

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

Date	Time	Venue
Friday, 15 September 2017	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM  
Clerk

### Membership

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

Councillor Jacqueline Cameron (Chair) and Dr 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.

- |           |   |                  |
|-----------|---|------------------|
| <b>1</b>  | <b>Minute</b>   | <b>5 - 16</b>    |
|           | Minute of meeting of the Integration Joint Board (IJB) held on 23 June 2017.  |                  |
| <b>2</b>  | <b>Changes to IJB Voting Membership</b>                                       | <b>17 - 18</b>   |
|           | Report by Head of Administration.   |                  |
| <b>3</b>  | <b>Financial Report - 1 April to 31 July 2017</b>                             | <b>19 - 36</b>   |
|           | Report by Chief Finance Officer.  |                  |
| <b>4</b>  | <b>Renfrewshire IJB Audited Accounts 2016/17</b>                              | <b>37 - 80</b>   |
|           | Report by Chief Finance Officer.  |                  |
| <b>5</b>  | <b>2018/19 Financial Planning</b>   | <b>81 - 120</b>  |
|           | Report by Chief Finance Officer.  |                  |
| <b>6</b>  | <b>Performance Management Update 2017/18</b>                                  | <b>121 - 136</b> |
|           | Report by Chief Officer.  |                  |
| <b>7</b>  | <b>Participation, Engagement and Communication: Annual Review</b>             | <b>137 - 138</b> |
|           | Report by Chief Officer.  |                  |
| <b>8</b>  | <b>Capability Scotland Update</b>   |                  |
|           | Report by Chief Officer (copy to follow)                                      |                  |
| <b>9</b>  | <b>Planning and Commissioning Arrangements</b>                                | <b>139 - 142</b> |
|           | Report by Chief Officer.  |                  |
| <b>10</b> | <b>Planning and Delivering Care and Treatment across the West of Scotland</b> | <b>143 - 146</b> |
|           | Report by Chief Officer.  |                  |
| <b>11</b> | <b>New National Health and Social Care Standards</b>                          | <b>147 - 170</b> |
|           | Report by Chief Officer.  |                  |

<b>12</b>	<b>Self Directed Support: 2017 Progress Report</b>	
	Report by Chief Officer (copy to follow)	
<b>13</b>	<b>Renfrewshire IJB Draft Property Strategy</b>	<b>171 - 184</b>
	Report by Chief Officer.	
<b>14</b>	<b>Update on Joint Inspection for Adult Services</b>	<b>185 - 188</b>
	Report by Chief Officer.	
<b>15</b>	<b>Update on Planning for Implementation of Carers Act</b>	<b>189 - 194</b>
	Report by Chief Officer.	
<b>16</b>	<b>Proposed Dates of Meetings of the Integration Joint Board 2017/18</b>	<b>195 - 196</b>
	Report by Clerk.	



## Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 23 June 2017	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

### PRESENT

Councillors Jacqueline Cameron, Jennifer Adam-McGregor, Lisa-Marie Hughes and Scott Kerr (all Renfrewshire Council); Dr Donny Lyons, Morag Brown and Dorothy McErlean (all Greater Glasgow & Clyde Health Board); G Capstick (trade union representative for health staff); Karen Jarvis (Registered Nurse); Helen McAleer (unpaid carer residing in Renfrewshire); Liz Snodgrass (Council staff member involved in service provision); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Alex Thom (Registered Medical Practitioner (non-GP)); and David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership).

### CHAIR

Councillor Jacqueline Cameron, Chair, presided.

### APOLOGIES

Stephen Cruickshank (service user residing in Renfrewshire); David Wylie (Health Board staff member involved in service provision) and Peter Macleod, Chief Social Work Officer (Renfrewshire Council).

### IN ATTENDANCE

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

## **DECLARATIONS OF INTEREST**

There were no declarations of interest intimated prior to the commencement of the meeting.

Prior to the start of the meeting members were advised that John Legg, one of the Health Board voting members, had intimated his resignation to the Chief Officer.

### **1 MINUTE**

The Minute of meeting of the Integration Joint Board (IJB) held on 10 March 2017 was submitted.

Morag Brown intimated that in relation to item 3 of the Minute – 2017/18 Health and Social Care Budget Update – she did not agree that the following wording should be part of decision (c) ‘and the historic Community Health Partnership undelivered savings and NHS pension costs should not be allocated as a charge to the IJB as these predated the establishment of the IJB and did not feature in the due diligence work undertaken by the Chief Finance Officer during 2015/16 or the September 2015 due diligence report by Pricewaterhouse Coopers on behalf of the NHS GG&C.’

Following discussion, the Chair moved that the Minute be approved subject to the dissent of the Health Board members to the inclusion of the wording outlined above being noted.

**DECIDED:** That the Minute be approved subject to the dissent of the Health Board members being recorded in item 3 of the Minute of the following wording of decision (c) ‘and the historic Community Health Partnership undelivered savings and NHS pension costs should not be allocated as a charge to the IJB as these predated the establishment of the IJB and did not feature in the due diligence work undertaken by the Chief Finance Officer during 2015/16 or the September 2015 due diligence report by Pricewaterhouse Coopers on behalf of the NHS GG&C.’

### **2 RENFREWSHIRE COUNCIL MEMBERS APPOINTED TO INTEGRATION JOINT BOARD AND VOTING MEMBERS OF THE AUDIT COMMITTEE**

The Director of Finance & Resources, Renfrewshire Council, submitted a report advising that at the statutory meeting of Renfrewshire Council held on 18 May 2017 Councillors Jacqueline Cameron, Jennifer Adam-McGregor, Lisa-Marie Hughes and Scott Kerr had been appointed to the IJB as voting members and that Councillors Cathy McEwan, Michelle Campbell, Jim Paterson and Jane Strang had been appointed to the IJB as substitute voting members.

The report intimated that in accordance with the terms of the Integration Scheme, Councillor Jacqueline Cameron had been appointed as the Chair of the IJB until September 2017 when she would then take up the position of Vice-chair. Dr Donny Lyons, the current Vice-chair of the IJB, would then be appointed as Chair of the IJB in September 2017.

It was noted that the four council voting members had nominated Councillors Lisa-Marie Hughes and Scott Kerr to sit on the IJB Audit Committee and that the four health board voting members would consider their existing representation on the Audit Committee.

**DECIDED:**

- (a) That the appointment of the Council voting members and substitute voting members to the IJB be noted;
- (b) That it be noted that Councillor Jacqueline Cameron had been appointed as Chair of the IJB until September 2017 when she would then take up the position of Vice-chair;
- (c) That it be noted that Dr Donny Lyons would then be appointed as Chair of the IJB in September 2017 and as a result of this would vacate his position as Chair of the IJB Audit Committee;
- (d) That it be noted that in line with the proposed approach to the appointment of members to the Audit Committee, Councillors Lisa-Marie Hughes and Scott Kerr had been nominated by the Council voting members to sit on the Audit Committee; and
- (e) That it be noted that the health board voting members would consider their representation on the Audit Committee.

