

## Notice of Meeting and Agenda

### Social Work, Health & Well-being Policy Board

Date	Time	Venue
Tuesday, 19 January 2016	13:00	Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

KENNETH GRAHAM  
Head of Corporate Governance

### Membership

Councillor Maria Brown: Councillor Lorraine Cameron: Councillor Christopher Gilmour:  
Councillor Roy Glen: Councillor Jim Harte: Councillor Jacqueline Henry: Councillor John Hood:  
Councillor Mags MacLaren: Councillor Eileen McCartin: Councillor Cathy McEwan: Councillor  
Stephen McGee: Councillor Jim Sharkey:

Councillor Iain McMillan (Convener): Councillor Derek Bibby (Depute Convener)

### Members of the Press and Public

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

### 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](http://www.renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx)

For further information, please either email [democratic-services@renfrewshire.gov.uk](mailto:democratic-services@renfrewshire.gov.uk) or telephone 0141 618 7112.



## 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.

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|----------|--|----------------|
| <b>1</b> | <b>Revenue Budget Monitoring</b>   | <b>5 - 10</b>  |
|          | Report by Directors of Finance & Resources and Children's Services.                              |                |
| <b>2</b> | <b>Capital Budget Monitoring</b>   | <b>11 - 16</b> |
|          | Report by Director of Finance & Resources.   |                |
| <b>3</b> | <b>Integration of Health and Social Care Services in Renfrewshire - Update</b>                   | <b>17 - 26</b> |
|          | Report by Chief Officer, Renfrewshire Health & Social Care Partnership.                          |                |
| <b>4</b> | <b>Integrated Care Fund 2015/16: Mid-year Report to Scottish Government</b>                      | <b>27 - 48</b> |
|          | Report by Chief Officer, Renfrewshire Health & Social Care Partnership.                          |                |
| <b>5</b> | <b>Occupational Therapy</b>  | <b>49 - 56</b> |
|          | Report by Chief Officer, Renfrewshire Health & Social Care Partnership.                          |                |
| <b>6</b> | <b>Response to Scottish Government Consultation on Changes to Social Work Complaints Process</b> | <b>57 - 62</b> |
|          | Report by Chief Officer, Renfrewshire Health & Social Care Partnership.                          |                |
| <b>7</b> | <b>Response to Scottish Government Consultation on Changes to National Care Standards</b>        | <b>63 - 80</b> |
|          | Report by Chief Officer, Renfrewshire Health & Social Care Partnership.                          |                |



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**To:** Social Work, Health and Wellbeing Policy Board

**On:** 19 January 2016

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**Report by:** Director of Finance and Resources and Director of Children's Services

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**Heading:** Revenue Budget Monitoring to 13 November 2015

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1. **Summary**

- 1.1 Gross expenditure is £31,000 (0.1%) under budget and income is £31,000 (0.2%) less than anticipated which results in a **net breakeven position** for the services reporting to this Policy Board. :

Division / Department	Current Reported Position	% variance	Previously Reported Position	% variance
Adult Services	Breakeven	-	Breakeven	-

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2. **Recommendations**

- 2.1 Members are requested to note the budget position.
- 2.3 Members are requested to note there have been net budget realignments of (£98,470) processed since the last report. These are primarily related to transfers to the corporate landlord, the transfer of Advice Works and IT funding to Finance and Resources and an adjustment to salary budgets for the impact of the Living Wage.
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### 3. Adult Services

<b>Current Position:</b>	<b>Breakeven</b>
<b><i>Previously Reported:</i></b>	<b><i>Breakeven</i></b>

#### 3.1 Older People

<b>Current Position:</b>	<b>Net underspend of £22,000</b>
<b><i>Previously Reported:</i></b>	<b><i>Net underspend of £13,000</i></b>

As previously reported the net underspend within Older People services is due to significant pressures within the care at home service which are mitigated by an underspend in the external care home placement budget reflecting higher than anticipated turnover levels.

In addition to pressures within the care at home service, there continues to be an under recovery of income from the Council's residential Care Homes reflecting current occupancy levels.

#### 3.2 Physical Disabilities

<b>Current Position:</b>	<b>Net overspend of £53,000</b>
<b><i>Previously Reported:</i></b>	<b><i>Net overspend of £41,000</i></b>

As previously reported, this overspend is due to increases in the purchase of equipment to support service users to stay in their own homes reflecting the shift in the balance of care to the community and their associated needs.

#### 3.3 Learning Disabilities

<b>Current Position:</b>	<b>Net underspend of £155,000</b>
<b><i>Previously Reported:</i></b>	<b><i>Net underspend of £130,000</i></b>

This underspend is mainly due to the time taken to recruit to new posts within the Learning Disability day services, the majority of which have now been filled. This underspend offsets an overspend on the Adult Placement budget reflecting increased changes in the budget profile in relation to the funding of SDS packages.

### 3.4 **Mental Health**

<b>Current Position:</b>	<b>Net overspend of £30,000</b>
<b><i>Previously Reported:</i></b>	<b><i>Net overspend of £30,000</i></b>

This overspend is mainly due to higher than anticipated payroll costs.

### 3.5 **Addictions**

<b>Current Position:</b>	<b>Net overspend of £94,000</b>
<b><i>Previously Reported:</i></b>	<b><i>Net overspend of £72,000</i></b>

This overspend is mainly due to higher than anticipated payroll cost.

### 3.6 **Projected Year End Position**

The Adult Services budget is, at this stage, reporting a year end projected breakeven position.

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## **Implications of the Report**

1. **Financial** – Net revenue expenditure will be contained within available resources.
2. **HR & Organisational Development** - none.
3. **Community Planning** - none
4. **Legal** – none
5. **Property / Assets** – none
6. **Information Technology** – none
7. **Equality & Human Rights** The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – none
  9. **Procurement** – none
  10. **Risk** – none
  11. **Privacy Impact** – none
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#### **List of Background Papers**

None

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**Author:** Sarah Lavers, Chief Finance Officer Renfrewshire HSCP, Ext 6824  
David Forbes, Ext 6424

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**RENFREWSHIRE COUNCIL**  
**REVENUE BUDGET MONITORING STATEMENT 2015/2016**  
**1st April 2015 to 13 November 2015**

**POLICY BOARD : Social Work, Health & Well Being : SOCIAL WORK**

Description (1)	£000's	Revised Annual Budget (2)	Revised Period Budget (3)	Actual (4)	Adjustments (5)	Revised Actual (6) = (4 + 5)	Budget Variance (7)	
		£000's	£000's	£000's	£000's	£000's	£000's	%
Employee Costs		25,427	14,888	15,116	0	15,116	(228)	-1.5% overspend
Property Costs		1,707	773	817	0	817	(44)	-5.7% overspend
Supplies & Services		1,465	951	1,021	0	1,021	(70)	-7.4% overspend
Contractors and Others		45,807	26,420	26,194	0	26,194	226	0.9% underspend
Transport & Plant Costs		741	422	418	0	418	4	0.9% underspend
Administration Costs		6,899	234	225	0	225	9	3.8% underspend
Payments to Other Bodies		4,315	1,698	1,564	0	1,564	134	7.9% underspend
CFCR		0	0	0	0	0	0	0.0% breakeven
Capital Charges		1,437	0	0	0	0	0	0.0% breakeven
<b>GROSS EXPENDITURE</b>		<b>87,798</b>	<b>45,386</b>	<b>45,355</b>	<b>0</b>	<b>45,355</b>	<b>31</b>	<b>0.1% underspend</b>
Income		(24,115)	(18,254)	(18,223)	0	(18,223)	(31)	-0.2% under-recovery
<b>NET EXPENDITURE</b>		<b>63,683</b>	<b>27,132</b>	<b>27,132</b>	<b>0</b>	<b>27,132</b>	<b>0</b>	<b>0.0% breakeven</b>

£000's

0.0%  
0.0%

Bottom Line Position to 13 November 2015 is breakeven of  
Anticipated Year End Budget Position is breakeven of

**RENFREWSHIRE COUNCIL**  
**REVENUE BUDGET MONITORING STATEMENT 2015/2016**  
**1st April 2015 to 13 November 2015**

**POLICY BOARD : Social Work, Health & Well Being : SOCIAL WORK**

Description (1)	£000's	Revised Annual Budget (2)	Revised Period Budget (3)	Actual (4)	Adjustments (5)	Revised Actual (6) = (4 + 5)	Budget Variance (7)	
		£000's	£000's	£000's	£000's	£000's	£000's	%
Older People		35,347	21,290	21,268	0	21,268	22	0.1%
Physical or Sensory Difficulties		5,057	3,123	3,176	0	3,176	(53)	-1.7%
Learning Difficulties		12,582	8,755	8,600	0	8,600	155	1.8%
Mental Health Needs		950	1,806	1,836	0	1,836	(30)	-1.7%
Addiction Services		949	726	820	0	820	(94)	-12.9%
Adults Change Fund		650	137	137	0	137	0	0.0%
Social Work Management		8,146	(8,705)	(8,705)	0	(8,705)	0	0.0%
<b>NET EXPENDITURE</b>		<b>63,681</b>	<b>27,132</b>	<b>27,132</b>	<b>0</b>	<b>27,132</b>	<b>0</b>	<b>0.0%</b>
								<b>breakeven</b>

**Bottom Line Position to 13 November 2015 is breakeven of**  
**Anticipated Year End Budget Position is breakeven of**

£000's	<b>0</b>	<b>0.0%</b>
	<b>0</b>	<b>0.0%</b>

**To: SOCIAL WORK, HEALTH & WELL-BEING POLICY BOARD**

**On: 19 JANUARY 2016**

**Report by: Director of Finance and Resources**

**Heading: Capital Budget Monitoring Report**

**1. Summary**

- 1.1 Capital expenditure to 13<sup>th</sup> November totals £0.025m compared to anticipated expenditure of £0.025m for this time of year. This results in a breakeven position for those services reporting to this board, and is summarised in the table below:

<b>Division</b>	<b>Current Reported Position</b>	<b>% Variance</b>	<b>Previously Reported Position</b>	<b>% Variance</b>
Social Work Services(Adult Social Care)	£0.000m u/spend	0% u/spend	£0.000m u/spend	0% u/spend
<b>Total</b>	<b>£0.000m u/spend</b>	<b>0% u/spend</b>	<b>£0.000m u/spend</b>	<b>0% u/spend</b>

- 1.2 The expenditure total of £0.025m represents 5% of the resources available to fund the projects being reported to this board. Appendix 1 provides further information on the budget monitoring position of the projects within the remit of this board.

**2. Recommendations**

- 2.1 It is recommended that Members note this report.

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3.           **Background**

3.1           This report has been prepared by the Director of Finance and Resources.

3.2           This capital budget monitoring report details the performance of the Capital Programme to 13<sup>th</sup> November 2015, and is based on the Capital Investment Programme which was approved by members on 12<sup>th</sup> February 2015, adjusted for movements since its approval.

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4.           **Budget Changes**

4.1           Since the last report there have been no budget changes.

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## **Implications of the Report**

1. **Financial** – The programme will be continually monitored, in conjunction with other programmes, to ensure that the available resources are fully utilised and that approved limits are achieved.
2. **HR & Organisational Development** – none.
3. **Community Planning** –  
**Greener** - Capital investment will make property assets more energy efficient.
4. **Legal** – none.
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** – The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

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### **List of Background Papers**

- (a). Capital Investment Programme 2015/16 & 2016/17 – Council, 12<sup>th</sup> February 2015.

