the table below.



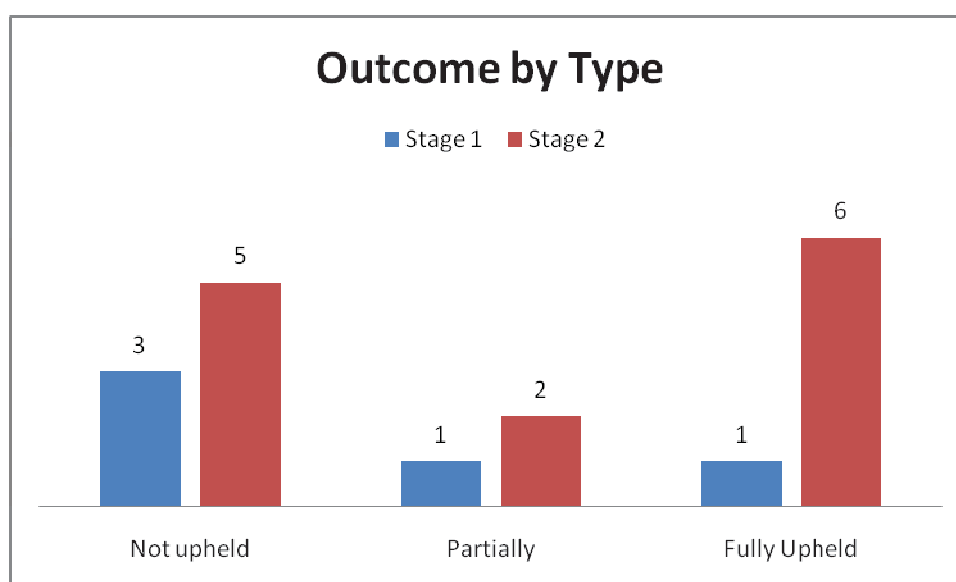
- 5.10. Of the **40** Stage 1 complaints, 38 (95%) met the target for completion and 2 (5%) were outwith the target.
- 5.11. Of the **24** Stage 2 complaints investigated 19 (79%) met the target of responding within 20 working days and 5 (21%) did not meet this target.
- 5.12. As per the Complaint Handling Procedure, holding letters explaining the reasons for the delay were sent out in respect of the 5 Stage 2 complaints which were not completed within 20 days. These complaints were of a complex nature and required additional time to complete.
- 5.13. Issues and themes raised in the 64 health complaints investigated included Treatment, Staff Attitude & Behaviour, Delays/Waiting Times, Procedural Issues, Environment and Cuts to Service.

SPSO 1 April – 30 September 2017

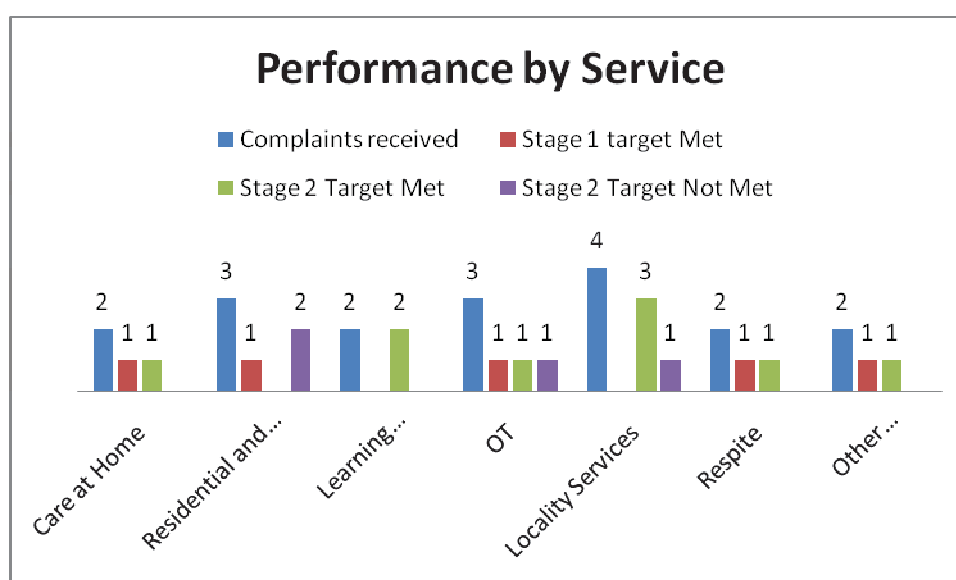
- 5.14. Where a complainant remains dissatisfied with the response to a Stage 2 complaint, they may write to the Scottish Public Services Ombudsman (SPSO). One health visiting complaint investigated by the HSCP during the above period has been referred to the SPSO.

Social Work Complaints

- 5.15. A total of **18** (+5) Stage 1 and Stage 2 complaints were received during the specified period.
- 5.16. Of the **18** complaints progressed, a total of **5** Stage 1 (early resolution) and **13** Stage 2 (investigation) complaints were received, the outcome of which is noted in the following table.



- 5.17. The service performance of the 18 complaints responded to is detailed in the table below.



- 5.18. The issues and themes identified from social work complaints include change in service, disagreement with proposals, service quality and communication.

- 5.19. We are unable to provide comparison figures for Social Work complaints as, prior to the introduction of the Social Work Model Complaint Handling Procedure in April 2017, the outcome of complaints were not recorded.