**3 FINANCIAL REPORT 1 APRIL 2016 TO 31 MARCH 2017**

The Chief Finance Officer submitted a report relative to the revenue and capital budget year-end position for the Health and Social Care Partnership (HSCP) for the 2016/17 financial year.

The overall revenue position for the HSCP at 31 March 2017 was a breakeven position after the movement of the planned underspends to create reserves for use in 2017/18. The key pressures were highlighted in sections 4 and 5 of the report and appendices 3 and 4 to the report provided a reconciliation of the main budget adjustments applied this current financial year.

The report intimated that early in 2016/17, the Chief Finance Officer, held back on the application of the use of a proportion of the Social Care Fund allocated by the Scottish Government for driving forward service redesign to shift the balance of care. This prudent approach had enabled the increasing demand and associated cost pressures with the care at home service and Adult Supported Placements to be funded in 2016/17 leaving a balance of £1.519m to be transferred to reserves for use in 2017/18 to meet ongoing pressures within the adult social care service budget.

In addition, given the significant budget gap to be met for 2017/18 with regards to the health budget allocation, the Chief Officer and Chief Finance Officer worked with the senior management team on a number of cost containment programmes through the final quarter of 2016/17 to enable reserves of £1.25m to be created to assist in covering this gap and £0.756m in earmarked reserves to meet specific commitments in 2017/18, as detailed in paragraph 8.8 of the report.

**DECIDED:**

- (a) That the year-end financial position be noted;
- (b) That the general reserves position for application in 2017/18 to mitigate any budget volatility and failure to deliver on approved savings plans, as detailed in paragraphs 4.1, 8.4 and 8.5 of the report, be agreed; and

(c) That the earmarked reserves position for application in 2017/18, as detailed in paragraph 8.5 of the report, be agreed.

#### **4 LOCAL CODE AND SOURCES OF ASSURANCE FOR GOVERNANCE ARRANGEMENTS**

The Chief Finance Officer submitted a report relative to the adoption of a Local Code of Governance with sources of assurance to review and assess governance arrangements.

The report intimated that the IJB was a legal entity in its own right; was accountable for the stewardship of public funds; and should ensure that its business was conducted under public sector best practice governance arrangements including ensuring that public money was safeguarded, properly accounted for and used economically, efficiently and effectively.

The IJBs approved annual governance statement for 2015/16 confirmed that it had adopted governance arrangements that were consistent with the principles of the Chartered Institute of Public Finance and Accountancy (CIPFA) framework and the Society of Local Authority Chief Executive's (SOLACE) framework.

The report proposed that the IJB establish a Local Code of Corporate Governance and that the Chief Internal Auditor's annual review and assessment of the IJB's governance arrangements and control environment continued to be framed within the context of the seven principles of the CIPFA and SOLACE frameworks.

**DECIDED:** That the use of the sources of assurance, as detailed in Appendix 1 to the report, and the establishment of a Local Code of Governance based on the governance principles in paragraph 5.4 of the report, against which the IJB would measure itself in annual governance statements from 2017/18 onwards, be approved.

#### **5 RENFREWSHIRE IJB UNAUDITED ANNUAL ACCOUNTS 2016/17**

The Chief Finance Officer submitted a report relative to the unaudited accounts 2016/17 for the IJB which would be submitted for audit by the statutory deadline of 30 June 2017. A copy of the unaudited accounts 2016/17 formed the appendix to the report.

The report intimated that the accounts fully complied with International Financial Reporting Standards (IFRS) and that the Auditor was planning to complete the audit process by early September 2017. The Auditor's report on the accounts would be made available to members and submitted to a future meeting of the IJB Audit Committee for consideration.

**DECIDED:**

(a) That the annual accounts for 2016/17 be approved, subject to audit; and

(b) That it be noted that the Auditor was planning to complete the audit of the accounts by early September 2017 and that their report would be made available to all members and submitted to a future meeting of the IJB Audit Committee for detailed consideration.



## 6 **FINANCIAL REPORT 1 APRIL TO 31 MAY 2017**

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April to 26 May 2017 for Social Work and from 1 April to 31 May 2017 for the Health Board, as detailed in appendices 1 and 2 to the report.

The overall revenue position for the (HSCP) at 31 May 2017 was an overspend of £167,000, as detailed in the report. The achievement of a year-end breakeven position was dependent on the application of reserves carried forward from 2016/17 for both the Adult Social Care budget and the Health Services budget and delivery of the delegated Health budget savings plans, which were detailed in the report considered at item 7 of this meeting of the IJB. The position might be adversely affected depending on the outcome of the NHS GG&C financial planning process for 2017/18.

The key pressures were highlighted in sections 4 and 5 of the report. Appendices 3 and 4 to the report provided a reconciliation of the main budget adjustments applied this current financial year.

**DECIDED:** That the report be noted.

## 7 **HEALTH BOARD CONTRIBUTION TO THE IJB FOR 2016/17 AND 2017/18**

The Chief Officer and the Chief Finance Officer submitted a joint report providing an update on the savings proposals identified to deliver a balanced budget in respect of the Health Board contribution to the IJB for 2016/17 and 2017/18.

The report intimated that the Chief Finance Officer brought forward saving proposals to the IJB in November 2016 to achieve the tranche 2 health services savings target of £1.378m. These savings proposals were not approved.

The Chief Finance Officer in her finance report to the IJB in January 2017 brought forward an update on the Health Board contribution to the IJB for 2016/17 which included confirmation of additional non-recurring support from NHS GG&C of £1.378m for 2016/17. This amount was transferred to the Health delegated budget for 2016/17 on the basis that savings proposals to achieve the tranche 2 savings would be agreed as part of the 2017/18 budget process to be delivered on a recurring basis from April 2017. Appendices 1 and 2 to the report provided a summary of the savings proposals in respect of the outstanding 2016/17 and 2017/18 savings targets.

It was noted that until the full 2016/17 and 2017/18 savings were approved by the IJB it would not be possible for the Chief Finance Officer to complete due diligence in respect of the Health budget allocation for 2016/17 and 2017/18.

**DECIDED:**

(a) That the revised 2016/17 savings proposals of £1.105m, as detailed in Appendix 1 to the report, be approved;

(b) That the 2017/18 savings proposals of £1.330m to deliver recurring financial balance to the Health budget in 2017/18, as detailed in Appendix 2 to the report, be approved;

(c) That the use of general reserves from the Health budget to fund the impact of the delays in the implementation of the required savings for the Health delegated budget in 2017/18 be approved;

(d) That early engagement with both partner Directors of Finance be undertaken to enable the Chief Finance Officer to bring a forecast budget in 2018/19 to the September 2017 IJB meeting, to include the first tranche of savings for both the delegated Health and Adult Social Care budgets to be approved as part of the 2018/19 budget process;

(e) That a report detailing the second tranche of savings to be approved be submitted to the meeting of the IJB to be held in November 2017; and

(f) That it be noted that until the 2017/18 savings had been approved it was not possible for the Chief Finance Officer to complete due diligence in respect of the Health budget allocation for 2016/17 and 2017/18.