The contact officers within the service are:

- Geoff Borland (Finance and Resources)
- Anne McMillan (Children's Services)

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**Author:** *Geoff Borland, Principal Accountant, 0141 618 4786, geoffrey.borland@renfrewshire.gov.uk.*

## Appendix 1

### CAPITAL PROGRAMME 2015/16 - BUDGET MONITORING REPORT TO 13 NOVEMBER 2015 (£000s)

POLICY BOARD Department	Council Approved Programme	Current Programme	Share of Available Resources	Year to Date Budget to 13-Nov-15	Spent to 13-Nov-15	Variance to 13-Nov-15	% variance	Unspent Cash Flow For Year	% Cash Spent
<b>Social Work, Health &amp; Well Being</b> Social Work Services(Adult Social Care)	0	519	519	25	25	0	0%	494	5%
<b>TOTAL</b>	0	519	519	25	25	0	0%	494	5%





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**To:** Social Work, Health and Well-Being Policy Board

**On:** 19 January 2016

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**Report by:** Chief Officer, Renfrewshire Health and Social Care Partnership (RHSCP)

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**Heading:** Integration of Health and Social Care Services in Renfrewshire - update report

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## **1. Summary**

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and adult social care services from April 2015, and has significant implications for the future governance and delivery arrangements of health and adult social care services in Renfrewshire.
  - 1.2. This report provides a further update on work being taken forward in Renfrewshire to prepare for the practical implementation of integrated working arrangements to ensure that the new Integration Joint Board (IJB) is appropriately organised and mobilised to effectively assume responsibility for delivering health and adult social care across Renfrewshire. As outlined in the report, very good progress is being achieved across the wide range of workstreams required to support the IJB and ensure it is appropriately prepared for the 1<sup>st</sup> April 2016.
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## **2. Recommendations**

Elected Members are asked to note:

- 2.1. The work being undertaken to develop the Strategic Plan, and that approval of this Plan by the IJB, triggers the legal delegation of adult services and the corresponding council budgets from 1 April 2016 to the IJB.
- 2.2. The structured programme of work underway to ensure the local implementation of health and adult social care services by April 2016 is progressing to plan

- 2.3. The current status and planned action in relation to the development of sound financial governance arrangements for the IJB and agreeing the 2016/17 budgets for delegated functions by 1 April 2016
  - 2.4. Workforce Plans for health and adult social care, reflecting more integrated working, will be submitted to the Leadership Board meeting on 17 February 2016 for approval
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### **3. Background**

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and adult social care services from April 2015, and has significant implications for the governance and delivery arrangements of health and adult social care services in Renfrewshire.
  - 3.2. Previous reports have been brought to both the Council and the Social Work, Health and Well Being Policy Board to provide an update on the work being taken forward in Renfrewshire to prepare for the practical implementation of integrated working arrangements by 1 April 2016.
  - 3.3. This report provides a further update and reassurance on the very good progress being achieved to ensure the new IJB is appropriately organised and mobilised to effectively assume responsibility for delivering health and adult social care across Renfrewshire.
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### **4. The development of the Strategic Plan**

- 4.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on IJBs to develop a Strategic Plan. The Strategic Plan is the document that will set out the arrangements for the carrying out of integration functions in the Renfrewshire area to meet the future needs of the local population. The first Strategic Plan must be prepared and approved by the IJB to enable the prescribed functions to be delegated from the parent organisations by April 2016.
- 4.2. At the Social Work, Health and Well Being Policy Board meeting on 3 November 2015, Members noted the IJB's timeline to develop its Strategic Plan in line with the prescribed stages of the strategic planning process set out in the legislation. This work is progressing to plan.
- 4.3. The IJB has now approved their second draft of the Strategic Plan, and a formal wider consultation is underway, running from 18 until 4 February 2016 to seek feedback from prescribed consultees and the public. The 2014 Act prescribes the stakeholder who must be consulted at this stage including staff, service users, carers, the third sector, the Council and Health Board. Feedback from this wider consultation will be taken into account when preparing the final draft.
- 4.4. Following this consultation, the draft final version of the Strategic Plan will be reported to the Council and the Health Board, during February 2016.

- 4.5. At its meeting on the 18th March 2016, the IJB will agree its final draft of the Strategic Plan, taking account any feedback from the consultation exercise.

## **5. The programme of work to support health and adult social care integration**

- 5.1. A programme of work is underway to ensure that all the necessary processes, policies and plans are in place as required to allow local implementation of integrated health and adult social care services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016.
- 5.2. Very good progress is being achieved across the wide range of programme workstreams required to support the IJB and ensure it is appropriately prepared for the 1<sup>st</sup> April 2016. Appendix 1 to this paper provides an overview of the legal and governance commitments across all the areas of work, planned activity to meet these commitments, and the anticipated dates for completion and reporting to the IJB.
- 5.3. Further detail on the key elements of work underway and the implications for the Council are set out in the paragraphs below.

## **6. Financial Governance Arrangements**

- 6.1. The Chief Officer, supported by the Chief Finance Officer, will be responsible on behalf of the IJB for managing the NHS and Council budgets for functions delegated to it from 1 April 2016, and for remaining within those allocated budgets. He will also be accountable to the IJB for financial probity and performance. At an operational level detailed financial delegation and monitoring arrangements are being put in place to ensure clarity in terms of lines of accountability and appropriate levels on ongoing scrutiny.
- 6.2. Work is currently underway to put in place sound financial governance arrangements for the IJB which will underpin and provide assurance around the operational delivery and strategic planning arrangements of the Renfrewshire Health and Social Care Partnership (RHSCP).

### ***Financial Assurance***

- 6.3. The Chief Officer is working with the NHS Board and the Council's Director of Finance and Resources to carry out the required financial assurance work, in line with Scottish Government guidance. This work will take place over the course of 2015/16 and will be subject to internal audit scrutiny, and will be formally reported to Council in March 2016.

## **7. Other Key elements of the Programme of Work**

### ***Non financial governance arrangements***

- 7.1. The IJB has now agreed the governance arrangements for health and adult social care services from 1 April 2016 in relation to the following areas.

- Health and safety;
- Complaints, reflecting the specific legislative regimes for complaints for social work services, the arrangements for which are currently out for consultation by Scottish Government ;
- FOI's, recognising that the IJB requires to have in place its own Publication Scheme;
- Requirements under the Equalities Act;
- Business continuity arrangements;
- Risk Management;
- Insurance;
- Audit;
- Provision of support and hosted services.

7.2. These arrangements were developed with the parent organisation to ensure they align and complement existing NHS and Council policies and procedures.

### ***Communication and Engagement***

7.3. The Renfrewshire Health and Social Care Partnership Participation, Engagement and Communication Strategy was approved by the IJB at its meeting on 20 November 2015. This sets out the vision of the RHSCP and how it plans to engage with the full range of its stakeholders.

### ***Performance Management***

7.4. From 1 April 2016 the responsibility for monitoring the performance of delegated health and social care will sit with the IJB. In preparation for this significant change, existing targets and measures in place within the NHS and the Council have been aligned to reflect the 9 national outcomes and approved by the IJB at its meeting on 18 September 2015. Work is currently underway to develop a performance framework and balanced scorecard which take into account the requirement to reflect locality working arrangements.

### ***Delivering for Localities***

7.5. It is a legal requirement that the RHSCP must deliver services and report performance in the context of at least two localities within the Partnership area. There are existing service delivery arrangements in Paisley and West Renfrewshire, and these two localities were reflected in the Strategic Plan update approved by the IJB at its meeting on 20 November 2015.

### ***Workforce***

7.6. Staff currently delivering health and adult social care services in Renfrewshire will remain employees of either the NHS or the Council from 1 April 2016, with their existing terms and conditions of service. There has been considerable work progressed by the Chief Officer to engage widely with staff and promote a positive and healthy organisational culture within the RHSCP.

7.7. In line with our requirements under the 2014 Act, the parent organisations must approve their Workforce Plan for the RHSCP before March 2016.

- 7.8. This Plan will be submitted the Leadership Board meeting on 17 February 2016 for Council approval.

### ***Clinical and Care Governance***

- 7.9. A comprehensive Framework for Quality, Care and Professional Governance for the Partnership was approved by the IJB at its meeting on 18 September 2015. This reflects national guidance on clinical and care governance and includes a section on the key role of the Chief Social Work Officer (CSWO). Renfrewshire the CSWO role is retained by Peter Macleod, who as Director of Children's Services sits outwith the RHSCP. The continued role of the CSWO in terms of professional leadership and advice is reflected in the document.
- 7.10. At its meeting on 18 September 2015, the IJB approved a report by the Chief Officer on the joint senior management structure for the RHSCP, to be in place by 1 April 2016. This structure reflects the planned delivery of community health and adult social care services across two recognised localities i.e. Paisley and West Renfrewshire, with a RHSCP wide service for mental health, addictions and learning disabilities.

### ***Information Sharing and ICT***

- 7.11. The Council and Health Board have now ratified an updated Information Sharing Protocol (ISP) which takes account of integrated services between themselves and the IJB and sets out the principles under which information sharing will be carried out.
- 7.12. Joint working with colleagues in the RHSCP and at Health Board level has also facilitated the implementation of a number of practical improvements to support local sharing of information. In the longer term it is hoped that data sharing using the developing portal technology will more seamlessly support the appropriate sharing of client data.

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### **Implications of this report**

1. **Financial Implications** - The proposed model of integration through pooled budgets, will have significant implications for how the budget of adult services and addictions is governed.
2. **HR and Organisational Development Implications** – existing terms and conditions will remain in place as staff move into the new integrated arrangements.
3. **Community Plan/Council Plan Implications** – Integrated service arrangements will require to link effectively to community planning structures and to the local authority to ensure appropriate levels of oversight are maintained.
4. **Legal Implications** – Integrated service arrangements for adult health and social care services will be developed in accordance with the legislation.
5. **Property/Assets Implications** – Assets remain in the ownership of the parent organisations. Opportunities for further consolidation of the existing

asset base may arise through new integrated service arrangements.

6. **Information Technology Implications** – appropriate data sharing supported by IT systems will be required under new integrated arrangements as these are developed.
7. **Equality and Human Rights Implications**  
The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health and Safety Implications** - none.
9. **Procurement Implications** – Integrated service arrangements will need to continue to be supported by flexible, yet robust procurement systems.
10. **Risk Implications** – Risk management arrangements will require to be developed on an integrated basis.
11. **Privacy Impact** - none

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### List of Background Papers

- (a) Background Paper 1: Report to Council 19 December 2013 - Integration of Health and Social Care Services in Renfrewshire
- (b) Background Paper 2: Report to Council 9 October 2014 - Integration of Health and Social Care Services in Renfrewshire
- (c) Background Paper 3: Report to Council 26 February 2015 - Integration of Health and Social Care Services in Renfrewshire
- (d) Background Paper 4: Report to Council 19 May 2015 - Integration of Health and Social Care Services in Renfrewshire
- (e) Background Paper 5: Report to Social Work, Health and Well-Being Policy Board 19 August 2015 - Integration of Health and Social Care Services in Renfrewshire update report
- (f) Background Paper 6: Report to Social Work, Health and Well-Being Policy Board 3 November 2015 - Integration of Health and Social Care Services in Renfrewshire update report

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## Appendix 1: Legal requirements and commitments












The tables below detail Renfrewshire's legal requirements and commitments in relation to Health and Social Care Integration as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 Act and its Integration Scheme.