IJB Complaints

- 5.20. A CHP specifically for the IJB was submitted to the SPSO and was subsequently approved in December 2017. A copy of this is available on the HSCP website².
- 5.21. No complaints were raised in relation to IJB business during the 6 month period April – September 2017.

Service Improvements

- 5.22. One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.
- 5.23. Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment/Quality of Care, Staff Attitude & Behaviour and Care Packages are key issues within the HSCP for complaints and steps are being taken by services to improve these.

6. Civil Contingencies and Business Continuity

- 6.1 The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (CCA) and accompanying non-legislative measures came into force on 14 November 2005. The aim of the Act is to deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts:
- Local Arrangements for Civil Protection (Part 1)
 - Emergency Powers (Part 2)
- 6.2. The Act lists the NHS and Local Authorities as Category 1 responders and, as such, places duties as follows:

² http://www.renfrewshire.hscp.scot/media/4438/Renfrewshire-IJB-Complaints-Handling-Procedure/pdf/Renfrewshire_IJB_Complaints_Handling_Procedure.pdf

- Assess the risk of emergencies occurring and use this to inform contingency planning.
 - Put in place emergency plans.
 - Put in place business continuity management arrangements.
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- 6.3. Renfrewshire Council and NHS Greater Glasgow & Clyde are supported by their respective Civil Contingencies/Protection Teams in fulfilling the duties placed upon them as Category 1 responders.
- The Civil Protection Steering Committee and the Health & Social Care Resilience Group are the coordinating groups for each organisation. The remit of these groups include:
 - Sharing information across the internal services
 - Co-ordinating the plans and procedures to be adopted across the organisation
 - Identifying training and exercise requirements and delivery method
 - Develop a work plan to deliver the resilience agenda
 - Share best practice and lessons identified.
- 6.4. At strategic levels, the Renfrewshire Health & Social Care Partnership Chief Officer sits on both NHS Greater Glasgow & Clyde's and Renfrewshire Council's Corporate Management Teams.
- 6.5. It is proposed that a Renfrewshire Health & Social Care Partnership Resilience Group is created with appropriate representation from within the Partnership, which will meet quarterly to cover the resilience agenda. A joint Business Continuity Plan has been developed and was tested on 8 February 2017.
- 6.6. In addition to reporting to the Integration Joint Board, this Group will link to the Renfrewshire Civil Contingencies Service and NHS Greater Glasgow & Clyde Civil Contingencies Unit.

7. **Insurance & Claims**

- 7.1. The Clinical Negligence & Other Risk Indemnity Scheme (CNORIS) Scotland Regulations 2000 was established with effect from 1 April 2000. Participation in the scheme is mandatory for all NHS Boards in Scotland for delivering patient care. Private contractors, including General Medical Practitioners, are outwith the scheme.

- 7.2. With the introduction of the Public Bodies (Joint Working) (Scotland) Act, from April 2015, the Scheme was broadened to enable Integration Joint Boards to become members.
- 7.3. Renfrewshire IJB has been a Member of CNORIS since 1 April 2015.
- 7.4. CNORIS provides indemnity in relation to Employer's Liability, Public/Product Liability and Professional Indemnity type risks. The Scheme also provides cover in relation to Clinical Negligence.
- 7.5. NHS Greater Glasgow & Clyde and Renfrewshire Council both have procedures in place for handling claims regarding the services they provide.

Implications of the Report

1. **Financial** – sound financial governance arrangements are being put in place to support the work of the Partnership
2. **HR & Organisational Development** – there are no HR and OD implications arising from the submission of this paper.
3. **Community Planning** - n/a
4. **Legal** – the governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – there are no ICT implications arising from the submission of this paper.
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** – health and safety processes and procedures are being reviewed to in order to support safe and effective joint working
9. **Procurement** – there are no procurement implications arising from the submission of this paper.
10. **Privacy Impact** – there are no privacy implications arising from the submission of this paper.
11. **Risk** – none.
12. **Risk Implications** – as per the subject content of the risk section of this paper.

List of Background Papers – None.

Author: Jean Still, Head of Administration

Renfrewshire Integration Joint Board (IJB)

Model Publication Scheme

December 2017

Terms used

| | Explanation |
|---------------------------------|--|
| FOISA | The Freedom of Information (Scotland) Act 2002 |
| EIRs | The Environmental Information (Scotland) Regulations 2004 |
| Model Publication Scheme | A standard framework for authorities to publish information under FOISA, approved by the Scottish Information Commissioner |
| MPS | The Model Publication Scheme |
| Guide to Information | A guide that every public authority adopting the MPS must produce to help people access the information it makes available |
| MPS Principles | The six key principles with which all information published under the MPS must comply |
| Classes of information | Nine broad categories describing the types of information authorities must publish (if they hold it) |
| Notification form | The form an authority must submit to notify the Commissioner of its MPS. |

Introduction

The Freedom of Information (Scotland) Act 2002 (the Act) requires Scottish public authorities to adopt and maintain a publication scheme. Authorities are under a legal obligation to:

- (i) publish the classes of information that they make routinely available
- (ii) tell the public how to access the information they publish and whether information is available free of charge or on payment.