## **8 ANNUAL PERFORMANCE REPORT 2016/17**

The Chief Officer submitted a report relative to the HSCP Annual Performance Report 2016/17, a copy of which formed Appendix 1 to the report.

The report intimated that the Public Bodies (Joint Working) (Scotland) Act 2014 obliged all HSCPs to publish a performance report no later than four months after the end of the reporting year.

Renfrewshire's Annual Performance Report described performance using different mechanisms. Case studies demonstrated how HSCP decisions and services impacted positively on outcomes for individual patients/clients and their families; progress against planned activities was shown by care group; and quantitative performance was assessed against the 88 performance indicators and the nine national outcomes using the traffic light system.

It was proposed that more information regarding deprivation be added to the 2016/17 report and that more information on benchmarking be added to future annual reports. This was agreed.

### **DECIDED:**

(a) That the 2016/17 year-end Performance Report for Renfrewshire HSCP, which formed Appendix 1 to the report, be approved;

(b) That more information regarding deprivation be added to the 2016/17 report and that more information on benchmarking be added to future annual reports; and

(c) That the publication and dissemination of the Annual Performance Report 2016/17 be agreed.

## **9 NON-FINANCIAL GOVERNANCE ARRANGEMENTS**

The Chief Officer submitted a report providing an update on the non-financial governance arrangements in place from 1 April 2016.

The report also provided information regarding Freedom of Information (FOI) requests and complaints and covered the period 1 April 2016 to 31 March 2017.

It was proposed that a more detailed report in relation to social work complaints be submitted to a future meeting of the IJB and this was agreed.

**DECIDED:**

(a) That the report be noted; and

(b) That a more detailed report in relation to social work complaints be submitted to a future meeting of the IJB.

**10 NHS GREATER GLASGOW AND CLYDE REVIEW OF OUT OF HOURS GP SERVICES - UPDATE**

The Chief Officer submitted a report relative to the NHSGG&C wide review of out of hours GP services.

The report intimated that the national independent review of Primary Care Out of Hours Services reported its findings in early 2016 and in the same timeframe a review of the existing GP Out of Hours Services across the NHSGG&C area had been initiated. An update of the work prepared by the Review Group for consideration by all IJBs within the NHSGG&C area formed the appendix to the report.

**DECIDED:**

(a) That the update report by the NHS GG&C Out of Hours Review Group, which formed the appendix to the report, be noted; and

(b) That it be agreed that a further report would be submitted to a future meeting of the IJB as the review progressed.

**11 CHANGE AND IMPROVEMENT PROGRAMME UPDATE**

The Chief Officer submitted a report providing an update on change and improvement activity across the HSCP, including the successful conclusion of the HSCP's 2016/17 Change and Improvement Programme, which formed Appendix 1 to the report; an initial overview of the proposed 2017/18 Change and Improvement Programme for IJB review and approval, a copy of which formed Appendix 2 to the report; and arrangements for the effective approval, monitoring and implementation of all significant change and improvement activity across the HSCP ensuring alignment with the IJB's Strategic Plan and Financial Plan.

**DECIDED:**

(a) That the closure of the 2016/17 Change and Improvement Programme, which formed Appendix 1 to the report, be approved;

(b) That the initial draft of the proposed 2017/18 Change and Improvement Programme, which formed Appendix 2 to the report, be approved;

(c) That the proposed programme of governance and delivery arrangements be noted;

(d) That it be noted that the 2017/18 Change and Improvement Programme was subject to confirmation of the final 2017/18 IJB budget and would be updated to reflect saving proposals and transformational programmes approved by the IJB throughout 2017/18; and

(e) That it be noted that regular updates would be brought to the IJB to report on progress and to seek approval for any new projects, including savings proposals to be included within the 2017/18 programme.

## **12 SERVICE IMPROVEMENT AND ORGANISATIONAL DEVELOPMENT STRATEGY UPDATE AND WORKFORCE PLAN**

The Chief Officer submitted a report providing an annual update on the work undertaken by the HSCP and parent organisations, Renfrewshire Council and NHS GG&C, during 2016/17 to deliver on its implementation plan to deliver the strategy's objectives.

The report included updated information in relation to the successful conclusion of the HSCP's 2016/17 Change and Improvement Programme; an initial overview of the proposed 2017/18 Change and Improvement Programme for IJB review and approval; and arrangements for the effective approval, monitoring and implementation of all significant change and improvement activity across the HSCP ensuring alignment with the IJB's Strategic Plan and Financial Plan.

### **DECIDED:**

(a) That the progress made in 2016/17 to deliver the IJB's Organisational Development and Service Improvement Strategy be noted;

(b) That the proposed 2017/18 Organisational Development and Service Improvement Implementation Plan, which formed Appendix 1 to the report, be noted;

(c) That the HSCP 2017/18 Workforce Plan developed by partner organisations, which formed Appendix 2 to the report, be noted; and

(d) That the Organisational Development and Service Improvement Strategy and 2017/18 Workforce Plan would be subject to an annual review which would be shared with the IJB and parent organisations.

## **13 UPDATE ON JOINT INSPECTION FOR ADULT SERVICES**

Under reference to item 7 of the Minute of the meeting of this Joint Board held on 10 March 2017 the Chief Officer submitted a report outlining the preparation underway for the joint inspection of adult services and the development of a high-level action plan to ensure that the HSCP was fully equipped and organised for the inspection process.

### **DECIDED:**

(a) That the information relating to the forthcoming joint inspection for adult services be noted;

(b) That it be noted that a Core Steering Group was now in place which would oversee the agreed high-level action plan in preparation for the inspection; and

(c) That it be agreed that regular update reports would be provided to the IJB on joint inspection preparation.

#### **14 COMMUNITY JUSTICE RENFREWSHIRE**

The Chief Officer submitted a report relative to the establishment of Community Justice Renfrewshire which sat firmly within Renfrewshire's robust community planning arrangements.

The report intimated that the Community Justice (Scotland) Act 2016 received royal assent on 21 March 2016 and under the new model, Community Justice Authorities had been disestablished on 31 March 2017. New community justice arrangements were put in place from 1 April 2017 at both a national and local level and these placed a duty on statutory partners to have regard to the National Strategy for Community Justice and work together to plan their work and report on performance.

The Renfrewshire Community Justice Outcomes Improvement Plan, which formed Appendix A to the report, outlined priorities and forward actions to reduce offending and re-offending in Renfrewshire. The plan had been submitted to Community Justice Scotland by 31 March 2017 in line with the requirements of the Community Justice (Scotland) Act 2016.