Requirement / commitment source:	Key
Act & supporting Regulations	Act
Renfrewshire Integration Scheme	IS
Scottish Government guidance	SG
Established governance arrangements for parent bodies	Gov

1. Governance (non-financial) arrangements				
Legal requirement /commitment	Type	Legal deadline	Target date	RAG
Integration Scheme approved, published and Integration Joint Board (IJB) legally established	Act	27/06/15	-	
The 1 <sup>st</sup> meeting of the legally constituted IJB	Act	-	18/09/15	
Ratify the remit and constitution of the IJB including its voting and non members, chair and vice chair.	Act	-	18/09/15	
The Procedural Standing Orders of the IJB agreed	Act	-	18/09/15	
IJB ratify the appointment of the Chief Officer, Chief Finance Officer and establish the Strategic Planning Group (including governance arrangements and Terms of Reference)	Act	-	18/09/15	
Risk policy, strategy, procedures and list of key strategic risks approved by IJB	IS	27/09/15	18/09/15	
Arrangements for Hosted Services agreed amongst the IJBs in the GG&C area.	IS	31/03/16	18/03/16	
Health and Safety policy and procedures in place	IS	31/03/16	18/03/16	
Complaints policy and procedures in place	IS	31/03/16	18/03/16	
FoI policy and procedures in place and Publications Scheme in place	Act	31/03/16	18/03/16	
Business continuity arrangements in place	IS	31/03/16	18/03/16	
Equalities scheme and EQIAs completed for Partnership (in line with IJB requirements under the Equalities Act)	IS	31/03/16	18/03/16	
Parent organisations agree the provision of support services for the IJB	IS	31/03/16	18/03/16	
CO confirms all governance arrangements in place (IJB Report) for functions to be delegated from parent organisations to the IJB	IS	31/03/16	18/03/16	
Functions delegated to IJB	Act	01/04/16	01/04/16	


Key:		Complete		On target		Risk of delay		Significant Issues
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2. Communication and engagement				
Legal requirement /commitment	Type	Legal deadline	Target date	RAG
IJB agrees its participation and engagement strategy	IS	27/12/15	20/11/15	






3. Strategic Plan (the order of Strategic Plan activities are prescribed in the Act but not specific individual deadlines for each stage)				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB agree its proposals for the Strategic Plan	Act	-	18/09/15	
SPG feedback on the proposals for the Strategic Plan content	Act	-	23/09/15	
IJB agree its first draft of Strategic Plan, taking account of SPG feedback	Act	-	20/11/15	
SPG feedback on the first draft of the Strategic Plan content	Act	-	27/11/15	
IJB agree its second draft of Strategic Plan, taking account of SPG feedback	Act	-	15/01/16	
Formal consultation with prescribed stakeholders including SPG, Health Board and Council (commences 18/01/16)	Act	-	07/02/16	
Update report on consultation and final draft of Strategic Plan prepared for the IJB	Act	-	15/02/16	
Health Board updated on the outcome of the consultation and the draft Strategic Plan	Gov	Not legal req't	16/02/16	
Council updated on the outcome of the consultation and the draft Strategic Plan	Gov		25/02/16	
IJB approve their final version of the Strategic Plan	Act	31/03/16	18/03/16	
Strategic Plan published along with financial statement and statement of action taken by IJB under section 33 (consultation and development of the Strategic Plan).	Act	31/03/16	31/03/16	




4. Performance Management				
Legal requirement /commitment		Legal deadline	Target date	RAG
Parties prepare a list of targets and measures in relation to delegated and non delegated functions	IS	27/06/15	27/06/15	
Council and Health Board develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB	IS	-	18/09/15	
IJB agree its reporting arrangements and supporting plan to develop 2016/17 performance framework with the Council and Health Board	IS	-	18/09/15	
IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report.	IS	27/06/16	27/06/16	











5. Delivering for Localities				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB agree locality arrangements (in line with SG guidance), based on stakeholder engagement, which will be reflected in the Strategic Plan (**must align with timeline for Strategic Plan)	IS	-	20/11/15	




6. Workforce				
Legal requirement /commitment		Legal deadline	Target date	RAG
Parent organisations formal structures established to link the Health Board's area partnership forum and the Council's joint consultative forum with any joint staff forum established by the IJB.	IS	31/03/16	15/01/16	
Workforce plans and agreed management / governance structures approved by Health Board	IS	31/03/16	16/02/16	
Workforce plans and agreed management / governance structures approved by Council	IS	31/03/16	17/02/16	
IJB note the approved Workforce plans and agree management / governance structures	Gov	Not legal req't	18/03/16	
Chief Officer implements Workforce governance arrangements between the IJB and parent organisations	IS	31/03/16	18/03/16	

7. Clinical and Care Governance				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB approve draft Quality, Care & Professional Governance Framework and implementation plan, including approach to working with parent organisations	Gov	Not legal req't	18/09/15	
The Parties and the IJB implement appropriate clinical and care governance arrangements for their duties under the Act.	IS	31/3/16	18/03/16	
IJB Quality, Care & Professional Governance Framework in place	IS	31/03/16	18/03/16	
Health and Care Governance Group established	IS	31/03/16	18/03/16	
Chief Social Work Officer provides annual report to IJB (Section 5.15 of IS)	IS			

8. Finance and Audit				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB Audit arrangements agreed	IS	31/03/16	18/09/15	
Insurance arrangements (claims handling) in place	IS	31/03/16	31/12/15	
IJB agree procedure with other relevant integration authorities for claims relating to Hosted Services		31/03/16	18/03/16	

IJB sign off financial governance arrangements as per the national guidance	IS	31/03/16	20/11/15	
IJB report on due diligence on delegated baseline budgets moving into 2016/17	IS	31/03/16	18/03/16	
Draft proposal for the 2016/17 Integrated Budget based on the Strategic Plan approved by IJB	IS	31/03/16	18/03/16	
Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process	IS	31/03/16	31/03/16	
Parent organisations confirm final IJB budget	IS	31/03/16	31/03/16	
Financial statement published with the Strategic Plan	Act	31/03/16	31/03/16	
Resources for delegated functions transferred to IJB from parent organisations	Act	31/03/16	31/03/16	
Audit Committee established with agreed Terms of Reference	IS	31/03/16	31/03/16	

## 9. Information sharing and ICT

Legal requirement /commitment	Type	Legal deadline	Target date	RAG
Information Sharing Protocol ratified by parent organisations	IS	31/03/16	25/02/16	
Information Sharing Protocol shared with IJB	Gov	Not legal req't	18/03/16	
Appropriate Information Governance arrangements are put in place by the Chief Officer	IS	31/03/16	18/03/16	

In addition to these legal milestones, regular progress reports will be brought to the IJB to provide reassurance that the Renfrewshire Health and Social Care Partnership is on track to deliver on its commitments.

The legal milestones will be reviewed and, where appropriate, revised in light of further guidance which is expected to be issued by the Scottish Government.

Further to this statutory work to progress these key areas, additional work is also underway to support the establishment of the Partnership including

- Regular, and meaningful, communication and engagement with our staff and key stakeholders, in particular community partners, outwith the formal prescribed consultation on the Strategic Plan;
- Organisational development activities for our Senior Leadership Group, IJB, Strategic Planning Group and workforce during 2015/16;
- Addressing the ICT and information sharing barriers which can be tackled in the short term, and start identifying the key ICT developments which will enable more seamless integrated working in future.

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**To:** Social Work, Health and Well-Being Policy Board

**On:** 19 January 2016

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**Report by:** Chief Officer, Renfrewshire HSCP

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**Heading:** Integrated Care Fund 2015/2016: Mid Year Report to Scottish Government

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## **1 Summary**

This report presents for information the Mid Year Report on the Integrated Care Fund (ICF) submitted to the Scottish Government by the Renfrewshire Health and Social Care Partnership (HSCP). The report is attached at Appendix One.

## **2 Recommendation**

2.1 The Board is asked to note the report and the contents of Appendix One.

## **3 Background**

### *The Integrated Care Fund 2015/2016*

3.1 The Scottish Government has allocated £100m across Scotland in 2015/2016, the Integrated Care Fund, to support investment in integrated services for adults with a focus on prevention, early intervention and support for people with complex and multiple conditions.

3.2 At its meeting of January 2015 the Board noted the ICF Plan submitted to the Scottish Government in December 2014.

3.3 The Scottish Government is keen to support the shift towards prevention and reducing future demand on services and envisages the Integrated Care Fund activity demonstrating a high degree of partnership working with the Third Sector in local communities.

- 3.4 The Integrated Care Fund has been committed for three years and the 2015/2016 allocation to Renfrewshire is £3.49m

*The Integrated Care Fund planning process, Renfrewshire*

- 3.7 In preparing the Integrated Care Fund Plan for Renfrewshire, the Partners considered the lessons learned from the implementation of the Four Year Change Fund Programme (Reshaping Care for Older People) which ended in March 2015.
- 3.8 The Partnership has noted and acted upon lessons learned from the processes involved in implementing and monitoring the delivery of a complex programme of change. Key approaches have been to develop and change working practices in:
- Person-centred health and care service provision and patients' and carers' pathways
  - Capacity building at key pathways and interfaces between Acute, Community Health and Social Care services
  - Multi-agency work, particularly in relation to planning and developing preventative services and to area-based planning with community-based partners
- 3.9 The Partnership's ICF plan was founded on the evidence produced through the joint commissioning process and the findings of consultation and planning events with a range of stakeholders.

*Strategic Priorities*

- 3.10 The Integrated Care Fund Plan has been developed taking full cognizance of local work on the delivery of national outcomes and action plans.
- 3.11 Of particular note in terms of supporting people with multi-morbidities are the linkages between technology-enabled care and the European projects, SmartCare and United4Health.

*Community Capacity Building and the Integrated Care Fund Plan*

- 3.14 Community capacity-building is a common and strong theme emerging from consultations and planning sessions and the outputs from these sessions, along with earlier findings of consultation and joint planning events, underpin the community capacity-building work. It has been noted that the key elements of capacity-building are common across all adult care groups, being strongly oriented towards preventative action on health and on supporting people with multi-morbidities in the community.

*The draft Integrated Care Fund Plan for Renfrewshire*

3.16 The Integrated Care Fund Plan 2015/2016 has two main themes:

1. The roll-out of successful rehabilitation, reablement and technology-enabled models of service to all adult care groups, building on the successful application of such models through the four year Change Fund Programme (Reshaping Care for Older People)
2. The delivery of a community capacity building plan, engaging a wide range of stakeholders in its development and delivery, with third sector organisations leading on a number of the work areas

*The Mid Year Report*

The Mid Year Report attached at Appendix One has been agreed by the Partners and submitted to the Scottish Government.

The Board may wish to note in particular:

The Partnership is pleased with progress and has drawn the Ministerial Strategic Group's attention to two major developments and one proposed adjustment to the existing ICF budget plan:

- Proposed review of Home Care resource plan
- Implementation of strategic programme of community capacity-building Infrastructure Investment Projects
- Proposed enhancement of resources for Integration and Localities partnership-building

As the report at Annex B part (i) shows, some slippage is expected in the 2015/2016 budget as a result of:

- a) The anticipated need to realign the ICF home care budgets in the near future;
- b) The need to step up action on recruiting into posts as a result of additional ICF funding being made available in key pressure areas; and
- c) The need to match resources to the pace of development in integration and localities development in Renfrewshire

Significant interest is being raised in the third and community sectors around the implementation of the four infrastructure investment projects and it is anticipated that interest in engagement activities in local communities will rise significantly over the next 12 – 18 months as these projects roll out.

## **Implications of the Report**

### **1. Financial**

The Integrated Care Fund allocation to Renfrewshire is £3.49m

### **2. HR and organisational development**

None

### **3. Community Planning**

Community Care, Health and Well-being:

The Integrated Care Fund Plan was developed in consultation with Community Planning Partners and with community-based stakeholders who will continue to be involved in the development and delivery of the Plan. Some elements of work is led by third sector organisations or partnerships.

### **4. Legal Implications**

None

### **5. Property/Assets**

None

### **6. Information Technology**

None

### **7. Equality and Human Rights**

Integral to the draft Integrated Care Fund Plan is assessment of the impact on health inequalities of action taken on prevention and supporting people with multi-morbidities; impact on equality issues is a key criterion for assessment proposed developments under the Integrated Care Fund Plan

### **8. Health and Safety**

None

### **9. Procurement**

None

## **10.Risk**

None

## **11.Privacy Impact**

None

## **List of Background Papers**

10 Year Joint Commissioning Plan for Older People's Plan  
Board Report on the Joint Commissioning Plan process  
Renfrewshire ICF Plan December 2014





**INTEGRATED CARE FUND  
2015/2016  
MID YEAR REPORT  
To  
MINISTERIAL STRATEGIC GROUP ON HEALTH AND COMMUNITY CARE  
9 November 2015**

**1 Introduction**

The Renfrewshire Health and Social Care Partnership is pleased to submit its Mid Year report on progress with the Integrated Care Fund (ICF) programme 2015/2016.