Renfrewshire Integration Joint Board (IJB) has adopted the Model Publication Scheme 2015 produced by the Scottish Information Commissioner. The Commissioner has approved this scheme until 31 May 2019. However, the Commissioner requires to be notified if the legal status of the IJB changes.

The Publication Scheme is split into the following six sections:

- availability and formats;
- exempt information;
- copyright and re-use;
- charges;
- contact details; and
- the classes of information

In instances where the IJB does not hold the information requested, we will work with applicants to ensure that they are directed to the correct authority.

Availability and formats

Information published through this scheme is, wherever possible, available on the authority's website. We offer alternative arrangements for people who do not wish to, or who cannot, access the information either online or by inspection at our premises. For example, we can usually arrange to send out information to you in paper copy on request (although there may be a charge for doing so).

Exempt information

If information described by the classes cannot be published and is exempt under Scotland's freedom of information laws (for example sensitive personal data or a trade secret), we may withhold the information or provide a redacted version for publication and will explain why we have done so.

Copyright and re-use

Where the IJB holds copyright in its published information, the information may be copied or reproduced without formal permission, provided that:

- it is copied or reproduced accurately;
- it is not used in a misleading context; and
- the source of the material is identified

Where the IJB does not hold the copyright in the information we publish, we will make this clear.

Access to the information does not mean that copyright has been waived, nor does it give the recipient the right to re-use the information for a commercial purpose. If you intend to re-use information obtained from the scheme, and you are unsure whether you have the right to do so, you are advised to make a request to the IJB (see Contact Details below).

Charges

Unless otherwise specified in the classes of information, all information published through this scheme is available free of charge where it can be downloaded from our website, or where it can be sent to you electronically by email.

We reserve the right to impose charges for providing information in paper copy or on computer disc. Charges will reflect the actual costs of reproduction and postage to the authority as set out below.

In the event that a charge is to be levied, you will be advised of the charge and how it has been calculated. Information will not be provided to you until payment has been received.

Photocopied information will be charged at a standard rate of 11p per A4 side of paper (black and white copy).

Postage costs will be charged at the rate paid to send the information to you.

This charging schedule does not apply to our commercial publications (see Class 8 below) where pricing may be based on market value.

Contact details

You can contact us for assistance with any aspect of this scheme, Guide to Information and to ask for copies of the authority's published information.

Renfrewshire Health and Social Care Partnership
Third Floor
Renfrewshire House
Cotton Street
Paisley
PA1 1AL

Our e-mail address is: Renfrewshire.HSCP@ggc.scot.nhs.uk

Telephone: 0141 618 7629

We will also provide reasonable advice and assistance to anyone who wants to request information which is not published.

Duration

Once published, the information will be available for at least the current and previous two financial years. Where information has been updated or superseded, only the current version might be available but previous versions may be requested from the authority.

The Classes of Information

Class 1: About the IJB

Class description: Information about the IJB, who we are, where to find us, how to contact us, how we are managed and our external relations.

Background on health and social care integration and the IJB can be found here:

http://www.renfrewshire.hscp.scot/media/4554/Renfrewshire-Integration-Scheme/pdf/Renfrewshire_Integration_Scheme.pdf

If you have any enquiries about health and social care integration, please contact us at:

Our Website <http://www.renfrewshire.hscp.scot/>

e-mail Renfrewshire.HSCP@ggc.scot.nhs.uk

By telephone: 0141 618 7629

Our postal address is:

Renfrewshire Health and Social Care Partnership
Third Floor
Renfrewshire House
Cotton Street
Paisley PA1 1AL

Our management structure can be found here:

http://www.renfrewshire.hscp.scot/media/4689/Renfrewshire-HSCP-Organisational-Chart---SMT-2017/pdf/Renfrewshire_HSCP_Organisational_Chart_-_SMT_2017.pdf

Class 2: How we deliver our functions and services

Class description: Information about our work, our strategies and policies for delivering functions and services and information for our service users

The Strategic Plan will set out what the IJB wants to achieve and detail how we will do it. It will set out the actions needed to improve health and social care services to meet changing local demands and will be firmly based on evidence and developed by engaging with local stakeholders, including staff, to ensure services are designed around the people who use them and their communities.

The Strategic Plan must be approved by the IJB before the council and health board are able to delegate functions. This must happen before 1 April 2016. When the strategic plan has been approved it will be published here:

http://www.renfrewshire.hscp.scot/media/4162/Draft-Strategic-Plan-201619/pdf/Strategic_Plan_2016-19.pdf

The IJB's programme of work is published here:

http://renfrewshire.cmis.uk.com/renfrewshire/Decisions/tabid/67/ctl/ViewCMIS_DecisionDetails/mid/391/Id/ed6aec39-141c-4aaa-ad90-59ed20b8219b/Default.aspx

What we want to achieve with integration is published here:
http://www.renfrewshire.hscp.scot/media/4162/Draft-Strategic-Plan-201619/pdf/Strategic_Plan_2016-19.pdf

Class 3: How we take decisions and what we have decided

Class description: Information about the decisions we take, how we make decisions and how we involve others

Our decisions, including the minutes and reports of the Board Meetings and sub-committees, will be published here:
<http://renfrewshire.cmis.uk.com/renfrewshire/JointBoardsandOtherForums/RenfrewshireHealthSocialCareIntegrati.aspx>

Class 4: What we spend and how we spend it

Class description: Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent)

Details of our spending will be place on our WebPages here:
<http://renfrewshire.cmis.uk.com/renfrewshire/JointBoardsandOtherForums/RenfrewshireHealthSocialCareIntegrati.aspx>

Class 5: How we manage our human, physical and information resources

Class description: Information about how we manage the human, physical and information resources of the authority.