The Community Justice Renfrewshire Steering Group had drafted a Memorandum of Understanding, which formed Appendix B to the report, which set out the working framework of Community Justice Renfrewshire.

#### **DECIDED:**

(a) That the Renfrewshire Community Justice Outcomes Improvement Plan, which formed Appendix A to the report, be noted; and

(b) That it be agreed that the IJB sign off the contents of the Memorandum of Understanding, as detailed in Appendix B to the report.

#### **15 CHILDREN'S SERVICES PARTNERSHIP PLAN 2017/18**

The Chief Officer submitted a report relative to the Interim Renfrewshire Children's Services Partnership Plan 2017/18, a copy of which was appended to the report.

The report intimated that the Children and Young People (Scotland) Act 2014 placed a statutory duty on local authorities and health boards to produce three-yearly Children's Services Plans with the first plan to commence on 1 April 2017. Statutory guidance had been issued in December 2016 and included extensive provisions regulating the aims, processes for development, implementation and review of Children's Services Plans.

A children's wellbeing survey had been conducted between November 2016 and January 2017 principally to inform the development of the Children's Services Plan and the results were returned late February 2017. The publication of the guidance and the wellbeing survey data did not arrive in sufficient time for partners to adapt fully to the new legislative requirements and to give fullest expression of the intention of the Act. In order to allow fullest consideration and to establish the processes necessary to satisfy the new statutory requirements, an interim Children's Services Plan entitled 'Re-assessing our Priorities' was agreed to cover the period 1 April 2017

to 31 March 2018.

The interim plan described what would be done over the coming year to promote, support and safeguard the wellbeing of our children and young people and how we would work with partners to develop a new three-year plan which gives full expression to the aspiration to get it right for every child in Renfrewshire. The new Children's Services Partnership Plan would be ready for consultation by October 2017 with the finalised plan being ready for publication by 1 April 2018.

**DECIDED:**

(a) That the Interim Children's Services Partnership Plan, which had been submitted to the Scottish Government in draft, be approved;

(b) That the approach to developing the new Children's Services Partnership Plan, as described within the Interim Children's Services Partnership Plan, be approved; and

(c) That a further update report be submitted to the IJB by autumn 2017.

**16 SECTION 10 GRANTS TO VOLUNTARY ORGANISATIONS 2017/18**

The Chief Officer submitted a report relative to applications received for funding for 2017/18 under Section 10 of the Social Work (Scotland) Act 1968.

A total of 16 organisations had submitted grant applications for Section 10 funding and details of the applications were provided in Appendix 1 to the report. It was proposed that funding amounting to £26,924 be awarded to 14 organisations as detailed in Appendix 1. Appendix 2 to the report detailed the criteria and process for approval of Section 10 funding.

**DECIDED:**

(a) That the funding in respect of the organisations detailed in Appendix 1, totalling £28,650, be approved as follows:

Birthlink - Declined

Cairn Heights – Awarded £350

Cornerstone Drop In – Awarded £1,000

Cotton Club – Awarded £500

CREATE Paisley – Awarded £2,200

Engage Renfrewshire – Awarded £7,756

Forever Young (Intergenerational Quiz) – Awarded £1,000

Greensyde Carers – Awarded £600

Music In Hospitals – Awarded £768

Renfrewshire Access Panel – Awarded £1,100

Renfrewshire Seniors Forum – Awarded £2,450

Renfrewshire Sound Talking Newspaper for the Blind – Awarded £1,700

Renfrewshire Visually Impaired Forum – Awarded £1,000

Scottish Child Law Centre - Continued

Victim Support Scotland – Awarded £6,000

Wednesday Social Club Whitehaugh – Awarded £500

(b) That authority be delegated to the Chief Officer for the future allocation of funds not yet granted following the same process as detailed in the report; and

(c) That the application for Section 10 funding submitted by the Scottish Child Law Centre be further considered.

**17 PROPOSED DATES OF MEETINGS OF THE INTEGRATION JOINT BOARD 2017/18**

The Director of Finance & Resources, Renfrewshire Council, submitted a report relative to proposed dates of meetings of the IJB in 2017/18.

Members discussed the dates proposed in the report and also whether a later start time for meetings could be accommodated. It was proposed that authority be delegated to the Chair and Vice-chair, in consultation with the Clerk and Chief Officer, to fix the date and start time for the meeting of the IJB to be held in September 2017. This was agreed.

**DECIDED:**

(a) That authority be delegated to the Chair and Vice-chair, in consultation with the Clerk and Chief Officer, to fix the date and start time for the meeting of the IJB and Audit Committee to be held in September 2017; and

(b) That a report be submitted to the September meeting of the IJB detailing proposed dates of meetings of the IJB in 2017/18.





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**To: Renfrewshire Integration Joint Board**

**On: 15 September 2017**

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**Report by: Head of Administration**

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**Heading: Changes to IJB Voting Membership**

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**1. Purpose**

- 1.1. The purpose of this report is to advise members of changes to the IJB membership.
- 1.2. At the IJB meeting held on 23 June 2017, the Chair advised members that John Legg had resigned from his position of voting member representing NHS Greater Glasgow & Clyde (NHSGGC).
- 1.3. NHSGGC have confirmed that Dr Linda de Caestecker, Director of Public Health (NHSGGC) will replace John Legg.
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**2. Recommendation**

It is recommended that the IJB:

- Note the changes to the voting membership 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** – The membership of the Integration Joint Board is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations.
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:** Jean Still, Head of Administration




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**To: Renfrewshire Integration Joint Board**

**On: 15 September 2017**

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**Report by: Chief Finance Officer**

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**Heading: Financial Report 1 April to 31 July 2017**

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## **1. Purpose**

1.1 The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget current year position as at 21 July 2017 (Social Work) and 31 July 2017 (Health), and to provide an update on the:

- Health Board Contribution to the IJB for 2017/18; and
- Implementation of the Living Wage for 2017/18

## **2. Recommendation**

2.1 It is recommended that the IJB:

- Note the current Revenue Budget position at 31 July 2017;
- Note the progress of the implementation of the Living Wage for 2017/18;
- Approve the application of the Partnership's reserves as detailed in 4.1 and 5.1; and
- Approve the proposal in respect of agreeing the Health Board contribution to the IJB for 2017/18 (9.2 and 9.6).

## **3. Current Financial position at 31 July 2017**

3.1 The overall revenue position for Renfrewshire HSCP at 31 July 2017 is a breakeven as detailed in the table below. The achievement of the in-year breakeven position and a year-end breakeven position is dependent on: the application of reserves carried forward from 2016/17 for both the Adult Social Care budget, and the Health Services budget; and, delivery of the delegated Health budget savings plans approved by the IJB on 23 June 2017.