**2 Summary Report**

- 2.1 The HSCP and its partners have proceeded with its ICF Plan as approved by the Scottish Government in February 2015, with some proposed amendments arising from early reviews of progress and responses to partners engaging in the Integration and Localities development process.
- 2.2 The Partnership is rolling out the service developments initiated under the previous Change Fund project to all adult care groups, with adjustments where appropriate to ensure a close fit with ICF outcomes, priorities and criteria.
- 2.3 The Partnership is pleased with progress and would draw the Ministerial Strategic Group's attention to two major developments and one proposed adjustment to the existing ICF budget plan:
- Proposed review of Home Care resource plan
  - Implementation of strategic programme of community capacity-building Infrastructure Investment Projects
  - Proposed enhancement of resources for Integration and Localities partnership-building

**3 Proposed review of Home Care resource plan**

- 3.1 The ICF budget is monitored and analysed at a monthly financial monitoring officer group led by the Chief Finance Officer.
- 3.2 The Partnership is currently undertaking a review of Home Care processes. The findings of this review may lead to proposals to realign the ICF budget allocations within the overall £1.52million ICF allocation to Home Care service development. This would not result in a change to the overall planned allocation of ICF to the development of Home Care services but may result in recommendations to realign budget headings in pursuit of the continuing transformational change to home care for adults and to ensure close realignment with ICF outcomes, priorities and criteria.
- 3.3 Justification for the proposed review and realignment of the ICF's home care budgets may be reflected in the current reporting of underspend in some home care budget lines.

- 3.4 Proposals for realignment, should they emerge, will be considered by the Partnership's ICF Sub Group as part of its budget planning process for 2016/2017 and finalised by the HSCP's Integrated Joint Board before submission to the Scottish Government.

#### **4. Implementation of strategic programme of community capacity-building Infrastructure Investment Projects**

- 4.1 The 2015/2016 Integrated Care Fund plan included an outline of the community capacity building plan being developed.
- 4.2 A third sector steering group (community capacity building) has been established and four infrastructure investment projects were approved by the HSCP ICF Sub Group in August 2015. These projects are now in their set-up phase. The partners will agree a strategic evaluation framework in January 2016 following the set-up phase and will engage a range of stakeholders in the process.
- 4.3 These infrastructure investment projects are being developed as pilots in different localities in Renfrewshire, with each project being led by a third sector partner.

**Community Health Champions Programme** - recruiting, training and supporting local people in their communities to become community health champions, supporting local health and well-being activity and developing links between communities and local health and care services (partnership initiative being led by third sector health and well being organisation)

**GP Social Prescribing** – a pilot setting up a Social Prescribing scheme in a number of GP practices to link patients with non-medical supports in their own communities (partnership initiative being led by third sector mental health organisation)

**Lifestyle management programme** - support for people with long term conditions, setting up a pilot to test referrals from GPs, the Social Prescribing Scheme and other health and care providers into a structured self-management course embedded in local community supports (partnership initiative to be led by the Thistle Foundation)

**Housing and Health Information Access Points** – piloting the delivery of easy access points of information for people about health and well being and health-related housing issues in local communities in points with a lot of public footfall (Partnership initiative being led by Linstone Housing Association)

- 4.4 It is anticipated that the monitoring and evaluation of the impact of these Infrastructure Investment projects will include measures of impact on individuals' self-management of mental health and well being.

#### **5 Proposed enhancement of resources for Integration and Localities partnership-building**

- 5.1 The original ICF plan submitted to the Scottish Government in February 2015 included resources for "Localities and Care and Repair service". This project was originally described as "localities and care and repair" but, on review, the Sub Group agreed to recommend to the HSCP that the primary focus of this workstream be partnership-focused relationship-building in the new localities being developed in the Renfrewshire HSCP.

Current developments being supported are:

- GP support for engagement in localities planning
- Business Admin support for Localities and Integration

5.2 The HSCP's input to the Care and Repair service will be considered as part of a wider consideration of the development of the aids and adaptations services in partnership with the Council's Housing service.

## 6. Outcomes monitoring

6.1 The Partnership monitors regularly the delivery of the ICF projects in pursuit of Integrated Care Outcomes on an operational basis through the Senior Management Monitoring group, which meets monthly, and the Interim Integrated Care Fund Sub Group, which meets on a 6 weekly cycle, in partnership with the Third Sector Steering Group (Community Capacity-building).

6.2 The strategic Community Capacity-building outcomes will be monitored through a strategic evaluation framework, the design of which is currently underway and which is expected to go live in early 2016 (see fig 1 below). The Framework will be developed using a Contribution Analysis model.

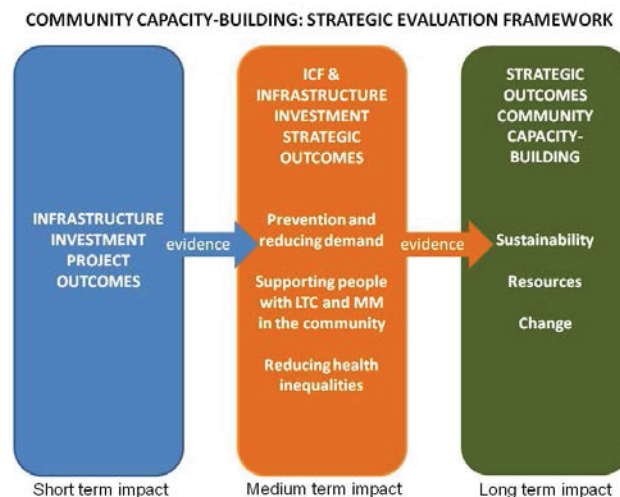


fig 1

## 7. Proposed Action on Potential Slippage

7.1 As the report at Annex B part (i) shows, some slippage is expected in the 2015/2016 budget as a result of:

- a) The anticipated need to realign the home care budgets as a result of a major service review as described above;
- b) The need to step up action on recruiting into posts as a result of additional ICF funding being made available in key pressure areas; and
- c) The need to match resources to the pace of development in integration and localities development in Renfrewshire

7.2 Significant interest is being raised in the third and community sectors around the implementation of the four infrastructure investment projects and it is anticipated that interest in engagement activities in local communities will rise significantly over the next 12 – 18 months as these projects roll out.

7.3 The HSCP's IJB considers it prudent to hold over some of the capacity-building resources until a period in 2016/2017 when the four infrastructure projects begin to bear fruit and stimulate interest in engagement and the need for seed corn funding for a range of third sector-led, community-based activities.

7.4 It is proposed, therefore, that a portion of the ICF community capacity-building funds be carried forward into the next financial year to be allocated, with the agreement of the stakeholders, as part of the process of localities development, community capacity building and the development of local networks.

## **8. Closing remarks**

8.1 The IJB would welcome the thoughts of the Ministerial Strategic Group on the Renfrewshire HSCP's progress to date and its plans for future development.

## Renfrewshire HSCP ICF 2015/2016

annex B (i)

WORKSTREAM	allocation 2015/2016	spend April to Sept 2015	forecast spend Oct to end March 2016	projected over/underspend
home care	£ 1,512,441.00	£ 432,895.00	£ 640,875.00	£ 438,671.00
Mental Health Officers - Adults With Incapacity	£ 171,565.00	£ 56,502.00	£ 98,987.00	£ 16,076.00
Rehab and Enablement	£ 974,000.00	£ 453,000.00	£ 321,000.00	£ 200,000.00
hospital-based services	£ 322,480.00	£ 175,415.50	£ 147,064.50	£ -
care homes service development	£ 74,694.00	£ 7,150.00	£ 67,544.00	£ -
housing and housing-linked supports	£ 56,000.00		£ 35,500.00	£ 20,500.00
carers respite	£ 70,000.00	£ 14,119.00	£ 55,881.00	£ -
community support and capacity-building	£ 522,500.00	£ 85,105.00	£ 287,395.00	£ 150,000.00
localities and integration partnership development	£ 380,000.00	£ -	£ 322,936.00	£ 57,064.00
enablers	£ 56,238.00	£ 22,560.00	£ 26,056.00	£ 7,622.00
total	£ 4,139,918.00	£ 1,246,746.50	£ 2,003,238.50	£ 889,933.00

### Workstream Projects

home care

further development of reablement

reablement rapid response

extra care home care staff

dementia and palliative care

telecare and telehealth

Mental Health Officers - Adults With Incapacity

MHO posts - increasing capacity to meet demand

Rehab and Enablement (RES)

staff

equipment

carers respite (older people)

home-based respite service

Community Support and Capacity-building

ROAR older people's social and well being clubs

Food Train shopping service for older people

Alzheimer's Scotland community connections

Capacity Building

housing and health support (3rd sector)

multi morbidities innovation

community capacity building

enablers

project manager post

info and networking support (third sector)

<h3><u>hospital-based services</u></h3> <p>IN Reach Nurses (RES employees)</p> <p>additional AHP staff to Acute, orthopaedics, stroke outreach and unscheduled care service</p> <p>out of hours physio and OT at RAH</p> <p>community geriatrician</p> <p><u>care homes service development</u></p> <p>increase CPN input to care homes</p> <p>Scottish Care Development Officer support</p> <p>GP input into palliative care</p> <p><u>housing and housing-linked supports</u></p> <p>handyperson service (committed to March 2016)</p> <p>options advice (older people) (committed to end March 16)</p>	<p>localities and integration partnership building</p> <hr/> <p>GP engagement</p> <p>business and admin support</p> <p>Adults with Incapacity - Financial Welfare Assistant (2015/2016)</p>
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WORKSTREAMS AND PROJECTS, INTEGRATED CARE FUND 2015/2016  
RENFREWSHIRE

Work Streams	ICF Outcomes and Approaches to Service Development 2015/16	Progress towards outcomes	Sources of data used to monitor progress	Action taken in relation to under-performance
<b>Home care</b> Comprising: <ul style="list-style-type: none"> <li>• Further development of reablement</li> <li>• Reablement rapid response</li> <li>• Extra care home care staff</li> <li>• Dementia and palliative care</li> <li>• Technology-enabled care</li> </ul>	<p><u>outcomes:</u> reducing future demand; supporting people with multi-morbidities</p> <p><u>service dev:</u> personalised service; asset-based service model; increasing use of technology-enabled care</p>	<p>Despite demand for services continuing in an upwards direction as a result of demographics, the Partnership has managed to sustain the improvements made during the last 5 years in terms of reducing delayed discharge from hospital to extremely low levels (excluding AWI cases) through the provision of a flexible and responsive home care service, supported by technology enabled care approaches.</p> <p>Bed Days Lost due to delayed discharge in August 2015 totalled 284 of which 217 were due to AWI issues.</p> <p>The reablement rapid response service works closely with the hospital-based discharge services and the "front door" developments at the RAH designed to divert cases to appropriate services in the community wherever possible, reducing avoidable admissions and maintaining performance in low levels of delayed discharge.</p> <p>A major review of the Home Care service is currently underway and will inform future development of the reablement service.</p> <p>The ICF is supporting the home care services to develop and deliver support for people with dementia to live at home for longer, helping reduce or defer demand on care home placements. This has been primarily through the provision of extra care homes, the upskilling of staff to deliver care for people with dementia and a comprehensive technology enabled care programme.</p>	<p>Monthly performance reports to Senior Managers' monitoring group with data from the EDISON and SWIFT information management systems</p>	<p>Meeting monthly, the Senior Managers' monitoring group adopts a Service Improvement Plan approach to identified underperformance or potential difficulties in key service areas or pathways.</p> <p>A major review of the Home Care service planning is currently underway. This may result in recommendations on the realignment of budgets within global "home Care" ICF budget to take account of developments in service in the last 5 years; demand continues to climb but the impact of Change action under the Change Fund is likely to require a shift of resources from some budget areas to others to maintain direction of travel in reducing future demand and supporting people with multi-morbidities in the community and in further developing personalised services across all adult care groups.</p>



