

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

Date	Time	Venue
Friday, 24 June 2016	12:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM  
Head of Corporate Governance

### Membership

Councillor Iain McMillan: Councillor Derek Bibby: Councillor Jacqueline Henry: Councillor Michael Holmes: Donny Lyons: John Brown: Donald Sime: Morag Brown: Karen Jarvis: Stephen McLaughlin: Alex Thom: Liz Snodgrass: David Wylie: Alan McNiven: Helen McAleer: Stephen Cruickshank: John Boylan: Graham Capstick: David Leese: Sarah Lavers: Peter Macleod.

Councillor Iain McMillan (Chair) and Donny Lyons (Vice Chair)

### Further Information

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

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at [www.renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx](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.

## **Members of the Press and Public**

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

## Items of business

### Apologies

Apologies from members.

### Declarations of Interest

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

### Chairman's Update

- |          |   |                  |
|----------|---|------------------|
| <b>1</b> | <b>Minute</b>   | <b>5 - 18</b>    |
|          | Minute of meeting held on 18 March 2016.                                |                  |
| <b>2</b> | <b>Unaudited Annual Accounts 2015/16</b>                                | <b>19 - 42</b>   |
|          | Report by Chief Financial Officer.                                      |                  |
| <b>3</b> | <b>Financial Report 1 April 2015 to 31 March 2016</b>                   | <b>43 - 52</b>   |
|          | Report by Chief Finance Officer.  |                  |
| <b>4</b> | <b>Renfrewshire Integration Joint Board Reserves Policy</b>             | <b>53 - 66</b>   |
|          | Report by Chief Finance Officer.  |                  |
| <b>5</b> | <b>Renfrewshire HSCP Performance Management Report 2015/16</b>          | <b>67 - 110</b>  |
|          | Report by Chief Officer.  |                  |
| <b>6</b> | <b>2016/17 Change and Improvement Programme</b>                         | <b>111 - 124</b> |
|          | Report by Chief Officer.  |                  |
| <b>7</b> | <b>Approval of Code of Conduct and Appointment of Standards Officer</b> | <b>125 - 154</b> |
|          | Joint report by Chief Officer and Clerk.                                |                  |

<b>8</b>	<b>Carer Champion</b>	<b>155 - 158</b>
	Report by Chief Officer.	
<b>9</b>	<b>Children and Young People (Scotland) Act 2014 - Getting it Right for Every Child</b>	<b>159 - 166</b>
	Report by Chief Officer.	
<b>10</b>	<b>Care at Home Services</b>	<b>167 - 174</b>
	Report by Chief Officer.	
<b>11</b>	<b>Hospices in Renfrewshire</b>	<b>175 - 178</b>
	Report by Chief Officer.	
<b>12</b>	<b>Section 10 Grants to Voluntary Organisations - Applications 2016/17</b>	<b>179 - 188</b>
	Report by Chief Officer.	
<b>13</b>	<b>Risk Management Update</b>	
	Report by Chief Officer. A copy of this report can be found in the meeting documents section at the bottom of the screen.	
<b>14</b>	<b>Audit Committee - Membership and Depute Chair Position</b>	
	Report by Chief Officer. A copy of this report can be found in the meeting documents section at the bottom of the screen.	
<b>15</b>	<b>Revenue Report</b>	
	Report by Chief Finance Officer. A copy of this report can be found in the meeting documents section at the bottom of the screen.	
<b>16</b>	<b>Date of Next Meeting</b>	
	Note that the next meeting will be held at 9.30 am on 16 September 2016 in the Abercorn Conferencing Centre, West College Scotland Paisley Campus, Renfrew Road, Paisley PA3 4DR.	

## Minute of Meeting

### Renfrewshire Health & Social Care Integration Joint Board

Date	Time	Venue
Friday, 18 March 2016	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

#### PRESENT

Councillors Iain McMillan, Michael Holmes, Jacqueline Henry and Derek Bibby (all Renfrewshire Council); Donny Lyons, Donald Sime, Morag Brown and John Brown (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Stephen McLaughlin (Registered Medical Practitioner (GP)), Alex Thom (Registered Medical Practitioner (non-GP)); Liz Snodgrass (Council staff member involved in service provision); David Wylie (Health Board staff member involved in service provision); Helen McAleer (unpaid carer residing in Renfrewshire); Alan McNiven (third sector representative); John Boylan (trade union representative for Council staff); Graham Capstick (trade union representative for Health Board staff); David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership) and Dorothy Hawthorn (Renfrewshire Council) (substitute for Peter Macleod, Chief Social Work Officer, Renfrewshire Council).

#### CHAIR

Councillor Iain McMillan, Chair, presided.

#### IN ATTENDANCE

Anne McMillan, Head of Resources, Iain Beattie, Head of Adult Services, Lynn Mitchell, Managing Solicitor (Contracts/Conveyancing), Karen Campbell, Assistant Chief Internal Auditor, Frances Burns, Health and Social Care Integration Programme Manager, Gayle Fitzpatrick, Service Planning & Policy Development Manager, Elaine Currie, Senior Committee Services Officer and Filoretta Gashi, Joint Strategic Commissioning Graduate Intern (all Renfrewshire Council); Fiona Mackay, Head of Planning & Health Improvement, Katrina Philips, Head of Mental Health, Addictions and Learning Disabilities and James Higgins, Health and Social Care Integration Project Officer (all Renfrewshire Health and Social Care Partnership).

## **APOLOGIES**

Stephen Cruickshank (service user residing in Renfrewshire) and Peter Macleod, Chief Social Work Officer (Renfrewshire Council).

## **DECLARATIONS OF INTEREST**

Dr Donny Lyons declared an interest in relation to item 7 of the agenda as he was a member of the Equality and Human Rights Commission Scotland Committee. He did not consider it necessary to leave the meeting.

## **ADDITIONAL ITEM**

The Chair intimated that there was an additional item in relation to a report by the Chief Internal Auditor relative to Health and Social Care Integration - Financial Assurance Audit which had not been included in the notice calling the meeting. The Convener, being of the opinion that the item, which is dealt with at item 14 of this Minute, was urgent in view of the need to consider the matter timeously authorised its consideration.

## **ORDER OF BUSINESS**

In terms of Standing Order 4.1 (iii), the Chair intimated that he proposed to alter the order of business to facilitate the conduct of the meeting by considering items 14 and 15 of the agenda after the additional item of business.

### **1 MINUTE**

The Minute of meeting of the Integration Joint Board (IJB) held on 15 January 2016 was submitted.

**DECIDED:** That the Minute be approved.

### **2 FINANCIAL REPORT - PERIOD 6**

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April 2015 to 8 January 2016 for Social Work and from 1 April 2015 to 31 January 2016 for the Health Board.

**DECIDED:**

(a) That the financial position to date be noted; and

(b) That the progress made on the financial planning process for 2016/17 be noted.

### 3 **RENFREWSHIRE INTEGRATION JOINT BOARD RESERVES POLICY**

The Chief Finance Officer submitted a report relative to the Renfrewshire IJB Reserves Policy, a copy of which formed the appendix to the report.

The report intimated that the policy explained the purpose of holding a reserve; identified the principles to be employed by the IJB in assessing the adequacy of the reserves; detailed the role of the Chief Finance Officer with regards to reserves; indicated how frequently the reserves would be reviewed and set out arrangements relating to the creation, amendment and use of the reserves and balances.

Section 106 of the Local Government (Scotland) Act 1973 as amended, empowered the IJB to hold reserves which must be accounted for in the financial accounts. The IJB was entitled to hold reserves in order to meet the needs of Renfrewshire HSCP. As the IJB did not have any capital assets of its own it could only hold two types of reserves, a General Reserves and a Renewal and Repair Reserves. This position would change if the IJB held capital assets in the future.

A discussion took place relative to placing a limit on the level of reserves; delegating authority to the Chief Finance Officer and whether decisions regarding the use of reserves would be required to be made by the IJB. It was proposed that consideration of this matter be continued and that the Chief Finance Officer consider all the points raised and submit a further report to the next meeting of the IJB. This was agreed

**DECIDED:** That consideration of this matter be continued and that the Chief Finance Officer consider all the points raised and submit a further report to the next meeting of the IJB.

### 4 **ANNUAL INTERNAL AUDIT PLAN 2016/17**

The Chief Internal Auditor submitted a report relative to the IJB's risk based internal audit plan for 2016/17 in line with the requirements of the Public Sector Internal Audit Standards, a copy of which formed the appendix to the report.

The plan set out a resource requirement of 35 days, including assurance work, time for ad-hoc advice and planning and reporting. The allocation of internal audit resources was sufficient to allow emerging priorities and provide adequate coverage of governance, risk management and internal control to inform the annual assurance statement. The plan might be subject to amendment during the course of the year due to the emergence of issues of greater priority or unforeseen circumstances and these changes would be reported to the Audit Committee.

**DECIDED:**

(a) That the internal audit plan for 2016/17 be approved; and

(b) That it be noted that the internal audit plan would be shared with the local authority and health board.

## **5 RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE MANAGEMENT REPORT 2015/16**

The Chief Officer submitted a report relative to the Renfrewshire HSCP Performance Management Report 2015/16.

The report intimated that a performance framework was required to ensure that the HSCP operated with informed, effective and efficient management of services and to provide a coherent picture of the outcomes achieved by the HSCP.

The report provided an update on performance as at quarter three on the agreed performance scorecard for 2015/16, which formed the appendix to the report, together with an update on the further work to be undertaken to develop a Performance Management Framework for 2016/17.

A development session had been arranged for early May 2016 and this would provide an opportunity for members to discuss and agree options for the 2016/17 Performance Management Framework to ensure it met the IJB's requirements.

### **DECIDED:**

(a) That the quarter three update on the 2015/16 performance scorecard, which formed the appendix to the report, be noted;

(b) That the performance update for year-end be submitted to the next meeting of the IJB;

(c) That it be noted that the indicators in the scorecard were reported at a number of frequencies and that information might not always be available at the end of a reporting period;

(d) That the Outcomes and Performance Management Integration Workstream take forward the development of the HSCP 2016/17 Performance Management Framework; and

(e) That it be noted that further development work would be undertaken with IJB members and HSCP senior managers and that the Performance Management Framework for 2016/17 would be submitted to the next meeting of the IJB.

## **6 AUDIT COMMITTEE MEMBERSHIP**

The Chief Officer submitted a report relative to membership of the Audit Committee. The report intimated that at the meeting of the IJB held on 20 November 2015 the establishment of an Audit Committee had been approved together with the terms of reference and standing orders.



In line with the approved terms of reference, the report proposed that the four health board voting members be invited to nominate two of their number to sit on the Audit Committee and also be invited to propose which of the two nominated members was to be Chair of the Audit Committee; the four council voting members be invited to nominate two of their number to sit on the Audit Committee; and the non-voting members be invited to indicate if they wished to be considered for nomination to sit on the Audit Committee. To avoid any conflict of interest the Chief Officer and the Chief Finance Officer should not be members of the Audit Committee.

The agreed terms of reference for the Audit Committee stated that it shall meet at least three times a year and the report proposed that authority be delegated to the Chief Officer, in consultation with the Chair and Vice Chair, to make the necessary arrangements to schedule these meetings and to arrange support for the Audit Committee and its members. This was agreed.

**DECIDED:**

- (a) That the arrangements for the establishment of an Audit Committee be noted;
- (b) That it be noted that Dr Donny Lyons and Morag Brown would be the health board's representatives on the Audit Committee and that Dr Donny Lyons be appointed as Chair of the Audit Committee;
- (c) That it be noted that Councillors Michael Holmes and Derek Bibby would be the council's representatives on the Audit Committee;
- (d) That it be noted that Alan McNiven would be one of the non-voting members on the Audit Committee;
- (e) That the other non-voting members consider nomination to sit on the Audit Committee and advise the Chief Officer accordingly; and
- (f) That authority be delegated to the Chief Officer, in consultation with the Chair and Vice Chair, to make the necessary arrangements to schedule meetings of the Audit Committee and to arrange support for the Audit Committee and its members.

**DECLARATION OF INTEREST**

Dr Donny Lyons having declared an interest in the following item of business remained in the meeting.

**7 EQUALITY OUTCOMES AND MAINSTREAMING EQUALITY**

The Chief Officer submitted a report relative to Renfrewshire HSCP Mainstreaming Equality Report.

The report intimated that in April 2015 the Scottish Government added IJBs to Schedule 19 of the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015. This required IJBs to publish a set of equality outcomes and report on progress made to mainstream the equality duty by 30 April 2016.

Renfrewshire HSCP had produced a mainstreaming equality report including a set of equality outcomes to meet the requirements of the legislation. Initial publication of the mainstreaming equality report, which formed the appendix to the report, would be completed by 30 April 2016.

**DECIDED:**

- (a) That the Renfrewshire HSCP Mainstreaming Equality Report be approved; and
- (b) That it be noted that the publication date of 30 April 2016 had been set by statute as had the requirement to publish update reports every two years thereafter.

**8 ORGANISATIONAL DEVELOPMENT AND SERVICE IMPROVEMENT STRATEGY 2016/19**

The Chief Officer submitted a report relative to the Renfrewshire HSCP Organisational Development and Service Improvement Strategy 2016/19, a copy of which formed Appendix 1 to the report.

The report intimated that Renfrewshire HSCP embraced the commitments detailed within Renfrewshire Council's 'A Better Future, A Better Council' and NHS GG&C's 'Workforce Plan' by ensuring that staff involved in health and social care service delivery had the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services.

The Organisational Development and Service Improvement Strategy would focus on three key objectives that would support the workforce to be committed, capable and engaged in person centred, safe and effective service delivery, being the development of a healthy organisational culture; delivering a clear approach to organisational development and service improvement; and delivering a workforce plan for tomorrow's workforce. The strategy would be subject to annual review and would take account of future changes in corporate priorities and objectives, legislative and regulatory changes and reflect on-going changes to the profile of the workforce, their development needs and succession planning as services changed to meet service demand.

With this strategy in place, a year on year Organisational Development and Service Improvement Implementation Plan would be developed which would provide detail on how the strategy's three key objectives would be delivered.

The Renfrewshire HSCP Staff Partnership Agreement, which formed Appendix 2 to the report, provided a framework for partnership working between Renfrewshire HSCP, trade unions and professional organisations recognised within the council and health board.

**DECIDED:**

- (a) That the Renfrewshire HSCP Organisational Development and Service Improvement Strategy 2016/19 be approved;
- (b) That it be noted that this strategy would be subject to annual review which would be shared with the IJB; and
- (c) That it be noted that regular updates on the progress against the three key objectives

would be submitted to future meetings on the IJB.

## **9 QUALITY, CARE AND PROFESSIONAL GOVERNANCE FRAMEWORK - IMPLEMENTATION UPDATE REPORT**

Under reference to item 16 of the Minute of the meeting of the IJB held on 18 September 2015 the Chief Officer submitted a report relative to an update on the progress made in implementing the Quality, Care and Professional Governance Framework.

Appendix 1 to the report detailed the progress made to ensure that effective clinical and care governance arrangements were in place from 1 April 2016; Appendix 2 to the report set out the governance structure which established the Renfrewshire HSCP Executive Governance Group, the Renfrewshire HSCP Professional Executive Governance Group, the Renfrewshire HSCP Service Pods - Locality Services, the Renfrewshire HSCP Mental Health, Addictions and Learning Disability Services and the Renfrewshire Chief Social Work Officer (CSWO) Professional Group; and Appendix 3 to the report detailed the remit and membership of these groups.

**DECIDED:** That the progress made in implementing the Quality, Care and Professional Governance Framework by 1 April 2016 be noted.

## **10 PARTICIPATION, ENGAGEMENT AND COMMUNICATION IMPLEMENTATION PLAN**

Under reference to item 9 of the Minute of the meeting of the IJB held on 20 November 2015 the Chief Officer submitted a report relative to the Renfrewshire HSCP Participation, Engagement and Communication Implementation Plan for 2016/19, a copy of which formed the appendix to the report.

### **DECIDED:**

(a) That the progress made in implementing the Renfrewshire HSCP Participation, Engagement and Communication Implementation Plan for 2016/19 be noted; and

(b) That it be noted that the Implementation Plan would be subject to annual review which would be shared with the IJB.

## **11 REVIEW OF THE GOVERNANCE ARRANGEMENTS FOR PUBLIC PROTECTION IN RENFREWSHIRE**

The Chief Officer submitted a report relative to the findings of the independent review of the governance arrangements for public protection in Renfrewshire.

The report intimated that in recognition of the implications of changes in the organisation landscape, the Renfrewshire Chief Officers Group for Public Protection had commissioned an independent review of the oversight arrangements for public protection including the design and strategic oversight role of the Chief Officers Group, the role of the other strategic groups and committees in supporting the Chief Officers Group in its leadership and scrutiny roles, and the role and design of the tactical and operational groups which supported them.

The review had been undertaken between August and November 2015 by a former chief social work officer and experienced independent adult and child protection committee chair. The report on the review was completed in December 2015 and made a number of key recommendations regarding the design and function of the Chief Officers Group as well as additional recommendations regarding strategic and operational groups. The report and recommendations were considered by the Chief Officers Group at its meeting held on 22 January 2016 and, subject to a small number of amendments detailed in the report, had been agreed.

The report submitted to the meeting of Renfrewshire Council's Leadership Board held on 17 February 2016 formed the appendix to the report and set out the context of the review and the key findings and recommendations arising from it. In particular it noted that from 1 April 2016 the Alcohol and Drugs Partnership (ADP) and the Gender Based Violence (GBV) Strategy Group would report through the IJB. The report also made a recommendation that chairmanship of the ADP and the GBV Strategy Group reflect the new delegated responsibilities of the IJB through the HSCP Chief Officer subject to the respective agreement of these multi-agency groups.

**DECIDED:**

- (a) That the findings of the independent review of the governance arrangements for public protection in Renfrewshire be noted;
- (b) That the updates to the review recommendations agreed by the Chief Officers Group at its meeting held on 22 January 2016, as detailed in the appendix to the report, be noted;
- (c) That it be noted that from 1 April 2016 the ADP and the GBV Strategy Group would report through the IJB to reflect its new delegated responsibilities for addictions and gender based violence/domestic abuse services;
- (d) That the chairmanship for the ADP and the GBV Strategy Group be updated to reflect the new delegated responsibilities of the IJB through the HSCP Chief Officer subject to the respective agreement of these multi-agency groups; and
- (e) That it be noted that the Chief Officer, in liaison with the ADP and the GBV Strategy Group, would recommend future reporting arrangements for both the ADP and the GBV Strategy Group for consideration at the next meeting of the IJB.

**12 INTEGRATION OF HEALTH AND SOCIAL CARE SERVICES IN RENFREWSHIRE - UPDATE**

The Chief Officer submitted a report relative to the current status and planned activity to provide assurance that all the necessary processes, policies and plans were in place as required to allow local implementation of integrated health and social care services by 1 April 2016 in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

The report intimated that whilst overall good progress was being achieved, the supporting 2016/17 delegated budget to deliver the IJB's Strategic Plan and supporting services from 1 April 2016 had not yet been agreed. The 2016/17 budget setting process for delegated health functions had not yet been approved by NHSGG&C and it was possible that the IJB's delegated budget would not be finalised by 1 April 2016. The Financial Due Diligence Update report, considered at item 13 of this Minute, set out the risks which this delay created for the IJB.

The report also updated the IJB on the advice note issued by the Standards Commission for Scotland on the requirement for all devolved public bodies to appoint a Standards Officer, a copy of which formed Appendix 2 to the report. The report proposed that Renfrewshire Council's Head of Corporate Governance be appointed to the role of Standards Officer for the IJB. This was agreed.

**DECIDED:**

(a) That the progress being achieved to ensure all the necessary arrangements would be in place to allow local implementation of integrated health and adult social care services, in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, be noted;

(b) That the position regarding the IJB's delegated budget be noted; and

(c) That Renfrewshire Council's Head of Corporate Governance be appointed to the role of Standards Officer for the IJB, subject to approval of the Standards Commission for Scotland.

**13 FINANCIAL DUE DILIGENCE UPDATE**

The Chief Finance Officer submitted a report relative to the due diligence process undertaken to seek assurances that the budgets for 2016/17 being transferred from Renfrewshire Council and NHSGG&C were adequate and that the makeup of the budgets and any underlying risks and assumptions were mutually understood.

The report intimated that the due diligence process ensured a consistency in approach for Chief Officers and Chief Finance Officers in providing a transparent, evidence-based methodology to identify continuing pressures, demands and associated risks in relation to the delegated functions. This allowed the identification of any relevant and necessary management action to be taken including potential baseline funding adjustments.

A comprehensive financial due diligence process had been completed for the adult social care budget, being delegated by Renfrewshire Council to the IJB from 1 April 2016, which concluded that the 2016/17 budget was sufficient to deliver on the outcomes highlighted within the Strategic Plan subject to effective risk mitigation and the successful delivery of efficiency initiatives detailed with the report.

At this stage, the NHSGG&C budget for 2016/17 had not yet been formally set and the plans to meet the identified financial pressures were still being developed. The Chief Finance Officer was unable to complete her financial due diligence on the proposed NHS budget transfer until a budget had been set by NHSGG&C.

The Scottish Government issued guidance on financial resources for integration authorities on 14 March 2016 which highlighted the health board's responsibilities in relation to confirming its final budget allocation to IJBs for 2016/17 and a copy of this letter formed Appendix 1 to the report. The Chief Executive, NHSGG&C issued a letter dated 14 March 2016 to the six NHSGG&C HSCP Chief Officers outlining its 2016/17 financial planning and budget setting process and provided an indicative allocation of uplift and cost pressures for each IJB and a copy of this letter formed Appendix 2 to the report.

The Chief Finance Officer's report set out recommendations and advice to the IJB going into 2016/17 in light of the financial uncertainty and the key areas of risk this represented for the IJB.

**DECIDED:**

(a) That the financial due diligence work completed by the Chief Finance Officer in relation to the social care budget, being delegated from Renfrewshire Council to the IJB from 1 April 2016, be noted;

(b) That the Chief Finance Officer's assurances in relation to the sufficiency of the social care budget to be delegated, subject to effective risk mitigation and the successful delivery of efficiency initiatives detailed in the report, be noted;

(c) That the current incomplete position with regards to the financial due diligence work undertaken by the Chief Finance Officer in relation to the health budget, being delegated from NHSGG&C to the IJB from 1 April 2016, be noted;

(d) That the terms of the letter from the Scottish Government dated 14 March 2016 in relation to financial resources for Integration Authorities, as detailed in Appendix 1 to the report, be noted;

(e) That the contents of the letter from the Chief Executive of NHSGG&C which outlined the health boards 2016/17 financial planning and budget setting process, as detailed in Appendix 2 to the report, be noted;

(f) That pending the final health budget being agreed by NHSGG&C, the advice from the Chief Finance Officer that the IJB should assume that the NHSGG&C Board would fund the full cost of delegated health functions from 1 April 2016, net of any agreed reductions, be approved. This should be treated as an interim position pending the NHSGG&C Board finalising its budget for 2016/17;

(g) That the IJB Chairman seek written confirmation from NHSGG&C, on behalf of the IJB, that they will fund this interim position based on the assumptions outlined in paragraph 6.7 of the report;

(h) That pending approval of the final 2016/17 health budget to be delegated by NHSGG&C, the IJB provide formal assurance to Renfrewshire Council that resources being transferred for delegated adult social care functions would not be utilised to offset any resource shortfall or unacceptable risk position identified through the due diligence process for the provision of delegated health services. This assurance would not preclude the IJB making any future service or resource changes where such decisions were in line with the direction of travel as set out in the IJB's Strategic Plan;



(i) That the Chief Officer issue Interim Directions to the NHSGG&C Chief Executive, consistent with the assumed health service's position as detailed in paragraph 6.7 of the report;

(j) That delegated authority be granted to the Chief Officer to issue Interim Directions to Renfrewshire Council's Chief Executive, consistent with Renfrewshire Council's position as detailed in paragraph 6.3 of the report;

(k) That the Chief Officer continue to work with the Health Board Corporate Management Team and others to identify savings schemes and changes on a NHSGG&C whole system basis that reflected viable cost reductions to support the Health Board achieve its budget position for 2016/17;

(l) That the Chief Officer advise the IJB of the operational implications of any viable and agreed savings and the impact to current service delivery and performance levels; and

(m) That the Chief Finance Officer submit a report to a future meeting of the IJB completing the financial due diligence process noting any risks and caveats identified and appropriate mitigation required and the final 2016/17 Financial Plan once NHSGG&C had agreed the final 2016/17 health budget to be delegated to the IJB.

#### 14 **HEALTH AND SOCIAL CARE INTEGRATION - FINANCIAL ASSURANCE AUDIT**

The Chief Internal Auditor submitted a report relative to the Internal Audit Report on the IJB Health and Social Care Integration Financial Assurance Audit, a copy of which formed the appendix to the report.

The report intimated that as part of the 2015/16 Council Internal Audit Plan a review had been undertaken to provide members with an opinion on the financial governance and financial assurance undertaken in the determination of the Council's social care budgets to be integrated.

The Scottish Government established the Integrated Resources Advisory Group (IRAG) to develop professional guidance in relation to financial matters including the framework for financial governance and financial assurance. The purpose of the audit review had been to ensure that a robust process had been followed to establish the financial governance arrangements for the IJB and that the financial assurance guidance prepared by IRAG had been followed in relation to establishing the budgets to be transferred from Renfrewshire Council to the IJB.

Internal Audit was able to provide a reasonable level of assurance over financial governance and financial assurance relating to Renfrewshire Council and its responsibilities to the IJB. Moving forward there would need to be continued monitoring of the financial risks that had been identified through the due diligence process. Risk registers in this regard should be comprehensive, transparent and regularly monitored.

The outcome of the assurance work undertaken by the internal auditor for NHSGG&C, which had been presented to the NHSGG&C Board and which facilitated the requirement for Renfrewshire Council and NHSGG&C to prepare a joint report for the IJB, formed the annex to the appendix to the report.

**DECIDED:** That the content of the Internal Audit Report be noted.

## 15 STRATEGIC PLAN UPDATE

The Chief Officer submitted a report relative to the outcome of the final consultation exercise carried out on the second draft of the Strategic Plan. The updated draft Strategic Plan formed the appendix to the report.

The report intimated that the draft Strategic Plan now broadly reflected the feedback received given the wide range of responses received. A Housing Contribution Statement had been developed and was summarised in an appendix to the Plan and the Executive Summary detailed the challenges and key issues in a diagrammatic form. The case studies had been simplified to show the services which currently supported the four patients/clients and how the Strategic Plan would impact on them in the next three years.

The final Strategic Plan would be submitted to a future meeting of the IJB for approval following approval of the IJB budget for 2016/17.

### **DECIDED:**

- (a) That the consultation process detailed in the report be noted; and
- (b) That the amendments to the Strategic Plan be noted.

## 16 RISK MANAGEMENT UPDATE

Under reference to item 4 of the Minute of the meeting of the IJB held on 15 January 2016 the Chief Officer submitted a report relative to the progress being made to mitigate risk in relation to the activities of the IJB up to 1 April 2016.

The report detailed the progress being made to mitigate the risks identified and highlighted a programme risk in relation to agreeing the IJB's 2016/17 delegated budget which was required to deliver the IJB's Strategic Plan and supporting services from 1 April 2016. Renfrewshire Council's budget setting process and adult social care budget to be delegated had been agreed on 3 March 2016. The 2016/17 budget for delegated health functions had not yet been approved by NHSGG&C and it was possible that the IJB's 2016/17 delegated budget would not be finalised by 1 April 2016. The Chief Finance Officer's report on financial due diligence, considered at item 14 of this Minute, set out the risks caused by this delay and provided advice to the IJB moving into 2016/17 without this financial clarity.

### **DECIDED:**

- (a) That the progress being made with regards to managing the key risks identified be noted;
- (b) That the position regarding the IJB's delegated budget and the associated risks set out in the Chief Finance Officer's financial due diligence report be noted; and
- (c) That it be noted that a report relative to the updated risk management arrangements reflecting the IJBs strategic and operational responsibilities in relation to the delivery of health and adult social care services from 1 April 2016 would be submitted to the next meeting of the IJB.



## 17 PROPOSED DATES OF FUTURE MEETINGS OF THE INTEGRATION JOINT BOARD

The Director of Finance & Resources, Renfrewshire Council, submitted a report relative to the timetable of meetings of the IJB up to June 2017. A further report would be submitted to a future meeting of the IJB setting out proposed meeting dates beyond June 2017.

The report intimated that following agreement with the Chair and Vice Chair it had been proposed that the next meeting of the IJB scheduled to be held on 17 June 2016 be re-scheduled to 24 June 2016. The date for the Referendum on the United Kingdom's membership of the European Union had since been called for 23 June 2016 and it might be that the re-scheduled date for the meeting of the IJB would no longer be suitable. Members would be advised if this date required to be re-scheduled.

### **DECIDED:**

(a) That meetings of the IJB be held on 16 September and 25 November 2016, 20 January, 24 March and 23 June 2017;

(b) That it be noted that a further report would be submitted to a future meeting of the IJB setting out proposed meeting dates beyond June 2017; and

(c) That it be noted that the next meeting of the IJB scheduled to be held on 17 June 2016 had been re-scheduled to 24 June 2016 and that this meeting may require to be further re-scheduled.