(Appendix 6 provides a summary of the IJB's reserves at 31 July 2017)

<b>Division</b>	<b>Current Reported Position</b>	<b>Previously Reported Position</b>
Social Work – Adult Services	Breakeven	Breakeven
Renfrewshire Health Services	Breakeven	£167k Overspend
<b>Total Renfrewshire HSCP</b>	<b>Breakeven</b>	<b>£167k Overspend</b>

- 3.2 The key pressures are highlighted in section 4 and 5.
- 3.3 Appendix 3 and 4 provide a reconciliation of the main budget adjustments applied this current financial year to bring us to the net budget as reported.

#### 4. Social Work – Adult Services

**Current Position:** breakeven  
**Previously Reported:** breakeven

- 4.1 Overall, Social Work Adult Services are currently reporting a breakeven position. However, this has only been achieved from the application of: reserves carried forward from the 2016/17 budget allocation; and, a proportion of the additional £4.4m of resources made available by the Council as part of their 2017/18 budget allocation to the IJB for Adult Social Care. The table below summarises how these budgets have been applied as at 21 July 2017. However, members should note that these figures will be subject to change throughout 2017/18 given the volatility of both the Care at Home Service and Adult Placement budget.

**Table 1: Additional Allocation 2017/18**

		<b>£4,405,675</b>
CET 2017/18 NCHC Impact	-£434,285	
Adult Supported Living Wage 17/18	-£740,629	
External Care at Home 17/18	-£747,498	
	<u>-£1,922,412</u>	
Balance as at P3		<b>£2,483,263</b>
Internal Care at Home	-£250,913	
Physical Disabilities Adult Placements	-£183,000	
Learning Disabilities Adult Placements	-£183,000	
Mental Health Adult Placements	-£54,000	
	<u>-£670,913</u>	
Balance as at P4		<b>£1,812,350</b>

**Table 2: Adult Social Care General Reserves**

<b>Adult Social Care General Reserves Opening Balance 2017/8</b>		<b>£1,519,087</b>
External Care at Home	-£970,000	
Internal Care at Home	-£549,087	
	<u>-£1,519,087</u>	
Adult Reserves Balance as at P4		<b>£0</b>

- 4.2 In line with the IJB's reserves policy, Members are asked to approve the application of the reserves (as per table 2 above) in order to assist with the current overspend within the Care at Home Service.

#### 4.3. **Older People**

Current Position: Net overspend of 9k  
Previously Reported: Net underspend of 4k

As reported previously, demand pressures continue to be experienced within the Care at Home Service. As detailed in Table 1 (para 4.1) at the start of 2017/18, additional resources of £747k were allocated from the Council's additional budget allocation for 2017/18. However, even with these additional monies the Care at Home budget remains under significant pressure (£2.033m overspend) at the end of July 2017 as summarised in Table 3 below.

These pressures have been partially offset by vacancies within the Local Authority owned HSCP managed care homes, and, through the application of reserves and the use of additional resources from the Council's 2017/18 budget allocation. The overall position within Older People's services is a net overspend of £9k after the application of these resources.

**Table 3: Care at Home Service**

Full Year Projection at 21 July 2017 (inc. £747k as per table 1)	-£2,033,081
Add: Additional allocation from 17/18 monies (per table 1)	£250,913
Revised position	-£1,782,168
Application of reserves (per table 2)	£1,519,087
Revised full year projection at 21 July 2017	-£263,081

**5. Renfrewshire Health Services**

<b>Current Position:</b>	<b>Breakeven</b>
<b>Previously Reported:</b>	<b>Net overspend £167k</b>

- 5.1 Overall, Renfrewshire Health Services are currently reporting a breakeven position. However, this has only been achieved from the application of reserves carried forward from the 2016/17 budget allocation. The table below summarises how the reserves have been applied as at 31 July 2017, along with the impact of the budget proposals detailed in paragraph 9.2 and paragraph 9.6 in respect of the 2017/18 delegated health budget. However, members should note that the full year projection will be subject to change throughout 2017/18 given the volatility of costs associated with Special Observations within Mental Health in-patients and other pressured budgets.

**Table 4: Health General Reserves**

<b>Health Services General Reserves Opening Balance 2017/18</b>	<b>£1,125,000</b>
Current Full Year Projected overspend	-£347,000
Share of Pension Liabilities	-£181,200
Share of Unallocated CHP savings	-£519,000
	-£1,047,200
<b>Reserves Balance as at 31 July 2017</b>	<b>£77,800</b>

- 5.2 In line with the IJB's reserves policy, Members are asked to approve the application of the reserves (as per table 4 above).

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

Current Position:	Net underspend of £107k
Previously Reported:	Net underspend of £70k

As previously reported, the net underspend within Adult Community Services is mainly due to turnover across the service, and an underspend in relation to external charges for Adults with Incapacity (AWI) bed usage. There are a number of patients (3) still within Acute Services who are due to transfer to AWI beds once they become available. These patients are currently classified as delayed discharges.

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

Current Position:	Net underspend of £119k
Previously Reported:	Net underspend of £41k

This underspend reflects turnover within the service due to vacant administrative posts within the screening services. In addition, there continues to be an underspend within podiatry due to a combination of staff turnover and maternity / unpaid leave, some of which are covered by bank staff and efficiencies in the supplies budget.

#### 5.5 **Mental Health**

Current Position:	Net overspend of £429k
Previously Reported:	Net overspend of £288k

Overall, Mental Health services are reporting an over spend of £429k. This overspend is due to a number of contributing factors within both adult and elderly in-patient services.

As reported throughout 2016/17, the main overspends within in-patient services continue to relate to significant costs (overtime, agency and bank costs) associated with patients requiring enhanced levels of observation across all ward areas. In addition, pressures continue in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios. An exercise is currently underway to identify the costs associated with special observations over the past 3 years, these pressures will then be built into the financial plan for 18/19 and beyond.

#### 5.6 **Integrated Care Fund**

Current Position:	Net underspend of £123k
Previously Reported:	n/a

This underspend is mainly in relation to ICF funded rehabilitation and enablement posts which are actively being recruited to.

#### 5.7 **Prescribing**

Current Position:	Breakeven
Previously Reported:	Breakeven

5.7.1 The reported GP Prescribing position is based on the actual position for the year to 31 May 2017 (Appendix 5). The overall position across all Partnerships to 31 May 2017 is an overspend of £0.77m with Renfrewshire HSCP reporting a £0.17m overspend. However, under the risk sharing

arrangement across NHSGGC this has been adjusted to report a cost neutral position.

5.7.2 Work programmes are underway across all 6 partnerships focusing on the areas identified by the Partnerships Prescribing Efficiency Group' i.e. driving down volumes and costs and influencing current prescribing practice across both Acute and Community through tightened application of ScriptSwitch, and refreshed approaches to polypharmacy reviews, repeat prescribing, serial dispensing and care home patient reviews. However, despite these programmes there remain significant risks in relation to drugs on short supply and price increases which will be monitored as the year progresses.