<b>AWI assessment – MHO capacity</b>  Comprising: <ul style="list-style-type: none"> <li>• MHO staffing</li> <li>• Financial Welfare Assistant</li> </ul>	outcomes: reducing future demand <u>service dev: personalised service</u>	<p>Demand levels on the MHO service continues to climb as a result of demographics.</p> <p>The Renfrewshire Partnership continues to take a service improvement action on AWI, enhancing capacity in the MHO services, having recently created an MHO Resource worker post from one-off resources made available from Scottish Government.</p> <p>A post of Financial Welfare Assistant is being funded in 2015/2016 to assist families deal with AWI issues and is expected to be mainstreamed in 2016/2017.</p> <p>Action is being taken to facilitate and speed up connections between the various parties involved in AWI cases but, as the Scottish Government representatives acknowledge, more significant improvements in performance in dealing with AWI in Renfrewshire will rely on longer term work at a national level, taking into account legal and policy matters.</p> <p>The use of nursing home facilities with full NHS support for patients with AWI has helped reduce pressures on EMI beds in the RAH.</p> <p>Good progress is being made in working with local solicitors to facilitate the legal aspects of AWI cases.</p>	Monthly performance reports to Senior Managers' monitoring group with EDISON and SWIFT information management systems data from the	<p>Monthly Senior Managers' monitoring group adopts a Service Improvement Plan approach to identified underperformance or potential difficulties in key service areas or pathways. There is no underperformance in the MHO service, but prioritisation of hospital cases does lead to delays in the private and new cases simply due to the pressure of demand and the capacity available to meet demand.</p> <p>The impact of the recent additional resources will be monitored by the Senior Managers' Monitoring Group and the information will contribute to future resource planning.</p> <p>The MHO team leader reports on progress to the group and the group takes a co-productive approach to identifying ways of enhancing the service e.g. there is now MHO/SW input to regular hospital-based multi-disciplinary case reviews.</p>
<b>Rehabilitation and Enablement Service (RES) and District Nursing Service</b>  Comprising: <ul style="list-style-type: none"> <li>• Staff</li> <li>• Equipment</li> </ul>	Outcomes: Reducing future demand; supporting people with multiple morbidities  Service development: personalised services, increasing use of technology	<p>Despite demand for services continuing in an upwards direction as a result of demographics, the Partnership has managed to sustain the improvements made during the last 5 years in terms of reducing delayed discharge from hospital to extremely low levels (excluding AWI cases) through the provision of a flexible and responsive community-based rehabilitation and enablement service that works closely with the home care service.</p> <p>The RES rapid response service works closely with the hospital-based discharge services and the "front door" developments at the RAH designed to divert cases to appropriate services in the community wherever possible, reducing avoidable admissions and maintaining performance in</p>	Monthly performance reports to Senior Managers' monitoring group with data from the EDISON and SWIFT information management systems	<p>Monthly Senior Managers' monitoring group adopts a Service Improvement Plan approach to identified underperformance or potential difficulties in key service areas or pathways.</p> <p>Recent action has included reviews of the OT services and pathways to identify closer working between the former Community Health, former SW OT services and Acute services to be more person-centred and streamlined. There is also close monitoring of the physiotherapy service which is facing increasing demand as a permanent feature with limited permanent capacity to meet demand. Recent action arising from the Service Improvement</p>



		delayed discharge.		approach has been to shift resources on a temporary basis to provide additional hours of service to address waiting list priorities.
<b>Hospital-based services</b> Comprising: <ul style="list-style-type: none"> <li>• In Reach District Nurses on wards</li> <li>• AHP staff in key hospital wards</li> <li>• Physiotherapy and OT weekend working</li> <li>• Community Geriatrician</li> </ul>	Outcomes: reducing future demand, supporting people with multi-morbidities Service development: personalisation of services	<p>The hospital-based services supported by the Integrated Care Fund are designed to improve "front door" services at the hospital and to streamline pathways for patients, both within the hospital and between the hospital and community health and care services.</p> <p>Targeting the ICF on developing more flexible work patterns, out of hours services and "in reach" teams to link acute services with community services, has been further developed by the Renfrewshire Development Programme (CSR) which built on the work of the previous Change Fund.</p> <p>The RES In Reach nurses work closely with patients, families, ward staff and SW staff to facilitate people's discharge home from hospital.</p> <p>The community geriatrician makes significant contribution to the development of rapid access clinics and day hospitals, helping to avoid admissions to acute wards through closer working with GPs and the community health services.</p> <p>The community geriatrician has made a crucial contribution to the Renfrewshire Development Programme's Older Adults Assessment Unit at the "front door" of the Royal Alexandra Hospital.</p> <p>The April 2015 Status Report indicated that the <b>Older Adult Assessment Unit (OAAU)</b> was <b>delivering a</b> Fast track service to best care for older adults, providing access to Comprehensive Geriatric Assessment. Early results were encouraging:</p> <ul style="list-style-type: none"> <li>○ Up to 6 patients per day</li> <li>79% discharged directly from OAAU (29% same-day, 52% within 24hours, 66% within 72 hours)</li> <li>○ Positive feedback from patients/carers &amp; physicians.</li> </ul>	Extracts from GGCNHS on performance against targets reported to the Senior Management Monitoring Group	Service Improvements at the RAH are managed by the GGCNHS Board and by hospital management.  Where appropriate, the Senior Managers' monitoring group may contribute to changes in pathways or interfaces to support hospital-based improvements e.g. using the rapid response teams to support delivery of out of hours discharge service.

<p><b>Care Homes</b></p> <p>Comprising:</p> <ul style="list-style-type: none"> <li>• Increase in CPN input to care homes</li> <li>• GP input to palliative care</li> <li>• Scottish Care Development Officer</li> </ul>	<p>Outcomes: reducing future demand; supporting people with multi-morbidities</p> <p>Service development: asset-based model; personalised services, co-production</p>	<p>The Integrated Care Fund makes a contribution to service developments in the care home services, working with care homes in the public and private sector: increasing liaison between GPs, the community geriatrician and SW services and upskilling care home staff and supporting collaborative approaches to training and development. The ICF contributes to the development of ACP in care homes and the development of palliative care skills to allow people who choose to die in their (care) homes rather than hospital.</p> <p>The Scottish Care post funded through the ICF contributes to the liaison between care homes and the various agencies and services in the statutory public health and care services and facilitates links with developments in the third and independent sectors.</p> <p>The ICF contributes to enhanced CPN input to care homes, to train and offer guidance to staff in dealing with mental health issues affecting residents. The key aim is to enable people with dementia and other mental health issues to stay in their own care homes for as long as possible, receiving appropriate care and avoiding unnecessary admissions to hospital.</p> <p>The innovative work initiated under the RCOP programme continues under the ICF and has proved a foundation for mainstream developments currently underway to enhance care provision in care homes, making links between hospital EMI services and care homes</p>	<p>Monitoring of care home developments are undertaken by SW contracts team and by HSCP operational managers working with liaison nurses and mental health staff; reports are made to the Senior Managers' Monitoring group</p>	<p>Monthly Senior Managers' monitoring group adopts a Service Improvement Plan approach to identified underperformance or potential difficulties in key service areas or pathways.</p>
<p><b>Housing and Housing-linked supports</b></p> <p>Comprising:</p> <ul style="list-style-type: none"> <li>• Handy person service</li> <li>• Options advice service</li> </ul> <p>Also new pilot (see below) Housing</p>	<p>Outcomes: reducing future demand</p> <p>Service development: asset-based models</p>	<p>The ICF currently contributes to some services delivered to older and vulnerable people under management by a third sector housing association.</p> <p>Lessons have been learned from the delivery of these 3 year projects, funded under the Change Fund, and future opportunities will be considered by the Interim Integrated Care Fund Sub Group at its budget planning session for 2016/2017</p>	<p>Service delivery projects supported by the ICF are monitored through Service Level Agreements managed by the Council on behalf of the HSCP</p>	

and Health Community Information Hubs		and recommendations will be made to the IJB.  The future development of the care and repair services (which includes the handy person service) will be considered by the HSCP as part of a wider consideration of care and repair, aids and adaptations and OT services.  There is also a Housing Association-led "Housing and Health" community hubs pilot being implemented as part of the Infrastructure Investment Projects development (third sector) which seeks to provide a single point of access to information and advice within localities and to facilitate people's engagement in health and well-being activity and in locality-focused planning and decision making on health and care services.			
<b>Carers' Support (home based respite)</b>	Outcomes: reducing future demand; supporting people with multi-morbidities  Service development: asset-based model	The service has been welcomed by older people and their carers as a means of supporting carers in their caring role.	The contract with the provider is monitored by the HSCP's SW service.	The contract manager manages the contract and liaises with the provider in relation to any service improvements required.	
<b>Community support and capacity-building:</b> <ul style="list-style-type: none"> <li>• <u>Third sector service development:</u> <ul style="list-style-type: none"> <li>○ ROAR (reaching older adults in Renfrewshire)</li> <li>○ The Food Train</li> <li>○ Alzheimer's Scotland Community Connections</li> </ul> </li> <li>• <u>Capacity-building:</u> <ul style="list-style-type: none"> <li>○ GP Social Prescribing pilot</li> <li>○ Community Health Champions</li> <li>○ Housing and Health Community Information Hubs (see above)</li> <li>○ Live Well, Stay Well (self-management programme using technology-enabled care for people with multi morbidities and long term</li> </ul> </li> </ul>	Outcomes: reducing future demand; addressing health inequalities; supporting people with multi-morbidities  Service development: asset-based model	<p>The four infrastructure investment pilots are currently in the set-up phase. Staff have been recruited and working relationships are being established with GP services in the pilot areas as well as with local community-based groups and organisations.</p> <p>It is anticipated at this early stage that key target groups will be:</p> <p>people with mental health issues or identified by GPs as being in danger of developing mental health problems</p> <p>people with a range of life issues which impact, or which will potentially impact on their physical and mental health e.g. poor housing, poor nutrition, loneliness and isolation</p> <p>People with multiple morbidities who may benefit significantly in terms of being able to access a range of community based supports for their self management of their conditions</p>	<p>Service delivery projects supported by the ICF Level Service Agreements managed by the Council on behalf of the HSCP</p> <p>A third sector steering group (community capacity-building) works with the HSCP Interim Integrated Care Fund Sub Group to monitor progress in infrastructure investment projects.</p> <p>The Infrastructure Investment projects are currently being implemented by the third sector project leads collaboratively through a project implementation steering group.</p>	<p>Close self-monitoring by the project leads and by the third sector steering group, reporting to the Sub Group (6 weekly basis) with input from HSCP officers, will monitor progress. Should underperformance or difficulties be identified at an early stage, a service improvement plan will be adopted by the project leads, supported by the third sector steering group and the HSCP.</p>	

conditions			Each project lead will report on performance to the Sub Group  A Strategic Evaluation Framework is under development and will go "live" in January following the three month set up phase for the pilot projects.  Each Infrastructure Investment pilot has an individual performance monitoring plan which is reported to the ICF Sub Group.	
<b>Localities and Integration Partnership Development (formerly known as "Localities and Care and Repair)</b>  Note: this project was originally described as "localities and care and repair" but, on review, the Sub Group agreed to recommend to the HSCP that the focus of this workstream be partnership-building in the new localities being developed in the Renfrewshire HSCP  Current developments being supported are: <ul style="list-style-type: none"><li>• GP support for engagement in localities planning</li><li>• Business Admin support for Localities and Integration partnership-building</li></ul>	Outcomes: addressing health inequalities; reducing future demand	This support activity is still in early stages. It is, in part, responding to feedback from GPs about their interest in localities development and addressing their concerns about their capacity to release relevant staff to engage fully in planning and development activity.	Implementation of projects approved under this programme will be monitored by senior managers and/or the Sub Group as appropriate	
<b>Enablers</b> Project Management	<u>service dev:</u> co-production	The project manager post funded through ICF supports the ICF Sub Group, the Third Sector steering group and partners in their development planning, delivery, monitoring and strategic reporting.	The Project Manager reports to the Sub Group and to the interim heads of service (adult services and Primary and Community Health)	

## INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

### Integrated Care Fund - Indicators of progress

Question	Comment
How has ICF funding allowed links to be established with wider Community Planning activity?	<p>Engage Renfrewshire, the Third Sector Interface, is engaged both at the ICF Sub Group and the Third Sector Steering Group in the delivery of the community capacity building projects. Engage and HSCP staff report to the CPP's thematic board, Community Care, Health and Well-being, on a regular basis on progress in community capacity building on health and well being and on the progress of the Infrastructure Investment projects, helping identify potential future partnership links in locality-based activity.</p> <p>Previous area-based planning workshops, a joint initiatives with CPP staff, Engage, other third sector and independent sector parties and reps from the statutory services, produced information and materials which are now being used to support wider stakeholder partnership work e.g. local action research or transport, the development of the ICF infrastructure pilot, housing and health information hubs. This activity was supported by the Geographic Information System, helping the HSCP and the CPP to develop a user friendly technology to support locality-based planning.</p>
What progress has been made linking ICF activity to work being taken forward through Strategic Commissioning more broadly?	<p>The Infrastructure Investment projects will be evaluated using a strategic evaluation framework, currently under development, to be launched in January 2016, which will include evaluation of the projects' impacts on long term strategic commissioning models and processes, with particular reference to preventative and support services. A member of the Council's Strategic Commissioning Team supports the third sector steering group in this work and will help coordinate the management of the Strategic Evaluation Framework over the life of the ICF Infrastructure Investment projects.</p>
How has ICF funding strengthened localities including input from Third Sector, Carers and Service Users	<p>Previous area-based planning workshops produced information and materials which are now being used to support wider stakeholder partnership work. The four third sector-led Infrastructure Investment pilot projects are being developed and delivered on a localities basis in a number of localities. The lessons learned will be used to help localities-based planning groups to consider the potential to roll out or adapt the pilots to suit their own local needs.</p>

What evidence (if any) is available to the partnership that ICF investments are sustainable	<p>Part of the strategic evaluation of the pilots will be to assess the potential for sustainability of new services developed. A positive approach has been adopted at the start by the four third sector leads of the infrastructure investment projects who were able to contribute resources other than ICF to the package of funding for the pilot projects, a recognition of the need to be more strategic in the preparation of business plans and funding packages for new service development.</p>
Where applicable - what progress has been made in implementing the National Action Plan for Multi-Morbidity	<p>One of the Infrastructure Investment pilots, to be based initially in Renfrew, is focused on developing a programme of support, in partnership with GP practices, for self management for people with long term conditions and multi-morbidities, with reference to the use of technology-enabled care where possible. The other three infrastructure investment projects, focusing on Linwood and Johnstone, will also be encouraging people with multi-morbidities to engage in the community-based action on self management of conditions and of general health and well-being. There will be strong links between the Renfrew project and the Linwood and Johnstone projects.</p>

## INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

### PARTNERSHIP DETAILS

Partnership name:	
Contact name(s)	
Contact Telephone	
Email	
Date Agreed	

The content of this template has been agreed as accurate by:

..... (name) for NHS Board

..... (name) for Local Authority

..... (name) for Third Sector

..... (name) for Independent Sector

When complete and signed please return to:

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Regent Road,  
Edinburgh,  
EH1 3DG

Or send via e-mail to [IRC@gov.scot](mailto:IRC@gov.scot)





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**To: Social Work, Health and Well-Being Policy Board**

**On: 19 January 2016**

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**Report by: Chief Officer, Renfrewshire Health and Social Care Partnership**

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**Heading: Occupational Therapy**

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**1. Summary**

- 1.1.** The purpose of this report is to provide an outline of the role and remit of the Community Occupational Therapy service and update the Board with both the performance management information and the current operational and financial pressures on the service.

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**2. Recommendation**

Social Work Health & Well Being Policy Board is asked:

to note the contents of the report and the work of the Chief Officer of the RHSCP and the Director of Development and Housing Services to develop options for responding to the demand and financial pressures highlighted therein.

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**3. Background**

- 3.1** The aim of Occupational Therapy is to help people live as independent a life as possible. Occupational Therapists have expertise in assessing and supporting disabled people living within the community. They provide help to manage everyday tasks that have become more difficult as a result of injury or ill health.
- 3.2** The assistance available from Occupational Therapists depends on each individual's own circumstances but may include:
- Advice and information to enable self management
  - Reablement and rehabilitation
  - Support and training for carers

- Providing various types of equipment to help the user or their carers better perform everyday activities.
- Providing advice, help and support to make permanent adaptations to homes.

**3.3** All referrals are screened and prioritised daily. Occupational Therapists will resolve some requests quickly or will prioritise cases for immediate allocation where high levels of need and risk are indicated. The initial screening establishes the level of need and those placed on the waiting list are generally at the lower level of need, often requiring assessment relating to bathing issues. Cases which would be viewed high level of need and risk:

- A risk of being admitted to hospital or residential care due to loss of independence
- Potential breakdown of home situation due to carer stress
- Face immediate risk of injury
- End of life care

**3.4** In Renfrewshire, both the Council and NHS GGC's staff carry out Occupational Therapy assessments where a person or their carer, identify a need. Following allocation the person is visited at home to discuss how they manage daily activities. They will be asked to demonstrate these activities so that the Occupational Therapist can see the difficulty, understand the problems and discuss possible solutions which will make the activity easier for the person and /or their carer.

**3.5** If equipment is required, an order is placed with EquipU. Renfrewshire Council is a member of the EquipU partnership along with NHS GG&C and 5 other Local Authorities. The service is responsible for providing; delivering and installing a range of disability equipment supplied by health and social work services to disabled people living at home. Cordia Services run the service for the partners involved and there is a partnership procurement agreement in place which includes the cost of equipment and running the service. Glasgow City Council is the lead agency and Renfrewshire HSCP's Adult Services Manager acts as the lead officer for this contract. There are two additional agreements for stair lifts and track hoists, however there is no agreed financial commitment and the Council only pay for these services as they are required.

**3.6** EquipU have a web based order system which can be accessed by assessing staff who are working outwith the office using mobile technology. Staff can check availability of both stock and 'one off' items of equipment and arrange delivery slot with client at time of assessment. EquipU can deliver within 4 hours for a high priority case and other deliveries are arranged by OT and Nursing staff within a normal timescale to suit the client (any time from 1 day onwards).

**3.7** When an Occupational Therapy assessment recommends an adaptation, these are progressed in different ways, depending on the person's tenure. The section below outlines the process for each tenure:

- 1) Social Work provides non complex adaptations e.g. door alterations, external handrails etc. under the cost of £1,000 in owner occupied properties. Some of these adaptations are described as 'direct access'; that is, they do not require a full assessment and are ordered following

screening by an Occupational Therapist. Occupational Therapists in both hospitals and community based teams can order non complex adaptations through direct access. Other non complex adaptations e.g. door and step alterations are only ordered following a full assessment. Key safes are also provided from this budget and apply to all housing tenures. Although low cost, these minor adaptations often resolve potential fall situations e.g. negotiating steps and stairs and direct access enables responsive service delivery.

- 2) In Council owned properties, Housing Services commission and liaise with their contractor Building Services to carry out the necessary adaptation works within Council Housing. Prior to April 1<sup>st</sup> 2015 Building Services sat within Development and Housing Services. On 1<sup>st</sup> April 2015 Building Services transferred to Community Resources.

Building Services carry out a range of adaptation works such as installing handrails, installing wet floor showers, over bath showers and altering doors to suit wheelchair users. The most common jobs relate to grab rails/handrails and bathing. The least expensive jobs concern grab rails, while the most expensive relating to external ramps and major changes to bathrooms.

- 3) Registered Social Landlords (RSL) each have their own way of dealing with adaptations. Typically a staff member from the maintenance section would organise the adaptation utilising existing contractors or specialised company if appropriate. RSL's submit bids for funding to the Scottish Government including their estimate on funding required for adaptations and any expected major adaptations. In addition the adaptations funded by the SG, some RSLs will fund or part fund adaptations.
- 4) In privately owned or rented properties, Care and Repair Renfrewshire are contracted to deliver a Private Sector adaptations service on behalf of both Renfrewshire Council and East Renfrewshire Council. The Owners Services team within Housing Services manage the contract. Care & Repair are responsible for the management and delivery of private sector adaptations including assessing the technical aspects of the work; preparing detailed specifications or co-ordinate consultants if Planning Permission or Building Warrants are required; obtaining estimates from reputable specialist contractors; assisting with the grant application process; and monitoring while works are being carried out, to advise and assist throughout.

#### **4. Performance**

- 4.1 Occupational Therapy is a high performing service. There has been a significant increase (near 50%) in referrals to Adult Services over the past 3 years. Requests for OT assessments constitute a substantial element of these referrals and this growth has a pro rata impact on the OT service.
- 4.2 Despite this increase in demand, the waiting list for assessment has reduced by a third over the past nine months with 238 people waiting in December 2015 with a maximum waiting time of 4 months. There is typically a throughput of around 100 people each month. Managers are currently allocating OT work across the localities to ensure an even response across the individual teams.
- 4.3 Despite referral volumes increasing, 88% of Adult Services assessments are being completed within the target 28 day timescale. Those which are not tend

to involve a degree of complication e.g. delayed due to problems accessing key people/info or due to health problems, assessments require multiple visits.

- 4.4 In 2014/15 Renfrewshire generated 4327 equipment orders to EquipU. Year on year Renfrewshire has exceeded the activity targets agreed with the EquipU partnership ensuring that needs identified in assessments are addressed timeously with appropriate equipment. EquipU can deliver within 4 hours for a high priority case and generally within 2 -3 working days for all other requests.
- 4.5 Renfrewshire also generated 975 adaptation orders under £1,000. Although low cost, these minor adaptations often resolve potential fall situations e.g. negotiating steps and stairs and adaptations provided through direct access enables responsive service delivery.
- 4.6 Care and Repair are contracted to deliver 250 adaptation installations over a 3 year period. In 2014/15 they delivered 113 completions exceeding the contract conditions.
- 4.7 Occupational Therapy makes a significant contribution to the Reshaping Care for Older People agenda by enabling people to remain in their own homes for longer. Equipment provision indicates that 63% of all equipment orders from Community Occupational Therapy were to maintain people in the community and 33% were to prevent admission to hospital and of these 59% were provided to older people with an average cost of £67.00

## 5. Pressures

- 5.1 The increased demand for the Occupational Therapy service has been absorbed within the existing assessment and care management resource. The demographic pressures in future years could impact adversely on the performance of the OT service and the RHSCP has begun to consider how to meet this additional demand.
- 5.2 The increasing complexity of care needs has also involved the OT's in additional care management tasks as have the new duties generated by Self Directed Support and Adult Support and Protection legislation.
- 5.3 The increased use of equipment to support people to live at home has equally resulted in pressure on the EquipU budgets with for example a steady increase in the volumes of stair lifts and track hoists provided. The increase in order activity has to date been sustained within the service's available budget.
- 5.4 Similarly whilst Care & Repair are over performing against their contract, they are challenged to meet the demand for adaptations being generated though the Occupational Therapy service. This has resulted in a growing waiting list and an associated and consequential increase in demand for Grants. This growth in demand for Grants is the focus of a work stream led by the RHSCP in collaboration with Housing Services to review the existing arrangements and consider the options for addressing this demand.