The services commissioned by the IJB will be delivered by Renfrewshire Council and NHS Greater Glasgow and Clyde Board. Therefore the IJB does not contain any information within this class but information can be found through each organisation's respective publication scheme.

Renfrewshire Council Publication Scheme:
<http://www.renfrewshire.gov.uk/media/919/Publication-Scheme/pdf/RenfrewshireCouncilPublicationScheme.pdf>

NHS Greater Glasgow & Clyde Board Publication Scheme:
<http://www.nhsggc.org.uk/about-us/freedom-of-information-foi/publication-scheme-and-guide-to-information/>

Class 6: How we procure goods and services from external providers

Class description: Information about how we procure goods and services and our contracts with external providers

The services commissioned by the IJB will be delivered by Renfrewshire Council and NHS Greater Glasgow and Clyde Board. Therefore the IJB does not contain any information within this class but information can be found through each organisation's respective publication

scheme.

Renfrewshire Council Publication Scheme:

<http://www.renfrewshire.gov.uk/media/919/Publication-Scheme/pdf/RenfrewshireCouncilPublicationScheme.pdf>

NHS Greater Glasgow & Clyde Board Publication Scheme:

<http://www.nhsggc.org.uk/about-us/freedom-of-information-foi/publication-scheme-and-guide-to-information/>

Class 7: How we are performing

Class description: Information about how we perform as an organisation and how well we deliver our functions and services

The IJB publishes performance information through reports to Board, which can be found here:

<http://renfrewshire.cmis.uk.com/renfrewshire/JointBoardsandOtherForums/RenfrewshireHealthSocialCareIntegrati.aspx>

Class 8: Our commercial publications

Class description: Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet e.g., bookshop, museum or research journal.

The IJB does not create information within this class.

To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Subject: Renfrewshire Alcohol & Drug Partnership (ADP) Annual Report 2016/17

1. Summary

1.1 Renfrewshire Alcohol and Drug Partnership (ADP) has key responsibility for implementing the National Policy Framework and driving forward local action to reduce the impact of alcohol and drugs.

1.2 In accordance with governance and accountability arrangements all ADPs in Scotland are expected to produce an Annual Report and submit to Scottish Government. To ensure consistency the Scottish Government has developed a standard template to aid this process. It was designed to allow consistent reporting on how ADPs are meeting national and local priorities.

1.3 The Report (Appendix 1) details work undertaken by the ADP in relation to meeting national and local priorities and provides details of the financial framework. A self-assessment is also carried out which is aligned to the ADP Delivery Plan which details progress made towards the following seven national outcomes ensuring that:

- People are healthier and experience fewer risks as a result of alcohol and drug use;
- Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others;
- Individuals are improving their health, well-being and life chances by recovering from problematic drug and alcohol use;
- Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances;
- Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour;
- People live in positive, health promoting local environments where alcohol and drugs are less readily available;
- Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery.

2. Recommendations

It is recommended that the IJB:

- Note the contents of this report.

3. Background

3.1 The ADP is tasked with the implementation and delivery of the Scottish Government's Strategic Framework. 'Changing Scotland's Relationship with Alcohol: A Framework for Action (March 2008)' was developed to address the harm alcohol can have on communities, families, public services, the wider economy and individual's health. The Strategy advocates for a whole population approach targeting four key areas and a number of actions to reduce consumption; supporting families and communities, promoting positive attitudes and positive choices and improved treatment and support services. The 'Road to Recovery (2008)' set out a new strategic direction for Scotland to tackle problem drug use, based on treatment services promoting recovery. The Strategy set out Scotland's key aims in tackling drug misuse and the action required to address the following four themes:

- Preventing Drug Use
- Promoting Recovery
- Law Enforcement
- Children Affected by Parental Alcohol and Drug Use

3.2 The ADP Delivery Plan (2015/18) sets out how they will achieve their vision by identifying core and local outcomes which will be achieved over the three year period. Key priority actions have also been identified together with our Performance Framework aligned to the seven national outcomes.

ADP Annual Report 2016/17

3.3 The ADP Annual Report sets out the Financial Framework which is used to deliver our local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which are recovery and outcome focused. The Report also reflects on progress achieved against the Ministerial priorities, outlining improvement goals. Additional information has also been provided which provides an assessment of progress around specific areas including local governance arrangements, workforce development, drug and alcohol related deaths and recovery orientated systems of care.

Key areas of progress include:-

- **Compliance with drug and alcohol treatment waiting times standard** – Renfrewshire ADP has continually exceeded the local improvement target of 91.5% and shows that the majority of individuals wait no more than three weeks from referral to treatment.
- **Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison** – Renfrewshire ADP continually monitors activity and ensures that naloxone is offered to individuals who are attending for assessment. Regular campaigns also take place to target individuals who may have previously turned down Naloxone in the past. New legislation means that family members/friends can also be supplied with Naloxone kits at the

time of training. Percentage coverage has been achieved based on accumulative total (from April 2011 32% problem drug users have received training and given a supply of Naloxone).