### **VALEDICTORY**

The Chair referred to Anne McMillan's imminent early retirement from Renfrewshire Council and paid tribute to her service to both the Council and the IJB. On behalf of the IJB he thanked her for her contribution to the development of the IJB and wished her a long and happy early retirement.



**To:** Renfrewshire Integration Joint Board

**On:** 24 June 2016

**Report by:** Chief Finance Officer

**Heading:** Unaudited Annual Accounts

## 1. Summary

- 1.1 The IJB's Accounts for 2015/16 will be submitted for audit by the statutory deadline of 30 June 2016. A copy of the IJB's Accounts is attached for members approval. The accounts fully comply with International Financial Reporting Standards (IFRS).
- 1.2 The Auditor is planning to complete the audit process by early September 2016. Their report on the Accounts will be made available to all members and will be submitted to a future meeting of the IJB Audit Committee for consideration.
- 1.3 Page 12 of the 2015/16 Accounts provides a summary of the total costs attributable to the IJB in its shadow year 2015/16. As no services were delegated to the IJB in 2015/16 these costs are in relation to the Chief Officer, Chief Finance Officer and costs associated with the Strategic Plan.

## 2. Recommendations

It is recommended that the IJB:-

- 2.1 Approve, subject to Audit, the Annual Accounts for 2015/16.
- 2.2 Note that the Auditor is planning to complete the audit of the Accounts by early September 2016 and that their report will be made available to all members and will be submitted to a future meeting of the IJB Audit committee for detailed consideration.

## 3. Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards (IJB's) with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.
- 3.2 Following approval from Renfrewshire Council and the Greater Glasgow Health Board (NHS GGC), the Renfrewshire Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers on 16 March 2015. On 27 June 2015, Scottish Ministers legally established Renfrewshire's Integration Joint Board (IJB). The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

- 3.3 As health and social care functions in Renfrewshire were not formally delegated to the IJB until 1 April 2016, 2015/16 was a 'Shadow Year' to allow the IJB to implement the necessary preparations for local implementation of integrated health and social care services.

#### **4. The Annual Accounts 2015/16**

- 4.1 The Annual Accounts report the financial performance of the IJB. Their main purpose is to demonstrate the stewardship of the public funds for the delivery of the IJB's vision and its core objectives. As no services were delegated to the IJB in 2015/16 these costs are in relation to the Chief Officer, Chief Finance Officer and costs associated with the Strategic Plan.
- 4.2 The attached Unaudited Annual Accounts in Appendix 1 contain the financial statements for the first year, 'Shadow Year' of Renfrewshire IJB for the year ended 31 March 2016.
- 4.3 IJB's need to account for their spending and income in a way which complies with our legislative responsibilities. On 1<sup>ST</sup> April 2016, Renfrewshire IJB was formally established. For the 2015/16 'Shadow Year' prior to formal integration, the IJB budget to deliver Partnership Services was a net budget of £203m.

#### **5. Performance**

- 5.1 The IJB is embedding a performance management culture within the Partnership. Throughout 2016/17 we will work focus on creating a framework of performance information which will analyse data, track progress and identify action to be taken as required with regular performance management reports provided to the IJB, the Strategic Planning Group (SPG) and service managers.
- 5.2 In addition, scrutiny from external inspection and self-assessment, along with benchmarking will be used to compare our performance with other organisations to support change and improvement. Financial information will be part of this performance management framework with regular reporting of financial performance to the IJB.

#### **6. Financial Outlook, Risks and Plans for the Future**

- 6.1 The IJB has a significant financial challenge ahead to deliver better outcomes for its service users in a climate of growing demand with limited resources.
- 6.2 The UK economy continues to show signs of recovery with inflation and unemployment falling and growth taking place in a number of sectors. Additional funding of £250m was allocated by the Scottish Government for Health and Social Care Partnerships for 2016/17 to address social care pressures. Despite this, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted to 2018/19.
- 6.3 In addition to economic performance, other factors will influence the availability of funding for the public sector including Scottish and then local elections in the next two years, financial powers arising from the Scotland Act 2012, the introduction of a Single Tier Pension Scheme in 2016 and the demographic challenges that Renfrewshire is facing.
- 6.4 The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:
- the health inequalities between the affluent and more deprived areas of Renfrewshire;
  - the increased demand for services by vulnerable people with complex conditions;
  - the pressure to shift the balance of care from hospital to community without new and additional resources;
  - the wider financial environment, with further budget pressures anticipated in future years;

- the impact of Welfare Reform on the residents of Renfrewshire and the wider impacts of child poverty;
- the need to maintain and improve the quality of our services.

6.5 It is recognised that if there are no changes to the way that services are planned and delivered with partners across all sectors, current service provision will not be sufficient to meet the future health and social care needs of the population. We must therefore embed new ways of working and seek to focus resources away from expensive bed based models of care into community based services. We need to critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our service users and patients.

6.6 The IJB's Draft Strategic Plan describes our plans for the future, and how we will move towards delivering our organisational vision, setting out the context, challenges, priorities and action plans for the new Health and Social care Partnership for the period 2016-2019. Moving into 2016/17, we are working to proactively address the funding challenges presented while, at the same time, providing services for the residents of Renfrewshire.

## 7. Summary

7.1 In this shadow year, 2015/16, the Partnership has successfully overseen the delivery of all core services within existing resources. Renfrewshire Health and Social Care Partnership (RHSCP) has a significant financial challenge ahead to deliver better outcomes for its service users, in line with its Draft Strategic Plan and our emerging financial framework, in a climate of growing demand with limited resources. To achieve, this we need to adopt more innovative ways to deliver customer focused services cost effectively. Working with staff, managers, services and partners we will lead and support service redesign reviews, to identify and implement cost effective and customer focused service delivery models and pathways, to ensure the delivery of the Partnership's Strategic and Financial Plans.

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## Implications of the Report

1. **Financial** - The report provides an overview of the IJB's finances as at 31 March 2016. The outcome of Audit Scotland's findings will be reported to the first available meeting of the IJB's Audit Committee.
2. **HR & Organisational Development – None.**
3. **Community Planning – None.**
4. **Legal** – subject to approval by the IJB, the Accounts will be released for audit by the statutory deadline of 30 June 2016.
5. **Property/Assets – None.**
6. **Information Technology – None.**
7. **Equality & Human Rights – None.**
8. **Health & Safety – None.**
9. **Procurement – None.**
10. **Risk – None.**
11. **Privacy Impact – None.**

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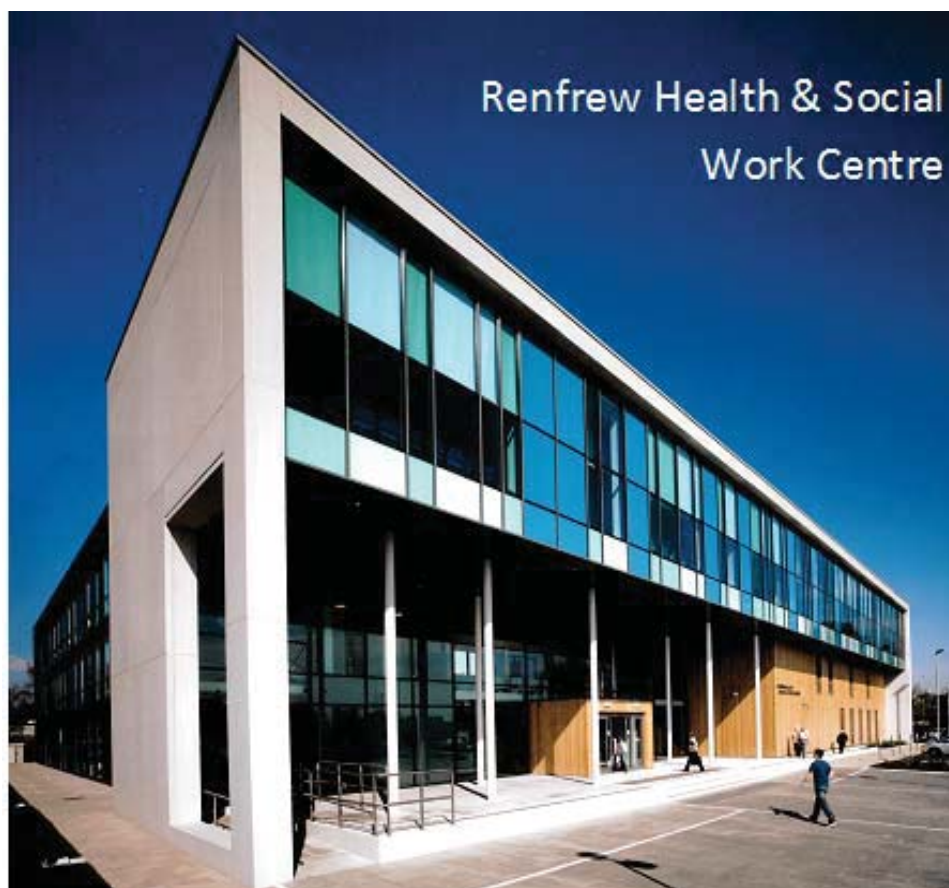
**List of Background Papers – None.**

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**Author:** Sarah Lavers, Chief Finance Officer



## **Renfrewshire Integration Joint Board (IJB) Unaudited Annual Accounts 2015/16**







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**Annual Accounts 2015-2016  
Management Commentary**

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**Introduction**

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

Following approval from Renfrewshire Council and the Greater Glasgow Health Board (NHS GGC), the Renfrewshire Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers on 16 March 2015. On 27 June 2015, Scottish Ministers legally established Renfrewshire's Integration Joint Board (IJB). The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

As health and social care functions in Renfrewshire were not formally delegated to the IJB until 1 April 2016, 2015/16 was a 'Shadow Year' to allow the IJB to implement the necessary preparations for local implementation of integrated health and social care services.

This publication contains the financial statements for the first year, 'Shadow Year' of Renfrewshire IJB for the year ended 31 March 2016.

**Principal Activities**

Over the shadow year, in anticipation of health and social care functions being formally delegated to the IJB on 1 April 2016, the IJB's principal role has been ensuring the necessary processes, policies and plans are in place to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and deliver on the commitments set out within Renfrewshire's Integration Scheme.

During 2015/16 the key activities of Renfrewshire IJB included

- Appointment of its Chief Officer and Chief Finance Officer to lead integrated services and manage the joint budget;
- Agreeing the strategic Vision for the new IJB, to become a fully integrated organisation, drawing on the value of joint working in order to achieve the best possible outcomes for the people of Renfrewshire;
- Establishing a Strategic Planning Group (SPG) to ensure the interests of different local stakeholder groups are represented in relation to health and social care services within the strategic planning process.
- Development of its Strategic Plan which describes how the IJB will move towards delivering on our organisational vision – setting out the context, challenges, priorities and action plans for the new Health and Social Care Partnership for the period 2016-2019.
- Putting in place sound financial governance and assurance arrangements for the IJB in line with national guidance;
- Carrying out a due diligence process to consider the sufficiency of the social care budget being delegated from the Council and health budget delegated from NHS GGC to the IJB from 1 April 2016, in order for the IJB to carry out its delegated functions, and to meet anticipated levels of demand to ensure the Health and Social Care Partnership can proceed on a sound financial basis.
- Managing the effective delegation of the prescribed functions to the new IJB on 1 April 2016;
- Issuing Directions to the Council and NHS GGC for their respective delegated functions from 1 April 2016, as set out in Renfrewshire's Integration Scheme. The Directions are the mechanism by which the IJB instruct the constituent authority to carry out the delegated functions. These documents set out how the IJB expect the constituent bodies to deliver each function, and spend IJB resources, in line with the Strategic and Financial Plans.

On 1 April 2016 health and social care functions in Renfrewshire were formally delegated to the IJB.

**Annual Accounts 2015-2016  
Management Commentary**

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For some services this delegation of responsibility means the IJB taking full responsibility for planning, management and delivery of service provision, while for others – notably hospital based services and housing – this will mean planning with partners who will continue to manage and deliver the services as part of wider structures (e.g. NHS GGC Acute Sector) or via external delivery agencies (e.g. Registered Social Landlords and Housing Associations).

**The Annual Accounts 2015/16**

The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB's vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2015/16 Accounts have been prepared in accordance with this Code.

IJB's need to account for their spending and income in a way which complies with our legislative responsibilities.

For the 2015/16 'Shadow Year' prior to formal integration, the IJB budget to deliver Partnership Services was a net budget of £203m.

**Financial Performance**

The IJB is embedding a performance management culture throughout the Partnership. Over the next year we will work towards creating a framework of performance information which will analyse data, track progress and identify action to be taken as required. Regular performance management reports will be provided to the IJB, The Strategic Planning Group (SPG) and managers.

The IJB also embraces scrutiny including external inspection and self-assessment, and, in addition, benchmarking will be used to compare our performance with other organisations to support change and improvement.

Financial information will be part of this performance management framework with regular reporting of financial performance to the IJB.

**Financial Outlook, Risks and Plans for the Future**

On 1 April 2016 health and social care functions in Renfrewshire were formally delegated to the IJB.

The IJB has a significant financial challenge ahead to deliver better outcomes for its service users in a climate of growing demand with limited resources.

The UK economy continues to show signs of recovery with inflation and unemployment falling and growth taking place in a number of sectors. Additional funding of £250m was allocated by the Scottish Government for Health and Social Care Partnerships for 2016/17 to address social care pressures. Despite this, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted to 2018/19.

In addition to economic performance, other factors will influence the availability of funding for the public sector including Scottish and then local elections in the next two years, financial powers arising from the Scotland Act 2012, recommendations arising from the Smith Commission, the introduction of a Single Tier Pension Scheme in 2016 and the demographic challenges that Renfrewshire is facing.

The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the health inequalities between the affluent and more deprived areas of Renfrewshire;
- the increased demand for services by vulnerable people with complex conditions;
- the pressure to shift the balance of care from hospital to community without new and additional resources;

**Annual Accounts 2015-2016  
Management Commentary**

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- the wider financial environment, with further budget pressures anticipated in future years;
- the impact of Welfare Reform on the residents of Renfrewshire and the wider impacts of child poverty;
- the need to maintain and improve the quality of our services.

It is recognised that if there are no changes to the way that services are planned and delivered with partners across all sectors, current service provision will not be sufficient to meet the future health and social care needs of the population. We must therefore embed new ways of working and seek to focus resources away from expensive bed based models of care into community based services. We need to critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our service users and patients.

The IJB's Strategic Plan describes our plans for the future, and how we will move towards delivering on our organisational vision, setting out the context, challenges, priorities and action plans for the new Health and Social care Partnership for the period 2016-2019. Moving into 2016/17, we are working to proactively address the funding challenges presented while, at the same time, providing services for the residents of Renfrewshire.

### **Conclusion**

In this shadow year, 2015/16, the Partnership has successfully overseen the delivery of all core services within existing resources. Going forward, Renfrewshire Health and Social Care Partnership (RHSCP) has a significant financial challenge ahead to deliver better outcomes for its service users, in line with its Strategic and Financial Plans, in a climate of growing demand with limited resources. In order to achieve, this we must identify and implement more innovative ways to deliver customer focused services cost effectively, by driving service improvement and organisational change within the HSCP through a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP. We will work with staff, managers, services and partners to lead and support service redesign reviews, to identify and implement innovative, cost effective and customer focused service delivery models and pathways, and contribute to delivering the Partnership's Strategic and Financial Plans.

### **Where to Find More Information**

If you would like more information please visit our IJB website at:

[www.renfrewshire.gov.uk/integration](http://www.renfrewshire.gov.uk/integration)

Councillor Iain McMillan  
IJB Chair

16 September 2016

David Leese  
Chief Officer

16 September 2016

Sarah Lavers  
Chief Finance Officer

16 September 2016

**Annual Accounts 2015-2016  
Annual Governance Statement**

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**ANNUAL GOVERNANCE STATEMENT**

**1. Scope of Responsibility**

The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

In discharging these responsibilities, the Chief Officer has a reliance on the NHS and Local Authority's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

This statement explains how the IJB has complied with the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

**2. Purpose of Internal Control**

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. The system aims to evaluate the nature and extent of failure to achieve the organisation's policies, aims and objectives and to manage risks efficiently, effectively and economically. As such it can therefore only provide reasonable and not absolute assurance of effectiveness.

**3. Governance Framework**

The IJB comprises voting and non-voting members, the voting members comprise 4 Council Members nominated by the local authority and 4 are NHSGGC Board members. The IJB via a process of delegation from the Health Board and Local Authority and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area.

Services were delegated to the IJB on 1 April 2016. As such, 2015/2016 was a shadow year for the IJB and during this year the governance framework was established. The main features of the governance arrangements are summarised below.

- The overarching strategic vision and objectives of the IJB are detailed in the IJB's draft Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
- Performance management, monitoring of service delivery and financial governance is provided by the Health and Social Care Partnership to the IJB who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its health service and local authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders and Scheme of Administration, Contract Standing Orders, Scheme of Delegation, Financial Governance arrangements; these will be subject to regular review.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, the external auditors, Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team and the main Board and Audit Committee.
- The IJB follows the principles set out in CoSLA's *Code of Guidance on Funding External Bodies and Following the Public Pound* for both resources delegated to the Partnership by the Health Board and Local Authority and resources paid to its local authority and health service partners.
- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Finance Officer. The system of internal financial control is based on a framework of regular management information and financial governance arrangements.
- The IJB's approach to risk management is set out in its risk management strategy, and the Corporate Risk Register. Regular reporting on risk management is undertaken and reported regularly to the Senior Management Team and the IJB.



**Annual Accounts 2015-2016  
Annual Governance Statement**

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**4. Review of Adequacy and Effectiveness**

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

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

**5. Roles and Responsibilities of the Audit Committee and Chief Internal Auditor**

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

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

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

The Chief Internal Auditor has conducted a review of all Internal Audit reports issued in the financial year and certificates of assurance from the partner organisations. In conclusion, although no system of internal control can provide absolute assurance nor can Internal Audit give that assurance, on the basis of audit work undertaken during the reporting period, there have been no significant issues requiring disclosure in the governance statement.

Furthermore, on the basis of the audit work undertaken during the reporting period and the assurances provided by the partner organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation.

**6. Compliance with Best Practice**

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

The Partnership complies with the requirements of the CIPFA Statement on "*The Role of the Head of Internal Audit in Public Organisations 2010*". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with the CIPFA "*Public Sector Internal Audit Standards 2013*".

**7. Continuous Improvement**

The partnership has developed a continuous improvement programme and during 2016/2017, it is planned to take forward 3 programmes of work to support the delivery of agreed outcomes in a financial stable manner:

- Delivery of 2016/17 Financial Plan and Integrated Care Fund
- Optimising integrated arrangements in line with national outcomes and shifting the balance of care (unlocking the benefits)

**Annual Accounts 2015-2016  
Annual Governance Statement**

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- Transition to new organisation (establishing HSCP business as usual arrangements)

**8. Assurance**

Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify identified areas for improvement.

**Chief Officer**

**Chair**

**Date**

**Date**



**Annual Accounts 2015-2016  
Remuneration Report**

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

**1. Voting Board Members**

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

Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and Vice Chair of the IJB should therefore be included in the IJB remuneration report if they receive remuneration for their roles, for Renfrewshire IJB, neither the Chair or Vice Chair receive remuneration for their roles.

The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation.

For 2015/16 no voting board members received any form of remuneration from the IJB.

**2. IJB Chief Officer**

The appointment of an IJB Chief Officer is required by section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB is not however empowered to directly employ the Chief Officer; therefore the contract of employment must be with one of the partner organisations. Given the specific legal requirement to appoint a Chief Officer and the special legal regime that applies to the employment contract arrangements, for the purposes of the Remuneration Report, the IJB Chief Officer should be regarded as an employee of the IJB.

For Renfrewshire IJB, the Chief Officer is therefore treated as an employee of the IJB, although his contract of employment is with NHS GGC, with his post funded by the IJB. The statutory responsibility for employer pension liabilities sits with NHS GGC as the employing partner organisation. There is therefore no pension liability reflected on the IJB balance sheet for Renfrewshire IJB's Chief Officer.

**3. Senior Officers**

Other officers and staff are not regarded as employees of the IJB and are employed through either NHS GGC or Renfrewshire Council; remuneration for these staff is reported through these bodies.

The annual salaries and pension entitlement of the Relevant Person (as defined by the Local Government Finance Circular 8/2011 and LASAAC guidance on accounting for the Integration of Health and Social Care 2015/16 paragraphs 50 and 51) is shown in the following tables in bandings of £5,000. These bandings include any backdated salary payments and contributions in respect of national insurance and pensions.

2014-15 Total	Name and Post Title	Taxable Salary  (Bands of £5,000)	2015-2016 Other fees and allowances  £'000	Total Earnings in Year  (Bands of £5,000)
n/a	Chief Officer, Renfrewshire IJB : D Leese	105 - 110	0	105 - 110

**Annual Accounts 2015-2016  
Remuneration Report**

The pension entitlement for the Chief Officer for the year to 31 March 2016 is shown in the table below, together with the contribution made by NHS GGC to his pension during the year.

Name and Post Title	Accrued Pension Benefits as at 31 March 2016		Change in accrued pension benefits since 31 March 2015		In Year Pension Contribution For Year to 31 March 2016 £'000
	Pension	Lump Sum	Pension	Lump Sum	
	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £2,500)	
Chief Officer, Renfrewshire IJB : D Leese	15 - 20	50 - 55	15 - 20	7.5 - 10	17

**Annual Accounts 2015-2016**

**Statement of Responsibilities for the Annual Accounts**

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**The Integrated Joint Board's Responsibilities**

The IJB is required

- To make arrangements for the proper administration of its financial affairs and to secure that the proper officer has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). The Chief Finance Officer has been designated as that officer for the Joint Board.
- To manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- To ensure that the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts for signature.

I confirm that the audited Annual Accounts were approved for signature at a meeting of the IJB on 24 June 2016

Councillor Iain McMillan..... IJB Chair

**The Chief Finance Officer's Responsibilities**

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

In preparing this Statement of Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and then applied them consistently;
- Made judgements and estimates which were reasonable and prudent;
- Complied with legislation; and
- Complied with the local authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which were up to date; and
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the IJB at the reporting date and the transactions of the IJB for the year ended 31 March 2016.

**Sarah Lavers**  
Chief Finance Officer  
24 June 2016

**Annual Accounts 2015-2016  
Independent Auditor's Report**

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**Independent auditor's report to the members of Renfrewshire IJB and the Accounts Commission for Scotland**

Under arrangements approved by the Commission for Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the annual accounts of Renfrewshire IJB for the year ended 31 March 2016 is:

Brian Howarth ACMA CGMA  
Assistant Director  
Audit Scotland  
4th Floor  
8 Nelson Mandela Place  
Glasgow  
G2 1BT

**Statement**

The audit of the IJB's Accounts for 2015-2016 is not yet complete i.e. the figures are "subject to audit". The certified Accounts will be presented to Renfrewshire IJB for approval post audit on 16<sup>th</sup> September 2016.

## Comprehensive Income and Expenditure Statement

This statement shows the accounting cost of providing services and managing the IJB during the year. It includes, on an accruals basis, all of the IJB's day-to-day expenses and related income.

2014-2015			Note	2015-2016		
Gross expenditure £m	Gross Income £m	Net expenditure £m		Gross expenditure £m	Gross income £m	Net expenditure £m
-	-	-		0.267	0.267	-
-	-	-		0.267	0.267	-
			Corporate and democratic core			
			(Surplus) or deficit on the provision of services			
			Total comprehensive income and expenditure			

## Balance Sheet as at 31 March 2016

The balance sheet shows the value as at 31 March 2016 of the assets and liabilities recognised by the IJB. The net assets of the IJB are matched by the reserves held by the IJB.

31 March 2015		Note	31 March 2016
£m			£m
-	Short-term debtors	4	0.005
-	<b>Current assets</b>		<b>0.005</b>
-	Short-term creditors	5	(0.005)
-	<b>Current liabilities</b>		<b>(0.005)</b>
-	<b>Net assets</b>		<b>-</b>
-	Usable reserves		-
-	<b>Total reserves</b>		<b>-</b>

The unaudited accounts were issued on 24 June 2016

Balance Sheet signed by:

**Sarah Lavers**

Chief Finance Officer

## **Note 1 Accounting Policies**

The Financial Statements for the year ended 31 March 2016 have been prepared in accordance with proper accounting practice as per section 12 of the Local Government in Scotland Act 2003. Proper accounting practice comprises the Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code) and the Service Reporting Code of Practice, supported by International Financial Reporting Standards and recommendations made by the Local Authority (Scotland) Accounts Advisory Committee (LASAAC). They are designed to give a true and fair view of the financial performance and position of the IJB and comparative figures for the previous financial year are provided. There are no significant departures from these recommendations. The accounts have been prepared under the historic cost convention and on a going concern basis.

### **Accruals of Expenditure and Income**

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

### **Contingent Assets and Liabilities**

Contingent assets and liabilities are not recognised in the financial statements, but are disclosed as a note to the accounts where they are deemed material.

### **Events after the Balance Sheet date**

Events after the Balance Sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue. There are two types of events:

- Adjusting events – those that provide evidence of conditions that existed at the end of the reporting period, and the Statements are adjusted to reflect such events
- Non-adjusting events – those that are indicative of conditions that arose after the reporting period, and the Statements are not adjusted.

Events taking place after the date of authorisation for issue are not reflected in the Statements.

### **Prior Period Adjustments**

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Comprehensive Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the Council's financial performance.

Where there has been a change in accounting policy, that change will be applied retrospectively. Where there has been a change in accounting estimate, that change will be applied prospectively. Where a material misstatement or omission has been discovered relating to a prior period, that misstatement or omission will be restated unless it is impracticable to do so.

### **Provisions**

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential, and a reliable estimate can be made of the amount of the obligation. Provisions are charged as an expense to the appropriate service line in the Comprehensive Income and Expenditure Statement. When payments are eventually made, they are charged to the provision carried in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year.

## Reserves

Reserves are created by appropriating amounts out of the revenue balances. When expenditure to be financed from a reserve is incurred it is charged to the appropriate service in that year to score against the Surplus or Deficit on the Provision of Services in the Comprehensive Income and Expenditure Statement

## VAT

VAT payable is included as an expense to the extent that it is not recoverable from HMRC.

## Note 2 Accounting Standards Issued not Adopted

The code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2016/2017 code:

- Amendment to IAS1 Presentation of Financial Statements (Disclosure Initiatives)
- Changes to the format of the Comprehensive Income and Expenditure Statement

The code requires implementation from 1 April 2016 and there is therefore no impact on the 2015/2016 financial statements.

## Note 3 Events after the balance sheet date

The Chief Finance Officer, being the officer responsible for the IJB's financial affairs, signed the unaudited Annual Accounts on x June 2016. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2016, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

## Note 4 Debtors

31 March 2015		31 March 2016
£m		£m
-	Central government bodies: NHS Scotland	-
-	Other local authorities	0.005
-	Public corporations and trading funds	-
-	HM Revenue and Customs	-
-	Other entities and individuals	-
-	<b>Total debtors</b>	<b>0.005</b>

## **Note 5 Creditors**

31 March 2015		31 March 2016	
£m		£m	
-	Central government bodies: NHS Scotland	-	
-	Other local authorities	-	
-	Public corporations and trading funds	-	
-	HM Revenue and Customs	-	
-	Other entities and individuals	0.005	
-	<b>Total debtors</b>	<b>0.005</b>	

## **Note 6 Related parties**

The IJB's related parties are those bodies or individuals that have the potential to control or significantly influence the IJB, or to be controlled or significantly influenced by the IJB, or where those individuals or bodies and the IJB are subject to common control. The IJB is required to disclose material transactions that have occurred with related parties and the amount of any material sums due to or from related parties. Related party relationships require to be disclosed where control exists, irrespective of whether there have been transactions between the related parties. Disclosure of this information allows readers to assess the extent to which the IJB might have been constrained in its ability to operate independently or might have secured the ability to limit another party's ability to bargain freely with them.

### Greater Glasgow and Clyde NHS and Renfrewshire Council

Greater Glasgow and Clyde NHS and Renfrewshire Council provide all of the Board's funding.

## **Note 7 External audit costs**

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's *Code of Audit Practice* in 2015-2016 were £0.005 million. There were no fees paid to Audit Scotland in respect of any other services.

## **Note 8 Contingent assets and liabilities**

- 8.1 A contingent asset or liability arises where an event has taken place that gives the IJB a potential obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent assets or liabilities also arise where a provision would otherwise be made but, either it is not probable that an outflow of resource will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts when they are deemed to be material.

### **8.2 Clinical and Medical Negligence**

Renfrewshire IJB provides clinical services to patients under the statutory responsibility of NHSGGC. In connection with this, it is responsible for any claims for medical negligence arising from the services it commissions, up to a specific threshold per claim. For claims in excess of this threshold NHSGGC and IJB are



members of the 'Clinical Negligence and Other Risks Indemnity Scheme' (CNORIS). This is a risk transfer and financing scheme which was established in 1999 for NHS organisations in Scotland, the primary objective of which is to provide a cost effective risk pooling and claims management arrangement for those organisations which it covers.