## 6. Long Term Planning

- 6.1 As noted above the OT service is challenged by increasing demand arising from demographic demand pressures which will continue for the foreseeable future. The service plays a pivotal role in supporting people to be independent, remain at home and be discharged from hospital promptly and safely.

- 6.2 As noted above, the Renfrewshire Health and Social Care Partnership has now started to review the challenges that are identified within this report and intends to address this as a key work stream over the next 12 months. It is anticipated that amongst the outputs of this work stream will be proposals for addressing the demand pressures within the available resources with a further report going to the Integrated Joint Board in due course.

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### Implications of the Report

1. **Financial** - The Report highlights emerging and future financial challenges
2. **HR & Organisational Development** - None
3. **Community Planning** - The OT service has a pivotal role in supporting key community planning objectives related to supporting people to live at home safely and be able to engage with their community.
4. **Legal** - None
5. **Property/Assets** - None
6. **Information Technology** – None
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** - None
9. **Procurement** - None
10. **Risk** – This report highlights emerging risks associated with the challenges of meeting rising demand for services which support key strategic objective such as supporting people to live at home and achieving prompt discharge from hospital.
11. **Privacy Impact** - None

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**List of Background Papers** – None

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**Author**



**Appendix 1: service delivery model 2014/15**

	Social Rented Housing		Private Sector Housing	
	Council tenant	RSL	Owner Occupied & Private Rented Sector	
			Adaptations over £1,000	Adaptations under £1,000
<b>Management of process</b>	Development and Housing Services	RSL	Renfrewshire Care and Repair – contract managed by Housing and Property Services	Social Work OTs
<b>Funding Source</b>	Housing Revenue Account (and Capital Programme for SHQS related)	Scottish Government Adaptations Funding. Some RSLs also use their own resources	Local Authority private sector grant funding	Social Work
<b>Level of Funding</b>	100%	Up to 100%. Some RSLs will also part fund or wholly fund an adaptation.	80% minimum or up to 100% if the owner receives certain benefits.	100%
<b>Access to funding</b>	Development and Housing Services	RSLs apply to the SG in May for the next financial year's adaptations budget allocation.	Owner/tenant applies for grant funding from Owner Services.	The owner/tenant does not need to apply for funding as Social Work will fund direct.
<b>Number of jobs 14/15</b>	469 (107 through SHQS, 362 normal process)	150*	113	975
<b>Total cost 14/15</b>	Total £365, 000 (plus £52,000 for additional SHQS works)	£643,723 ** from Scottish Government paid to RSLs (2013/14 figure, awaiting 14/15 figure)	£403, 000 from Private Sector housing grant	£151, 689 from Social Work Budget
<b>Equipment across all tenures:</b> 4,327 orders across nine teams Total Budget = £639, 992.00 funded from Social Work budget Stairlifts: £275, 291 Track Hoists: £14, 623				

\* This is for RSL jobs funded by the Scottish Government. The information on number and cost of jobs delivered solely by RSLs is currently not available and therefore not included in this number, however it is estimated to be a low number and correspondingly relatively low value.

\*\* Expenditure this year was particularly high as this figure includes £250,000 for vertical through floor lifts.





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**To: Social Work, Health and Wellbeing Policy Board**

**On: 19 January 2016**

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**Report by: Chief Officer, Renfrewshire Health and Social Care Partnership**

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**Heading: Response to Scottish Government Consultation on Changes to Social Work complaints process**

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**1. Summary**

1.1 In Scotland, the framework governing complaints about local authority social work services is set out in the Social Work (Scotland) Act 1968. The Act provides for complaints to be made by or on behalf of:

- a person for whom the local authority provides a service, either directly or indirectly
- a person whose request for such a service has been refused
- other persons whose need or possible need for a service (where the service is one which the local authority has a power or a duty to provide) has come to the authority's attention.

1.2 The Public Services Reform (Scotland) Act 2010 standardised Complaints Handling Procedures (CHPs) across all local authority service areas except social work. Following consultation, the Scottish Government agreed that the same CHP should be adopted for social work complaints. This would include extending the remit of the Scottish Public Services Ombudsman (SPSO) to enable them to consider the professional judgement of social work staff, rather than simply whether the process had been handled correctly. A Draft

Order which makes the legislative changes necessary for implementation has been published, and it is this Order which is currently out for consultation.

- 1.3 Appendix 1 of this report contains Renfrewshire Council's response to this consultation exercise. The response was submitted to the Scottish Government on 10 December 2015 subject to Board approval.
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## **2. Recommendations**

### **2.1 Elected members are asked to:**

- Note the contents of this report
  - Approve the response submitted to the Scottish Government on 14 December 2015
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## **3. Background**

### **Current System of Complaints Handling**

- 3.1 Currently, complaints on social work services are subject to a process with up to four stages: an informal problem-solving stage, an investigation by designated staff, referral to the Complaints Review Committee and, in cases where the complaint has been maladministered, referral to the SPSO. In light of health and social care integration, work is already underway to establish a seamless process and single point of contact for complaints about services managed by the Health and Social Care Partnership.

### **The Model Complaints Handling Procedure**

- 3.2 The model Complaints Handling Procedure proposed by the Scottish Government has three stages.
- Frontline resolution: for straightforward and easily resolved issues which require little or no investigation and can be resolved on the spot or within five working days. Such complaints can be addressed by any member of staff or referred appropriately for frontline resolution.
  - Investigation: for issues which have not been resolved at the frontline or which are more complex, serious or potentially high risk. An investigation should be conducted and a response provided within 20 working days, with responses signed off by senior management.
  - Independent external review: Where issues have not been resolved by the service provider, complaints will progress to an independent external reviewer. In the case of social work services, this will be the SPSO. They will

assess whether there is evidence of service failure or maladministration which has not been identified by the service.

- 3.3 The new model would align practice in social work services with other local authority services and with the model used in healthcare.
- 3.4 Adopting this system means that there is no longer a requirement for a Complaints Review Committee. The consultation paper notes that small savings are expected to be generated within local authorities as a result of discontinuing these committees.
- 3.5 The new procedures also extend the remit of the SPSO. Where previously they only had scope to consider maladministration of complaints, the new model would allow them to consider matters of professional social work practice in determining whether a complaint should be upheld.
- 3.6 The Draft Order also promotes greater information sharing between the SPSO and other bodies, such as the Care Inspectorate and the Scottish Social Services Council (SSSC). At present, the SPSO can only share information if it is as part of their investigation or where the information indicates that a person constitutes a threat to the health and safety of others. The Draft Order will allow the SPSO to disclose information to SSSC in relation to its regulatory functions and to the Care Inspectorate in relation to its inspection and registration functions.
- 3.7 The CHP will not give the SPSO any responsibility for overturning resource allocation decisions made by local authorities.

### **Renfrewshire Council's Response**

- 3.8 The proposed model complaints handling procedure is broadly welcomed, subject to clarity on a number of points.
- 3.9 Officers have requested more information on the additional resources to be allocated to SPSO in order that it can accommodate the increased workload without delays which would have a negative impact on service users.
- 3.10 The response asks for greater clarity as to the process by which professional judgement will be assessed. It is our view that an independent panel of social work advisors would be an appropriate means of dealing with this. Further to this, clarity is also sought on how any perceived 'errors of judgement' would be dealt with in the first instance and whether these would be referred back to the local authority for resolution in the first instance. It is currently the responsibility of the employer and the regulatory body (SSSC) to manage such issues and it could lead to difficulties if an additional body now had authority to carry out a similar function.

- 3.11 Greater information sharing is welcomed, but it must be clear what the aims and parameters of information sharing are. In general, appropriate information sharing could provide an early indication of potential risk.

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## Implications of the Report

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

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## List of Background Papers

*None*

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## Consultation on Draft Order to revise the procedures for complaints about Social Work

### Renfrewshire Council submission

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#### **1. Do you agree that the Local Authority Complaints Review Committee should be replaced?**

We welcome a simplification of the complaints procedure and the alignment of social work processes with other areas of the public sector, particularly health services in the light of integration.

#### **2. Do you agree with the proposal to extend the functions of the Scottish Public Services Ombudsman (SPSO) to allow the SPSO to investigate Stage 3 of complaints for social work?**

We believe this change will simplify the system for the customer and the organisation and improve transparency for the customer. We would welcome more information on additional resources which will be made available to the SPSO to allow them to deal with the likely increase in volume. We would be concerned about delays in resolution due to capacity issues within the SPSO. This could have a negative impact on both the complainant and the service involved.

#### **3. Do you agree with the proposal to extend the role of the SPSO in relation to social work complaints to allow them to consider in their investigations matters of professional judgement of social work staff?**

We would welcome clarity on how advice would be sought in relation to scrutiny of professional judgement, and on what 'right of reply' would be available to local authorities. We also seek guidance on whether there will be local discretion as to the seniority of staff required to authorise responses to complaints, given the new powers to consider professional judgement.

It is our view that SPSO should take specialist advice when considering professional judgement, and this may be through a panel of independent social work advisers. We would expect that, in the first instance, concerns about practice or professional judgement would be referred back to the employer in the first instance to commence investigation of any concerns. Referral to SSSC would

only occur if the SPSO was not happy with the outcome of an investigation and any remedial action put in place. There is the potential for confusion if a number of different bodies can investigate staff practice when this should be limited to their employer and their regulatory body.

**4. Do you agree that the SPSO should be able to share information with the Care Inspectorate (Social Care and Social Work Improvement Scotland) and the Scottish Social Services Council in relation to social work?**

We believe that the information-sharing proposed could support local authorities in trying to address failings in local providers and would significantly reduce potential risks to service users. We would welcome an extension of this information-sharing to include local authorities where this would be in the best interests of service users more generally (for example, where a complaint about poor standards of care in the non-statutory sector is upheld).

However, we would welcome clarity on the aim of information sharing and any expectations in relation to other agencies responding to concerns. For example, would SPSO make referrals directly to SSSC if they felt that the practice of an individual worker is not what they would anticipate, or would this first be referred back to the employer to address? We would prefer the latter approach in the first instance.

**5. Do you have any other comments on the proposals?**

None.

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**To: Social Work, Health and Wellbeing Policy Board**

**On: 19 January 2016**

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**Report by: Chief Officer, Renfrewshire Health and Social Care Partnership**

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**Heading: Response to Scottish Government Consultation on Changes to National Care Standards**

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**1. Summary**

- 1.1 Social care services in Scotland are governed by National Care Standards, which are regulated by the Care Inspectorate and by Healthcare Improvement Scotland. The standards are currently arranged in three groups – Services for Adults, Services for Children & Young People and Services for Everybody. The existing care standards are based on the six principles of dignity, privacy, choice, safety, realising potential and equality and diversity. At present there are 23 different sets of standards, each covering a different type of care service, such as residential services for older people, care at home services and fostering services. They set out what people can expect from a service and underpin the Scottish Social Services Council (SSSC) Codes of Practice and are used by the Care Inspectorate and Healthcare Improvement Scotland when inspecting services.
- 1.2 In June 2014, the Scottish Government launched a public consultation exercise on reviewing existing national care standards. It proposed changes intended to simplify the current system for both providers and service users and to reflect closer working between health and social care services.
- 1.3 Based on responses received, a further round of consultation has been launched. This sets out 7 principles and seeks views as to their

appropriateness. It also seeks views on how the principles can be put into practice.