- **Tackling drug related deaths** – Renfrewshire ADP has updated the drug deaths action plan which outlines key priorities for preventing deaths. Key areas include investigating all drug related deaths and trends and reviewing (any) areas for intervention. Recent data shows that there were 42 drug related deaths in Renfrewshire in 2016. Comparison of 5 year average figures between 2006 and 2016 indicates a small rise from 22 to 26 cases (18.2% rise)
- **Implementing improvement methodology including implementation of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services** – The Quality Principles continues to be implemented and part of this review has included a review of the client satisfaction survey. Questionnaires have also been developed to capture the views of staff and wider key stakeholders with findings reported to the ADP Delivery Group. A Service and Strategic Quality Improvement Plan has also been developed as part of the self-evaluation process recently undertaken by the ADP.
- **Recovery Orientated Systems of Care** – the ADP continues to ensure that recovery orientated systems of care are in place which is evidenced by the results of the STAR Outcome Tool and the findings of questionnaires as part of the Quality Improvement Action Plan. The ADP provided funding for a Peer Support Project which involved training a cohort of individuals with lived experience and supporting them to access training and paid work placements within Renfrewshire Health and Social Care Partnership.
- **Applying a whole population approach** – Renfrewshire ADP has a clear structure in place to support this key priority. The SPEAR Group was set up to facilitate a strategic cohesive and planned approach to prevention and education. As a result a number of initiatives have taken place including Brighter Renfrewshire Alcohol Awareness Week (BRAW) which was delivered in partnership with the local community and seeks to raise awareness around the new alcohol guidelines and promote other key messages. Performance in the delivery of Alcohol Brief Interventions is 32% below target within Primary Care but delivery in wider settings has improved performance overall. A number of agreed actions will continue to take place to improve performance.
- **A proactive and planned response to the needs of prisoners affected by problem alcohol and drug use and their associated through care arrangements, including women** – a number of initiatives and projects are now in place including the Women's Community Justice Centre and a bail supervision service for women. Within HMP Low Moss there are a number of offender behaviour programmes which targets alcohol and drug use linked to offending including intervention programmes for short term offenders, the provision of naloxone and New Psychoactive Substances (NPS) awareness sessions.

- 3.5 The ADP Annual Report was developed in partnership with Renfrewshire Health and Social Care Partnership, Renfrewshire Council, Police Scotland, Scottish Fire and Rescue, Scottish Prison Service and the third sector.
- 3.6 The Report was approved at the last meeting of the ADP held in November 2017.
-

Author:

- Donna Reid, Lead Officer, Renfrewshire ADP
- ADP Chair: David Leese

**APPENDIX 1:
STANDARD REPORTING TEMPLATE - (GREATER GLASGOW AND CLYDE) ADP ANNUAL REPORT 2016-17**

Document Details:

ADP Reporting Requirements 2016-17

1. Financial Framework
2. Ministerial Priorities
3. Additional Information

The Scottish Government copy should be sent by 23 October 2017 for the attention of Amanda Adams to:

Alcoholanddrugdelivery@gov.scot

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1. FINANCIAL FRAMEWORK -- 2016-17

Your report should identify all sources of income that the ADP has received (via your local NHS Board and, where relevant, Integration Joint Board), alongside the monies that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

| Income | Substance Misuse (Alcohol and Drugs) |
|---|--------------------------------------|
| Earmarked funding from Scottish Government | £1,869,086 |
| Funding from Local Authority | £ 971,869 |
| Funding from NHS (excluding funding earmarked from Scottish Government) | £ 791,031 |
| Funding from other sources | |
| Total | £3,631,986 |

Total Expenditure from sources

| | Substance Misuse (Alcohol and Drugs) |
|---|--------------------------------------|
| Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs) | £365,789 |
| Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence) | £2,637,231 |
| Recovery | £628,966 |
| Dealing with consequences of problem alcohol and drug use in ADP locality | |
| Total | £3,631,986 |

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2016-17 End Year Balance for Scottish Government earmarked allocations

| | Income £ | Expenditure £ | End Year Balance £ |
|------------------|------------|---------------|--------------------|
| Substance Misuse | £3,631,986 | £3,631,986 | |

2016-17 Total Underspend from all sources

| Underspend £ | Proposals for future use |
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Support in kind

| Provider | Description |
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2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2016-17 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2016-17. Please outline these below.

| PRIORITY | *IMPROVEMENT GOAL 2016-17 | DELIVERY MEASURES | ADDITIONAL INFORMATION |
|---|---|---|------------------------|
| 1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD) | <ul style="list-style-type: none"> 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (91.5% local improvement goal) No one will wait longer than 6 weeks to receive appropriate treatment 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland | <ul style="list-style-type: none"> Renfrewshire ADP has continually exceeded the local improvement target to ensure all individuals wait no longer than three weeks from referral to receiving treatment. Monitoring/training is carried out on a regular basis to ensure quality of data is maintained. Performance is highlighted with team leads on an ongoing basis. Work will continue to ensure that the level of anonymous data collected continues to reduce. All services are compliant. | |
| 2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs) | <ul style="list-style-type: none"> Performance in 2016/17: Actual 761 ABIs delivered which is 32% below target of 1116 | <ul style="list-style-type: none"> All HSCP areas across GGC have again fallen considerably short of the primary care target for ABI. This is being attributed to the removal of QOF which means that GP practices have a significantly reduced requirement for reporting data – including that of ABI previously associated with the LES. Work has taken place to enhance delivery in various settings going forward. These settings are as follows: | |