The Regulations governing the CNORIS Scheme were amended on 3 April 2015 so that Integration Joint Boards and Local Authorities could apply to the Scottish Ministers to become members of the Scheme.

CNORIS provides indemnity to member organisations in relation to Employer's Liability, Public/ Product Liability and Professional Indemnity type risks (inter alia) no less wider than that generally available within the commercial insurance market.

NHS Greater Glasgow and Clyde (through CNORIS) and Renfrewshire Council (through AIG) already have relevant insurance cover in place; this will remain in place to cover the employees who are employed by and the services that are delivered by those organisations.

Renfrewshire IJB have joined the CNORIS scheme to cover for Board members at this stage. The NHS Board is currently meeting the financial contribution on behalf of all NHS GGC IJB's, which is presently set at £3,000 per annum per IJB.

The IJB are required to make provision for any claims notified by the NHS Central Legal Office according to the value and probability of settlement. Where a claim is not provided for in full, the balance would be included as a contingent liability. The corresponding recovery from CNORIS in respect of amounts provided for would be recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.



**To:** Renfrewshire Integration Joint Board

**On:** 24 June 2016

**Report by:** Chief Finance Officer

**Heading:** Financial Report 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016

## 1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue and Capital Budget year-end outturn position for the HSCP for the financial year 2015/16.

## 2. Recommendation

It is recommended that the IJB:-

- Note the year end financial position.

## 3. Summary

- 3.1. The overall revenue position for the HSCP at 31<sup>st</sup> March was an underspend of £27k as detailed in the table below (and appendices 1 and 2).

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	£27k underspend	Breakeven
Renfrewshire Health Services	Breakeven	£37k underspend
<b>Total Renfrewshire HSCP</b>	<b>£27k underspend</b>	<b>£37k underspend</b>

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

## 4. Social Work – Adult Services

**Year end Position:** Net underspend of £27k  
**Previously Reported:** Breakeven

### 4.1. Older People

Year end Position: Net underspend of £6k  
Previously Reported: Net overspend of £6k

The net underspend within Older People services was mainly in relation to an underspend in the external care home placement budget reflecting higher than anticipated turnover levels, along with a reduction

in the uptake of residential respite places. This underspend mitigated significant pressures within the care at home service.

This pressure was due to a combination of increases in demand and challenges in terms of workforce capacity and infrastructure to deliver the service, (which led to increases in agency and overtime costs). A separate report to the IJB sets out the current position along with details of the work stream established to review the Care at home service to ensure that within available resources the service can respond to current and future challenges.

4.2. **Physical Disabilities**

Year end Position:	Net overspend of £88k
Previously Reported:	Net overspend of £60k

As previously reported, this overspend reflects increased costs associated with 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.

4.3. **Learning Disabilities**

Year end Position:	Net under spend of £188k
Previously Reported:	Net under spend of £163k

As reported throughout 2015/16, this underspend is mainly due to the time taken to recruit to new posts within the Learning Disability day services along with vacancies due to staff turnover.

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.

4.4. **Addictions**

Year end Position:	Net overspend of £91k
Previously Reported:	Net overspend of £97k

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

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5. **Renfrewshire Health Services**

<b>Current Position:</b>	<b>Breakeven</b>
<b>Previously Reported:</b>	<b>£37k Underspend</b>

5.1. **Addictions**

Current Position:	Net underspend of £173k
Previously Reported:	Net underspend of £167k

As reported throughout 2015/16 this underspend was due to lower than anticipated payroll costs reflecting the position staff are currently placed on the pay scale, along with vacant posts reflecting both the timescales involved in the recruitment process and availability of staff to fill these.

5.2. **Adult Community Services**

Current Position:	Net overspend of £171k
Previously Reported:	Net overspend of £128k

As previously reported, this net overspend is due to a combination of: pressure on the community equipment budget (EQUIPU); overspends on the salaries within RES (Rehabilitation and Enablement Service) where additional physiotherapy staff were employed to focus on the reduction of waiting list times, and an overspend in relation to District Nurse costs mainly in relation to bank costs.

These overspends were partially offset by underspends within the podiatry service due to the impact of maternity leave and vacancies.

5.3. **Children's Services**

Current Position:	Net underspend of £261k
Previously Reported:	Net underspend of £227k

As previously reported, the underspend within Children's services is due to general nursing underspends within the Specialist Panda service reflecting delays in the filling of posts associated with the Paediatric service redesign along with ongoing recruitment issues for psychologists within the CAMHS (Children and Adolescent Mental Health Services).

Psychology recruitment continues to be an ongoing issue across all specialities within NHS GG&C, mainly due to insufficient graduate numbers for the vacancies available.

5.4. **Learning Disabilities**

Current Position:	Net overspend of £128k
Previously Reported:	Net overspend of £85k

The overspend within Learning Disabilities is due to costs associated with: speech therapy agency staff (required until the service redesign process is completed); and medical agency locum fees covering long term sickness which are likely to continue into 2016/17.

5.5. **Hosted Services**

Current Position:	Net underspend of £120k
Previously Reported:	Net underspend of £168k

As previously reported, this underspend reflects historical underspends within the service due to vacant administrative and special project posts.

5.6. **Mental Health**

Current Position:	Net overspend of £137k
Previously Reported:	Net overspend of £166k

This overspend is due to a number of contributing factors within both adult and in-patient services which are offset by an underspend within the adult community budget due to vacancies within the service.

As reported throughout 2015/16, the main overspends within the in-patient services relate to significant costs associated with patients requiring enhanced levels of observation across all ward areas. Staffing for enhanced observations is unfunded, and as a result reliance is on the nurse bank to provide safe staffing levels to meet level of demand and activity. In addition, the costs associated with maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios, meant that costs associated with bank staff were higher than anticipated.

These areas will continue to be the subject of ongoing monitoring and review.

#### 5.7. **Other Services**

Current Position: Net overspend of £112k  
Previously Reported: Net overspend of £112k

The overspend within other services is mainly in relation to the impact of the 15/16 unallocated workforce planning savings.

#### 5.8. **Prescribing**

Current Position: Breakeven  
Previously Reported: Breakeven

The final position for the partnership's share of NHSGG&C prescribing budget is a break-even position. This was achieved by the Board identifying prescribing related non-recurring funding to cover the actual overspend, and, as part of the risk sharing arrangement, they have absorbed the overspend for each HSPC FOR 2015/16r.

The Board's intention, at present, is to maintain the risk sharing arrangement and not to pass any over-spends to the HSCPs. However, in light of the Board's anticipated financial position beyond 2015/16 the risk sharing arrangement may require to be reviewed to agree how risk should be apportioned between the Board and HSCPs.

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## 6. **2015/16 Capital Programme**

Description	Original Budget	Revised Budget	Spend to Date	Still to Spend
Anchor Centre Roof Replacement	£400k	£310k	£0k	£310k
<b>Total SW</b>	<b>£400k</b>	<b>£310k</b>	<b>£0k</b>	<b>£310k</b>

The tender process for the Anchor Centre roof replacement closed in February, with the tender being awarded to Curtis Moore Cladding Systems (who specialise in metal standing roof systems) at the end of April. It is anticipated that works will commence on site in mid July once all roof survey works have been completed.

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## **Implications of the Report**

1. **Financial** – 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 Technogloy** – none
  7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
  8. **Health & Safety** – none
  9. **Procurement** – none
  10. **Risk** – none.
  11. **Privacy Impact** – none.
- 

**List of Background Papers** – none

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**Author:** Sarah Lavers, Chief Finance Officer





**Social Work Revenue Budget Position  
1st April 2015 to 31st March 2016**

Subjective Heading	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Employee Costs	25,594	25,594	25,834	(240)	-0.9%	overspend
Property Costs	1,064	1,064	1,065	(1)	-0.1%	overspend
Supplies and Services	1,567	1,567	1,862	(295)	-18.8%	overspend
Contractors	50,975	50,975	50,816	159	0.3%	underspend
Transport	735	735	698	37	5.0%	underspend
Administrative Costs	6,567	6,567	6,564	3	0.0%	underspend
Payments to Other Bodies	4,535	4,535	4,549	(14)	-0.3%	overspend
Capital Charges	-	-	-			
<b>Gross Expenditure</b>	<b>91,037</b>	<b>91,037</b>	<b>91,388</b>	<b>(351)</b>	<b>-0.4%</b>	<b>overspend</b>
<b>Income</b>	<b>(30,779)</b>	<b>(30,779)</b>	<b>(31,157)</b>	<b>378</b>	<b>-1.2%</b>	<b>underspend</b>
<b>NET EXPENDITURE</b>	<b>60,258</b>	<b>60,258</b>	<b>60,231</b>	<b>27</b>	<b>0.04%</b>	<b>underspend</b>

Year End Budget Position is an underspend of **£27k** **0.04%**

Client Group	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Older People	38,097	38,097	38,091	6	0.0%	underspend
Physical or Sensory Difficulties	6,302	6,302	6,390	(88)	-1.4%	overspend
Learning Difficulties	12,415	12,415	12,227	188	1.5%	underspend
Mental Health Needs	1,562	1,562	1,550	12	0.8%	underspend
Addiction Services	1,232	1,232	1,323	(91)	-7.4%	overspend
Integrated Care Fund	650	650	650	-	0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>60,258</b>	<b>60,258</b>	<b>60,231</b>	<b>27</b>	<b>0.04%</b>	<b>underspend</b>

Year End Budget Position is an underspend of **£27k** **0.04%**



**Health Revenue Budget Position  
1st April 2015 to 31st March 2016**

Subjective Heading	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Employee Costs	42,351	42,351	41,796	555	1.3%	underspend
Property Costs	852	852	769	83	9.7%	underspend
Supplies and Services	11,565	11,565	12,030	(465)	-4.0%	overspend
Purchase of Healthcare	44	44	53	(9)	-20.5%	overspend
Resource Transfer	16,590	16,590	16,590	-	0.0%	breakeven
Family Health Services	81,197	81,197	81,188	9	0.0%	underspend
Savings	(173)	(173)	-	(173)	100.0%	overspend
Capital Charges	1,578	1,578	1,578	-	0.0%	breakeven
<b>Gross Expenditure</b>	<b>154,004</b>	<b>154,004</b>	<b>154,004</b>	<b>-</b>	<b>0.0%</b>	<b>breakeven</b>
<b>Income</b>	<b>(4,479)</b>	<b>(4,479)</b>	<b>(4,479)</b>	<b>-</b>	<b>0.0%</b>	<b>breakeven</b>
<b>NET EXPENDITURE</b>	<b>149,525</b>	<b>149,525</b>	<b>149,525</b>	<b>-</b>	<b>0.00%</b>	<b>breakeven</b>

Year End Budget Position is an underspend of **£0k** **0.00%**

Client Group	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Addiction Services	2,686	2,686	2,513	173	6.4%	underspend
Adult Community Services	15,444	15,444	15,615	(171)	-1.1%	overspend
Children's Services	5,131	5,131	4,870	261	5.1%	underspend
Learning Disabilities	957	957	1,085	(128)	-13.4%	overspend
Mental Health	18,455	18,455	18,592	(137)	-0.7%	overspend
Hosted Services	3,471	3,471	3,351	120	3.5%	underspend
Prescribing	34,032	34,032	34,032	-	0.0%	breakeven
GMS	24,781	24,781	24,781	-	0.0%	breakeven
Family Health Services	19,398	19,398	19,393	5	0.0%	underspend
Planning and Health Improvement	1,535	1,535	1,546	(11)	-0.7%	overspend
Other Services	3,778	3,778	3,890	(112)	-3.0%	overspend
Resource Transfer	16,590	16,590	16,590	-	0.0%	breakeven
Integrated Care Fund	3,267	3,267	3,267	-	0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>149,525</b>	<b>149,525</b>	<b>149,525</b>	<b>-</b>	<b>0.00%</b>	<b>breakeven</b>

Year End Budget Position is an underspend of **£0k** **0.00%**

**for information:**

1. Adult Community Services includes: District and Out of Hours Nursing; Rehabilitation Services, Equipu and board wide responsibility for Podiatry
2. Children's Services includes: Community Services - School Nurses and Health Visitors; Specialist Services - Children's Mental Health Team, Speech Therapy
2. GMS = costs associated with GP services in Renfrewshire
3. Family Health Services = costs associated with Dentists, Pharmacists, Optometrists (FHS)
4. Hosted Services = board wide responsibility for support to GP's for areas such as eg breast screening, bowel screening
5. Other Services = Business Support staff; Admin related costs, hotel services and property related costs including rates and rental costs.



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**To: Renfrewshire Integration Joint Board**

**On: 24 June 2016**

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**Report by: Chief Finance Officer**

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**Heading: Renfrewshire Integration Joint Board Reserves Policy**

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## **1. Summary**

- 1.1 This paper and supporting appendix sets out the proposed Renfrewshire Integration Joint Board (IJB) Reserves Policy.
- 1.2 The purpose of this policy is to:
- explain the purpose of holding a reserve;
  - identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
  - set out the role of the Chief Finance Officer with regards to reserves;
  - indicate how frequently the reserves will be reviewed and the optimum level of reserves the IJB would aim to hold; and
  - set out arrangements relating to the creation, amendment and use of the reserves and balances.
- 

## **2. Recommendation**

- 2.1 Integration Joint Board members are asked to:
- Approve the attached Reserves Policy;
  - Approve that, in the medium term, IJB reserves are set at a maximum limit of 2% of the net budget of the IJB, and that the value of reserves will be reviewed annually as part of the IJB Budget and Strategic Plan; and depending on the financial environment at that time.
  - Delegate the Chief Finance Officer with authority for the use of IJB Reserve Funds up to a maximum of £500,000 in consultation with the Chief Officer, Chair and or vice Chair of the IJB.

Note that the Chief Finance Officer will report the use of each reserve to the IJB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds and where possible plans for replenishment to restore the level of reserves.

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## **3. Background**

- 3.1 Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the IJB to hold reserves which must be accounted for in the financial accounts and records of the IJB. The IJB is entitled to hold reserves in order to meet the needs of the Health and Social Care Partnership.

- 3.2 Reserves are resources held by an organisation to fund contingencies and / or specific programmes.
- 3.3 As the IJB does not have any capital assets of its own, it can only currently hold two types of reserve – a General Reserves and a Renewal and Repair Reserves. This position will change if the IJB holds capital assets in future.
- 3.4 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold. The IJB, based on this advice, will approve the appropriate reserve as part of the annual budget setting process, depending on the level of resources available.
- 3.5 There is no guidance on the minimum level of reserves that should be held. In determining the level of reserves to be held, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management. In light of the size and scale of the IJB's responsibilities, over the medium term the level of general reserves proposed is a maximum of 2% of the net budget of the IJB, depending on the year end position and ability at that time to transfer monies into a reserve for future use. This value of reserves will be reviewed annually as part of the IJB Budget and Strategic Plan; and depending on the financial environment at that time.
- 3.6 It is recommended that authority for the use of IJB Reserve Funds up to a maximum of £500,000 in consultation with the Chief Officer, Chair and or vice Chair of the IJB, is delegated to the Chief Finance Officer. The use of each reserve will be reported to the IJB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds and where possible plans for replenishment to restore the level of reserves.
- 3.7 The proposed Renfrewshire IJB Reserves Policy is attached at Appendix 1.
- 

## Implications of the Report

1. **Financial** – The Reserves Policy is a key component of the IJB governance arrangements. It sets out the responsibilities of the IJB and senior officers in relation to the use and governance of IJB reserves.
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – The IJB is entitled to hold reserves in order to meet the needs of the Health and Social Care Partnership in line with national guidance
5. **Property/Assets** – None
6. **Information Technology** – Managing information and making information available may require ICT input.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – Approval of the Reserves Policy will ensure the IJB is entitled in line with the legislation, under Section 106 of the Local Government (Scotland) Act 1973 and

background papers to hold reserves which should be accounted for in the IJB's financial accounts.

- 11. Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

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**List of Background Papers:**

- Local Authority Accounting Panel (LAAP) Bulletin 99 – Local Authority Reserves and Balances
- LASAAC Code of Practice on Local Authority Accounting
- LASAAC Holding to Account: Using Local Authority Financial Statements
- Renfrewshire IJB Financial Regulations
- Renfrewshire IJB Financial Governance Manual
- Scottish Government, Integrated Resources Advisory Group, Professional Guidance, Advice and Recommendations for Shadow Integration Arrangements version 2
- Renfrewshire Council Medium Term Financial Strategy

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**Author:** Sarah Lavers, Chief Finance Officer





**Appendix 1**

**Renfrewshire IJB Reserves Policy**



## **CONTENTS**

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## **1. Background**

1.1 The IJB is entitled to hold reserves in order to meet the needs of the partnership.

1.2 Reserves are resources held by an organisation to fund contingencies and / or specific programmes.

1.3 Reserves can be usable or unusable:

1.4 A usable reserve represents resources which the IJB can use for the delivery of services. Each usable reserve may have different restrictions upon its potential use, dependent upon both legislation and decisions by the IJB. For example resources held in the Capital Receipts Reserve may normally only be used to fund expenditure on assets providing long-term benefits or the repayment of borrowing.

1.5 Usable reserves include the following:

- General Fund – this type of reserve has no specific purpose other than, as a contingency fund, to cushion the organisation's finances against any unexpected short term problems in cash flow.
- Renewal & Repair Fund – this type of reserve is earmarked to renew and/or repair capital items.
- Capital Fund – this reserve is for the purchase of new capital development or asset purchase.
- Capital Receipts Reserve – this type of reserve holds the proceeds from the sale of assets and can only be used for those purposes specified in the capital finance and accounting regulations.
- Capital Grants Unapplied Account – grants and contributions relating to capital and revenue expenditure require to be accounted for and recognised in the comprehensive expenditure and income statement within usable reserves.

1.6 Unusable reserves cannot be used to provide services or for day to day running costs. These reserves generally arise from statutory adjustments and the treatment of 'unrealised' changes in the value of assets or liabilities.

1.7 Unusable reserves include the following:

- Capital Adjustment Account – this is a specific accounting mechanism used to reconcile the different rates at which assets are depreciated.
- Pensions Reserve – this is a specific accounting mechanism used to reconcile the payments made for the year to various statutory pension schemes.
- Financial Instruments Adjustment Account – this is a specific accounting mechanism used to reconcile the different rates at which gains and losses (such as premiums on the early repayment of debt) are recognised.
- Revaluation Reserve – this is a reserve that records unrealised gains in the value of property, plant and equipment. (LASAAC Holding to account: using local authority financial statements)

1.8 In common with local authorities, the IJB can have reserves within a usable category. As the IJB does not have any capital assets of its own, it can only currently hold two types of reserve – a General Fund and a Renewal and Repair Fund. This position will change if the IJB holds capital assets in future.

1.9 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the Local Authority Accounting Panel (LAAP) Bulletin 99 – Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the IJB has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) 1973 Act and is classified as a local

government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the IJB.

- 1.10 Budget holders within Renfrewshire Council and NHSGG&C are accountable for all budgets within their control as directed by the IJB in line with the Strategic Plan. The IJB will ensure appropriate arrangements are in place to support good financial management and planning. The IJB must follow the agreed policies, set out in the supporting Financial Governance Manual in relation to reserves. (Renfrewshire IJB Financial Regulations)
- 1.11 Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the IJB to hold reserves which must be accounted for in the financial accounts and records of the IJB.
- 1.12 In line with national guidance and good financial governance, this policy establishes a framework within which decisions will be made regarding the level of reserves held by the IJB and the purposes for which they will be maintained and used. Reserves will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan and subject to ongoing review dependent on the financial position of the partnership. (Renfrewshire IJB Financial Governance Manual)
- 1.13 The purpose of this reserve policy is to:
- explain the purpose of holding a reserve;
  - identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
  - the role of the Chief Finance Officer with regards to reserves;
  - indicate how frequently the reserves will be reviewed; and
  - set out arrangements relating to the creation, amendment and use of the reserves and balances.

## **2. Statutory/Regulatory Framework for Reserves**

- 2.1 Local Government bodies, which includes the IJB for these purposes, may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

### Usable Reserve

General Reserves  
Repair and Renewals Reserves

### Powers

Local Government Scotland Act 1973  
Local Government Scotland Act 1973

- 2.2 For each earmarked reserve the following should be applied and reported:

- the reason/purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- a process and timescale for review of the reserve to ensure continuing relevance and adequacy.

## **3. Use of Reserves**

- 3.1 Authority for the use of IJB Reserve Funds is delegated to the Chief Finance Officer. The use of each reserve will be reported to the IJB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds and where possible plans for replenishment to restore the level of reserves.
- 3.2 The Chief Finance Officer is responsible for ensuring that the Reserve Funds is maintained and used only as described in this policy. Upon approval of the use of the funds the Chief Finance Officer will maintain records of the use of funds and plan for replenishment. The Chief Finance Officer will ensure, where possible, the fund is maintained at a level considered

prudent to mitigate financial risk and provide regular reports to the IJB on balances held in the fund.

- 3.3 The Chief Finance Officer will annually discuss what additional risk factors might be considered for the IJB and the impact of budgeting on general reserve levels.
- 3.4 This policy will be reviewed by the Chief Finance Officer every financial year or more frequently if warranted by internal or external events or changes. Changes to the policy will be recommended by the Chief Finance Officer to the IJB.

#### **4. Operation of Reserves**

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

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

4.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. By definition, these reserves retain approved resources that are intended to fund specific commitments at a relevant point in the future. They remain an important mechanism which allows IJB to manage available resources on a flexible basis between financial years and over the medium and longer term, ensuring that the IJB appropriately plans for its financial commitments over the long term and that the application of financial resources are driven by decisions underpinned by best value and which best support the IJB to achieve its strategic objectives. In Scotland, under Local Government rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
  - future use of funds for a specific purpose, as agreed by the IJB; or
  - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

#### **5. Role of the Chief Finance Officer**

- 5.1 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold. The IJB, based on this advice, should then approve the appropriate level of reserves as part of the annual budget setting process, depending on the resources available.
- 5.2 The Chief Finance Officer will also have authority for the use of IJB Reserve Funds up to a maximum of £500,000 in consultation with the Chief Officer, Chair and or vice Chair of the IJB. The use of any reserve monies will be reported to the IJB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds and where possible plans for replenishment to restore the level of reserves.

## **6. Adequacy of Reserves**

- 6.1 There is no guidance on the minimum level of reserves that should be held. In determining the level of reserves to be held, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.
- 6.2 In light of the size and scale of the IJB's responsibilities, over the medium term the level of general reserves proposed is a maximum of 2% of the net budget of the IJB, depending on the year end position and ability at that time to transfer monies into a reserve for future use. This value of reserves will be reviewed annually as part of the IJB Budget and Strategic Plan; and depending on the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.
- 6.3 The proposed 2% is an optimum level of reserves to be built up over time, recognising prudent financial planning and budgetary constraints.
- 6.4 It is recommended in line with national guidance that if an overspend is forecast on either arm of the operational Integrated Budget, the Chief Officer and the relevant finance officer should agree a recovery plan to balance the overspending budget.
- 6.5 In addition, the IJB may increase the payment to the affected body, by either:
- Utilising an under spend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or
  - Utilising the balance on the general fund, if available, of the IJB in line with the reserves policy.
- 6.6 If the recovery plan is unsuccessful and there are insufficient reserve funds to meet a year end overspend, then the partners have the option to:
- Make additional one-off payments to the IJB; or
  - Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this.

## **7. Reporting Framework**

- 7.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 7.2 The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.
- 7.3 As part of the budget report the Chief Finance Officer should state:
- the current value of the Reserve Funds, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
  - the adequacy of general reserves in light of the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
  - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
  - if the reserves held are under the prudential target, that the IJB should be considering actions to meet the target through their budget process.

## **8. Accounting and Disclosure**

- 8.1 The IJB will present a Movement in Reserves Statement and a description of the purpose of the statement, either in the explanatory fore note or on the face of the



statement (or both). The Movement in Reserves Statement shall show, for each classification of reserves:

1. Balance as at the end of the previous reporting period
2. Surplus or (deficit) on the provision of services
3. Other comprehensive income and expenditure
4. Total comprehensive income and expenditure
5. Net increase or decrease before transfers to other statutory reserves
6. Transfers to and from other statutory reserves
7. Increase or (decrease) in year
8. Balance as at the end of the current reporting period (LASAAC Code of Practice on Local Authority Accounting)

## **9. Risk Sharing**

- 9.1 It is the responsibility of the IJB to identify and address its operational and financial risks and to develop and implement proper arrangements to manage them, including adequate and effective systems of internal control. The financial risks will be assessed in the context of the IJB's overall approach to risk management.
- 9.2 Part of the management process involves taking appropriate action to mitigate or remove risks, where this is possible. This in turn may lead to a lower level of reserves being required, and it would be appropriate to reduce the levels of balances held where appropriate action to mitigate or remove risks has been successfully undertaken. (LAAP Bulletin 99)
- 9.3 The assessment of risks will include external risks, such as a legislative change, as well as internal risks, for example, the ability to deliver planned efficiency savings.
- 9.4 In line with national guidance, financial risk will be managed through the financial management process and the use of reserves.
- 9.5 In order to assess the adequacy of reserves when setting the budget, the Chief Finance Officer will take account of the strategic, operational and financial risks facing the IJB.



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**To: Renfrewshire Integration Joint Board**

**On: 24 June 2016**

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**Report by: Chief Officer**

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**Subject: Renfrewshire HSCP Performance Management Report 2015/16**

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## **1. Summary**

- 1.1 The Integration Joint Board (IJB) assumed full responsibility for delegated services on 1 April 2016. A performance framework is required to ensure we operate with informed, effective and efficient management of services and to provide a coherent picture of the outcomes achieved by the Health and Social Care Partnership (HSCP).
  - 1.2 As reported to the previous IJB meeting, the Integration Scheme requires that existing measures and targets from the service plans of the parent organisations are drawn together in preparation for the development of a Performance Framework as outlined above. These include national measures such as the NHS HEAT (Health Improvement, Efficiency, Access and Treatment) targets and agreed Community Planning targets.
  - 1.3 This report provides a final update on performance agreed at the Integration Joint Board on 18 September 2015. A summary of performance progress against the nine National Outcomes is included as Appendix 1. A quarter four update on the agreed performance Scorecard for 2015/16 is also included (Appendix 2). Taking into account feedback from IJB members at the 18 March meeting, performance Exception Reports are also included for all indicators that show red status at that time (Appendix 3).
  - 1.4 This report also provides a proposed Performance Management Framework for 2016/17.
  - 1.5 The Scottish Government guidance for Performance Management 2016/17 was published in April 2016. Following this, further development work has been undertaken with IJB members and HSCP senior managers to discuss and agree the mechanism for reviewing the HSCP's Performance Management Framework for 2016/17. A development session with the IJB was held on 12 May 2016. This provided an opportunity for IJB members to discuss and agree options for the 2016/17 Performance Management Framework to ensure it meets the needs of the Integration Joint Board.
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## **2. Recommendations**

- 2.1 The Board notes the quarter four update on the 2015/16 performance Scorecard presented in Appendix 2 (performance to 31.03.16). It should be noted that the indicators in the Scorecard are reported at a number of frequencies and that information may not always be available at the end of a reporting period. Updates include all information available at that point.
- 2.2 The Board notes the 2016/17 Performance Management Framework as outlined in this report. This is informed by Scottish Government guidance published in March 2016 and the views of IJB members and HSCP managers from the development session on 12<sup>th</sup> May 2016.

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## **3. Performance Reporting 2015/16**

### **3.1 Background**

The scorecard is structured on the nine National Outcomes. It includes measures from the Core Indicators' set, incorporating some high level outcome indicators drawn from the annual Health and Care Experience Survey.

Feedback from our performance reporting during 2015/16 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures.

### **3.2 Performance Improvements**

Good progress has been made in the Care at Home Service during 2015/16. For the first time we have met the national target of 30% of long term care clients receiving intensive home care (10 hours plus). Care at Home services have focused on reviewing care packages to ensure the most vulnerable clients receive the appropriate level of service and care.

The average number of clients on the Occupational Therapy waiting list is 297 against a target of 350. This indicator has changed from amber to green status.

Good progress continues in smoking cessation services with 170 non smokers at the 3-month follow up in the 40% most deprived areas at December 2015. This is 32% above the target of 129.

At March 2016 there are no delayed discharges over 14 days and 99.6% of people were seen within three weeks from referral to treatment for alcohol and drug services.

385 Alcohol Brief Interventions (ABIs) were carried out in quarter 4 (January - March 2016). This was a substantial increase from previous quarters: Q1: 193; Q2: 223; Q3: 235. While we have not met the annual target of 1,116 ABIs, our performance in quarter 4 has changed the indicator status from red to amber.

### Performance Concerns

As well as positive areas of performance, there are also a number of challenging areas, including sickness absence; and the 18-week waiting times target from assessment to appointment in the Speech and Language Therapy Community Paediatric Service. The Exception Reports give more detail on trends, actions to address performance and timeline for improvement where appropriate.

The sickness absence rate for health staff in the HSCP has increased to 7% at March 2016. The rate in Renfrewshire is above the NHS GGC average of 6.2%. Sickness absence will also be reported for Social Work staff in the 2016/17 performance reporting.