5.7.3 The 2017/18 budget proposal from NHSGGC (Appendix 8) includes a proposal that for 2017/18, as per previous years, the risk sharing agreement will continue whereby NHSGGC will absorb the risk of any in year overspends on the prescribing budget.

5.7.4 The budget for each partnership is based on a starting position of the final audited out turn for 2016/17, factoring in pressures and the efficiencies identified as part of the work of the Prescribing Efficiency Group. This results in a budget of £35.041m for Renfrewshire which is compliant with the Scottish Government settlement.

## 6. Set Aside Budget

6.1 The 2017/18 budget proposal from NHSGGC (Appendix 8) includes the 2017/18 budget for Set Aside (unscheduled care). The budget of £29.582m for 2017/18 remains the same as 2016/17 with the assumption that at 31 March 2018 activity levels will match the notional budget allocated.

6.2 Work is now underway to develop a mechanism whereby activity and usage of acute services are linked to budget spending and delivery of partnership unscheduled care plans. This work is expected to be concluded within 2017/18 to enable budgets based on actual activity and current costs to be allocated as part of the 2018/19 budget from NHSGGC.

## 7. Other Delegated Services

Description	Full Year Budget	Year to date Budget	Spend to Date	Year-end Projection
Garden Assistance Scheme	£369k	£114k	£114k	£369k
Housing Adaptations	£905k	£278k	£292k	£905k
Women's Aid	£88k	£23k	£21k	£88k
Grant Funding for Women's Aid	£0k	£39k	-£5k	£0k
<b>Total</b>	<b>£1,362k</b>	<b>£454k</b>	<b>£422k</b>	<b>£1,362k</b>

7.1. The table above shows the costs of Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. The HSCP monitor the delivery of these services on behalf of the IJB. The summary position for the period to 21 July 2017 is an overall spend of £422k with an anticipated breakeven at the year end.



## 8. Living Wage Update 2017/18

- 8.1 **Care at Home:** All seven of the providers on our Care at Home Framework have accepted the offered rate for care at home services, this rate took effect on 1<sup>st</sup> May 2017 and was calculated to cover the full cost of increasing the Scottish Living Wage from £8.25 per hour to £8.45 per plus on-costs.
- 8.2 **Supported Living:** All of our contracted Supported Living providers were offered increases to cover the full cost of the Living Wage increase, this included a substantial increase for sleepover which covered the full cost of an 8-hour sleepover at £8.45 per hour plus on-costs. To date, 7 providers have accepted the whole of the offered agreement, one has verbally accepted but has yet to return the signed Contract Change Note. One has confirmed that they can accept the offered day rate but cannot implement the offered sleepover rate as they work across multiple authorities and not all other authorities have offered sufficient rates to allow payment of £8.45 per hour for sleepover. Two providers have advised that they cannot accept our offered rates as the financial pressures created by the implementation of the Scottish Living Wage could lead to the services becoming unsustainable. Renfrewshire Council have offered to meet with both these providers to discuss long term sustainability of the service and seek a positive solution.
- 8.3 **Residential Services:** Renfrewshire Council on behalf of Renfrewshire Health and Social Care Partnership also contracts with a number of other providers for Residential Services located in Renfrewshire. One service has accepted the offered increase from 1<sup>st</sup> May and all staff in this service receive the full Scottish Living Wage, two are currently paying £8.25 per hour, however negotiations are underway to agree a rate sufficient to pay £8.45 per hour, backdated to 1<sup>st</sup> May 2017. We are currently concluding negotiations with another service which will implement an £8.25 rate backdated to 1<sup>st</sup> October 2016 and an £8.45 rate backdated to 1<sup>st</sup> May. Conclusion of these negotiations will ensure that all care workers delivering direct care and support services on behalf of Renfrewshire Health and Social Care Partnership in Renfrewshire will be paid the current Scottish Living Wage.
- 8.4 **Out of Area:** We are continuing to review all current Out of Area placements and providers have been offered either a % uplift (based on NCHC Agreement) or where relevant the Host Authority rate.
- 8.5 **National Care Home Contract:** currently the terms of this contract are negotiated annually by COSLA and the Scottish Government with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). This year an offer of 2.8% increase was made, this includes an allowance to support delivery of £8.45 per hour to all care staff.

## 9. 2017/18 Delegated Health Budget Update: Financial Recovery Plan

- 9.1 Following the last IJB report on the 22 June 2017, there have been further discussions with Chief Officers, the NHSGGC's Chief Executive and NHSGGC's Director of Finance and a proposed agreement has been reached on the outstanding issue relating to the £3.6m reduction to HSCP's 2017/18 budgets for savings dating back to 2015/16 in respect of Community Health Partnerships (CHPs). The letter outlining the final settlement from NHSGGC for 2017/18 is attached at Appendix 8. A reconciliation showing



the movement from the 2016/17 closing budget to the budget per the allocation letter is included in Appendix 7.

- 9.2 The agreement, subject to each IJB approval, is that each IJB will fund its proportionate share of the £3.6m unallocated saving target on a one-off basis during 2017/18, to promote partnership working. This is the maximum contribution by IJBs in respect of the historic £7.8m 'unachieved savings' and will allow a short period of time to work towards a recurring solution, focusing on the development and conclusion of the mechanism for the set aside budget. This approach has been agreed with the Scottish Government and requires a rapid and focused action plan to be developed and delivered over the coming months in conjunction with the Chief Officers, NHSGGC Director of Finance, Chief Finance Officers and the Scottish Government.
- 9.3 This non-recurring funding to a maximum of £3.6m will be on the basis of a recharge and not a budget reduction. This ensures that the 2017/18 budget for the IJBs is compliant with the 'Scottish Government settlement'. The impact for Renfrewshire HSCP is c£519k which will need to be funded from general reserves.
- 9.4 This proposal reflects the intention of all HSCPs to have solid and collaborative partnership working across the system and provides a pragmatic solution to agreeing the delegated Health budget for 2017/18, whilst allowing time to develop a recurring solution for 2018/19.
- 9.5 This revised budget proposal, including prescribing, means that the offer from NHSGGC is now compliant with the Scottish Government settlement for 2017/18.
- 9.6 In the interest of partnership working it is also proposed that for 2017/18, reserves are used to offset the proposed NHS pension liabilities (funding that was used to provide non-recurring benefit in 2016/17) which were previously rejected by the IJB in March 2017. Members should note that this will add an additional savings pressure of £180k from 2018/19 onwards. However, approval of this proposal would ensure that the 2017/18 budget can be agreed and we can then focus on 2018/19 and beyond.

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### **Implications of the Report**

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
5. **Property/Assets** – none.
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

- 8. **Health & Safety** – none
- 9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
- 10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services, delivery of 2017/18 agreed savings
- 11. **Privacy Impact** – none.