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| | | <ul style="list-style-type: none"> • Older Adults: following the recent screening and ABI pilot within Older Adults Community Mental Teams delivery will continue with all new patients – recording systems are in place. • Police Custody Suites: meeting arranged to discuss the potential of ABI delivery in Police Custody Suites. • Department of Work and Pensions (DWP): ABI delivery will be taken forward with DWP staff - training will take place in November • Strathclyde Fire & Rescue – Staff have received ABI training and process will be agreed to collect data for collation. | |
| 3. Increasing Data Compliance Scottish Drugs Misuse Database (SDMD) both SMR25 A and B. | SMR 25a – 85% by March 2018 SMR 25b – 13.2% by March 2018 | <ul style="list-style-type: none"> • Renfrewshire ADP continues to monitor completion as part of the Performance Framework. • Performance is highlighted with the Team Leads on a regular basis to ensure compliance. | |
| 4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy) | <ul style="list-style-type: none"> • All drug and alcohol services will have implemented DAISy • Process agreed and action plan developed | <ul style="list-style-type: none"> • Team Leaders within all drug and alcohol services in Renfrewshire are kept informed of all new developments pertaining to the implementation of DAISy. ADP Support Staff along with other local representatives attend the National Working Group to support implementation. • Local Implementation Group has been set up with representatives from alcohol and drug services. The work of the Group will be informed by the DAISy Implementation Plan. • Super-users have been identified for | |

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| 5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison. | Recommended minimum coverage has been increased to 30% of problem drug using population by March 2017 | <p>training.</p> <ul style="list-style-type: none"> • ROW Training has been delivered. • Naloxone continues to be offered to all individuals who attend for assessment; • Refresher training is offered and expiry date is checked; • A second supply is offered and training is provided for family members to administer; • Continuation of local Naloxone campaigns; • Prison throughcare arrangements in place • Drug services began the supply of naloxone via prescription from September 2016 to individuals attending clinic settings. Out with a clinic setting, individuals at risk of opioid overdose, family members/friends, individuals likely to witness an opioid overdose and services working with individuals at risk of opioid overdose are still supplied with physical naloxone kits at the time of training. | Percentage coverage achieved based on accumulative total (Apr 11 – Mar 17) 32% |
| 6. Tackling drug related deaths (DRD)/risks in your local ADP area. | | <p>Renfrewshire ADP has a drug deaths action plan in place which outlines key priorities for preventing drug related deaths. After a process of review the following priorities were added to the Action Plan:</p> <p><u>Investigating drug related deaths & trends</u> Circumstances surrounding all drug related deaths in Renfrewshire will continue to be reviewed by the drug death action group. In addition, through NHS governance, the circumstances of deaths of current or recent service users of local addiction services are examined to look for areas where interventions</p> | |

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| | | <p>offered could be enhanced.</p> <p>Renfrewshire ADP has contributed to Scottish Drugs Forum "Staying Alive in Scotland" document and will work towards meeting the actions outlined in the best practice guide.</p> <p><u>Care and Treatment</u></p> <p>A respiratory nurse specialist will develop a care pathway into acute services to improve respiratory health in drug users;</p> <p>Specialist nurse accepts referrals from housing support and offers a targeted response to individuals in temporary accommodation and will support access to other relevant services</p> <p>The Intake Team will continue to act as the first point of contact during initial contact with services. The service will continue to case manage the service user until stable, and then referred on to generic team for maintenance. Frequency of interventions is based on need, with daily contact available if required.</p> <p>Clients will be seen twice a week, but the team will respond to crisis via duty as required</p> <p>Duty service will continue to be available which will also provide access for individuals in crisis as required.</p> <p><u>Prescribing</u></p> <p>The provision of Buprenorphine prescriptions</p> | |
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| | | <p>will continue to be offered to clinically appropriate clients</p> <p>New clients, particularly those who are identified as injectors will continue to be prioritised and offered rapid start and titration of Opiate Substitute Therapy (OST). Rapid start OST involves access to OST within 1-3 working days from completion of initial assessment for high risk cases.</p> <p><u>Harm Reduction Clinic</u> The Harm Reduction Clinic will continue to allow RDS staff to engage with service users and offers treatments such as injection site assessment and treatment as appropriate.</p> <p>The clinic will continue to provide harm reduction education and needle exchange and offer a more intense service for IV users or those involved in illicit drug use.</p> <p>Overdose awareness campaigns are carried out in Renfrewshire Drug Service to increase Naloxone provision at high risk. These targeted campaigns are implemented throughout year.</p> <p>Development of a Fixed site needle exchange lead by the Harm Reduction Service;</p> | |
| 7. Implementing improvement methodology including implementation of the <i>Quality</i> | Implementation of quality principles in all drug and alcohol services including monitoring processes agreed – 100% | | The implementation of the Quality Principles: Standard Expectations of Care and Support in Alcohol and Drug Service is currently |