There was an increase in the number of referrals in February and March 2016 to the Speech and Language Service. In 2015/16 the monthly average for referrals was 56; this increased to 73 in February and 69 in March 2016. The impact of this as well as current staffing issues around long term sick leave, shows 82 people waited longer than the 18-week target from assessment to appointment in March 2016.

The exclusive breastfeeding rate at 6-8 weeks has dropped slightly to 20.8%. As performance is now below the 21.4% target, this indicator has changed from green to amber status.

The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks has reduced from 97% in December 2015 to 88% at March 2016. This indicator has changed from amber to red status. We experienced high levels of long term sickness absence and were recruiting to vacancies during this period, which as well as a significant increase in referrals, impacted on our performance. We have implemented a weekly monitoring report to ensure we identify any challenges as soon as possible.

The percentage of Health Care Support Worker staff with mandatory induction completed within the deadline reduced from 100% at November 2015 to 50% at February 2016. This indicator has changed from green to red status. We work closely with colleagues in Learning and Education and Service Managers to improve performance against this indicator.

The indicator related to the number of carers' assessments completed by the service remains an area of concern. Although the number of completed assessments has risen by 15% between the 5-year period 2011/12 to 2015/16, the target has not been reached. The views and needs of carers are captured in the Standardised Shareable Assessment (SSA) and the Care Plan for the person they care for. Although carers are offered the assessment they often believe their needs are addressed via the SSA and decline a Carer's Assessment. We continue to work with partner agencies to publicise and increase the uptake of carers' assessments.

Further details are contained within the attached Scorecard (Appendix 2) and Exception Reports (Appendix 3).

#### **4. Performance Reporting 2016/17**

- 4.1 The Scottish Government published, 'Guidance for Performance Reporting' for HSCPs in April 2016. The guidance did not prescribe a set approach for ongoing performance management for Boards. It did give clear guidance about the production of Annual Performance Reports. The guidance highlighted that the performance of each HSCP would be judged against the 23 national core integration indicators by way of a benchmark for ministers. The guidance also indicated that performance and finances would require to be reported at locality level. The HSCP 2016/17 Annual Performance Report is due in July 2017.
- 4.2 The 2015/16 IJB Scorecard for Renfrewshire HSCP is structured on the nine National Outcomes and provides the basis for the development of the 2016/17 Performance Management Framework. The 2016/17 HSCP Performance Management Framework will include the 23 national core integration indicators, many of which nationally are still under development.
- 4.3 Feedback from our performance reporting during 2015/16 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures in 2016/17. Development work on the HSCP 2016/17 Performance Management Framework has been led by the Outcomes and Performance Management Integration Workstream and various stakeholders have been involved in the development of the performance framework over the last year. Reporting on a locality basis, informed by the emerging GP cluster work, is currently being developed. Following the signing of Information Sharing Protocols (ISPs), the process of joining health and social care data is taking place to produce joint performance indicators.
- 4.4 A development session was held with IJB members on 12 May 2016 to discuss the mechanism, format and frequency for reviewing the HSCP's Performance Management Framework for 2016/17. Current performance reporting arrangements and an overview of the various options around frequency and format of how future performance reporting was discussed. It is proposed that:
- A full performance report will be presented twice a year. The report will comprise a covering paper, a summary dashboard, a full score card and a number of exception reports;
  - Exception reporting will complement the scorecard and will focus on both negative and positive performance indicators;
  - In the twice yearly full report, an update will be provided on the performance of commissioned services;
  - Additional exception reports will be taken to other IJB meetings to ensure that all significant areas are discussed over the year.

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#### **Implications of the Report**

1. **Financial – None**
2. **HR & Organisational Development – None**

3. **Community Planning** - None
4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. 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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














### DASHBOARD: summary of Red, Amber and Green Measures









The summary chart shows 34 measures for information only; there are no specific targets for these measures.
















Of the 55 measures that have performance targets, 60% show green (on or above target); 16% show amber (within 10% variance of target); and 24% show red (more than 10% variance of target).

National outcome	Red	Amber	Green	Data Only	Total	Movement
National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	0	3	4	1	8	One  to 
National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	3	0	8	8	19	One  to  One  to 
National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	1	2	4	5	12	One  to 
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	3	4	7	2	16	One  to 
National Outcome 5. Health and social care services contribute to reducing health inequalities	2	0	2	4	8	No change
National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being	1	0	1	3	5	No change
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	2	4	No change
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	3	0	2	3	8	One  to 
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	3	6	9	No change
<b>Total:</b>	<b>13</b>	<b>9</b>	<b>33</b>	<b>34</b>	<b>89</b>	
<b>Percentage %:</b>	<b>24%</b>	<b>16%</b>	<b>60%</b>	<b>-</b>	<b>100%</b>	

























# Renfrewshire Integration Joint Board Scorecard 2015/16

PI Status		Direction of Travel	
	Alert		Improvement
	Warning		Deterioration
	OK		Same as previous reporting period
	Unknown		
	Data Only		









National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer							
PI code & name		2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
		Value	Value	Value			
National Indicators							
HSCP/CI/HCES/01	Percentage of adults able to look after their health very well or quite well	94%	-	Not measured for Quarters	-	-	
Local Indicators							
HSCP/HI/AD/02	Reduce smoking in pregnancy	14.3%	13.6%	15.5%	20%		
HSCP/HI/ANT/01	Breastfeeding exclusive for 6-8 weeks	19.3%	21.8%	20.8 %	21.4%		
HSCP/HI/LS/01	Increase in the number of people who assessed their health as good or very good	77%	-	Not measured for Quarters	80%		
HSCP/HI/LS/02	Increase the percentage of people participating in 30 mins of moderate physical activity 5 or more times a week	53%	-	Not measured for Quarters	32%		
HSCP/HI/LS/03	Reduce the percentage of adults who smoke	19%	-	Not measured for Quarters	23%		
HSCP/HI/LS/04	Reduce the percentage of adults that are overweight or obese	49%	-	Not measured for Quarters	55%		
HSCP/HI/MH/01	Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	55.1	53.4	Not measured for Quarters	57		

# Renfrewshire Integration Joint Board Scorecard 2015/16

National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.							
PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	80%	-	Not measured for Quarters		-	-	
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	-	-	Not measured for Quarters		-	-	
Local Indicators							
CHP/CF/DD/01 Number of acute bed days lost to delayed discharges (inc AWI)	5,835	5,325	3,633	8,100			
CHP/CF/DD/02 Number of acute bed days lost to delayed discharges for Adults with Incapacity.	2,288	4,301	2,624	1,068			
HPBS14b1 Number of PSHG awarded to disabled tenants to adapt private homes	123	109	Not measured for Quarters	-	-		
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	98.6%	87.8%	Not measured for Quarters	99%			
HPCHARTER23 The average time (in days) to complete medical adaptation applications	60.6	64	Not measured for Quarters	-	-		
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan	-	649	977	440			
HSCP/AS/DD/02 The number of delayed discharges over 2 weeks	-	0	0	0			
HSCP/AS/DEM/01 Number of patients registered with dementia	-	-	1,448	1,384			
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	-	-	100%	100%			
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	84%	86%	87%	85%			
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target – 30%)	27%	28%	31%	30%			

# Renfrewshire Integration Joint Board Scorecard 2015/16





















## Appendix 2

PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value		Value			
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	447	499		501	-	-	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	99%	99%		98%	-	-	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	55%	59%		64%	-	-	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	17.17	21.37		20.71	-	-	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work only)	25%	13%		20%	70%		
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	351	387		297	350		

# Renfrewshire Integration Joint Board Scorecard 2015/16











National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.							
PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	75%	-		Not measured for Quarters	-	-	
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	83%	-		Not measured for Quarters	-	-	
Local Indicators							
HSCP/AS/AE/01 A&E waits less than 4 hours	82%	91.9%		88.6%	95%		
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+).	43.3%	46%		42.8%	48.2%		
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	41.6%	44.6%		43.0%	45%		
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	-	100%		100%	100%		
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-	-		161	-	-	
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-	88% of Audit of 70		Not measured for Quarters	-	-	
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-	1		Not measured for Quarters	-	-	
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	-	-		88%	100%		
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	-	-		98%	100%		
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	93.7%	99.4%		99.8%	90%		

# Renfrewshire Integration Joint Board Scorecard 2015/16













National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users							
PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/07 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	82%	-	Not measured for Quarters		-	-	
Local Indicators							
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	79.3%	89.2%	Dec 15: 88.3%		80%		
HSCP/AS/HA/03 Emergency admissions from care homes	539	508	477		480		
HSCP/AS/HA/04 Emergency bed days rate 65+	290	305	302		-	-	
HSCP/HI/ADS/01 Alcohol brief interventions	1,325	1,067	1,037		1,116		
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	2.41%	-	Not measured for Quarters		1.86		
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	-	140.9	Not measured for Quarters		130		
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	97.3%	98.5%	99.6%		91.5%		
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	4.5	-	Not measured for Quarters		5%		
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 100,000 population	10.5	10.1	9.5		8.9		
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.9%	6.7%	6.8%		6%		








# Renfrewshire Integration Joint Board Scorecard 2015/16







Appendix 2














PI code & name	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/CS/AX/01 Uptake rate of 30-month assessment	-	87.7%	83%	80%		
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	-	-	100%	100%		
HSCP/CS/SPL/02 Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment	4	12	82	0		
HSCP/HI/GP/01 Number of patients accessing GP services within 48 hours/advance booking	-	94%	Not measured for Quarters	95%		
HSCP/HI/GP/01 Percentage of patients able to book an appointment with a GP in advance	-	90.3%	Not measured for Quarters	90%		















National Outcome 5. Health and social care services contribute to reducing health inequalities.							
PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/11 Premature mortality rate.	449.1	-	Not measured for Quarters		-	-	
Local Indicators							
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	-	-	170	129			
HSCP/HI/AD/03 Smoking in pregnancy (SIMD)	-	24.9%	23.9%	20%			
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	14.2%	14.6%	12.0%	19.9%			
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	-	-	1,997	-	-		
HSCP/HI/EQIA/03 Number of quality assured EQIAs carried out	-	-	1	-	-		
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	-	-	63	-	-		
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	16.4	14.8	Not measured for Quarters	15.3			

National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.							
PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value				
National Indicators							
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)	42%	-	Not measured for Quarters		-	-	
Local Indicators							
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	155	147	80		185		
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	104	81	56		-	-	
HSCP/AS/CO/01 Number of carers reporting that they feel supported in their caring role (Local Survey)	85.6%	83.0%	79.0%		-	-	
HSCP/AS/RC/18 Total number of weeks of respite care provided (all clients groups)	3,517	4,233.4	Not measured for Quarters		4,150		

National Outcome 7. People who use health and social care services are safe from harm.							
PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	80%	-	Not measured for Quarters		-	-	
HSCP/CI/SR/24 Suicide rate	24	-	Not measured for Quarters		-	-	
Local Indicators							
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	9.4%	11.4%	Not measured for Quarters		12%		
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	4.1%	2.7%	2%		6%		

National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.							
PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value				
National Indicators							
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	-	Not measured for Quarters		-	-	
Local Indicators							
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	3	1	1		-	-	
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	579	599	609		-	-	
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	-	-	61.2%		80%		
HSCP/CS/H&S/02 Health sickness absence rate	-	-	7%		4%		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	-	-	50%		100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	-	-	100%		100%		
HSCP/CORP/CMP/01 % of complaints within health responded to within 20 days	-	-	100%		100%		

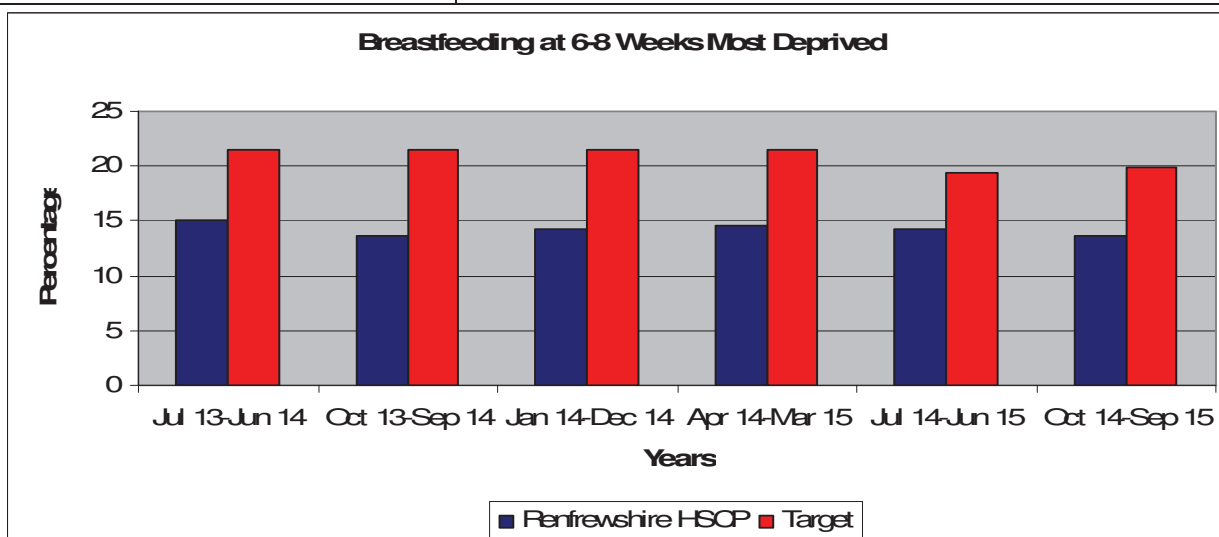
# Renfrewshire Integration Joint Board Scorecard 2015/16

National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.							
PI code & name	2013/14	2014/15	Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/14 Readmission to hospital within 28 days.	-	-	Not measured for Quarters		-	-	
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	-	-	Not measured for Quarters		-	-	
Local Indicators							
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£16.81	-	Not measured for Quarters		-	-	
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.3%	-	Not measured for Quarters		-	-	
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	381.9	-	Not measured for Quarters		-	-	
HSCP/GP/MM/01 % of GPs participating in Medicines Management LES	-	-	100%		100%		
HSCP/AC/PHA/01 Prescribing variance from budget	-	-	1.07% over budget		-		
HSCP/AC/PHA/02 Formulary compliance	-	-	79.1%		78%		
HSCP/AC/PHA/03 Prescribing cost per weighted patient	-	-	£14.55		£15.65		



**Exceptions Report:        Breastfeeding at 6-8 weeks in most deprived areas - Outcome 1**

<b>Measure</b>	Breastfeeding at 6-8 weeks in most deprived areas.
<b>Current Performance</b>	As at September 2015, 13.6% of women in the 15% most deprived datazones exclusively breastfed their babies at 6-8 weeks against an annual target of 19.9%.
<b>Lead</b>	Fiona Mackay, Head of Strategic Planning and Health Improvement & Mandy Ferguson, Head of Health & Social Care Services West Renfrewshire



### Commentary

As at September 2015, Renfrewshire data showed that 13.6% of women in the 15% most deprived datazones exclusively breast fed their babies at 6-8 weeks. This figure is 6.3% below the annual target of 19.9% and a further drop of 0.6% from the June 2015 figure of 14.2%. This further deterioration in performance means our current status remains red.

The percentage was the same at September 2014, although it did increase to 14.6% for the period April 2014-March 2015.

Renfrewshire's status has consistently shown red since July 2013 and this particular target remains challenging.

### Actions to Address Performance

#### **Infant Feeding Support Workers**

Two Infant Feeding Support Workers take self-referrals as well as referrals from Midwives and Health Visitors across Renfrewshire. From March 2015- March 2016 688 referrals were received, of which 438 received a home visit, 81 could not be contacted and 168 declined a visit. The Infant Feeding Support Worker provides additional support with infant feeding in the form of home visits and telephone contacts.

#### **UNICEF Baby Friendly Audit**

Preparations are underway for the UNICEF Baby Friendly Audit in October 2016,

including staff training on the updated UNICEF standards. All health board premises will be inspected to ensure they are WHO Code compliant, which aims to support and protect breastfeeding in our community.

### **Breastfeeding Support**

A weekly breastfeeding support group run by Children's Services staff, has been established in Northcroft Health Centre, Paisley. Additional support groups are run by the Breastfeeding Network in Ferguslie, Johnstone and Kilbarchan.

### **Public Acceptability of Breastfeeding**

- 86% of Nurseries in Renfrewshire have received training and have been awarded the Breastfeeding Friendly Nursery Award.
- Breastfeeding Welcome Award has been delivered to staff from Town Halls in Renfrewshire, Xscape and Active Communities. In addition, two local cafés have received the Breastfeeding Welcome Award.
- Local research has been carried out. This aimed to gather data around the subject of breastfeeding and social media usage from a sample of residents of Linwood. The findings will be disseminated at a learning event and inform the piloting of breastfeeding messages on social media with the aim of promoting public acceptability of breastfeeding within areas of deprivation.
- The breastfeeding in Secondary Schools Pack has been used by one school in the last year and plans are in place to provide training on the use of the pack to staff in education.

### **Test of Change**

Plan Do Study Act methodology has been used to explore a means of recruiting and talking to ante natal women from deprived areas, about preparation for parenthood and infant feeding choices.

### **Timeline For Improvement**

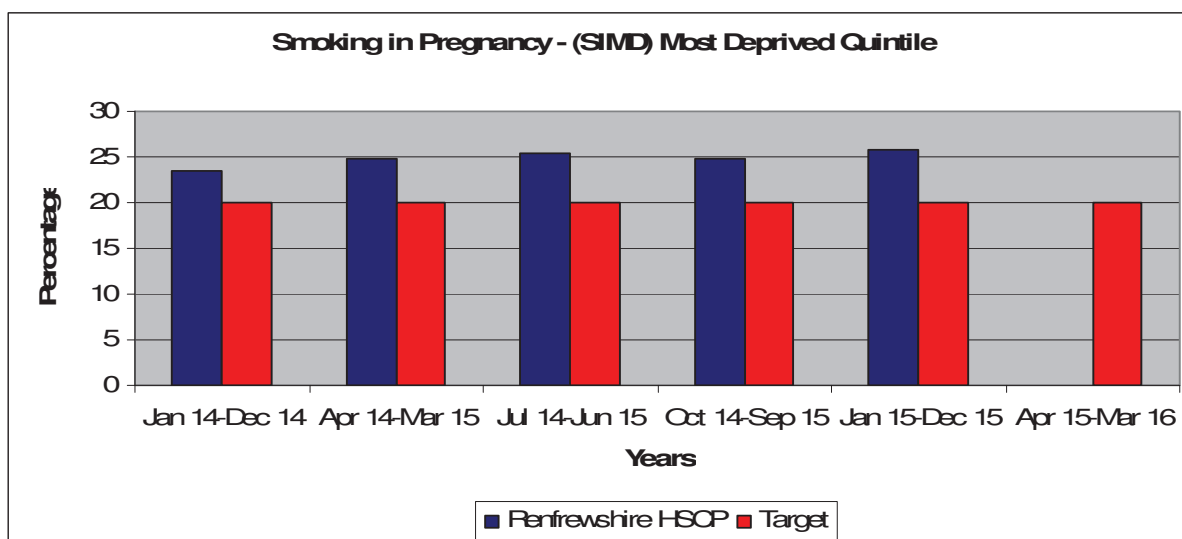
Referrals to the Infant Feeding Support Workers will continue to be monitored monthly to ensure numbers are maintained. The small test of change on antenatal parenthood preparation will be completed by October 2016. All Renfrewshire nurseries will have been offered Breastfeeding Welcome training by June 2016 and an additional 4 cafes and 3 Families First Teams will receive Breastfeeding Welcome training by September 2016.

The 19.9% target in deprived areas is extremely challenging considering the breastfeeding rate across Renfrewshire is currently 21.4%. We hope to achieve 15% by December 2016.



## Exceptions Report: Smoking in Pregnancy (SIMD) – Outcome 1

<b>Measure</b>	Smoking in Pregnancy (SIMD)
<b>Current Performance</b>	As at December 2015, 25.8% of women in the most deprived quintiles were smoking in pregnancy. Current performance is 29% higher than the target of 20%.
<b>Lead</b>	Fiona Mackay, Head of Strategic Planning and Health Improvement & Mandy Ferguson, Head of Health & Social Care Services West Renfrewshire



### Commentary

As at December 2015, Renfrewshire data showed that 25.8% of women in the most deprived quintiles smoked during pregnancy. This figure is 29% higher than the annual target of 20% and represents a 10.1% increase on the same period in 2014/15. This further deterioration in performance means our current status remains red.

Renfrewshire's status has consistently shown red since July 2013.

### Actions to Address Performance

#### **NHS GGC Smoking in Pregnancy Service**

Smokefree Pregnancy Service is the specialist cessation service to support pregnant women. This is a board-wide service with specialist advisers based alongside ante-natal clinics across the board area. In Renfrewshire, the Royal Alexandra Hospital booking clinic on a Thursday is covered for a full day for booked appointments and drop in opportunities. All women should be Carbon Monoxide (CO) tested at their booking in appointment with any self reported smoker or woman with a CO reading of 4ppm or above automatically referred to the service. Attempts to contact all women referred are made by the specialist advisers who will then invite women to a face to face appointment. Support takes the form of face to face, phone and text with Nicotine Replacement Therapy for as long as required.

A recent report for the Tobacco Planning and Improvement Group examined all stages of the process for smoking pregnant women to identify areas for improvement. Re-referral into the service throughout pregnancy was an area identified as a priority in the coming year.

### **Family Nurse Partnership**

Supporting young women to cut down or quit in pregnancy is a key priority within FNP particularly in light of further evidence of the neurotoxic effects on the developing fetal brain. In relation to deprivation the majority (84%) of our clients reside in SIMD areas 1 and 2.

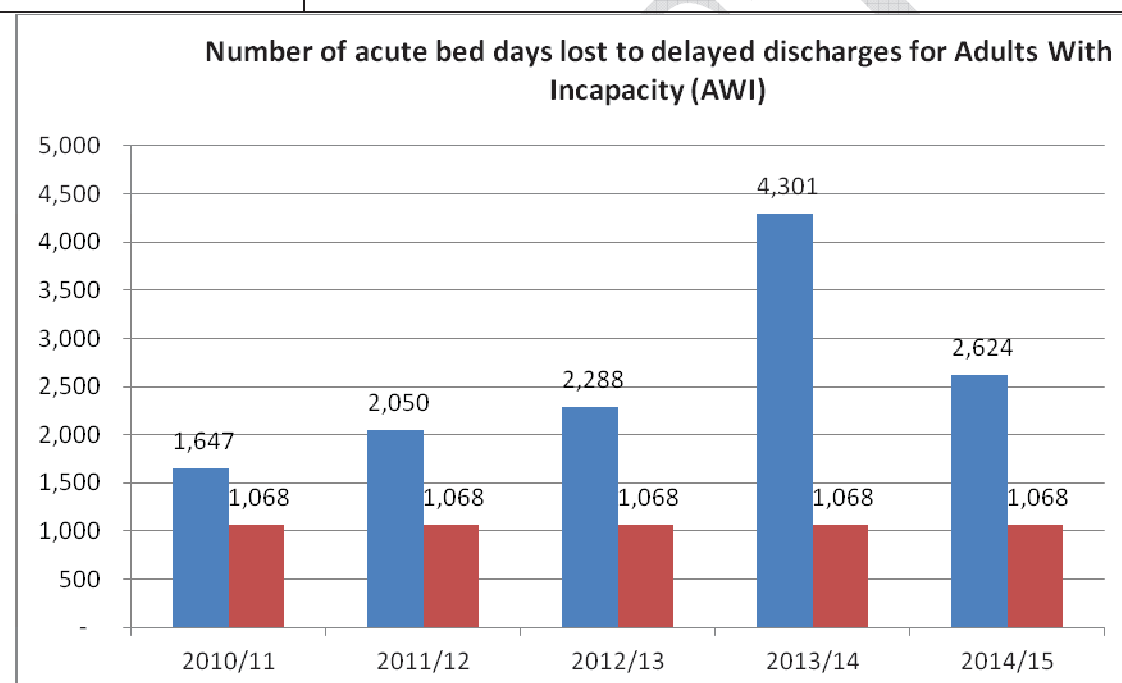
In Renfrewshire we have 94 clients enrolled in the programme. We have completed pregnancy data for 90 clients and of these 48 (53%) reported smoking at some point during pregnancy (including before the client was aware of being pregnant).

### **Timeline For Improvement**

A challenging indicator, we hope that by December 2016 the Health Behaviour Change training with Smokefree Services will have helped reduce the figure from our current rate of 25.8% to the 2014 rate of 23.4%.

**Exceptions Report: Number of acute bed days lost to delayed discharges for Adults With Incapacity (AWI) – Outcome 2**

<b>Measure</b>	Number of acute bed days lost to delayed discharges for Adults With Incapacity (AWI).
<b>Current Performance</b>	The number of acute bed days lost to Adults With Incapacity (AWI) has increased year on year from 2010 to 2014 and has consistently breached the target level, resulting in a red performance rating for the last five years.
<b>Lead</b>	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire.



**Commentary**

The number of bed days lost to delays as result of Complex AWI cases has fallen significantly during 2015/16 due to significant work undertaken by both RAH SW Staff and the MHO Service to address and identify at an early stage individuals who are admitted to hospital and who may require powers under AWI to facilitate their discharge. Processes now in place have brought about a significant improvement in the past 12 months; in January 2015, 28 individuals were showing delayed discharges due to AWI compared with 7 currently.

This target remains extremely challenging as the current legislation and legal processes underpinning it are detailed and time-consuming.

**Actions to Address Performance**

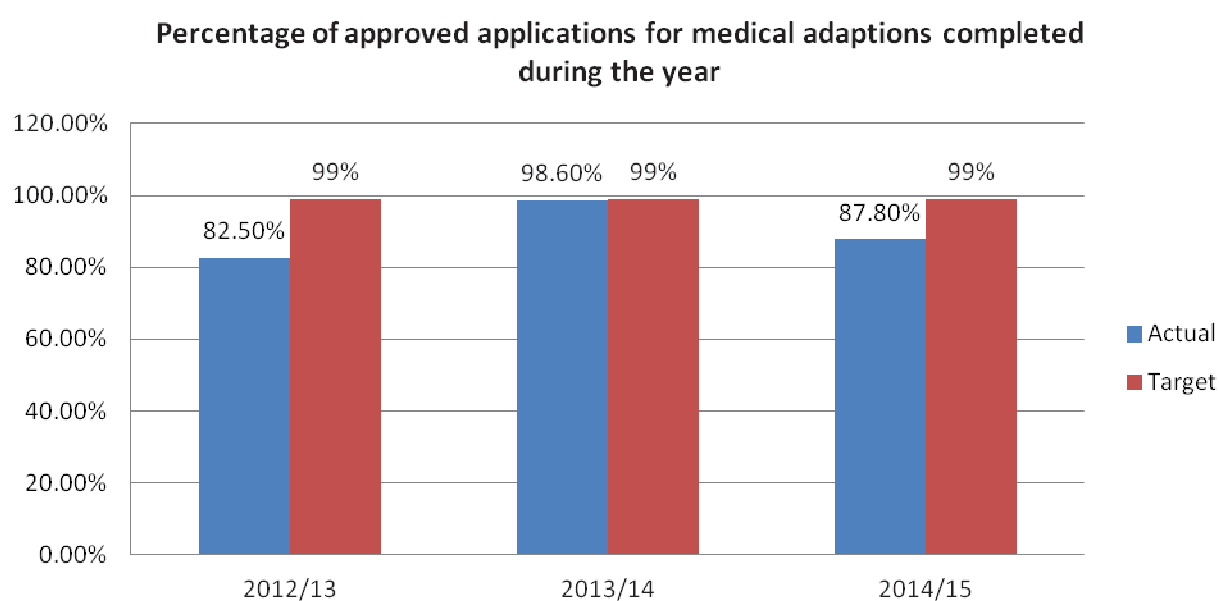
Improvement in the process of identifying individuals admitted to the RAH (and other hospital units) at an early stage where AWI may be required for discharge. Strengthening RAH SW Team and MHO Team in terms of staff resources. An MHO is now embedded within RAH SW Team. GGCHB-wide campaign to encourage and 'start the conversation' on Power of Attorney uptake by individuals. The aim in the longer term is to increase numbers with POA in order to aid and help facilitate early discharge without the need to await full guardianship.

**Timeline for Improvement**

The majority of lost bed days for AWI patients recorded on EDISON are for people who are actually placed in Darnley Court and are therefore not occupying an acute bed. Excluding the Darnley Court cohort from the 'lost days' count would move the performance toward the current target.

## Exceptions Report: Medical Adaptations – Outcome 2

<b>Measure</b>	Percentage of approved applications for medical adaptations completed during the year.
<b>Current Performance</b>	This performance indicator is reported on an annual basis. As at 2014/15, 87.8% of approved applications for medical applications were completed during the year.
<b>Lead</b>	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire



### **Commentary**

This is an annual indicator reported to the Scottish Housing Regulator as part of the Housing Service Annual Return on the Scottish Social Housing Charter. It is made up of the total number of approved applications on the list for medical adaptations that are completed as at the start of the reporting year plus any new approved application during the reporting year. This takes in council housing adaptations and also those under the Care and Repair Contract currently held by Bridgewater Housing Association.