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**List of Background Papers** – None.

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

## Appendix 1

### Social Work Revenue Budget Position 1st April 2016 to 21st July 2017

Subjective Heading	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Employee Costs	27,841	7,842	7,365	477	6.1%	underspend
Property Costs	383	83	51	32	38.6%	underspend
Supplies and Services	1,565	119	151	(32)	-26.9%	overspend
Contractors	51,577	13,348	13,743	(395)	-3.0%	overspend
Transport	692	149	135	14	9.4%	underspend
Administrative Costs	239	71	51	20	28.2%	underspend
Payments to Other Bodies	4,926	1,187	1,166	21	1.8%	underspend
Capital Charges	-	-	-	-	0.0%	breakeven
<b>Gross Expenditure</b>	<b>87,223</b>	<b>22,799</b>	<b>22,662</b>	<b>137</b>	<b>0.6%</b>	<b>underspend</b>
<b>Income</b>	<b>(22,264)</b>	<b>(9,382)</b>	<b>(9,246)</b>	<b>(136)</b>	<b>1.4%</b>	<b>overspend</b>
<b>NET EXPENDITURE</b>	<b>64,959</b>	<b>13,417</b>	<b>13,416</b>	<b>1</b>	<b>0.01%</b>	<b>underspend</b>

Position to 21st July is a breakeven of **£0 0.01%**  
 Anticipated Year End Budget Position is a breakeven of **£0 0.00%**

Client Group	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Older People	42,729	5,645	5,654	(9)	-0.2%	overspend
Physical or Sensory Difficulties	6,189	1,377	1,381	(4)	-0.3%	overspend
Learning Difficulties	14,617	5,246	5,257	(11)	-0.2%	overspend
Mental Health Needs	693	788	788	-	0.0%	breakeven
Addiction Services	731	240	215	25	10.4%	underspend
Integrated Care Fund	-	121	121	-	0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>64,959</b>	<b>13,417</b>	<b>13,416</b>	<b>1</b>	<b>0.01%</b>	<b>underspend</b>

Position to 21st July is a breakeven of **£0 0.01%**  
 Anticipated Year End Budget Position is a breakeven of **£0 0.00%**

**Health Revenue Budget Position  
1st April 2016 to 31st July 2017**

Subjective Heading	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Employee Costs	43,409	14,419	14,528	(109)	-0.8%	overspend
Property Costs	21	7	31	(25)	-361.8%	overspend
Supplies and Services	21,434	7,079	6,834	246	3.5%	underspend
Purchase of Healthcare	2,433	811	824	(13)	-1.6%	overspend
Resource Transfer	16,871	5,624	5,623	1	0.0%	overspend
Family Health Services	81,095	28,125	28,126	(1)	0.0%	overspend
Savings	(296)	(99)	-	(99)	100.0%	overspend
Capital Charges	-	-	-	-	0.0%	breakeven
<b>Gross Expenditure</b>	<b>164,966</b>	<b>55,966</b>	<b>55,966</b>	<b>(0)</b>	<b>0.0%</b>	<b>overspend</b>
<b>Income</b>	<b>(3,948)</b>	<b>(1,458)</b>	<b>(1,458)</b>	<b>-</b>	<b>0.0%</b>	<b>breakeven</b>
<b>NET EXPENDITURE</b>	<b>161,018</b>	<b>54,508</b>	<b>54,508</b>	<b>(0)</b>	<b>0.00%</b>	<b>overspend</b>

Position to 31st July is a breakeven of £0      0.00%  
 Anticipated Year End Budget Position is a breakeven of £0      0.00%

Client Group	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Addiction Services	2,574	774	761	13	1.7%	underspend
Adult Community Services	9,139	3,030	2,922	107	3.5%	underspend
Children's Services	5,086	1,664	1,653	12	0.7%	underspend
Learning Disabilities	1,133	382	367	15	4.0%	underspend
Mental Health	18,868	6,315	6,743	(429)	-6.8%	overspend
Hosted Services	10,423	3,376	3,257	119	3.5%	underspend
Prescribing	34,623	11,783	11,783	-	0.0%	breakeven
GMS (GP services in Renfrewshire)	22,953	8,100	8,100	-	0.0%	breakeven
FHS (Dentists, Pharmacists, Optometrists)	20,864	7,304	7,304	-	0.0%	breakeven
Planning and Health Improvement	1,200	372	335	38	10.1%	underspend
Business Support and Admin	1,471	552	550	2	0.3%	underspend
Resource Transfer	17,041	5,681	5,681	-	0.0%	breakeven
Integrated Care Fund	3,150	1,010	887	123	12.2%	underspend
Social Care Fund	12,495	4,165	4,165	-	0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>161,018</b>	<b>54,508</b>	<b>54,508</b>	<b>-</b>	<b>0.00%</b>	<b>breakeven</b>

Position to 31st July is a breakeven of £0      0.00%  
 Anticipated Year End Budget Position is a breakeven of £0      0.00%

**for information:**

1. Adult Community Services includes: District and Out of Hours Nursing; Rehabilitation Services and OT Equipment
2. Children's Services includes: Community Services - School Nurses and Health Visitors; Specialist Services - Children's Mental Health Team, Speech Therapy
3. Hosted Services = board wide responsibility for support to GP's for areas such as eg breast screening, bowel screening, and podiatry

**2017/18 Adult Social Care Financial Allocation to Renfrewshire HSCP**

	£k
2017/18 Renfrewshire HSCP Opening Budget:	60,468.4
	<b>60,468.4</b>
<b><u>Adjustments to Base Budget:</u></b>	
Impact of increase in the Living Wage and changes in sleepover costs	1,989.0
Inflationary pressures on commissioned contracts	1,170.0
Impact of demographic and socio-economic demand pressures	1,276.6
Transfers from Corporate	65.4
<b>Adult Social Care Budget as reported @ 26 May 2017</b>	<b>64,969.4</b>
<b><u>Budget Adjustments posted in month 4</u></b>	
Realignment of Resource Transfer from Child Care Services	-19.2
Sensory Impairment Carry Forward	9.0
	<b>-10.2</b>
<b>Adult Social Care Budget as reported @ 21 July 2017</b>	<b>64,959.2</b>