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| <p><i>Principles: Standard Expectations of Care and Support in Drug and Alcohol Services.</i></p> | <p>of core services</p> | <p>underway. Part of this process has also included a review of the client satisfaction questionnaires which are now aligned to the Quality Principles. Questionnaires have also been developed to capture the views of staff and wider key stakeholders and findings reported to ADP Delivery Group.</p> <p>A Service and Strategic Quality Improvement Plan has also been developed as part of the self evaluation process recently undertaken by the ADP.</p> | |
| <p>8. Responding to the recommendations outlined in the 2013 independent expert group on opioid replacement therapies.</p> | | <ul style="list-style-type: none"> • The ADP continues to ensure that recovery oriented systems of care are in place and actions identified as a result of local reviews. • ORT prescribing guidelines have been reviewed and updated and disseminated to drug treatment services. • An Impact Assessment will be completed as a result of the new National Guidelines - Drug Misuse and Dependence: UK Guidelines on Clinical Management. • Services continue to sign-post individuals to Mutual Aid Groups. • The Addictions pharmacy team contributed to the development of a national service specification of standards of pharmaceutical care for ORT patients endorsed by the Directors of Pharmacy. This has been implemented locally and community pharmacies are monitored and supported by the Addictions pharmacy team. | |

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| | | <ul style="list-style-type: none"> • The Responsible Officer for ORT in NHS GG&C associated ADPs is the Associate Medical Director (AMD) for NHS GG&C Addiction Services. The AMD was co chair of the board wide Alcohol and Drug Clinical Services Review (CSR), which included a review of ORT in NHS GG&C. The review was driven by priorities including addressing unmet need, reducing variations in standards of practice and increasing the recovery orientation of services. The review of ORT in NHS GG&C was also informed by the Independent Expert Review of ORT in Scotland (as well as other key documents). The CSR is now in an implementation phase. The CSR group is now a Greater Glasgow & Clyde wide Alcohol and Drug Planning Group with an agenda focussed on implementation of CSR recommendations. • The board wide Substitute Prescribing Management Group (SPMG) is chaired by an addiction consultant psychiatrist. This multi-disciplinary group includes representation from contracted services (GPs and pharmacists) and all ADP areas. The group monitors ORT prescribing within the board, reported at ADP level, and co-ordinates development of best practice advice and guidelines for prescribing and dispensing. Currently, the group is updating the GG&C Prescribing Guidelines in relation to ORT and benzodiazepines. The guideline document on "Standards for | |
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| | | <p>Supervision in Community Pharmacies” has been updated to reflect current best practice in prescribing and dispensing. The pharmacy team monitors all aspects of ORT dispensing in liaison with the Controlled Drug governance team. The group reports to the Governance Group, chaired by the AMD.</p> <ul style="list-style-type: none"> • The NHS GG&C RO and the Lead Pharmacist, Addictions were members of the Independent Expert Review of ORT. The NHS GG&C RO is Vice-Chair, and the Lead Pharmacist a member of, the Harms subgroup of the Scottish Government’s Partnership Action on Drug Strategy (PADS) group. • The NetWork Service continues to encourage meaningful day and engagement by having a dedicated Individual Placement and Support Worker for Addictions. • The ADP recently provided funding for a Peer Support Project which involves training a cohort of individuals with lived experience and supporting them to access paid placements within Renfrewshire Health and Social Care Partnership and the voluntary sector. | |
| 9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women | | <p>Within HMP Low Moss there are a number of offender behaviour programmes/initiatives which target alcohol and drug use linked to offending:-</p> <ul style="list-style-type: none"> • Short term prisoners – Within Low Moss all short term prisoner can refer to Short term Intervention programme (STIP) which | |

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| | | <p>includes a substance misuse module This module examines behaviour and encourages individuals to apply coping strategies to deal with their alcohol use in the future; Alcohol Related Violence module where individuals are encouraged to review the impact alcohol has on themselves and others and how it relates to their violent behaviour.</p> <ul style="list-style-type: none"> • Long term prisoners are referred to a substance misuse related offending behaviour programme which gives them the opportunity to explore their own behaviour and to make positive changes. • Addiction services. NHS provide this service to those who wish to engage and those currently on a methadone or subutex prescription • Naloxone training is provided to all admission into Low Moss and packs provided for liberation. Peer supporters are being trained to assist with this process. • NPS Awareness Sessions for all admissions and Harm Reduction sessions are offered to those who have recently been found to be under the influence • Smoking Cessation – As we move towards Smoke Free Prisons, we have trained more staff in the role of cessation facilitators so that we can offer more support and classes to those prisoners who wish to stop smoking • Through care provided by the Prisoner Support Pathways (in partnership with | |
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| | | <p>Turning Point Scotland). Collaborative working with Substance use services to support individuals to achieve successful and sustained community integration ultimately reducing reconviction rates for short term prisoners.</p> <ul style="list-style-type: none"> • HMP Low Moss Substance Misuse Strategy. Our strategy is now embedded and we are currently in communication with SMART recovery and Counselling in Prisons Network to facilitate sessions within Low Moss. • Quality improvement processes in place which are regularly monitored | |
| 10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS). | Prevalence data monitored NPS information delivered to all individuals who access drug awareness sessions. | <p>Main areas of action within this key priority area are co-ordinated by the Greater Glasgow and Clyde (GGC) Drug Trend Monitoring Group. Key actions which have taken place include:-</p> <ul style="list-style-type: none"> • Greater Glasgow and Clyde considered the learning from the research 'Understanding the patterns of use, motives, and harms of New Psychoactive Substances' along with other more local intelligence to form a picture of current drug trends in GGC. • Recommendations based on the above research and feedback from staff and services are being prepared for consideration by the GGC Addiction Planning group. These are themed into four key areas Training; Information and Communication; Engagement and Service | |