The percentage of approved application for medical adaptations completed within the reporting year 2014/15 has gone down to 87.8%, however this remains above both the Scottish Housing Network and Scottish Housing Regulator averages.

### **Actions to Address Performance**

During 2014/15, Housing Services made a number of improvements to the reporting system which captures information on medical adaptations. It is anticipated that this will have a positive impact on the performance of this indicator for the period 2015/16. The figure for 2015/16 will be available mid-year. Early forecasting suggests that this indicator will be on or around target for this period.

The HSCP has identified demand pressures resulting in a growing waiting list for owner occupiers. The council budget allocated to medical adaptations for 2016/17 has therefore allocated additional resources (£400k) in an effort to address this emerging problem.

### **Timeline For Improvement**

Under Housing Services a contractual arrangement was entered into for the completion of adaptations. The HSCP will continue to monitor the rollout of this contract which will be up for review in 2017.

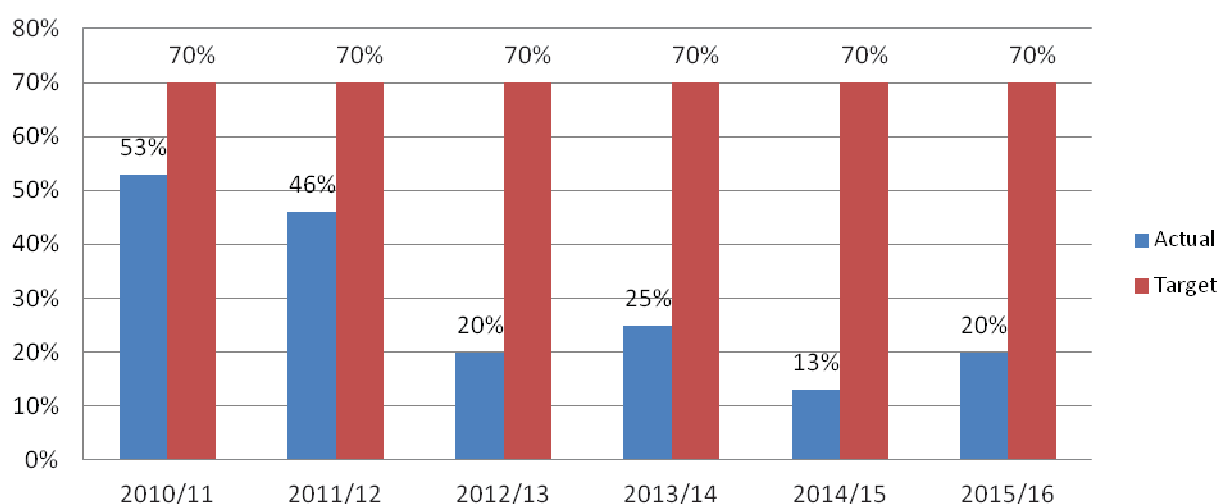
It is forecast that the additional monies will allow increased resources to have a positive impact on performance within the next 12months.

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## Exceptions Report: Occupational Therapy Waiting List – Outcome 2

<b>Measure</b>	Percentage of clients on the waiting list allocated a worker within 4 weeks.  Social Work only target.
<b>Current Performance</b>	As at year end, 2015/16, 20% of clients on the waiting list were allocated a worker within 4 weeks. Current performance is lower than the target of 70%.
<b>Lead</b>	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire.

**Percentage of Clients on the OT waiting list allocated a worker within 4 weeks**



### Commentary

There has been an increase of around 50% in referrals to Adult Services over the past three years. Requests for OT assessments constitute a substantial element of these referrals, resulting in considerable additional demand on OT services. At Quarter 4 in 2014/15, adult services received 7,335 contacts compared with 5,531 in the first quarter of 2012/13.

Over this period the OT service has been reorganised within existing resources, resulting in improved working practice. Despite this, the upward trend in referral rates has continued. Increased productivity by OTs has a consequential impact on both equipment and adaptation budgets, and there has been particular pressure on waiting times for OT assessment.

### Actions to Address Performance

- To address high levels of demand in particular areas, managers are now allocating OT work across the whole Renfrewshire area to ensure a more even distribution.

- OT duty systems are ensuring non complex cases are dealt with quickly and not added to the waiting list.
- Urgent cases will be seen as soon as possible and lower priority cases may wait longer.
- Work to be undertaken to increase collaboration and pathways between community based social care and health OTs. This may produce a benefit in the short term, although the impact of this change of practice on both services will require to be evaluated.

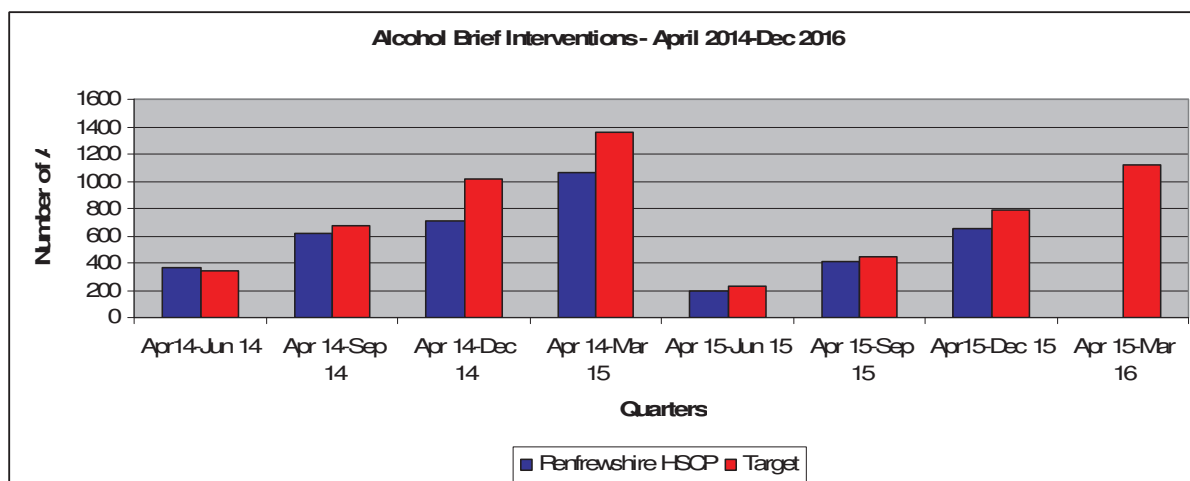
### **Timeline For Improvement**

- Over the next 12 months overall performance and waiting times will be closely monitored.
- OTs are currently performing well and coping with additional demand and increased complexity of referrals. It will remain a challenge to allocate non critical cases within a 4-week period and consideration will be given to revising this target.



## Exceptions Report: Alcohol Brief Interventions – Outcome 4

<b>Measure</b>	Alcohol Brief Interventions
<b>Current Performance</b>	As at December 2015, 652 Alcohol Brief Interventions were carried out in Renfrewshire against a target of 783.
<b>Lead</b>	Fiona Mackay, Head of Strategic Planning and Health Improvement; Stephen McLaughlin, Clinical Director



### Commentary

An Alcohol Brief Intervention (ABI) is a short, structured conversation between a healthcare or other relevant professional and their client, aimed at supporting the individual to reduce their alcohol consumption. It encourages people to look at their drinking pattern, then helps and supports them to look at ways of making that pattern less risky to their health.

ABIs are carried out mainly in a GP setting, however 20% of Renfrewshire's target can also be carried out in a wider setting such as Community Mental Health.

As at December 2015, 652 Alcohol Brief Interventions (ABIs) have been carried out in Renfrewshire, 16.7% lower than the target of 783. This is a further deterioration in performance and therefore our current status remains red.

The annual target for 2015/2016 is 1,116, therefore a further 464 ABIs would require to be undertaken between January-March 2016 in order to achieve the year end target.

The 2015/16 target was reduced from 2014/15, when 1,067 ABIs were carried out between April 2014 and March 2015, 21.5% lower than the target of 1,359.

Renfrewshire's status has consistently shown red since July 2014.

### Actions to Address Performance

- NHSGGC has continued with the Local Enhanced Service (LES) whereby GPs opting in receive payment for delivery of ABIs. 80% of the delivery locally has to be delivered in a GP setting.

- We have targeted local GPs who have opted in as delivery continues to be low in most practices. We have recruited an Alcohol Brief Intervention worker to support delivery against the ABI HEAT standard.
- Ongoing investigation into 17c contracted practice data. It has been confirmed by colleagues at the Board team that our 17c practice no longer needs to record the data. In the previous year this equated to 173 ABIs.
- Ongoing visits to all GP Practice Managers to develop professional relationships. Currently invited to host Alcohol Awareness Health Points in both King Street and Tannahill Practices, two of the GP practices identified as requiring additional support.
- GP ABI Survey/Questionnaire posted to all LES GPs (investigation of issues around low recording of FAST (Fast Alcohol Screening Tool) and Alcohol Brief Interventions (ABIs) within the practices).
- Embedded FAST & ABI into Smoking Cessation Service groups and drop-ins, including capture on service paperwork.
- Continued work with Mental Health Services for routine collection of data from Clozapine & Depot clinics (wider settings).
- Continued training opportunities offered and delivered to identify wider settings. Staff to increase delivery in NHS and non NHS venues (Our Place Our Families, Active Communities, Social Prescribing Team, RAMH Staff etc.).
- Continued work with Social Prescribers based within GP Practices to develop systems of recording FAST and ABI and also encourage referrals to Smokefree Services.
- Development of resources for Alcohol Awareness Health Point.
- Development of a pilot in the Older Adult Mental Health Service to deliver FAST screening and brief interventions within a joint community team.

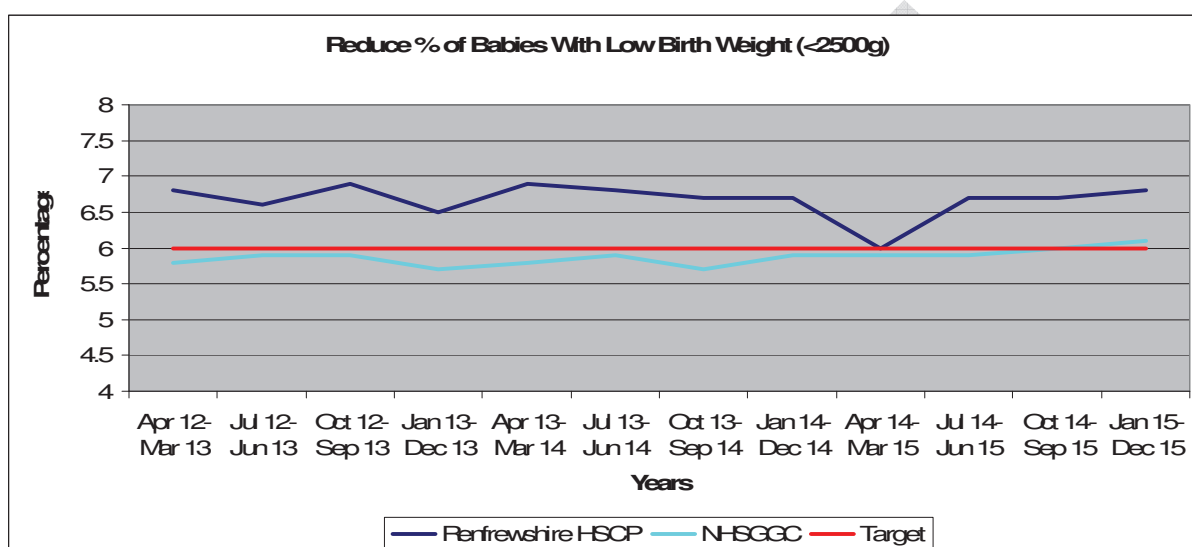
### **Timeline For Improvement**

We hope to see an improvement in ABI delivery when compared with performance in 2014/15 as a result of the additional support from the Health Improvement Practitioner and the Clinical Director. The 17c contract will have a significant negative impact with regard to reaching the overall target (-173 ABIs).

Wider setting performance in 2014/2015 was 15 Alcohol Brief Interventions delivered. Final data for 2015/16 will be in excess of 110 ABIs in the wider setting.

### Exceptions Report: Reduce the Percentage of Babies with a Low Birth Weight (<2500g) – Outcome 4

<b>Measure</b>	Reduce the percentage of babies with a low birth weight (<2500g).
<b>Current Performance</b>	In 2014/15, 6.8% of babies in Renfrewshire were born weighing less than 2500g, 0.8% more than the annual target of 6%.
<b>Lead</b>	Fiona Mackay, Head of Strategic Planning and Health Improvement & Mandy Ferguson, Head of Health & Social Care Services West Renfrewshire



#### Commentary

At 6.8%, current performance for babies with a low birth weight remains higher than the annual 6% target. Data refers to all full term infants over 37 weeks' gestation. Current status remains red.

Renfrewshire's Family Nurse Partnership (FNP) has shown encouraging results on low birth weight. Of the 80 births currently registered, the low birth weight figure is 2.5% for babies within the service. The average weight for FNP babies is 3,278g. The project is no longer recruiting but work is ongoing to assess the successful elements for wider application.

Supporting women to stop smoking before or during pregnancy is a key priority for NHS GGC. One of the many benefits of stopping smoking is the baby is less likely to be born underweight. Babies of women who smoke are, on average, 200g (about 8oz) lighter than other babies, which can cause problems during and after labour.

**Actions to Address Performance**

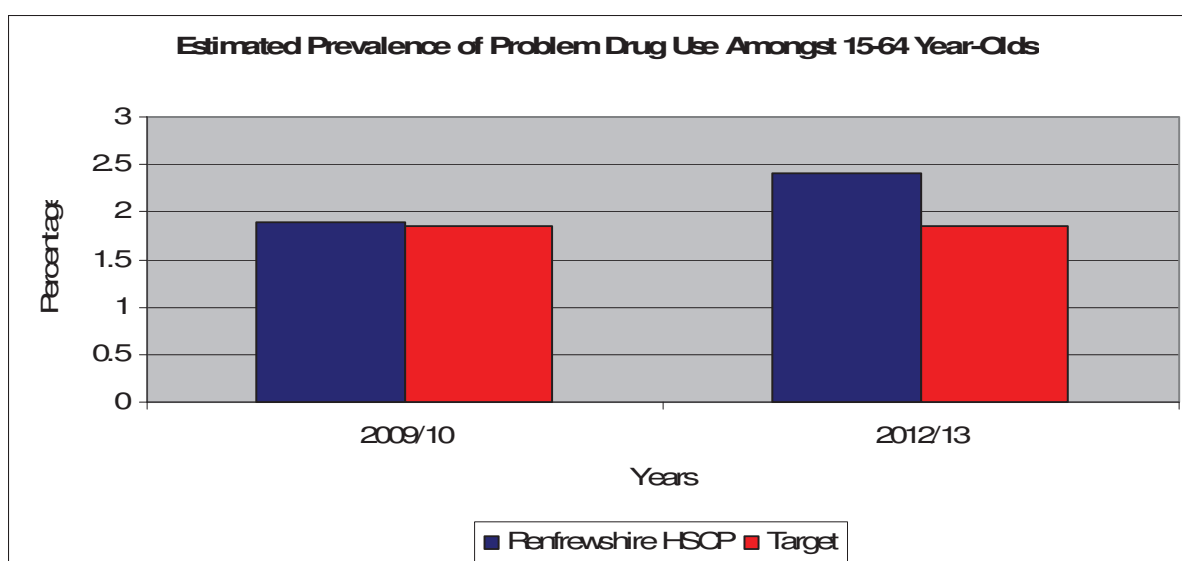
- NHS GGC Smoking in Pregnancy service; all women have their CO measured at their booking appointment and are referred to the smoking in pregnancy service. One to one advice and support is then offered. Additionally local work has taken place to encourage uptake of smoking cessation services, in particular with young pregnant smokers. The FNP (Family Nurse Partnership) Family Nurses are trained to offer smoking cessation advice.
- Within Renfrewshire 88.2% of women are booked into antenatal care before 12 weeks gestation compared to 85.4% in NHSGGC as a whole. This allows access to high quality relationship based antenatal care with a strong focus on prevention, promotion of health, early intervention and support as early as possible in pregnancy. Posters, leaflets and cards promoting the service were updated by Health Scotland and are available from the Public Health Resource Directory (PHRD). These resources are available in several languages. Resources were circulated widely in March 2016 including small cards in all pharmacies.
- Women under 17 are at higher risk of having a low birth weight baby. The Nation Strategy for Pregnancy and Parenthood among young people has just been published. Locally we will identify a Partnership lead for this work and agree an action plan.
- Sensitive Routine Enquiry of Domestic Abuse is carried out in Maternity Services, as an experience of domestic abuse is a known cause of low birth weight. Routine enquiry aims to provide early identification and provision of support to women experiencing Domestic Abuse.
- A new leaflet called 'Alcohol affects you and your baby before, during and after pregnancy' was produced by NHS Greater Glasgow and Clyde in January 2016. It incorporates the slogan 'No Alcohol No Risk' and is available from the PHRD. This is to ensure consistent messages are given to women on Alcohol and Pregnancy.

**Timeline For Improvement**

In line with the above actions, we would hope to see an improvement with this measure over 2016/17. 2015/16 data is expected in June 2016.

# **Exceptions Report: Reduce the Estimated Prevalence of Problem Drug Use Amongst 15-64 Year-Olds – Outcome 4**

<b>Measure</b>	Reduce the estimated prevalence of problem drug use amongst 15-64 year-olds.
<b>Current Performance</b>	As at 2013/14, the estimated prevalence of problem drug use amongst 15-64 year olds in Renfrewshire (percentage of total population age 15-64) was 2.41% against a target of 1.86%.
<b>Lead</b>	Katrina Phillips, Head of Mental Health and Addiction Services



## **Commentary**

2009/2010: 1.9%

2012/2013: 2.4%

Target: 1.86%

ADP Area	% Change 2009/10-2012/13	Prevalence Rate 2012/13	Prevalence Rate 2009/10
<b>Renfrewshire</b>	<b>0.55%</b>	<b>2.41%</b>	<b>1.86%</b>
East Renfrewshire	-0.19%	1.47%	1.66%
East Dunbartonshire	-0.12%	0.58%	0.70%
Glasgow City	-0.65%	2.76%	3.41%
West Dunbartonshire	-0.19%	2.50%	2.69%
Inverclyde	0.6%	3.20%	2.6%
Scotland	-0.03%	1.68%	1.71%

The reported prevalence rate of problem drug use in Renfrewshire was lower than expected in 2009/10 but is now in line with other ADPs within Greater Glasgow and Clyde in 2012/13.

Estimates suggest Renfrewshire has experienced the second highest increase across Greater Glasgow & Clyde. Renfrewshire is above the national average of 1.68%

### **Actions to Address Performance**

Campaigns have been developed which aim to raise awareness around Cannabis and to prevent drug related deaths as part of Overdose Awareness.

Renfrewshire ADP has commissioned Addaction (third sector partner) to provide an intensive support service to families (with children under the age of 8) affected by drugs and alcohol in Renfrewshire. The service will be delivered over seven days on an outreach basis. It offers a range of evidence based interventions such as relapse prevention, impact of parental substance misuse, harm reduction, confidence and self-esteem building, and anxiety and anger management.

The young people's drug and alcohol service (RADAR) runs an early intervention programme for young people who have been referred to the service as a result of alcohol or drugs misuse. The programme aims to prevent future offending and drug using behaviour.

Access to drug services has improved significantly in Renfrewshire and current performance shows that all individuals (100%) are able to access treatment within three weeks from referral against a local target of 91.5%.

A review of the recovery landscape in Renfrewshire resulted in a number of recommendations for the ADP and partners, which included the establishment of a Recovery Development Worker. The post will be responsible for supporting, facilitating and monitoring initiatives which seek to support recovery from addiction. An Employment Specialist for Addictions has also been recruited to provide individualised placement and support for individuals accessing Addiction Services including those involved in the GP local enhanced service.

### **Timeline For Improvement**

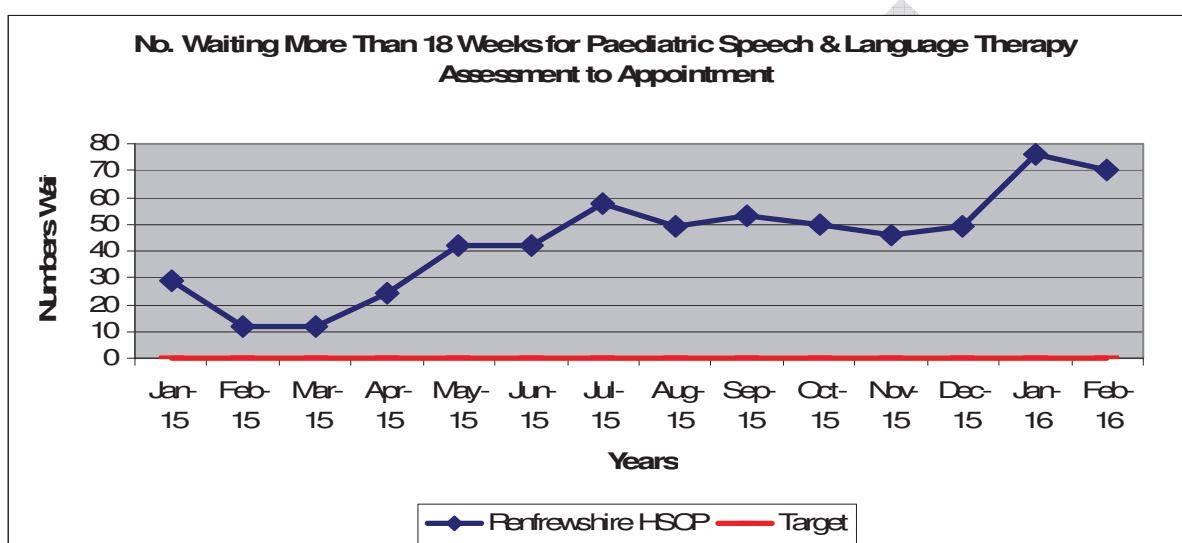
The ADP has systems in place to capture progress against intended outcomes as part of performance monitoring. Current performance shows that progress has been achieved across a number of dimensions including drug use. However, the recent announcement made by Scottish Government in relation to ADP funding may have a negative impact on performance in the future.

It is also widely acknowledged that there are strong and clear links between poverty, deprivation, mental health and wellbeing, health inequalities, crime and drug problems. Evidence shows that individuals are more at risk where there are low employment opportunities, poor personal resources and weak family and social networks. Addressing wider inequalities such as housing, income, education and health can play an important role in reducing drug misuse. Continuing prevention and early intervention initiatives coupled with areas for action detailed within the Tackling Poverty Strategy (2015-17), will hopefully have a positive impact in reducing the prevalence rate of problem drug use over the coming year.



### Exceptions Report: Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment – Outcome 4

<b>Measure</b>	Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment.
<b>Current Performance</b>	As at February 2016, 70 children were waiting more than 18 weeks for a paediatric Speech & Language appointment following assessment.
<b>Lead</b>	Mandy Ferguson, Head of Primary Care and Community Services West Renfrewshire



#### Commentary

As at February 2016, there were 70 children waiting more than 18 weeks for a paediatric Speech & Language appointment following assessment. The current waiting time standard is 18 weeks and the longest wait at February 2016 was 33 weeks. This is a slight improvement on the January 2016 figure of 76 but a further deterioration from the December 2015 figure of 49. Current status remains red.

A comparison of data from January 2015 to February 2016 shows a steady increase from 12 children waiting at February 2015 to 70 at February 2016. Referrals to the service fluctuate from month to month and although the average is approximately 54 per month, some months referrals increase to between 70 and 80.

This target is proving challenging and has not been achieved since November 2013.

#### Actions to Address Performance

**Additional Sessions:** extra hours have been offered to staff with two practitioners agreeing to hold extra sessions on Wednesday evenings. This is expected to impact positively on waiting times for assessment, however may result in a backlog for treatment and may raise parental concern and anxiety.

**Extended Fixed Term Contract:** input requested from Finance to explore all staffing options within current budget, particularly with two further maternity leaves pending.

**Capacity Management:** Team Leads and SLT Manager to review all caseloads, support staff to safe discharge where appropriate and ensure all open cases are managed effectively within clinical guidelines.

**Training:** to early years and new pathway to ensure universal response for those children whose needs can best be met in this way.

**Revised access to service:** parents invited to opt-in to service before telephone or direct triage to reduce DNAs (Did Not Attends)

Overall, average caseloads have decreased which has allowed for improved discharge rates. However an increased trend has been seen in education referrals, which is currently being addressed with training for pre-school establishments and the introduction of a referral pathway mirroring that used by Health Visitors.

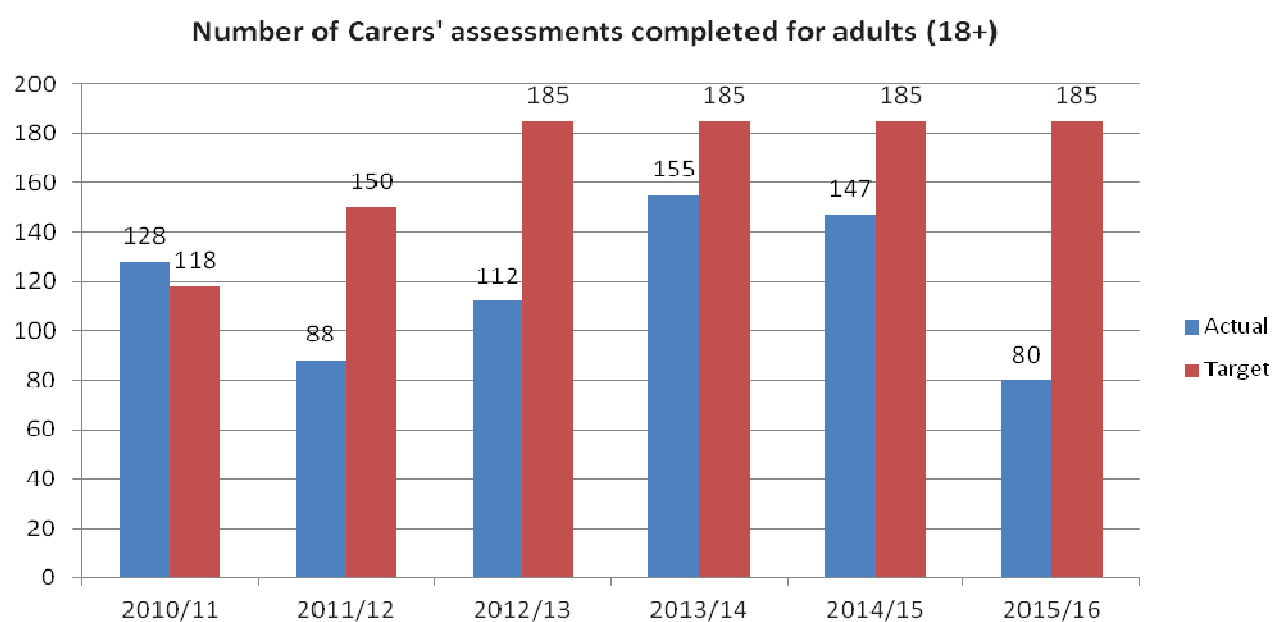
#### **Timeline For Improvement**

With the introduction of extra hours, improved capacity management, training to address inappropriate referrals and a review of staffing levels, we anticipate an improvement in waiting times by October 2016.



## Exceptions Report: Carers' Assessments – Outcome 6

<b>Measure</b>	Number of Carers' Assessments completed for adults (18+)
<b>Current Performance</b>	This performance indicator is measured on an annual basis. As at 13 <sup>th</sup> April 2016 the preliminary end of year figure for 2015/2016 indicated that 79 carers' assessments were completed for Adults 18+. This is lower than the target of 185 and so is currently a red performance rating.
<b>Lead</b>	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire

**Commentary**

Performance has fluctuated over the years and whilst there are some signs of improvement the target has not been met over the last 5 years.

This indicator is an output measure and is not a full reflection of the support carers receive. The views and needs of carers tend to be recorded within the Standardised Shareable Assessment (SSA) and the care plan that emerges to support the cared for person. Whilst assessors do offer carers an assessment, the carers often decline the offer as they believe their concerns have already been attended to. The Resource Indicator Tool (RIT), which supports Self-Directed Support (SDS) process, records detailed information about the carers input and factors this into the budget that is allocated.

**Actions to Address Performance**

We have worked with the Carers' Centre to introduce a new Adult Carer Support Worker service which is based at the Carers' Centre. The service provides a much more focused first contact for carers and ensures they have information on what services they can access,

including a carer assessment. We are also working on refreshing and publicising the Carer Self Assessment, which will be re-launched during Carers' Week in June.

Due to the narrow nature of this indicator, there will be a review of how data for this area is captured during 2016/17 to fully reflect the current performance of how we perform in relation to supporting carers in their caring role.