- 1.4 This paper outlines the proposals from the consultation document and the key issues highlighted in Renfrewshire Council's response. A copy of the consultation paper and full response is included as Appendix 1. The response was submitted in December 2015 subject to Board approval.
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## 2. **Recommendations**

- 2.1 Elected members are asked to:

- Note the contents of this report
  - Approve the response submitted to the Scottish Government in December 2015
  - Agree that the Renfrewshire Health and Social Care Partnership continue to participate in the development of new care standards
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## 3. **Background**

- 3.1 The existing system of national care standards comprises 23 sets of standards which each cover a different type of care service. These set out what people can expect from each type of service in relation to the care and support they receive.
- 3.2 The changes proposed reflect both the closer working between health and social care services and the shift towards a more rights-based approach to planning services and delivering care. The principles underpinning these are referred to as the PANEL principles:
- Participation in decisions, autonomy and choice
  - Accountability
  - Non-discrimination, equality and diversity
  - Empowerment to know and enjoy rights and realise potential
  - Legality: all rights in human rights laws shall be respected
- 3.3 Renfrewshire Council submitted a response to the first consultation exercise in October 2014 and a paper detailing that response was presented to this Policy Board in November 2014.



3.4 It is proposed that the new standards are based on 7 principles, expressed as entitlements. These are:

- I am entitled to be respected
- I am entitled to compassion
- I am entitled to be included
- I am entitled to be treated fairly
- I am entitled to a responsive service
- I am entitled to be safe
- I am entitled to personal wellbeing

3.5 The consultation also seeks views on the general and specific standards needed to support delivery of these principles.

#### **4. Renfrewshire Council Response to Consultation**

4.1 The response relates to the social care services provided by Children's Services and by the Adult Social Care provided by Renfrewshire Health and Social Care Partnership. A full copy of the response is attached as Appendix 1 to this report. The response is based on discussions with experienced managers representing all areas of social care services provided by the Council.

4.2 The consultation provided a brief explanation of each principle, asked whether respondents agreed with the principle and sought comments on each.

4.3 The response welcomes the principles although it proposes some minor changes to the terminology used. The principles fit with existing practice in Renfrewshire and with national outcomes for health and social care.

4.4 The services propose the addition of further principles which would reflect the importance of independent living, of being treated by a caring and competent workforce and of being supported to achieve one's goals.

4.5 Further information has been requested as to how the national care standards will be presented; on how national qualifications will reflect the new care standards; and on how services will be inspected on delivery of the principles.

4.6 Social care services within Renfrewshire Council will continue to engage fully with the process of developing these new standards.

## Implications of the Report

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

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## List of Background Papers

*None*

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## Appendix 1: Consultation Response



### **The Review of the Scottish National Care Standards has begun.**

We now want your views on the overarching principles that will form the basis of these standards.

These standards will apply to all health and social care settings across Scotland. The principles written from the perspective of people who use health, care and support services, using a Human Rights based approach. A Human Rights based approach is one which empowers people to know what they are entitled to and ensures that this is integrated into their day to day care and support.

We are also interested in your views on how we put these principles into practice.

Everyone should have high quality services and have a positive experience. We want everyone's views so we get it right and make this happen.

On the following pages you will see all the principles. Please let us know what you think about each one.

**This consultation is open from 26 October 2015 – 10 December 2015.**

**I am:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | A person who uses a service/s                                      |
| <input type="checkbox"/>            | A family member/carer  |
| <input type="checkbox"/>            | Completing this on behalf of a person who uses services            |
| <input type="checkbox"/>            | A member of the public   |
| <input type="checkbox"/>            | A volunteer  |
| <input type="checkbox"/>            | Working in health, care or support services*                       |
| <input type="checkbox"/>            | Representing a professional body*                                  |
| <input type="checkbox"/>            | Working for an organisation that represents people using services* |
| <input type="checkbox"/>            | Working for a commissioning service*                               |
| <input type="checkbox"/>            | Working for scrutiny /regulation body*                             |
| <input checked="" type="checkbox"/> | A provider and/or organisation representing providers*             |
| <input type="checkbox"/>            | Other*   |

\* Please provide further information.

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**If this return was completed on behalf of more than one person – please provide the number of people who contributed to this response:**

Based on staff and senior manager discussion across services
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**Are you happy for us to contact you again as part of this process?**

Yes	x
No	

**If yes, please provide your details below?**

**Name:**

As per details on previous page
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**Organisation (if applicable):**

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**Job title (if applicable):**

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**Contact details:**

--

## I am entitled to **be respected**

### This means:

My opinions, privacy, beliefs, values and culture are respected.

I am treated with dignity.

### Thinking about this principle, do you:

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### Comments:

We agree strongly with this principle. We believe that service users and their families should be involved in decisions which affect them. This needs to be done with participation and in partnership built on positive relationships which develop from mutual respect. Our care plans already contain information which helps staff to treat people with respect, such as their beliefs, values and the manner in which they prefer to be addressed. However, services must be cognisant of the need to balance an individual's preferences with the needs and rights of others.

## I am entitled to **compassion**

### This means:

I experience warm, compassionate and nurturing care provided by people sensitive to my needs and wishes.

### Thinking about this principle, do you:

Strongly Agree	
Agree	
Disagree	x
Strongly Disagree	

### Comments:

We agree with the ethos behind this principle but not with the terminology used. We do not believe that the words 'compassionate' or 'nurturing' are necessarily appropriate. We consider that 'compassion' within a professional care setting could be considered as patronising or smothering by a service user. We would prefer different language in relation to this principle.

## **I am entitled to be included**

### **This means:**

I receive the right information, at the right time and in a way that I can understand.

I am supported in my right to make informed choices and decisions about my care and support.

I am involved in wider decisions about the way the service is provided. When I make suggestions and voice concerns I am listened to.

I can play a full role in the community around me.

### **Thinking about this principle, do you:**

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### **Comments:**

We agree with this principle and would welcome specific guidance alongside the national care standards in relation to difficult conversations, such as discussions concerning DNACPR or end-of-life care planning.

We believe it is important that care providers have a duty to provide information to service users in a sensitive manner and in a format that they can understand.

Some elements of this principle could be open to interpretation. As an example, "I can play a full role in the community around me" would mean different things to different people. We would suggest a rephrasing along the lines of "I feel part of the community around me".

It is not sufficient to treat people equally; inclusion means listening what individuals are saying about their needs, how these needs can be met and what services can do to support this.



**I am entitled to be treated fairly**

**This means:**

I am valued as an individual and I am treated fairly.

My human rights are respected and promoted.

I do not experience discrimination.

**Thinking about this principle, do you:**

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

**Comments:**

It is important to recognise that being treated fairly is different from being treated the same and fairness implies a person-centred approach.

The rights of the individual should be balanced with the responsibilities of the individual, and the standards should reflect that the individual has some responsibility for meeting the desired outcomes.

## I am entitled to a **responsive** service

### This means:

I receive the right care and support at the right time.

My care and support responds when my needs, views and decisions change.

I have personal goals, aspirations and the support to achieve them.

### Thinking about this principle, do you:

Strongly Agree	
Agree	x
Disagree	
Strongly Disagree	

### Comments:

All staff need to understand the importance of ensuring that service users and stakeholders are satisfied with the organisation. They need to be confident that their views are taken into account.

We have concerns about the use of the word 'aspirations'. The principle of a responsive service should be within the context of achievable and realistic goals, of reasonable expectations, and of goals which do not generate a negative impact for others.

Our preference would be for a principle which states that people will be supported to achieve their potential.

## I am entitled to be **safe**

### This means:

I am safe, free from harm and abuse.

My care and support is provided in an environment in which I feel safe.

I am supported and encouraged to achieve my aspirations and potential, even when this means I might be taking risks.

### Thinking about this principle, do you:

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### Comments:

As with the previous principle, we have some concerns about the use of the word 'aspirational', for the reasons already stated.

There is a need for national care standards to fit within current legislation and it should be recognised that there could be a conflict in some cases. For example, risk-taking behaviour may be such that it becomes an adult protection concern and we seek clarity on grey areas such as this, where the duty on the authority to protect someone may be at odds with the choices they make. This would also include consideration of the person's capacity. It is important to balance the responsibilities of the service with the independence of the service users.

In relation to risk, a statement which supports positive risk taking may be more appropriate than a blanket statement about all risky behaviour. The standard should allow services to enable clients to take positive risks and be more independent where this is appropriate. It needs to recognise personal responsibility in terms of the service user placing themselves and/or others at risk.

## I am entitled to **personal wellbeing**

### **This means:**

I have individual health and wellbeing preferences and outcomes.

I am supported to achieve these, and to realise my potential.

### **Thinking about this principle, do you:**

Strongly Agree	
Agree	x
Disagree	
Strongly Disagree	

### **Comments:**

The concept of personal wellbeing is quite difficult to define and it is not clear that services could necessarily deliver this, since wellbeing will depend on a person's health needs, their social needs, their choices and their behaviours. Personal responsibility of the service user is also a key factor in wellbeing.

We suggest that, if a care service is delivering on all other principles within the standards, then personal wellbeing will be achieved as a result.

**Are there any other principles that you think should be included?**

Yes	x
No	

If yes, please provide details.

We would like the inclusion of a principle which specifically promotes independent living – “I am entitled to live as independently as possible’.

We would also welcome the inclusion of a principle which relates to achieving one’s potential, although this could be addressed in one of the existing principles, as per our earlier comments.

We believe the principles should also make reference to staff and a person’s right to be treated with care and competence – for example, “I am entitled to be treated by staff who are confident and competent in their care.

## **We want your views on how on how we put the principles into practice.**

**For these principles to be met, what general standards are needed (for example, quality of care from staff, management and leadership, quality assurance)?**

The principles must be aligned as closely as possible with the national outcomes for health and social care.

There needs to be a clear link between the national care standards and the qualifications undertaken by care staff. SVQ content should reflect the experience of practitioners and the standards and values they must adhere to.

Staff training should comply with the SSSC qualification programme; staff who do not require to be registered still need to be competent. A national direction on this would be welcomed.

'Safe recruitment' procedures should be in use.

National guidance on how we should best approach quality assurance would be welcome, and would deliver a degree of consistency across all local authority areas.

Robust business continuity planning would support greater resilience and future planning in services.

Service user surveys and Care Inspectorate reports should be available in more user-friendly formats which would provide greater access to information for service users.

General standards should relate to:

- Staff competence and the culture of the organisation
- Person-centred planning
- Participation
- Health and wellbeing

## **How would specialist standards support these principles?**

Specialist standards would ensure relevance in all areas of service and would ensure greater opportunities to share practice to improve service provision.

Specialist standards would improve consistency at inspection and allow greater flexibility in the style and approaches.

## **Any other comments, suggestions:**

It would be helpful to see how the standards (and the presentation of them) have developed since the consultation exercise in 2014.

It is hoped that a more objective inspection regime will be delivered as part of this review of care standards. At present, there is considerable variation between inspectors and we hope that a more structured approach to measurement of quality can be introduced. A set of standards and general guidelines to support services in delivering on the principles would be welcomed. For example, inspections of registered services could include more observation of practice, more time spent with service users and carers, consideration of health and safety issues and standards, the frequency of core training, opportunities for staff development, and the way in which operational and strategic planning reflects the principles.

The principles need to reflect robust risk management approaches which ensure that good quality care does not expose the individual or those around them to any unacceptable risk.

**Please return to:**

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**Information you provide**

By completing this survey, you are consenting to Healthcare Improvement Scotland using the information you provide for the purposes stated in the survey introduction. Any personal information that you give us will be kept confidential and will only be used for the reasons that have been specified in this survey. We will not give your information to outside organisations (apart from organisations processing the information on our behalf) unless you have given us your permission. Whenever we intend to give your personal details to other organisations we will ask for your permission first. This is in line with the Data Protection Act 1998

**Thank you for taking the time to complete this survey.**