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| | | <p>Delivery: Harm Reduction.</p> <ul style="list-style-type: none"> • GGC Drug Trend Monitoring Group continues to monitor drug trends across GGC. Communication of any areas of concern is carried out through a series of networks across disciplines and services. • General drug training has been adapted to incorporate NPS. This recognises that NPS are drugs, used for their psychoactive effects and are rarely used in isolation. • GGC Drug Trend Monitoring group are actively involved in the establishment of a national Centre of Excellence which will facilitate testing of substances of concern, ensure information is disseminated to appropriate parties and co ordinate the development of informed harm reduction information. | |
| <p>11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.</p> | <p>Delivery of ongoing local campaigns, the provision of training</p> | <p>The ADP has a clear structure in place to support this area. The SPEAR Group was set up to facilitate a strategic cohesive and planned approach to prevention and education for both drugs and alcohol. In order to support delivery of this strategic priority area SPEAR has delivered a number of key actions:-</p> <ul style="list-style-type: none"> • Alcohol and drugs information was made available to over 300 community members during community events; 161 to young people in and out with school; and a targeted community event in Ferguslie Park where over 300 people attended 'No Substitute for Life' • BRAW Campaign was delivered in partnership with the local community, | |

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| | | <p>roadshows and within drug and alcohol services during the festive period.</p> <ul style="list-style-type: none"> 170 staff from across Renfrewshire attended local Tier 1 & 2 Alcohol and Drug Awareness Training in 2016/17 as part of the supporting the workforce in their role in preventing alcohol and drug misuse. Promoted health activities such as sport, hobbies and other such interest to divert young people becoming involved in alcohol and drugs – these events resulted in engagement with around 700 young people. Licensing intern was recruited to support community members to become more involved in the licensing process. | |
| 12. ADP Engagement in improvements to reduce alcohol related deaths. | Audit complete and findings presented to the ADP and wider partners. Action plan developed based on findings. | <p>Alcohol related deaths audit – data analysis completed and presented to the ADP. Recommendations will inform Alcohol Related Deaths Action Plan. Revised timescale for completion November 2017.</p> | |

* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. ADDITIONAL INFORMATION 1 APRIL 2016 – 31 MARCH 2017

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| 1 | Please bullet point any local research that you have commissioned in the last year. | <ul style="list-style-type: none"> Alcohol related deaths audit. GP Local Enhanced Service – Review Audit of frequent attendees at the local accident and emergency department |
| 2 | | The establishment of Renfrewshire Health and Social Care Partnership (HSCP) in |

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| | What is the formal arrangement within your ADP for working with local partners to report on the delivery of local outcomes? | <p>terms of the Public Bodies (Joint Working) (Scotland) 2014 has brought together adult social work services, including additions with the former Community Health Partnership services for both adults and children. In Renfrewshire, social work services for children and criminal justice has not transferred to the HSCP) but will remain within the Council and form part of the Children's Services directorate with education. The Community Planning Partnership has also been restructured and the work of the Community Care, Health and Well Being Thematic Board has been incorporated into the workplan of the HSCP Strategic Planning Group.</p> <p>From 1st April 2016 the ADP reports directly the Renfrewshire Integration Joint Board and will continue to have strong links with Renfrewshire Community Planning Partnership, the Chief Officer's Group for Public Protection, Member Officer's Group for Public Protection, Child Protection Committee, Adult Protection Committee and Community Justice Steering Group. The Chair of the ADP is also the Chief Officer for the Renfrewshire HSCP.</p> <p>The ADP Delivery Plan/Annual Reports and other relevant plans including performance are circulated via the new accountability route, as detailed above.</p> |
| 3 | A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise on the current status of your ROSC? | In place and enhancing further. |
| 4 | Is there an ADP Workforce Development Strategy in Place, if not, are there plans to develop? What additional supports have you leveraged to facilitate this and are you | <ul style="list-style-type: none"> Workforce Strategy in place Yes (An ADP Workforce Development Strategy has been in place since 2013 and will be incorporated into the refresh of the ADP Strategy and aligned to Renfrewshire HSCP's Organisational Development and Workforce Strategy. The Strategy has supported staff to access training in order to increase staff skills to be able to continue to offer effective recovery based interventions. Scottish Drugs Forum (SDF) conducted a Training Needs Analysis (TNA) as part of |

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| | working with our NCOs? | the Workforce Development agenda. This took place with staff working in specialist addiction staff and other partners who contribute to Recovery Oriented Systems of Care. Recommendations will feed into the proposed Whole Systems Review which begins in November 2017. |
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APPENDIX 1

Please provide any feedback you have on this reporting template.

The ADP continues to value the template which provides the opportunity to highlight activities carried out to meet local and national strategic priorities.

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