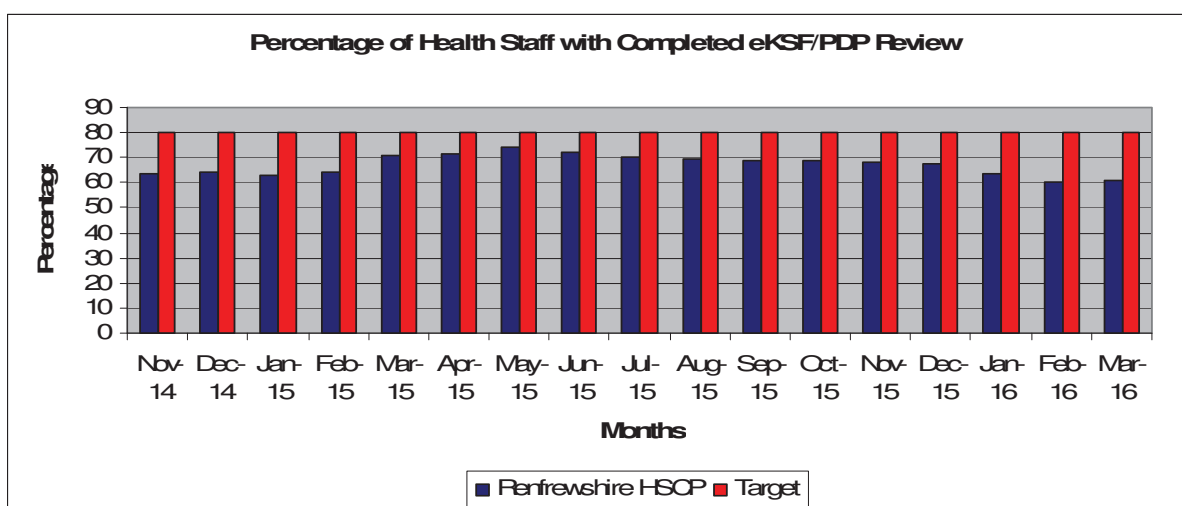
### **Timeline For Improvement**

The importance of taking account of carers' views and supporting them in their role will continue throughout 2016/17, particularly with the new Carers' legislation passed in 2016. It is anticipated that performance in this area will improve during 2016/17 with the increased profile of carers and their caring role.

DRAFT

**Exceptions Report: Percentage of Health Staff with Completed eKSF/PDP Outcome 8**

<b>Measure</b>	Percentage of health staff with completed eKSF/PDP (Knowledge Skills Framework/Personal Development Plan)
<b>Current Performance</b>	As at March 2016, 61.1% of Renfrewshire HSCP health staff have a completed eKSF/PDP against a target of 80%
<b>Lead</b>	Brian Greene, HR Manager



### Commentary

As at March 2016, 61.1% of Renfrewshire HSCP health staff have a completed eKSF/PDP review against a target of 80%. This is a slight increase on the February figure of 60.5% but a decrease on the January 2016 figure of 63.3%.

By comparison, the March 2015 rate was 71%, which was almost 10% higher than the current 2016 figure. The highest eKSF/PDP rate in 2015/16 was 74.4% in May 2015.

Renfrewshire's status has consistently shown red in this area and this particular target remains one of our most challenging.

### Actions to Address Performance

The e-KSF team issue regular monthly reports on KSF progress and compliance. These are analysed and the information used to track performance over a rolling 12-month period. This information is shared with the senior management team and individual service areas, for action.

As noted above, the current performance is below the compliance rate. To improve this, Renfrewshire HSCP is currently piloting a new system within the RES service that allows staff to forward plan reviews to reduce the instances where planned dates are missed or delayed. This approach balances the responsibility between the manager and employee to a certain extent, which fits with the overall aims of the Staff Governance standard.

The output of the pilot programme will be assessed and, if improvement is recorded, the same approach can be rolled out across other services. In addition, there has been a recent targeted review of employees' eKSF non-compliance. Heads of Service are actively working on cases where employees appear to have been disengaged from KSF obligations based on the last recorded KSF review and Personal Development Plan.

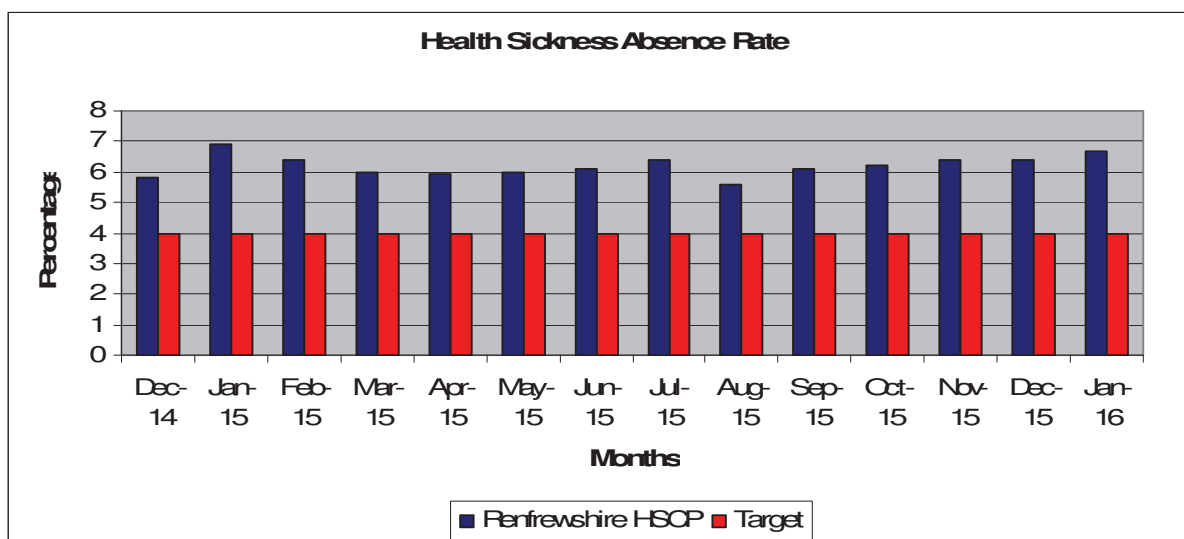
### **Timeline For Improvement**

As the e-KSF review and PDP dates occur across the year, the new system may take a period of time before a significant improvement is made.

A number of reviews are planned for the period between January and March 2016, therefore it may take a full 12-month cycle to reach the compliance target of 80%. The aim is to reach the compliance target by the end of March 2017.

## Exceptions Report: Health Sickness Absence Rate – Outcome 8

<b>Measure</b>	Health sickness absence rate.
<b>Current Performance</b>	As at January 2016, Renfrewshire HSCP's health staff sickness absence rate is 6.7%.
<b>Lead</b>	Brian Greene, HR Manager



### Commentary

As at January 2016, the sickness absence rate for Renfrewshire HSCP health staff is 6.7%, 2.7% above the 4% target.

This figure is made up of a short term sickness rate of 2.4% and a long term sickness rate of 4.3%. Overall, the figure is 0.3% higher than in December 2015 when the rate was 6.4%. This further deterioration in performance means our current status remains red.

Renfrewshire's status has consistently shown red and this particular target remains one of our most challenging.

### Actions to Address Performance

There are a number of evidenced examples where long term absence has been reduced by successfully supporting employees to return to work. These include supportive measures such as phased return, adjustments to duties, or return to alternative posts. Where other options have been exhausted, there may be mutual agreement for the employee to leave their post as return is not possible or cannot be predicted within a reasonable timeframe. This successful approach will be continued.

There will be a focus on hot spots – by reviewing services regularly breaching 4% and contributing to HSCP failure to reach target.

There will also be a renewed focus on those reaching the absence trigger point of 4 or more absences. There are currently 59 Renfrewshire HSCP employees at this level at February 2016.

NHSGGC HR service is currently reviewing existing absence processes to ensure that a consistent approach is taken to managing absence, supporting employees and helping managers minimise and reduce levels of sickness absence.

A recent attendance management awareness development session was delivered by HR and Education and Learning to line managers and team leaders. This focused on dispelling myths and complex attendance management cases. The benefits of this learning and any residual gaps will be examined in a follow up review with the delegates.

### **Timeline For Improvement**

#### **Long term absence**

Reduce from current 4.2.% to 3.9% by June 2016 and 3.5% by September 2016, 3.2% by December 2016 and 2.7% by March 2017.

#### **Short Term**

Reduce from 2.5% to 2.2 % by June 2016 and to 1.9 by September 2016, 1.5% by December 2016 and 1.3 % by March 2017.

This will be a challenging target of reductions but it is hoped that with the contribution, support and effort of all levels of management, employees, trade union stewards and HR, progress can be made in addressing long standing higher levels of absence.

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**To:** Renfrewshire Integration Joint Board

**On:** 24 June 2016

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**Report by:** Chief Officer

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**Heading:** Change and Improvement Programme 2016/17

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## **1. Summary**

- 1.1. During 2015/16, members have received regular update reports on the work undertaken to prepare for the Integration Joint Board (IJB) assuming full, legal delegated responsibility for health and adult social care services across Renfrewshire from 1 April 2016.
- 1.2. This report confirms that the necessary processes, policies and plans are now in place, in line with the Public Bodies (Joint Working)(Scotland) Act, and requests the formal closure of the 2015/16 Programme.
- 1.3. This report also provides an overview of the Health and Social Care Partnership's (HSCP) 2016/17 Change and Improvement Programme which will:
- Deliver the in-year financial savings and pressure mitigation measures through more sustainable service delivery models, ensuring resources are focused on areas of greatest need and deliver the best outcomes for our service users.
  - Establish a health and social care service which is managed and delivered through a single organisational model in order to optimise the benefits which can be derived from integration.
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## **2. Recommendation**

- 2.1. It is recommended that the IJB:-
- Approve the formal closure of the 2015/16 work programme (Appendix 1);
  - Agree that the approval of the final 2016-19 Strategic Plan and 2016/17 Financial Plan will be carried forward into the 2016/17 work programme;
  - Approve the 2016/17 Change and Improvement Programme (Appendix 2), which will be subject to further review once the IJB's final 2016-19 Strategic Plan and 2016/17 integrated budget are finalised;
  - Note the Chief Officer will bring regular reports to the IJB on the progress of the 2016/17 work programme;
  - Note that the findings of service reviews and supporting recommendations will be brought to the IJB for consideration and direction.

### **3. Background**

#### **2015/16 Work Programme**

- 3.1. Over 2015/16, a structured programme of work (see Appendix 1) was undertaken to ensure the necessary processes, policies and plans were in place to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, including
- Appointing its Chief Officer and Chief Finance Officer to lead integrated services and manage the joint budget;
  - Agreeing the strategic Vision for the new IJB, drawing on the value of joint working in order to achieve the best possible outcomes for the people of Renfrewshire;
  - Establishing a Strategic Planning Group (SPG) to ensure the interests of different local stakeholder groups are represented in relation to health and social care services within the strategic planning process;
  - Development of its Strategic Plan which describes how the IJB will move towards delivering on our organisational vision – setting out the context, challenges, priorities and action plans for the period 2016-2019;
  - Putting in place sound financial governance and assurance arrangements for the IJB in line with national guidance;
  - Carrying out the required due diligence process to consider and ensure the sufficiency of the two parent organisation budgets being delegated to the IJB from 1 April 2016 and thereby to ensure the HSCP can proceed on a sound financial basis;
  - Managing the effective delegation of the prescribed functions to the new IJB on 1 April 2016; and
  - Issuing Directions to the Council and NHS GGC for their respective delegated functions from 1 April 2016, as set out in Renfrewshire's Integration Scheme.
- 3.2. On 1 April 2016 health and adult social care functions in Renfrewshire were formally delegated to the IJB.
- 3.3. With the exception of approving the IJB's 2016-19 Strategic Plan and 2016/17 Financial Plan, the 2015/16 programme has now been successfully delivered (see Appendix 1).
- 3.4. It is proposed that the IJB agree the formal closure of this programme, and that approval of the final Strategic and Financial Plans is carried forward into the 2016/17 work programme.

### **4. 2016/17 Change and Improvement Programme**

- 4.1. Over 2015/16, the IJB has successfully overseen the delivery of all core services within existing resources. It is recognised that current service provision is insufficient to meet future need. Going forward the scale and pace of the changes anticipated by new IJBs are significant.



- 4.2. To support the delivery of the IJB's Strategic and Financial Plans, the Chief Officer has established an ambitious Change and Improvement Programme, detailed in Appendix 2, which will:
- Deliver the in-year financial savings and pressure mitigation measures through more sustainable service delivery models, ensuring resources are focused on areas of greatest need and deliver the best outcomes for our service users.
  - Establish a health and social care service which is managed and delivered through a single organisational model to optimise the benefits which can be derived from integration.
- 4.3. As the health budget to be delegated to the IJB has still to be finalised, the current programme of work does not take into account NHS GGC saving targets to be delivered during 2016/17, or future years saving targets for both parent organisations.
- 4.4. Once the IJB's 2016/17 budget is finalised, the Chief Officer will advise the IJB of the operational implications of any viable and agreed health savings, and the impact to current service delivery and performance levels. At this point, an updated Change and Improvement Programme will be brought to the IJB in line with the final 2016-19 Strategic Plan and 2016/17 integrated budget.

## **5. Delivering the 2016/17 Financial Plan**

- 5.1. Over 2016/17 the Change and Improvement Programme will address a number of prioritised areas which will enable the IJB to mitigate a number of the key demographic and financial pressures identified within social care:
- Service review of Home@Care – a detailed update is contained in a separate report to this meeting;
  - Service review of Care Homes;
  - Service review of Occupational Therapy services and provision of equipment and adaptations;
  - Service review of Self Directed Support;
  - Review with each provider how services will be delivered from 1 October 2016.
- 5.2. These prioritised areas reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care. The service reviews will critically appraise and challenge our current models of service delivery to ensure our resources are focused on greatest need delivering the best outcomes for our service users. The findings of these reviews and supporting recommendations will be brought to the IJB for consideration and direction.

## **6. Optimising Integrated Working**

- 6.1. Establishing a health and social care service which is managed and delivered through a single organisational model is critical to unlocking the benefits which can be derived from integration. Over 2016/17 the HSCP is looking to further develop its ways of working, particularly to build a structured approach to how we involve and engage General Practitioners to ensure they are meaningfully part of our wider team and service based working.
- 6.2. A number of change projects will progress over 2016/17 to inform how the HSCP can best design an effective and dynamic approach to 'locality' and 'cluster' based working and to build collaboration and joint working between services. These projects will bring together GP's, Social Work, District Nurse, Rehabilitation Service, Mental Health and other staff to consider how they can improve joint working to better support the needs of local patients and service users.
- 6.3. The IJB cannot transform health and social care services in isolation. Over 2016/17 the HSCP will actively involve other key stakeholders, our parent organisations, community planning partners, NHS GGC Acute Services, the third sector and providers. As part of the Change and Improvement Programme, the Partnership will maximise the use of the Integrated Care Fund (ICF) to explore and test innovative new ideas and wider service change, where available adopting evidence based approaches, designed to shift the balance of care rather than to maintain historic arrangements and relationships:
- To roll-out successful rehabilitation, reablement and technology-enabled models of service to all adult care groups;
  - To deliver a community capacity building plan, engaging a wide range of stakeholders in its development and delivery, with a view to third sector organisations or partnerships leading on a number of the work areas; and
  - To develop locality and cluster based models of working and networking.
- 6.4. In addition to our locally led Change and Improvement Programme, the HSCP is also involved in a number of other NHS GGC system wide initiatives, such as the District Nursing review, In-patient Services redesign, the new GGC Community Mental Health Framework and Learning Disability Redesign, which are listed in Appendix 2.

## **7. Programme Governance and Delivery Model**

- 7.1. A Change and Improvement Programme Board has been established to support the Chief Officer and Chief Finance Officer deliver the programme and ensure it delivers the expected outcomes and benefits.
- 7.2. The Chief Officer will provide regular programme highlight reports to the IJB to update members on progress. More detailed reports on specific service reviews and projects being undertaken will also be brought to the IJB for consideration and approval as appropriate. This Board includes all of our HSCP Heads of Service.

- 7.3. Under the new integrated arrangements, the HSCP will optimise the use of current NHS GGC and Renfrewshire Council resources involved in change and improvement activities within a new, centralised Change and Improvement Team.
- 7.4. This team will play a significant supporting and enabling role to Heads of Service and others, to drive service improvement and organisational change within the HSCP. The team will ensure a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP.
- 7.5. The HSCP Organisational Development (OD) and Learning and Education (LE) resources will be aligned to this new team. This will ensure staff and managers are supported through the change process, building greater capability for change, and ensuring staff are appropriately equipped to carry out the requirements of their job roles. This approach is fully shaped by the IJB approved Participation, Engagement and Communication Strategy and our Organisational Development and Service Improvement Strategy.

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### Implications of the Report

1. **Financial** – the Change and Improvement Programme will support the delivery of the 2016/17 Financial Plan
2. **HR & Organisational Development** – HR and OD resources will be aligned to the new Change and Improvement Team
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
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** – health and safety processes and procedures are being reviewed to in order to support safe and effective joint working
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

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### List of Background Papers – none

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**Author:** Frances Burns, Change and Improvement Manager



## 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 / actual 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	15/01/16	
Health and Safety policy and procedures in place	IS	31/03/16	15/01/16	
Complaints policy and procedures in place	IS	31/03/16	15/01/16	
FoI policy and procedures in place and Publications Scheme in place	Act	31/03/16	15/01/16	
Business continuity arrangements in place	IS	31/03/16	15/01/16	
Parent organisations agree the provision of support services for the IJB	IS	31/03/16	15/01/16	
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	

<b>Key:</b>		Complete		On target		Risk of delay		Significant Issues
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## 2. Communication and engagement





Legal requirement /commitment	Type	Legal deadline	Target / actual 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	Type	Legal deadline	Target / actual 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	
NHS GGC agree its response to the draft Plan **	Gov	Not legal req't	17/02/16	
Leadership Board agree the Council's response to the draft Plan **	Gov		17/02/16	
Update report on consultation and final draft of Strategic Plan prepared for the IJB	Act	-	24/02/16	
IJB approve its final version of the Strategic Plan	Act	31/03/16		
Equalities scheme and EQIAs completed for Partnership (previously reported under Governance)	IS	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		





**\*\* Please note:** this commitment has changed; parent organisations had previously planned to update their Boards on the final draft version of the Strategic Plan (this is not a legal requirement)






### 4. Performance Management

Legal requirement /commitment	Type	Legal deadline	Target / actual 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	IS	27/06/16	24/06/16	

plans to publish the annual performance report 25/02/16				
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5. Delivering for Localities				
Legal requirement /commitment	Type	Legal deadline	Target / actual date	RAG
IJB agree locality arrangements (in line with SG guidance), based on stakeholder engagement, which will be reflected in the Strategic Plan	IS	-	20/11/15	

6. Workforce				
Legal requirement /commitment	Type	Legal deadline	Target / actual 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	18/03/16	
Workforce plans and agreed management / governance structures approved by Health Board	IS	31/03/16	29/03/16	
Workforce plans and agreed management / governance structures approved by Council	IS	31/03/16	29/03/16	
Chief Officer implements Workforce governance arrangements between the IJB and parent organisations (this is captured within parent organisation joint Workforce Plan)	IS	31/03/16	31/03/16	
IJB note the approved Workforce plans and agree management / governance structures	Gov	Not legal req't	17/06/16	




7. Clinical and Care Governance				
Legal requirement /commitment	Type	Legal deadline	Target / actual 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 its 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) – <b>will be carried into the 2016/17 Programme</b>	IS	-	31/10/16	

8. Finance and Audit				
Legal requirement /commitment	Type	Legal deadline	Target / actual 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 any 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 – <i>draft report presented on 18/03/16</i>	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	-	-
Draft proposal for the Integrated Budget based on the Strategic Plan presented to Council for consideration as part of their respective annual budget setting process	IS	31/03/16	31/03/16	
Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Health Board for consideration as part of their respective annual budget setting process	IS	31/03/16	-	-
Council confirm final social care budget	IS	31/03/16	31/03/16	
Health confirm final health budget	IS	31/03/16	-	
Financial statement published with the Strategic Plan	Act	31/03/16	-	
Resources for delegated functions transferred to IJB from parent organisations	Act	31/03/16	31/03/16	
IJB issue Directions to the Council and NHS GCC for their respective delegated functions	Act	31/03/16	31/03/16	
Audit Committee established with agreed Terms of Reference (cannot meet until post 1 April 2016 when functions are delegated)	IS	31/01/16	31/03/16	

## 9. Information Sharing and ICT

Legal requirement /commitment	Type	Legal deadline	Target / actual 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	15/01/16	
Appropriate Information Governance arrangements are put in place by the Chief Officer	IS	31/03/16	15/01/16	



## Appendix 2: 2016/17 Change and Improvement Programme

The 2016/17 Change and Improvement Programme will be managed in two workstreams:

- Workstream 1: Delivery of 2016/17 Financial Plan
- Workstream 2: Optimising Integrated Working

In addition, the HSCP is also involved in a number of other NHS GGC system wide projects and service reviews, which are detailed in section 3.

### 1. Workstream 1: Delivery of 2016/17 Financial Plan and ICF

This work stream will deliver the in-year financial savings and pressure mitigation measures as committed within the Chief Finance Officer's Due Diligence Report.

Project	Objective(s)
<b>1. Implementation of Living Wage</b>	Ensure all the HSCP's contracted care providers in Renfrewshire are paying their care staff the Living Wage by 1 October 2016, in line with Scottish Government guidance and Renfrewshire Council's commitment to the Living Wage.
<b>2. Care@Home Improvement Plan (Home Care)</b>	<ul style="list-style-type: none"><li>• Attract new recruits into the service through sustained recruitment campaigns to increase service capacity and reduce reliance on temporary agency staff.</li><li>• Review staffing structures to ensure appropriate infrastructure exists to enable the service to undertake its functions.</li><li>• Develop a business case for a Care at Home Management, Rostering and Monitoring System – to reduce duplication of effort, error and inefficiency and support managing and planning within the service.</li><li>• Review of business processes and service pathways to improve service provision</li><li>• Review of supervision and management capacity to ensure that appropriate infrastructure is in place to manage and supervise staff.</li><li>• Align services with new geographic boundaries and consider opportunities for streamlining and integrating service delivery</li></ul> Review the balance of internal and external provision to explore the potential to increase the capacity within the external market and review the balance that exists between the internal and external markets.
<b>3. Care Homes review</b>	Review the different options for redesigning the three HSCP residential care homes to create a fit for purpose, sustainable service that meet demographic demand and has the flexibility to respond to changing demands going forward.
<b>4. Occupational Therapy (OT)</b>	<ul style="list-style-type: none"><li>• Develop OT referral pathways to improve levels of personalisation in service provision and minimise delays in</li></ul>

<b>Service, equipment and housing adaptations review</b>	<p>service provision</p> <ul style="list-style-type: none"> <li>• Reduce to a minimum and stabilise the waiting list for OT assessment for housing adaptations</li> <li>• Ensure that practices, operating procedures, communications, shared understandings and definitions/ terminology are in line with good practice</li> <li>• Deliver a programme of workforce development and staff supervision and support</li> <li>• Reduce current waiting list for Care and Repair Adaptations</li> <li>• Establish and maintain appropriate contractual/SLA relationships with internal and external providers</li> </ul>
<b>5. Self Directed Support (SDS) review</b>	<ul style="list-style-type: none"> <li>• Ensure equity across localities and reduce bureaucracy and time taken to deliver agreed care plan</li> <li>• Improve ‘workers’ knowledge and understanding of the SDS processes and promote greater ownership of the process</li> <li>• Ensure, where possible, that packages are managed within the RAS allocation and agreed tolerance levels</li> </ul>
<b>6. Integrated Care Fund (ICF)</b>	<p>Maximise the use of the Fund to explore and test innovative new ideas and wider service change, where available adopting evidence based approaches, to shift the balance of care rather than to maintain historic arrangements and relationships:</p> <ul style="list-style-type: none"> <li>• Roll-out successful rehabilitation, reablement and technology-enabled models of service to all adult care groups;</li> <li>• Deliver a community capacity building plan, engaging a wide range of stakeholders in its development and delivery, with a view to third sector organisations or partnerships leading on a number of the work areas; and</li> <li>• Develop locality and cluster based models of working and networking.</li> </ul>

## 2. Workstream 2: Optimising Integrated Working

This workstream will support the establishment of a health and social care service which is managed and delivered through a single organisational model to optimise the benefits which can be derived from integration

Project	Objective(s)
<b>1. Developing Clusters and team working</b>	<ul style="list-style-type: none"> <li>Design an effective and dynamic approach to 'locality' and 'cluster' based working and to build collaboration and joint working between services - bringing together GP's, Social Work, District Nurse, Rehabilitation Service, Mental Health and other staff to better support the needs of local patients and service users.</li> <li>Build a structured approach to how we involve and engage General Practitioners to ensure they are meaningfully part of our wider team and service based working, in line with Scottish Government Locality guidance</li> </ul>
<b>2. New GP Contract</b>	<ul style="list-style-type: none"> <li>Establish Practice Quality Lead / Cluster Quality Leads, in line with the 2016/17 Contract, to support emerging integrated models of working</li> <li>Promote and support practices to work more closely together for the benefit of patients, practices and the wider health and social care system, in line with Scottish Government's Localities Guidance, the British Medical Association's (BMA) Scottish GP Committee Vision and UK Royal College of General Practitioners (RCGP) 2022 Vision.</li> </ul>
<b>3. Primary Care Transformation (PCTF)</b>	<ul style="list-style-type: none"> <li>Develop proposals consistent with the PCTF process within/across NHS GGC</li> <li>Deliver on our local GP practice prescribing improvement pilots and ensure lessons are learned and shared</li> </ul>
<b>4. Interface with Acute Services</b>	<ul style="list-style-type: none"> <li>Introduce structured ways of working with the Clyde Acute Senior Team with a view to continuing to address and improve <ul style="list-style-type: none"> <li>management of older people and chronic diseases throughout improved systems and services</li> <li>management of Palliative care</li> <li>Response to service pressures and demands</li> <li>Issues/service changes arising from the CSR programme</li> </ul> </li> </ul>
<b>5. Community Planning</b>	<ul style="list-style-type: none"> <li>Develop clear links into the community planning process</li> </ul>

### 3. NHS GGC Projects and Service Reviews

In addition to our locally led Change and Improvement Programme, the HSCP is also involved in a number of other NHS GGC system wide projects and service reviews, which are listed below:

Project / Service Review
1. District Nursing review
2. Children and Adolescent Mental Health Service (CAMHS)
3. Named Person / GIRFEC
4. Health Improvement
5. Mental Health – unscheduled care
6. Acquired Brain Injuries
7. Learning Disability Redesign
8. Frail Elderly Bed Transfer of Responsibility
9. Implementation of the Paediatric Framework
10. Community Mental Health Framework roll out and implementation
11. Hospice care transfer of responsibility to IJBs
12. Inpatient Services Redesign

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**To:** Renfrewshire Integration Joint Board

**On:** 24 June 2016

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**Report by:** Chief Officer and the Clerk

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**Heading:** Approval of Code of Conduct and Appointment of Standards Officer

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## **1. Summary**

- 1.1 As a “devolved public body” the Integration Joint Board is required to produce a Code of Conduct setting out how members should conduct themselves in undertaking their duties. The Scottish Government has produced a model Code of Conduct for use by IJBs and it is proposed that Renfrewshire IJB adopts the model code.
- 1.2 IJB is also required to appoint a Standards Officer. At its meeting on 18 March 2016 the IJB agreed that Renfrewshire Council’s Head of Corporate Governance would perform the role of Standards Officer although it was recognised that the appointment was subject to the approval by the Standards Commission for Scotland. The required approval has now been received.
- 1.3 In addition, one of the duties of the Standards officer is to maintain a register of interests of members of the IJB. This will be a separate register from the ones members will have with their constituent authorities. This report sets out the arrangements for the register of interests.
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## **2. Recommendation**

- 2.1 It is recommended that the Integration Joint Board:
- a) Approves the adoption of the model Code of Conduct forming Appendix 1 to this report for use by the IJB.
  - b) Notes that the Standards Commission for Scotland has approved the appointment of Renfrewshire Council’s Head of Corporate Governance as the Standards officer for the IJB.
  - c) Notes the arrangements set out in Section 6 below for the establishment and maintenance of a register of interests for members of the IJB.

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### **3. Background**

- 3.1 There are a number of statutory requirements regarding standards and conduct that apply to all members of devolved public bodies. These include: the adoption of a Code of Conduct, the appointment of a Standards Officer and the operation of a register of interests. This report seeks to address all of those requirements.

### **4. Code of Conduct**

- 4.1 Every devolved public body in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000 is required to produce a Code of Conduct governing the conduct of its members and how that conduct is regulated. The Scottish Government has worked with the Commissioner for Ethical standards in Public Life and the Standards Commission for Scotland to prepare a template Code that can be adopted by all IJBs. The template Code is attached as Appendix 1 to the report. The Scottish Government has indicated that they expect the Code to be adopted in full and the recommendation to the Board is that Renfrewshire IJB does adopt the Code in full.
- 4.2 Members with knowledge of the model code for devolved public bodies used by the Health Board and the Councillor's Code of Conduct for local authority members will be familiar with the principles behind the attached code and the areas of conduct that the code seeks to regulate. The Code also refers to other documents that are relevant to the conduct of members. These are "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the integration Joint Board" guidance.
- 4.3 The main areas covered by the Code are:
- General Conduct including such matters as conduct at meetings, regarding relationships with other IJB members and officers, declaring offers of gifts and hospitality and use of facilities provided by the IJB and its constituent authorities.
  - Registration of Interests
  - Declaration of Interests; and
  - Lobbying
- 4.4 In the event that the IJB approves the Code, the Code has to be to the Scottish Government for further approval. The deadline for submitting the Code to the Scottish Government was 21 June 2016. However, approval has been obtained to the late submission of the Code given the date of the IJB meeting.

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## **5. Standards Officer**

5.1 The IJB is required to appoint a suitably qualified and experienced to act as its Standards officer. The main responsibilities of the Standards Officer are:

- Ensuring that appropriate training is given to members on the Code of Conduct and any guidance issued by the Standards Commission
- Contributing to the promotion and maintenance of high standards of conduct by providing advice and support to members.
- Being responsible for the keeping of a register of interests and ensuring that it is kept up to date.
- Being responsible for maintaining a Register of Gifts and Hospitality.
- Raising awareness of the Code amongst officers.
- Reporting to the Board on matters relating to the Ethical Standards Framework.

5.2 The IJB agreed that the Standards Officer should be Renfrewshire Council's Head of Corporate Governance subject to the approval of the Standards Commission for Scotland. The approval was received on the 27 April 2016 and a copy of the letter from the Standards Commission is attached as Appendix 2 to this report.

## **6. Register of Interests.**

6.1 As mentioned earlier, one of the duties of the IJB's Standards Officer is to keep a Register of Interests for member. This is a statutory requirement. The requirement to set up the register begins once the Code of Conduct has been approved by the Scottish Government.

6.2 On approval of the Code the intention is that the standards officer will circulate a standard form to all members requesting that they declare on it, their relevant financial and non financial interests. The standard form will reflect the categories of interests set out in the Code of Conduct. At the same time, the Standards Officer will issue guidance on what information is to be declared in relation to any offers of gifts and hospitality made to members.

6.3 The register of interests will require to be completed by all members of the IJB.

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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 Technogloy** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None.
11. **Privacy Impact** – None

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**List of Background Papers** – none

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**CODE of CONDUCT**  
**for**  
**MEMBERS**  
**of**  
***Name of the Integration Joint Board***



# **CODE OF CONDUCT for MEMBERS of : *Name of the Integration Joint Board***

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## SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.
- 1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the 2000 Act”, provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the Codes.
- 1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act.

- 1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of *Name of Integration Joint Board*, “the IJB”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

This Code applies when you are acting as a member of *Name of the IJB* and you may also be subject to another Code of Conduct.

### Appointments to the Boards of Public Bodies

- 1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at <http://www.appointed-for-scotland.org/>.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

- 1.6 You should also familiarise yourself with how the *Name of the IJB* policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

## **Guidance on the Code of Conduct**

- 1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.
- 1.9 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

## **Enforcement**

- 1.10 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

## SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

- 2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

### **Duty**

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of *Name of the IJB* and in accordance with the core functions and duties of the IJB.

### **Selflessness**

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

### **Integrity**

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

### **Objectivity**

You must make decisions solely on merit and in a way that is consistent with the functions of *Name of the IJB* when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

### **Accountability and Stewardship**

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that *Name of the IJB* uses its resources prudently and in accordance with the law.

### **Openness**

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

### **Honesty**

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of *Name of the IJB* and its members in conducting public business.

## **Respect**

You must respect fellow members of *Name of the IJB* and employees of related organisations supporting the operation of the IJB and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of *Name of IJB*.

- 2.2 You should apply the principles of this Code to your dealings with fellow members of *Name of IJB*, employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of *Name of the IJB*.

## **SECTION 3: GENERAL CONDUCT**

- 3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

### **Conduct at Meetings**

- 3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for *Name of IJB*, which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

### **Relationship with IJB Members and Employees of Related Organisations**

- 3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of *Name of the IJB* you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

### **Remuneration, Allowances and Expenses**

- 3.4 You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.



## Gifts and Hospitality

- 3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.
- 3.6 You must never ask for gifts or hospitality.
- 3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:
- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
  - (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
  - (c) gifts received on behalf of the IJB.
- 3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that *Name of IJB* may be involved in determining, or who is seeking to do business with your *IJB*, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of *Name of the IJB* then, as a general rule, you should ensure that your IJB pays for the cost of the visit.
- 3.9 You must not accept repeated hospitality or repeated gifts from the same source.
- 3.10 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

## Confidentiality Requirements

- 3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of *Name of the IJB* in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public.

You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

- 3.12 It is unacceptable to disclose any information to which you have privileged, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring *Name of IJB* into disrepute.

### **Use of Health Board or Local Authority Facilities by Members of the IJB**

- 3.13 Members of *Name of IJB* must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of *Name of IJB*.

### **Appointment to Partner Organisations**

- 3.14 In the unlikely circumstances that you may be appointed, or nominated by *Name of the IJB*, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.
- 3.15 Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

## **SECTION 4: REGISTRATION OF INTERESTS**

- 4.1 The following paragraphs set out the kinds of interests, financial and which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.
- 4.2 The Regulations<sup>1</sup> as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory

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<sup>1</sup> SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

### **Category One: Remuneration**

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, "Related Undertakings".

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

## **Category Two: Related Undertakings**

- 4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
- 4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.
- 4.14 The situations to which the above paragraphs apply are as follows:
- you are a director of a board of an undertaking and receive remuneration declared under category one – and
  - you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

## **Category Three: Contracts**

- 4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:
- (i) under which goods or services are to be provided, or works are to be executed; and
  - (ii) which has not been fully discharged.
- 4.16 You must register a description of the contract, including its duration, but excluding the consideration.

## **Category Four: Houses, Land and Buildings**

- 4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.
- 4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

## **Category Five: Interest in Shares and Securities**

- 4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:
- (i) greater than 1% of the issued share capital of the company or other body; or
  - (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

## **Category Six: Gifts and Hospitality**

- 4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

## **Category Seven: Non-Financial Interests**

- 4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.
- 4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

## **SECTION 5: DECLARATION OF INTERESTS**

### **General**

- 5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

For further detail on the declaration requirements of *Name of IJB*, you can refer to the IJB's Standing Orders.

- 5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in *Name of the IJB* and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.
- 5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of *Name of the IJB*. You will wish to familiarise yourself with your IJB's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.
- 5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair in the first instance.
- 5.5 As a member of *Name of the IJB* you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

### Interests which Require Declaration

- 5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs



which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

- 5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.

## **Your Financial Interests**

- 5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or

insignificant that it could not reasonably be taken to fall within the objective test.

## **Your Non-Financial Interests**

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

## **The Financial Interests of Other Persons**

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;



- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

- 5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the IJB and, as such, would be covered by the objective test.

### **The Non-Financial Interests of Other Persons**

- 5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

### **Making a Declaration**

- 5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration

of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

- 5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

### **Frequent Declarations of Interest**

- 5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.

Similarly, if any appointment or nomination to another body would give rise to concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

### **Dispensations**

- 5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.
- 5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

## **SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES**

### **Introduction**

- 6.1 In order for *Name of the IJB* to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which *Name of the IJB* conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to

influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the “Roles, Responsibilities and Membership” guidance for members of an Integration Joint Board.

## Rules and Guidance

- 6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of *Name of the IJB* or any statutory provision.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon *Name of IJB*.
- 6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of *Name of IJB*.
- 6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.
- 6.7 You should not accept any paid work relating to health and social care:-
- (a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.
  - (b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

- 6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of *Name of the IJB* in the first instance.

## ANNEX A

### SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
  - i) all meetings of the public body;
  - ii) all meetings of one or more committees or sub-committees of the public body;
  - iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer. Full details of the sanctions are set out in Section 19 of the Act.



## ANNEX B

### DEFINITIONS AND EXPLANATORY NOTES

**“Chair”** includes Board Convener or any person discharging similar functions under alternative decision making structures.

**“Code”** code of conduct for members of devolved public bodies

**“Cohabitee”** includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

**“Group of companies”** has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

**“Parent Undertaking”** is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

**“A person”** means a single individual or legal person and includes a group of companies.

**“Any person”** includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

**“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**“Related Undertaking”** is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

**“Remuneration”** includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

**“Spouse”** does not include a former spouse or a spouse who is living separately and apart from you.

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

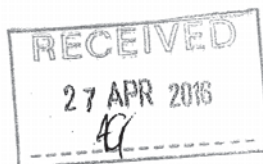






INTEGRITY IN PUBLIC LIFE

Mr D Leese  
Chief Officer  
Renfrewshire Council  
3<sup>rd</sup> Floor  
Renfrewshire House  
Cotton Street  
Paisley  
PA1 1AL



Our Ref: G/IJB  
Your Ref: DL/SB

26 April 2016

Dear Mr Leese

**RENFREWSHIRE INTEGRATION JOINT BOARD – STANDARDS OFFICER**

Thank you for your letter of 7 April 2016.

The Standards Commission approved the appointment of Mr Kenneth Graham and his equivalent successors to the role of Standards Officer to the Board at its meeting on 25 April 2016. I would be grateful if you could advise Mr Graham accordingly.

Thank you for your assistance with this matter.

Yours sincerely

Lorna JVA

**LORNA JOHNSTON**  
Executive Director

Room T2.21, The Scottish Parliament  
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**To: Renfrewshire Integration Joint Board**

**On: 24 June 2016**

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**Report by: Chief Officer**

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**Heading: Carer Champion**

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## **1. Summary**

- 1.1 Renfrewshire HSCP acknowledges the significant role carers play and recognises them as partners in the delivery of care. Supporting carers is a key priority at a local and national level. According to the recent 'Scotland's Carers'<sup>1</sup> publication 17,760 people in Renfrewshire identify themselves as carers.
- 1.2 Renfrewshire's Carer Strategy 2013-16, recognised the good work and the support available locally to support carers in their caring role, but acknowledged that more needs to be done. The establishment of the role of Carer Champion for Renfrewshire will provide a focus for promoting the carer agenda, which will be set out in the new Renfrewshire Carer Strategy, across Renfrewshire.
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## **2. Recommendations**

Integration Joint Board members are asked to approve:

- The establishment of the role of Carer Champion for Renfrewshire.
  - The proposal that the role of Carer Champion should have autonomy from the Integrated Joint Board.
  - The proposal that the Provost fulfil the role of Carer Champion.
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## **3. Background**

### Local Context

- 3.1 The Renfrewshire Carer Strategy 2013-16 acknowledges the significant role carers play in supporting the people they care for and recognises carers as partners in the delivery of care. According to the recent 'Scotland's Carers'<sup>2</sup> publication 17,760 (10%) people in Renfrewshire identify themselves as carers, however the census also demonstrates a considerable shift towards high intensity caring based on the number of hours each week that people provide unpaid care.

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<sup>1</sup> <http://www.gov.scot/Publications/2015/03/1081>

<sup>2</sup> <http://www.gov.scot/Publications/2015/03/1081>

- 3.1.1 The Strategy recognises the significant amount of work being driven locally by a partnership which includes local carers, Renfrewshire Carers Centre, Renfrewshire HSCP, the Council, and other local voluntary organisations. Key developments and achievements include:
- Supporting the identification young carers in schools;
  - Supporting young adult carers as they move into further education;
  - Support for early identification and better information for carers;
  - Support for specialised carer support groups;
  - Increased respite provision.

### National Policy Context

- 3.2 The Carers (Scotland) Act received Royal Assent on the 9<sup>th</sup> March 2016. The Act covers a range of areas relating to supporting carers including a number of new duties and requirements which impact on the HSCP. The Act:
- changes the definition of a carer to a carer is “an individual who provides or intends to provide care for another individual”.
  - gives local authorities a duty to prepare an adult care and support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one. The ACSP and YCS replace the existing Carer Assessment.
  - gives local authorities a duty to provide support to carers that meet local eligibility criteria.
  - requires local authorities and NHS boards to involve carers in carers’ services.
  - requires local authorities to establish and maintain advice and information services for carers.
  - introduces the requirement for a timescale for preparing a support plan for the carer of a terminally ill person.
  - provides a joint duty for both health boards and local authorities to create local carer strategies.
  - introduces the requirement for carers to be involved in the hospital discharge procedures of the person they care for.
  - provides a requirement for an adult carer support plan or young carer statement to include emergency plans.
  - provides a requirement for Scottish Ministers to prepare a Carers Charter.
- 3.3 The Self-directed Support Act introduced a new power to provide support to the carer; support which helps to address the carer’s needs to continue in their caring role. Where such support is provided, the same options should be offered to the carer for their support as are provided to service users.

## Role of Carer Champion

- 3.4 There is a broad network of organisations supporting carers in Renfrewshire and the role of carer champion will not sit in isolation. It is proposed that the role of the Carer Champion will include:
- articulating the collective views of the wider carer population within Renfrewshire and speak on carer issues.
  - being consulted and involved in the development of policies and practice that affect carers.
  - raising the profile of unpaid carers with a view to influencing and developing strategies and policies which will make life better for carers and those they support, including across the HSCP, the Council, and Community Planning.
  - raising the profile of unpaid carers at a national level with the Scottish Government and the range of National Carer Organisations.
  - leading the Carer Strategy Group to develop and implement the new Renfrewshire Carer Strategy and report progress to relevant Boards.
  - publicising initiatives which support carers to continue in their caring role, including the breaks for carers funded through the HSCP's Loudon Trust Fund.
- 3.5 It would be helpful that the Carer Champion was someone who has a recognised profile within the Renfrewshire Community and will be seen to have some independence from the Integrated Joint Board but with an ability to challenge and hold relevant organisations to account. It is therefore proposed that the Renfrewshire Provost would fulfil this criteria in that the role has a strong local profile and is very much about leading and discharging civic duties and bringing together the community around issues of common interest.
- 3.6 Following appointment, there will be the opportunity for the Carer Champion to meet with local carers to discuss any issues they are experiencing relating to their caring role as well as what works well and keeps them supported to continue to care.

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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** – Managing information and making information available may require ICT input.

7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – None.
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

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**List of Background Papers** – None

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**Author:** Ian Beattie, Head of Health and Social Care (Paisley)

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**To:** Renfrewshire Integration Joint Board

**On:** 24 June 2016

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**Report by:** Chief Officer

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**Heading:** Children and Young People (Scotland) Act 2014 – Getting it Right for Every Child (GIRFEC)

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## 1. Summary

- 1.1 The purpose of this report is to advise the Integration Joint Board (IJB) on the progress made within Renfrewshire to comply with the legal duties under the Children and Young People (Scotland) Act 2014, Parts 4, 5 & 18: Getting it Right for Every Child (GIRFEC) by 31st August 2016.

Specific duties and responsibilities include:

- A Named Person made available to every child 0 -18 years (and beyond if still in school)
- A legal requirement to share information with the Named Person as appropriate, and
- A single system for assessment and planning through a Child's Plan.

- 1.2 The duties in the Act fall on organisations and not on individual members of staff. However, the duties will be carried out by practitioners delivering services on behalf of the relevant organisation.
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## 2. Recommendation

It is recommended that the IJB:-

- Note the progress made to implement the Children and Young People (Scotland) Act 2014, Parts 4, 5 & 18, Getting it Right for Every Child (GIRFEC) by August 2016.
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## 3. Background

- 3.1 Statutory guidance has been produced to explain the legal duties in Parts 4, 5 and 18 (section 96) of the Act. These parts are about the Getting It Right for Every Child (GIRFEC) national approach to improving outcomes through public services that support the wellbeing of children and young people.
- 3.2 The Act has put into statute some key aspects of the GIRFEC approach. It sets out a definition of 'wellbeing'. It formalises the role of the Named Person ensuring that a Named Person will be available for every child from birth to 18 (or older if still in school) and it makes provision for a statutory Child's Plan to coordinate support for those children who may require additional help. The Act also provides a framework

for information sharing between professionals to support the functions of the Named Person and the operation of the Child's Plan.

- 3.3 The GIRFEC approach should lead to early and effective intervention at any point in a child's life where it is necessary to improve wellbeing outcomes. By acting to support wellbeing as soon as needs or concerns are identified and well before crisis points are reached, the approach ensures that every child is supported in a timely and proportionate way.

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## Implications of the Report

1. **Financial** – Resource required to be agreed across the wider partnership.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – Legal duties under the Children and Young People (Scotland) Act 2014, Parts 4, 5 & 18: Getting it Right for Every Child (GIRFEC)
5. **Property/Assets** – none.
6. **Information Technology** – The systems and process change required to implement the duties will require significant ICT and Business Support changes in particular in relation to information sharing to the Named Person, managing and storing of information and the assessment and planning processes for children and young people.
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** – IT Infrastructure to support.
11. **Privacy Impact** – none.

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## List of Background Papers – None.

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**Author:** Mandy Ferguson, Head of Health and Social Care Services (West Renfrewshire)



**Briefing Note for Renfrewshire Integration Joint Board**

Subject: Children and Young People (Scotland) Act Parts 4,5 &18 : Getting it Right for Every Child (GIRFEC)

**1. Summary**

- 1.1 The Children and Young People (Scotland) Act 2014 is a wide ranging piece of legislation containing 18 parts and spanning policies that have developed over a number of years in relation to kinship care, care leavers, integrated services, pre-school education and Getting It Right for Every Child (GIRFEC). The intention of the Act is to bring about transformational changes to working practices across a wide range of public bodies. These changes are in force and other areas will come into force over the next two years. These duties span all partners within the community planning partnership.
- 1.2 GIRFEC is the Scottish Government approach to improving the services that support the wellbeing of children and young people in Scotland. It is an approach that has several principles at its core:
  - puts the wellbeing of the child or young person at the heart of decision making;
  - takes a holistic approach to the wellbeing of a child or young person;
  - works with children, young people and their families on ways to improve wellbeing;
  - advocates preventative work and early intervention to support children, young people and their families; and
  - believes professionals must work together in the best interests of the child.
- 1.3 The approach underpins the Children and Young People (Scotland) Act 2014, the Early Years Framework, Curriculum for Excellence and a range of programmes to support improvements in services. GIRFEC is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families.
- 1.4 The GIRFEC approach should lead to early and effective intervention at any point in a child's life where it is necessary to improve wellbeing outcomes. By acting to support wellbeing as soon as needs or concerns are identified and well before crisis points are reached, the approach ensures that every child is supported in a timely and proportionate way.
- 1.5 The Act has put into statute some key aspects of the GIRFEC approach. It sets out a definition of 'wellbeing'. It formalises the role of the Named Person ensuring that a Named Person will be available for every child from birth to 18 (or older if still in school) and it makes provision for a statutory Child's Plan to coordinate support for those children who may require additional help. The Act also provides a framework for information sharing between professionals to

support the functions of the Named Person and the operation of the Child's Plan.

- 1.6 The Scottish Government believes the Act will provide the impetus required to ensure consistency of implementation of the GIRFEC approach across Scotland.

## **2. Background**

- 2.1 The Children and Young People (Scotland) Act 2014 legislates for the implementation of aspects of Getting It Right For Every Child through Parts 4 (Named Person), 5 (Child's Plan) and 18 (Wellbeing).

- 2.2 The parts of the Children and Young People (Scotland) Act 2014 which put aspects of GIRFEC on a statutory footing are expected to come into force in August 2016, at which time there will be a responsibility to comply with the provisions and resulting duties.

These duties include:

- A Named Person made available to every child 0 -18 years (and beyond if still in school);
- A legal requirement to share information with the Named Person as appropriate; and
- A single system for assessment and planning through a Child's Plan.

- 2.3 The duties in the Act fall on organisations and not on individual members of staff. However, the duties will be carried out by practitioners delivering services on behalf of the relevant organisation. The duties will apply to all services delivered by relevant organisations and hence all practitioners who are in a position to support the wellbeing of a child or young person, whether directly through children's services, or indirectly, as in adult services supporting parents, carers or those who have contact with children in the family setting.

- 2.4 Adult services will have a key role in supporting the duties under the Act. They may become aware of a risk to a child's wellbeing through their engagement with adults. In such circumstances we would expect the adult service worker to consider if this information is relevant to the Named Person functions and ought to be shared with the Named Person. For example this will apply to addiction workers engaging with a parent, housing officers dealing with a family's housing needs, fire officers attending an incident at a family home, and health workers supplying services to a parent or carer.

## **Wellbeing (Part 18)**

- 2.5 The Act provides a common holistic understanding of what wellbeing means and ensures that this underpins everything that we do to support children in the context of the Children and Young People (Scotland) Act 2014. Wellbeing is based on a holistic view of what supports a child or young person needs to grow and develop well, as described by eight, wellbeing dimensions: safe, healthy, achieving, nurtured, active, responsible, and respected. These are often referred to in short hand as SHANARRI.

- 2.6 Adopting the concept of wellbeing and taking a more holistic approach will support the identification of concerns at an earlier stage. The Act seeks to bring about a culture shift by reframing the way services consider the needs of children and young people. The aim of GIRFEC is to support a system that responds appropriately to the needs and risks of any child, based on assessment of their wellbeing. Most children will have their needs met through the typical engagement of families with universal services like health and education. For some, the needs and risks may be intense and require specialist assessments, specific action, extensive planning and longer-term, coordinated support from a range of services. Those needs/risks may arise suddenly or over time. Whatever the nature or intensity of need, the GIRFEC approach provides a framework within which all services can work with the child and parents to improve the child's wellbeing. Specialist assessments will continue to be part of the assessment process, but the results of such assessments will be considered within the context of the child's overall wellbeing which allows for a more holistic approach to support, resulting in better outcomes for the child, and family.

#### **Named Person (Part 4)**

- 2.7 The Named Person service is a term that encompasses everything that needs to be in place in order to ensure that the Named Person functions will be delivered as specified in the Children and Young People (Scotland) Act 2014. The duty to provide a Named Person service sits with health boards, local authorities, directing authorities of independent or grant-aided schools and the Scottish Prison Service, depending on the circumstances of the child. The Named Person service includes the communication infrastructure, professional support, governance framework and the maintenance of local policies, protocols, procedures, guidance and training; plus communication about the role of the Named Person, how the role will be delivered locally, and how to contact a child's Named Person.
- 2.8 The identified Named person will be determined by the child's age and circumstances. From birth until 5 years, or school entry, the health visitor will usually be the Named Person. There may be exceptions where a Family Nurse, or another health professional, will take on the role. For children in school, it may be the Head Teacher, depute head teacher or pupil support/guidance teacher. This will apply in both local authority schools and in independent/grant aided schools. For children of school age, i.e. from 5 years to their 18th birthday, who do not attend school, it will be for the local authority where they normally reside to identify a Named Person. This will generally apply to children who are home educated, some Gypsy/Travellers and those who have left school before their 18th birthday. The Named Person is likely to be a centrally deployed officer of the authority who has responsibility for linking with these groups of children and is in a position to undertake the Named Person functions.

#### **Child's Plan (Part 5)**

- 2.9 The Child's Plan sits within a single planning process and is aimed at addressing the issues that may be adversely affecting the child's or young

person's wellbeing. The Child's Plan will set out the child's and young person's needs, the actions taken to meet these needs, who will undertake those actions and the anticipated outcome. Children/young people and their parents / carers will be involved in the development of the plan which will include their views on the assessment and the plan to improve outcomes.

- 2.10 The GIRFEC approach ensures that a Child's Plan is prepared for a child (up to age 18) when there is a concern about wellbeing which cannot be addressed through the universal services generally available for children, and a targeted intervention is therefore required. The aim is to simplify the statutory planning process so that all services follow the same approach and children, young people and parents are key partners in that process.
- 2.11 Children will continue to have their needs identified and met through the routine operational planning which is carried out by health visitors, teachers, and others but where more specialist and coordinated support is required either from within one of the universal services, or through multi-agency working, then the Named Person will consider whether a Child's Plan is necessary.
- 2.12 Local authorities, health boards, and other public bodies will have to decide which interventions meet the description of a targeted intervention within the terms of the Act, and provide a framework within which decisions about the requirement for a Child's Plan can be made..
- 2.13 The Act also sets out the provision for the complaints process for Named Person and Child's Plan, (i.e. Part 4 and Part 5 of the Act). A consultation was launched in early September 2015 in relation to the *Complaints Concerning Functions Relating to the Named Person and Child's Plan*. The Consultation outlines the intention on Scottish Government to ensure that parents and children know how to make a complaint, what their rights are and what will happen when they make a complaint. At the same time ensuring that every organisation and body involved in a complaint relating to Parts 4 and/or 5 are clear about their role and responsibilities regarding complaints.

## Information Sharing

- 2.14 The Act creates a framework which ensures that public bodies must make a Named Person aware of any matter which is likely to present a risk to a child's and young person's wellbeing in a transparent, fair and proportionate way. Different sections in the Act cover different aspects of this.
  - Section 23 stipulates that when a child's Named Person service provider, (i.e. a health board, local authority) changes, the previous Named Person must share information that is likely to be relevant to any risk to the child's wellbeing, with the new Named Person.
  - Section 26 creates a duty for specific public bodies to share information about any matter which is likely to be relevant to the functions of the Named Person. This is likely to be a concern about an aspect of the child's wellbeing. The Act ensures that the Named Person becomes the person

who should receive this kind of information so that they can build up a picture of the child's or young person's situation in the context of a wellbeing concern and be able to offer appropriate support where necessary.

- 2.15 Awareness raising and training across all sectors is crucial in relation to all aspects of the Children and Young People (Scotland) Act 2014. The delivery of such training is the responsibility of organisations within their Community Planning Partnerships, and the other bodies who have duties under the Act. Additional guidance and support is available from the Information commissioner's Office and the Scottish Government website.
- 2.16 Statutory guidance was published in late 2015 which support's the development of detailed local guidance on information sharing for practitioners.

### **3. Implementation Plan**

- 3.1 Compliance with the legislation will be achieved through significant transformational change supported by systems, practice and culture change across the Community Planning Partnership.
- 3.2 Three workstreams led by Heads of Service in children's services and health have been established to take forward plans for each of the key duties in the Act to lead on local implementation. This is informed by work undertaken in Police Scotland, NHS GGG& and other organisations. Locally, the Steering Group has oversight of the inter agency organisational issues and challenges ensuring all services prioritise the implementation plan and identifying areas of risk. Nationally, key leads are attending regular meetings with the Scottish Government GIRFEC team.
- 3.3 Project management resource is in place to drive forward implementation in the time scale available, and at a senior enough level to challenge any organisational barriers which exist in relation to delivering the change required across all services and organisations. This has been achieved by Steering Board Chaired by the Director of Children's services and includes membership from police, health, SCRA and Council services (Finance and IT, Business support, children's services).
- 3.4 A national group has been established to focus on child protection and GIRFEC challenges. There are significant issues in relation to ensuring that the child protection processes and systems remain robust while building in a process of sharing information with named person where wellbeing concerns are identified.

### **4. Single Point of Contact Hub (pilot)**

- 4.1 A local pilot commenced on 25<sup>th</sup> April to 20<sup>th</sup> May 2016 (with Police, Education, Health and Social Work) to develop and test business processes and procedures to align with legislation relating to the GIRFEC duties in the Children and Young People (Scotland) Act 2014, Parts, 5 & 18: Getting it Right for Every Child (GIRFEC). The test allowed for consideration of the following areas:

- Volume of wellbeing concerns
- Resourcing requirement for single point of contact for named person service
- Changes to process and procedure and working practices
- Training needs
- Communication issues.

4.2 The test supports a 'soft launch' of the GIRFEC duties in particular the information sharing and named services.

4.3 The Heads of Service overseeing GIRFEC Implementation have agreed to the continuation of the pilot. The process and outputs surrounding this will continue to be reviewed and improved if necessary. It is important that we build on the good work and communication that has been established during the initial phase.



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**To:** Renfrewshire Integration Joint Board

**On:** 24 June 2016

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**Report by:** Chief Officer

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**Heading:** Care at Home Services

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## 1. Summary

- 1.1. This report provides members of the Integration Joint Board (IJB) with a position statement on the Care at Home Service. The report highlights the key challenges being faced by the service and outlines work currently underway to mitigate them and develop the service for the future.
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## 2. Recommendations

It is recommended that the IJB:

- 2.1. Approve the contents of this report and agree that the Chief Officer brings forward future reports to update members on progress within the Care at Home Service.
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## 3. Background

- 3.1. The Care at Home service represents one of the largest services provided by Renfrewshire Health and Social Care Partnership. The service has a combined budget of £11.3m and consists of a directly employed staff group of around 318 WTE / 500 staff, who with external providers, support approximately 4,500 service users each week.
- 3.2. The service is critical to supporting service users to remain safely at home and ensure appropriate use of the wider health and social care system, mostly notably hospital settings in terms of supporting discharge.
- 3.3. The service performs a number of functions, e.g. providing meals, personal care and support to maximise independence, each of which are delivered through specific services that combine to support service users under the umbrella of Care at Home Services:

### Reablement

- 3.4. The Reablement service is provided throughout Renfrewshire and is the first line response of the Care at Home service. Care at Home workers, supported by Occupational Therapists and Adult Service Co-ordinators provide intensive supports, usually for up to six weeks, which encourage and enable service users to develop confidence and skills to maximise their independence and

minimise reliance on services. On completion of a period of reablement, service users transfer to either in-house or commissioned Care at Home services should they require ongoing support.

- 3.5. The vast majority of new service users will receive the Reablement Service. However, those with a significant cognitive impairment or those at end of life would not be suitable for the service. In such cases, services would be provided by in-house or commissioned Care at Home services.
- 3.6. The Reablement Service support over 200 service users each week, delivering over 2,500 hours support through approximately 4,000 visits.

#### **In-house Care at Home**

- 3.7. The in-house Care at Home service provides a range of personal, social and practical supports to service users to enable them to remain at home. Approximately 800 service users receive just over 4,500 hours support from the service over 12,500 visits each week. The in-house service is provided within specific geographic areas of Renfrewshire.
- 3.8. In many ways, this represents the most complex service within the Care at Home portfolio. Challenges in meeting increasing demand, coupled with difficulties in attracting staff into the service have resulted in significant organisational and financial pressures in recent years. These challenges have led to a reliance on the use of temporary agency staff to support the provision of services.

#### **Commissioned Care at Home**

- 3.9. A strategic review of Care at Home Services was conducted approximately five years ago. This led to improved arrangements being introduced and services commissioned within geographical areas.
- 3.10. Over 800 service users receive a service via external providers, who in turn deliver over 15,000 visits and over 6,000 hours of service each week. The vast majority of these are provided via one of our seven 'framework providers'. However, all providers are experiencing capacity pressures. Increasingly, this results in providers being unable to accommodate requests for services. This has led to an increasing use of 'non-framework providers' to support us in meeting the increasing demand for services, but can also lead to delays in our ability to meet requests.

#### **Community Meals**

- 3.11. The Community Meals Service supports approximately 550 individuals every week through the provision of a meals delivery service. Individuals benefiting from the service receive two meals daily at both lunch and every dinner time. Over 5,500 meals are delivered each week consisting of soup and sandwiches at lunchtime and hot meals at dinner time.
- 3.12. The service provides a number of important functions. Primarily, the service ensures that individuals receive nutritious meals each day. However, in addition, the delivery model also maximises capacity within Care at Home services by minimising the need for frontline Care at Home staff to support individuals in the preparation of meals. This, in effect, generates capacity to support individuals with their personal care and other support needs. Given the



increasing demands experienced for Care at Home services this represents an essential model in ensuring that individuals are supported both quickly and safely.

### **Extra Care Housing**

- 3.13. Through a partnership with local housing associations, four Extra Care housing developments, located in Linwood, Erskine and Johnstone, were opened between 2008 and 2010. 96 tenancies exist across the developments, with 91 service users currently being supported. A waiting list exists for all developments and vacancies rarely exist. All current vacancies are allocated and awaiting entry.
- 3.14. The developments are primarily for older people, with Care at Home staff on site 24 hours per day. The model provides a bridge between community living and long-term care, offering service users the support they require to remain independent within their own tenancy. All flats are fully accessible, with lunch and evening meals provided in communal dining rooms.

### **Technology Enabled Care**

- 3.15. Renfrewshire has been at the forefront of the implementation of Technology Enabled Care (TEC) services for some time and has a proven track record in successfully deploying technology to support service users and patients in line with the wider strategic and operational aims of the partnership. The service continues to develop from a position of strength and has continued to innovate and extend the range of technology available to enable people to live independently in the community.
- 3.16. The service provides a 24 hour response service to approximately 3,600 service users. Technology is installed with the home of the service user which can be used to trigger assistance. This can range from a basic community alarm unit to a range of discreet sensors around a service users home to monitor risks such as falls, movement, smoke, floods and fire. Activations generate calls to our control centre and our responder teams are available 24 hours a day to respond to events in the homes of service users where required.

## **4. Current Position**

- 4.1. The Care at Home service has been widely recognised as a leader of innovation for some time. This has resulted in flagship services being developed that better support individuals, make better use of the resources that we have and have enabled us to shift the balance of care to support more service users to remain at home.
- 4.2. As early adopters of reablement, the service has been able to maximise the independence of thousands of service users, while at the same time minimising the longer term need for services, enabling services to be directed towards those in need.
- 4.3. The community meals service ensures that service users receive nutritious meals each day and has diverted the provision from Care at Home services, releasing time to focus on the provision of essential personal care supports.

- 4.4. The Technology Enabled Care Service is widely recognised amongst the best in the United Kingdom by the Telecare Services Association (TSA). As the only TSA platinum accredited provider of services in Scotland, we deliver services of the very highest standard to people throughout Renfrewshire and have adopted a strategy which seeks to incrementally build on our foundations whilst maintaining the standards that we have achieved. We have also been successful in attracting additional investment from the Scottish Government in recent years through the Technology Enabled Care (TEC) Fund.
- 4.5. The service has been critical to the improved performance of the partnership in relation to minimising delayed discharges and the associated lost bed days in Acute Hospitals. The availability of services at the point of demand is crucial to facilitating the whole system across health and social care. Maintaining this performance generates significant challenges to the Partnership from both a financial and operational perspective. Compromising our approach would have a detrimental impact on the wider system.
- 4.6. The Care at Home Service is registered with the Care Inspectorate as both a Care at Home and Housing Support Service and is subject to an annual inspection regime. Recent inspections have confirmed that the service functions well, with all inspected areas scoring very good over the last two years.

## **5. Challenges**

- 5.1. Renfrewshire Council has been effective and forward thinking in its approach to the service. This has seen year on year investment in the care at home services. Notwithstanding this, financial and operational pressures remain as a result of increasing demands for service. The financial outturn for 2015/16 confirmed an overspend position within the service of £1.6m. Further investment of £996,167 has been allocated to the service for 2016/17.

### **Demographic Change**

- 5.2. According to population projections published by National Records for Scotland, there will be almost 48,000 people in Renfrewshire aged 65 and over by 2037. This compares with 31,751 in 2014 and represents an increase of 51%. Over the same period the number of people of working age is expected to fall by 13%.
- 5.3. The impact of an ageing population has seen demand for Care at Home services rising year on year. Not only has there been a sharp increase in the number of service users requiring support, but the complexity of their needs are also increasing as people live longer, but not necessarily in good health. This has resulted in significant operational and financial pressures within the service as it strives to meet the needs of the population. The population projections indicate that this will continue to grow year on year.

### **Labour Market**

- 5.4. Significant challenges are being experienced nationally in attracting staff into social care in the numbers required to meet demand for services. This is also reflective of the current situation within Renfrewshire and there are concerns that this will increase further as the working age population decreases and demands for services increase.

- 5.5. The current position impacts across the wider Care at Home system. Internally, we have an increasing reliance on the use of staff overtime and temporary agency staff to support the in-house Care at Home service. Neither of these arrangements are operationally or financially sustainable in the longer term.
- 5.6. Externally, Care at Home providers experience similar difficulties attracting staff. In many ways this is compounded by recent changes to the living wage. Previously Renfrewshire led the way as a living wage commissioner of Care at Home services. This contributed positively to the ability of providers to attract staff. However, with the introduction of the living wage across all sectors, competition for staff is now far greater. The phased introduction of the Living Wage over coming years will also drive up the cost of the service.
- 5.7. The use of external providers has provided a cost effective way of increasing capacity within Renfrewshire. Until recently it has also been effective in sharing the risk in terms of recruitment and capacity. However, it is increasingly evident that there is a limited employment pool. This leads to staff moving across providers and new pressures emerging.

### **Commissioned Services**

- 5.8. External providers are all currently experiencing pressures in meeting requests for new services. This is due largely to issues of demand and recruitment. Some providers are also experiencing other organisational challenges, leading to concerns about their resilience. In some cases that has led to joint involvement between Renfrewshire Council, Renfrewshire HSCP and the Care Inspectorate, with work ongoing to support providers to improve. We have a number of recent experiences where providers have given notice that they are no longer able to support some service users, resulting in alternative arrangements being required.
- 5.9. The introduction of Self Directed Support (SDS) provides service users and carers with more choice and control over the services they receive. This has led to an increase in the use of non-framework providers. While this remains relatively limited at this stage, it does present challenges. SDS has created opportunities within the care provider market for smaller organisations, many of whom may be previously unknown. While this in itself is not necessarily a challenge, we have restricted control over the quality of these providers and the scale to which they operate presents concerns regarding their resilience and the potential impact on service users.

### **In-house Care at Home Services**

- 5.10. The pressures experienced in recent years have impacted on the general organisation of the Care at Home service. There is a need to modernise the service to enable it to better meet current and future demand and the needs of service users.
- 5.11. The absence of an ICT system that manages data on staff, absence, shift patterns and schedules their work to the needs of service users represents a current concern. The service relies heavily on manual systems to conduct its work. This leads to duplication of effort, service inefficiency and service failures. Services of the scale of Care at Home require to have systems in place to facilitate operational service delivery and governance and work is

progressing to bring forward a business case for the procurement of a suitable system.

## **6. Way Ahead**

- 6.1. Work is underway to bring forward developments within the service to modernise it for the future.
- 6.2. The Chief Officer has agreed that the service receives additional investment from the Integrated Care Fund. This is being used to pilot changes and shape developments in the service as we strive to establish new models of working. Examples of work progressing as result of ICF investment include the establishment of a dedicated Out of Hours service, enhancement of community meals services to support capacity within Care at Home and the establishment of a Service Development Team to progress the modernisation agenda for the service.
- 6.3. An Improvement Action Plan has been established for the service. This includes work to ensure that services are developed to maximise efficiency, effectiveness and productivity to respond to increasing demands. The action plan will continue to be developed and refined and will form the key action document for developments within the Care at Home Service over the coming years.
- 6.4. The key themes of the plan:

- **Workforce Planning and Development**

This theme will focus on

- Sustained recruitment campaigns to increase service capacity and reduce reliance on temporary agency staff.
- Review staffing structures to ensure appropriate infrastructure exists to enable the service to undertake its functions.
- Ensuring appropriate opportunities for learning, development and support exist throughout the service.

- **Developing the business case for a Care at Home Management, Rostering and Monitoring System**

Delivering services on the scale of Care at Home requires electronic systems to ensure efficient and safe service delivery and support managing and planning within the service. The introduction of an electronic system which are used throughout Scotland would provide mechanisms to electronically record and transmit information to staff via mobile devices and enable alerts to be raised if services do not commence within specific timeframes.

A functional specification of requirements for an electronic system has been developed and a business case is currently being devised and will be presented to the Council's Corporate Management Team for approval.

- **Review of business processes and service pathways**

Work has commenced to review service pathways in relation to referrals and further, more extensive work is required to review processes across the service. This work will run parallel to the structural review and to the work to progress an electronic Care at Home Management, Rostering and Monitoring System.

A review and update of the procedures that support the service will be undertaken with subsequent update training for employees.

- **Review of supervision and management capacity**

The management of a dispersed workforce presents logistical and resource intensive challenges for the Care at Home Service. The review of the service structure will ensure that appropriate infrastructure is in place to manage and supervise staff and ensure they feel valued and supported to achieve the highest standards.

- **Alignment with new geographic boundaries and considering opportunities for streamlining and integrating service delivery**

Work has already commenced to realign elements of the Care at Home Service with the geographic boundaries being established by the HSCP. This work will continue as cluster models evolve and will explore opportunities for increased integration and shared service delivery with other aspects of HSCP services.

6.5. The scale of change is significant and will intensify as the Service Development Team is established. The Team will comprise of a Service Development Manager and two Service Development Co-ordinators who will assume a project management approach to the implementation of the action plan. This will complement ongoing work in relation to the wider review of the service.

6.6. A recruitment campaign was launched on 16th May 2016 which seeks to attract staff to the service. This campaign has involved advertising across a range of media including radio, television, printed press, social media and the Council's website. The advert closed on 6th June 2016 and it is hoped that new recruits will commence in September/October 2016. Over 80 applications were received and early indications suggest that the calibre of candidates is greater than previously experienced with the vast majority having existing experience in social care.

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## **Implications of this report**

1. **Financial Implications - none**

2. **HR and Organisational Development Implications – none**

3. **Community Plan/Council Plan Implications – none**

4. **Legal Implications – none**

5. **Property/Assets Implications – none**

6. **Information Technology Implications – none**

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 -- none**
- 10. Risk Implications – none**
- 11. Privacy Impact - none**

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**List of Background Papers – None.**

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**Author:** Scott McNeill, Service Manager (Care at Home Services)



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**To:** Renfrewshire Integration Joint Board

**On:** 24 June 2016

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**Report by:** Chief Officer

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**Subject:** Hospices in Renfrewshire

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**1. Background**

- 1.1 Renfrewshire HSCP's Integration Scheme notes that among the services currently provided by the Health Board which are to be integrated are:
- “Palliative care services provided outwith a hospital”.
- 1.2 Hospices play an important role in the provision of local palliative care services. They work in partnership with Primary Care, District Nurses and other Third Sector organisations.
- 1.3 There are two hospices in Renfrewshire, where services were previously planned and commissioned through NHS Greater Glasgow and Clyde Health Board. From 1<sup>st</sup> April 2016, this responsibility lies with Renfrewshire HSCP. NHS Greater Glasgow and Clyde Health Board has written to all hospices advising them of the new arrangements. Each HSCP will identify a palliative care lead.
- 1.4 Accord Hospice in Paisley has 8 beds and provides 15 day places over 4 days. St Vincent's Hospice in Howwood also has 8 beds and provides 10 day places over 3 days. The hospices also provide a range of other related services (outpatients, community nurse specialists, AHP services, complementary therapies, bereavement services, training and education).
- 1.5 Funding is governed by CEL(12) 2012 which requires Health Boards to meet 50% of the agreed hospice running costs. Service Level Agreements have been agreed and signed by both hospices, covering the period to March 2018.
- 

**2. Recommendations**

- 2.1 The Board notes the new arrangements for the planning and commissioning of hospice services.
- 2.2 The Board agrees the next steps detailed in Section 5.

### **3. Current Arrangements**

#### **3.1 Funding**

This has been led on a Health Board-wide basis and a handover to partnerships will take place. Following due diligence, resources will be delegated to hosting HSCPs. Hospices access NHS stores and payroll services are also provided to the two Renfrewshire hospices.

#### **3.2 Medical Staffing**

The Acute sector leads medical staffing for hospices. Most medical staff also have NHS contracts. The Board Medical Director is responsible for medical staff appraisal and revalidation.

#### **3.3 Data/Information**

Hospices submit SMR1 data to ISD. They also produce quarterly activity reports for local monitoring meetings. These reports are similar, though not the same for each hospice.

#### **3.4 Governance**

Four quarterly meetings are held with the Board's Planning and Finance Team, and each individual hospice. There is also a formal annual review. All six hospices came together in a forum to share good practice – this was led by the Board. There is also a Palliative Care Managed Clinical Network (MCN), and the programme of work for the MCN will be circulated to all HSCPs. Renfrewshire is represented by the GP Palliative Care Lead at the MCN. The Renfrewshire Palliative Care Joint Planning, Performance and Implementation Group (JPPIG) is a partnership group which meets to plan palliative care services. The role and remit of this group is being reviewed.

### **4. Proposed Arrangements**

#### **4.1 Funding**

Following due diligence, budgets for St Vincent's and Accord Hospices will be devolved to Renfrewshire HSCP. SLAs are agreed until March 2018.

#### **4.2 Medical Staffing**

No change to current arrangements is proposed.

#### **4.3 Governance**

The Palliative Care JPPIG will be reviewed to recognise the new planning and commissioning arrangements. Local activity, service issues,



developments and MCN issues will be discussed at this group. It will have representation from both Renfrewshire hospices, primary care and community health and social work services. The Integration Joint Board (IJB) will be asked to identify a palliative care lead to represent the interests of this important service area. Annual SLA/finance meeting will take place with the two hospices individually.

## 5. **Next Steps/Actions**

- 5.1
  - a) Renfrewshire HSCP will identify a palliative care lead to lead this work operationally.
  - b) The Senior Professional Nurse Advisor will represent palliative care interest on the IJB.
  - c) The Chief Officer and the IJB Chair will visit both hospices.
  - d) Clarity about finance/budgets will be received from the NHS Board.
  - e) Quarterly palliative care meetings (building on the existing JPPIG) will be established.
  - f) Annual review meeting will be set up with each hospice individually to discuss SLA and funding.
  - g) Hospice clinical governance will be linked to wider HSCP governance structure.

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## Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** - None
4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. 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: Fiona MacKay, Head of Strategic Planning and Health Improvement



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**To:** Renfrewshire Integration Joint Board

**Item 12**

**On:** 24 June 2016

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**Report by:** Chief Officer

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**Heading:** Section 10 Grants to Voluntary Organisations - Applications 2016-17

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## **1. Summary**

- 1.1. The delegated authority to provide financial support to voluntary organisations is provided in Section 10 of the Social Work Scotland Act 1968. Following the integration of health and adult social care services, this report relates to funding applications from organisations whose work is primarily with adults. A separate report relating to children and young people will go to the Council's Education and Children Board.
  - 1.2. A total of 18 organisations have submitted grant applications for Section 10 funding, with 16 of these organisations submitting applications to work with adults. Details of the grant applications are provided in Appendix 1, appended to this report.
  - 1.3. It is recommended that £28,650 is awarded to 13 organisations as detailed in Appendix 1.
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## **2. Recommendation**

It is recommended that the IJB:-

Approve funding in respect of the organisations detailed, totalling £28,650.

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## **3. Background**

- 3.1 The delegated authority to provide financial support to voluntary organisations is provided under Section 10 of the Social Work Scotland Act 1968, "A local authority may make contributions by way of grant or loan to any voluntary organisation the sole or primary object of which is to promote social welfare."<sup>1</sup>
- 3.2 To receive funding, organisations must submit an application to the Health and Social Care Partnership's Community Link Team using the Council's grant application form which is available on the Council's website, and should clearly demonstrate that they contribute to at least one of the HSCP's strategic priorities in their application.

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/1968/49>

- 3.3 Grant awards can only be made to organisations accepting the Council's conditions of grant which are available on the Council's website.
- 3.4 The criteria and process of approval for Section 10 applications are set out in Appendix 2.
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### **Implications of the Report**

1. **Financial** – The report deals with the allocation of the approved Section 10 budget for 2016/17
  2. **HR & Organisational Development** – None.
  3. **Community Planning** – None.
  4. **Legal** – None.
  5. **Property/Assets** – None.
  6. **Information Technology** – managing information and making information available may require ICT input.
  7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
  8. **Health & Safety** – None.
  9. **Procurement** – None.
  10. **Risk** – None.
  11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.
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**List of Background Papers** – None.

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**Author:** Fiona Mackay, Head of Strategic Planning and Health Improvement

## Section 10 Grant 2016-17 Renfrewshire Integration Joint Board

### Recommend for funding

Name of Organisation	Statement/Aims of Organisation	Purpose of Grant and Recommendation	New applicant	2015-16		2016-17	
				Grant Requested	Payment Received	Grant Requested	Payment Recommended
<b>Renfrewshire Sound</b>	The organisation provides a recorded local news service to visually impaired people in Renfrewshire.	The grant will be used to assist with the rental costs associated with the provision of the service.  The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Addressing Inequalities' strategic priority.  <b>RECOMMEND</b>	No	£2,500	£1,700	£2,500	£1,700
<b>Wednesday Social Club</b>	The club promotes social welfare for older people in Renfrewshire, particularly for the Whitehaugh area.	The grant will be used towards rent, heating and lighting costs for the use of the premises at Kelburn Cricket Club and ongoing administration costs. 50 people attend the Club on a weekly basis.  The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Prevention' strategic priority.  <b>RECOMMEND</b>	No	£1,000	£500	£1,000	£500
<b>Renfrewshire Access Panel</b>	The organisation deals with accessibility, working across the private, public and third sector to remove physical and attitudinal barriers to equality, promoting all aspects of independent living in Renfrewshire	The grant will assist with the on-going running costs and the costs involved in training other groups in the skills they need to return to work. The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Addressing Inequalities' strategic priority.  <b>RECOMMEND</b>	No	£4292.42	£600	£4291.96	£930

Name of Organisation	Statement/Aims of Organisation	Purpose of Grant and Recommendation	New applicant	2015-16		2016-17	
				Grant Requested	Payment Received	Grant Requested	Payment Recommended
<b>Barnardo's</b>	<p>Barnardo's works to transform the lives of vulnerable children and young people.</p> <p>The Paisley Threads project supports parents, carers and families in the community and in diverse cultural circumstances and provides guidance and advice aimed at supporting vulnerable children and their families.</p>	<p>The grant will support the integration of refugees who have recently arrived in Renfrewshire by recruiting and managing a number of volunteers to carry out a range of activities with them.</p> <p>The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Addressing Inequalities' strategic priority.</p> <p><b>RECOMMEND</b></p>	No	£2,100	£2,100	£2,100	£2,100
<b>Cornerstone Drop In</b>	The organisation provides a day time facility for shelter, food and friendship to those who are in need and require support for whatever reason.	<p>The grant will enable the organisation to provide a healthy meal to those in need as well as a place to meet and interact with people.</p> <p>The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Prevention' strategic priority.</p> <p><b>RECOMMEND</b></p>	No	£1,000	£499	£1,000	£500
<b>Cotton Club</b>	The organisation plans activities that will reduce isolation and loneliness, as well as improve each individual's health and wellbeing for them to live an independent and active life.	<p>The grant will enable the organisation to provide and deliver an active aging programme to build up the physical health and wellbeing for older people at Glencairn Court Sheltered Housing as well as maintain their ability and confidence. This in itself will support social inclusion and combat loneliness and isolation.</p> <p>This new award will target a group of people previously not supported by Section 10 grant funding and will contribute to the HSCP's 'Improving Health and Wellbeing – Prevention' strategic priority.</p> <p><b>RECOMMEND</b></p>	Yes	NA	NA	£1,000	£500

Name of Organisation	Statement/Aims of Organisation	Purpose of Grant and Recommendation	New applicant	2015-16		2016-17	
				Grant Requested	Payment Received	Grant Requested	Payment Recommended
<b>Engage</b>	Engage are a single door access point for community action, volunteering and the voluntary sector in Renfrewshire.	<p>The grant will support the organisation's aims of improving the sectors relationship with other community planning partners by playing an important role in supporting the sector achieve against the six strategic community plan objectives.</p> <p>The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Community Led Activity' strategic priority.</p> <p>A reduction in the amount awarded has been agreed with Engage in order for the HSCP to be able to support other, smaller groups and activities and to spread the benefits to support wellbeing.</p> <p><b>RECOMMEND</b></p>	No	£11,000	£11,000	£11,000	£9,900
<b>Forever Young (Intergenerational Quiz)</b>	The organisation plans activities that will reduce isolation and loneliness, as well as improve each individual's health and wellbeing for them to live an independent and active life.	<p>The grant will fund the Intergenerational Quiz which is an effective partnership approach to reduce the social isolation for older people, but also to tackle the negative attitudes children, young people and older people have towards one another. The project successfully involves a range of learners, including primary school pupils and people from the local community.</p> <p>This new award will contribute to the HSCP's 'Improving Health and Wellbeing – Community Led Activity' strategic priority.</p> <p><b>RECOMMEND</b></p>	Yes	NA	NA	£800	£800
<b>Greensyde Carers</b>	The aims of the group are to advance the education of and to promote the welfare of adults with learning difficulties and their carers. The project creates opportunities for people disadvantaged by a learning and/or sensory disability to explore their creativity and to experience the arts through running a series of workshops in music, movement and dance.	<p>The grant will enable the organisation to provide programmes of music, dance and aerobics enabling the 80 disabled adults receiving a service at Milldale to participate in supervised physical activities complemented by music.</p> <p>The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Prevention' strategic priority.</p> <p><b>RECOMMEND</b></p>	No	£499	£499	£600	£499

Name of Organisation	Statement/Aims of Organisation	Purpose of Grant and Recommendation	New applicant	2015-16		2016-17	
				Grant Requested	Payment Received	Grant Requested	Payment Recommended
<b>Music in Hospitals</b>	The organisation provides professionally delivered live musical performances, enhancing the quality of life of children and adults with a range of conditions relating to illness or disability.	The grant will enable the organisation to provide concerts to 3 local authority care homes.  The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Prevention' strategic priority. <b>RECOMMEND</b>	No	£360	£352	£321	£321
<b>Renfrewshire Seniors Forum</b>	RSF is an umbrella group for all the Senior/Elderly forums in Renfrewshire, as well as many associate member groups, whose objectives are to promote the general welfare of older people in the Renfrewshire local authority area by campaigning on issues that affect them and, to raise such issues with departments or agencies concerned. RSF also provides support and where appropriate services to organisations as well as forums that are working with seniors within Renfrewshire.	The grant will allow the Forum to provide a platform for social interaction between the members in the form of two SOOPIR (Strengthening Opportunities for Older People in Renfrewshire) Days. This will involve providing appropriate entertainment for older adults and getting relevant information for them. We hope to combat social isolation and loneliness mental and physical.  The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Community Led Activity' strategic priority. <b>RECOMMEND</b>	No	£4,999	£2,900	£3,500	£2,900
<b>Renfrewshire Visually Impaired Forum</b>	RVIF holds regular meetings to discuss matters affecting blind and partially sighted people within Renfrewshire and campaigns to further their rights.	The grant will be used to assist with the rental costs associated with the provision of the service.  The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Addressing Inequalities' strategic priority. <b>RECOMMEND</b>	No	£1,250	£1,000	£1,750	£1,000
<b>Victim Support</b>	The organisation provides support and information services to victims and witnesses of crime in Scotland and aims to advance public awareness and education of victim issues.	The grant will contribute towards the running costs including rent, rates, heating, maintenance and insurance  The organisation will contribute to the HSCP's 'Improving Health and Wellbeing – Addressing Inequalities' strategic priority. <b>RECOMMEND</b>	No	£10,000	£8,000	£10,000	£7,000
						<b>TOTAL</b>	<b>£28,650</b>



## 2. Do not Recommend

Name of Organisation	Statement/Aims of Organisation	Purpose of Grant and Recommendation	New Applicant	2015-16		2016-17	
				Grant Requested	Payment Received	Grant Requested	Payment Recommended
<b>Cairn Heights</b>	The organisation plans activities that will reduce isolation and loneliness, as well as improve each individuals health and wellbeing for them to live an independent and active life.	<p>The grant will enable the organisation to offer separate sessions of Reiki, Massage and Hydrotherapy for older people at Glencairn Court Sheltered Housing.</p> <p>The HSCP currently funds a local voluntary organisation to provide a similar service.</p> <p><b>DO NOT RECOMMEND</b></p>	Yes	NA	NA	£1,000	£0
<b>Deafblind Scotland</b>	The organisation helps deafblind people in Scotland live as rightful members of their own communities and to encourage support and contact and between deafblind people and sighted hearing people.	<p>The grant will enable the organisation to provide information in accessible formats to severely dual-sensory impaired Renfrewshire residents.</p> <p>The HSCP currently provides support to people with a sensory impairment.</p> <p><b>DO NOT RECOMMEND</b></p>	No	£4,493	£0	£2,225	£0
<b>BEI Lunch Club</b>	The organisation provides activities to older adults living in the Bishopton, Erskine and Inchinnan areas and aims to maintain the health and wellbeing of older adults.	<p>The grant will enable the organisation to provide an all year round place for members of the Bishopton, Erskine and Inchinnan communities to meet, have lunch and participate in activities.</p> <p>The HSCP currently funds a local voluntary organisation to provide a similar service which focuses on health and wellbeing.</p> <p><b>DO NOT RECOMMEND</b></p>	No	NA	NA	£1,966	£0



### Criteria for Section 10 Applications

The criteria for Section 10 applications are:

- Organisations must be a constituted organisation.
- Organisations should be financially viable as demonstrated in their accounts and bank statement submitted along with their application.
- Organisations must demonstrate that they will support Section 10 of the Social Work Scotland Act 1968, “A local authority may make contributions by way of grant or loan to any voluntary organisation the sole or primary object of which is to promote social welfare.”<sup>2</sup>.
- Organisations must clearly demonstrate that they contribute to at least one of the HSCP’s strategic priorities in their application; Improving Health and Wellbeing, The Right Service at the Right Time in the Right Place, Working in Partnership to Treat the Person as well as the Condition.

### Process of Approval for Section 10 Applications

The process for approval of a grant is:

1. Organisation submits an application to the Health and Social Care Partnership’s Community Link Team.
2. Community Link Team checks that all relevant paperwork has been submitted: signed application form; constitution or memorandum and articles of association; most recent annual accounts or income and expenditure statement dated and signed as approved, and less than fifteen months old; and recent bank statement less than three months old.
3. Community Link Team assesses whether the application promotes ‘social welfare’ as set out in the Social Work Scotland Act 1968, and contributes to at least one of the Health and Social Care Partnership’s strategic priorities as set out in the Strategic Plan.
4. Community Link Team consults relevant paperwork, colleagues and partners to determine amount to be awarded based on need for the service/activity and the total budget available.
5. Submit to Head of Strategic Planning and Health Improvement.
6. Summary of applications and recommendations is submitted to the Integration Joint Board for approval.

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<sup>2</sup> <http://www.legislation.gov.uk/ukpga/1968/49>