<b><u>2017/18 Health Financial Allocation to Renfrewshire HSCP</u></b>	
	<b>£k</b>
2016/17 Renfrewshire HSCP Closing Budget:	157,676.9
<b><u>less:</u></b> non recurring budgets (allocated annually)	-4,021.9
= base budget rolled over	<b>153,655.0</b>
<b><u>Additions:</u></b>	
Social Care Integration Fund to transfer to Council	3,480.0
Hospice - transfer of Hospice budget to HSCP	2,300.1
Hospice - adjustment to match agreed allocation followin reparenting	182.5
Finance staff transer	80.8
Net change GMS X charge including uplift	734.9
	<b>6,778.3</b>
<b><u>Reductions:</u></b>	
LD Supplies RAM	-7.9
Net change schedule 4 Prescribing	-384.5
	<b>-392.4</b>
<b><u>Non-Recurring:</u></b>	
CAMHS Mental Health bundle	265.6
SESP funding divided between Podiatry, Adult Comm and PHI	343.8
Carers/Veterans	240.0
MINF funding for infant feeding advisor post	7.1
Protection funding due to service redesign	3.2
Additioanl HV support	117.6
	<b>977.3</b>
<b>Budget allocated as per 2017/18 Financial Allocation 31st July 2017</b>	<b>161,018.2</b>

GP Prescribing to May 2017 (£000)

	<u>FY Budget</u>	<u>Budget YTD</u>	<u>Actual YTD</u>	<u>Variance</u>	<u>Var %</u>
Glasgow South	46,275	7,805	7,839	-34	-0.4%
Glasgow North East	40,056	6,756	6,737	19	0.3%
Glasgow North West	38,950	6,570	6,469	101	1.5%
<b>Glasgow City</b>	<b>125,281</b>	<b>21,131</b>	<b>21,045</b>	<b>86</b>	<b>0.4%</b>
Renfrewshire	34,622	5,840	5,857	-17	-0.3%
West Dunbartonshire	18,926	3,192	3,258	-66	-2.1%
East Dunbartonshire	18,671	3,149	3,162	-13	-0.4%
Inverclyde	17,767	2,997	3,000	-3	-0.1%
East Renfrewshire	15,384	2,595	2,659	-64	-2.5%
<b>Total HSCPs</b>	<b>230,651</b>	<b>38,904</b>	<b>38,981</b>	<b>-77</b>	<b>-0.2%</b>
Central Services	6,371	1,075	1,064	11	1.0%
<b>Total (GC)</b>	<b>237,022</b>	<b>39,979</b>	<b>40,045</b>	<b>-66</b>	<b>-0.2%</b>

**Reserves Balances at 31st July 2017**

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

<b>General Reserves</b>			
	<b>Adult Social Care £000's</b>	<b>Health £000's</b>	<b>Total £000's</b>
<b>Opening Balance 1st April 2017</b>	<b>1,519</b>	<b>1,125</b>	<b>2,644</b>
<b>Less:</b>			
Allocation to External Care at Home	-970		-970
Allocation to Internal Care at Home	-549		-549
Share of Pension Liabilities		-181	-181
Share of Unallocated CHP savings		-519	-519
Cuurent Projected Balance required to deliver breakeven at year end		-347	-347
<b>Balance as at 31 July 2017</b>	<b>-</b>	<b>78</b>	<b>78</b>

<b>Overall Position</b>	<b>Ear Marked Reserves</b>	<b>General Reserves</b>	<b>Total</b>
<b>Opening Balance 1st April 2017</b>	<b>2,850</b>	<b>2,644</b>	<b>5,494</b>
<b>less:</b>			
Amount drawn down at 31 July 2017	-2,094	-2,566	-4,660
	<b>756</b>	<b>78</b>	<b>834</b>



<b>2017/18 Health Financial Allocation to Renfrewshire HSCP - Reconciliation to Offer Letter</b>	
	<b>£k</b>
2016/17 Renfrewshire HSCP Closing Budget:	157,676.9
<u>less:</u> non recurring budgets (allocated annually)	-4,021.9
= base budget rolled over	<b>153,655.0</b>
<b><u>Additions:</u></b>	
Social Care Integration Fund to transfer to Council	3,480.0
Hospice - Transfer of Hospice budget to HSCP 1st April	2,300.1
Hospices - Adjustments to match agreed allocation following reparenting	182.5
Finance Staff Transfer-Mgt Transfer to HSCP	80.8
Net Change GMS X Chg incl uplift	735.0
	<b>6,778.4</b>
<b><u>Outstanding Budget Transfer:</u></b>	
Prescribing Adjustment to bring in line with Health Budget Allocation 2017-18	419.0
	<b>419.0</b>
<b><u>Reductions:</u></b>	
LD Supplies RAM	-7.9
Net Change Schedule 4 Prescribing	-384.5
	<b>-392.4</b>
<b><u>Non-Recurring:</u></b>	
CAMHS Mental Health Bundle	265.6
SESP Funding - Funding Divided between Podiatry, Adult Comm & PHI	343.8
Carers/Veterans - Part of Social Care Fund	240.0
MINF Funding - To fund Infant Feeding Advisor Post	7.1
Protection Funding due to Service Redesign	3.2
	<b>859.7</b>
<b>Budget allocated as per 2017/18 Financial Allocation 31st July 2017</b>	<b>161,319.7</b>

**Greater Glasgow and Clyde NHS Board**

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David Leese  
 Chief Officer  
 Renfrewshire Health and Social Care  
 Partnership  
 Renfrewshire House  
 Cotton Street  
 Paisley  
 PA1 1AL

Date: 15<sup>th</sup> August 2017  
 Our Ref: JH/BOB  
 Enquiries to: James Hobson  
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Dear David

**2017/18 Financial Allocation to Renfrewshire Health and Social Care Partnership**

Further to previous correspondence from Robert Calderwood and following recent correspondence between the Board's Director of Finance with Chief Officers and my subsequent discussions with Chief Finance Officers, I am writing to you with an updated budget proposal for 2017/18.

The annual allocation from the Board to the Health and Social Care Partnership (HSCP) for 2017/18 is set out in the schedule that accompanies this letter.

The Scottish Government letter to the Accountable Officer for NHS Greater Glasgow and Clyde has advised that for 2017/18 the Board's expenditure on services delegated to HSCPs should be maintained at least at 2016/17 levels, therefore 2017/18 allocations to HSCPs will remain at the value of the 2016/17 closing recurring base budget supplemented by any specific 2017/18 non recurring allocations from Scottish Government and adjusted for any agreed budget transfers between HSCPs and other service areas.

GP Prescribing budgets have now been finalised for 2017/18 and will be set at the overall value of the 2016/17 month 12 budget. Discussions between Chief Finance Officers have agreed some redistribution of funding between individual HSCPs and this is reflected in the proposed allocation. At a meeting with Chief Officers on 17 January it was agreed that the current arrangements for management of the prescribing budget would continue in 2017/18 where the Board continues to manage the budget collectively on behalf of all partnerships. This includes continuation of the "risk sharing agreement" whereby the Board will absorb any overall overspend within prescribing budgets.

The 2017/18 Set Aside Budget for unscheduled care services consumed by your HSCP in Acute hospitals will remain at the same value as for 2016/17. During 2017/18 the Board will work with HSCPs and Scottish Government colleagues to review the basis for calculation and operation of the set aside budget.

The following items will be charged to the HSCP during 2017/18:

- A proportional share of the £3.6m unachieved savings from 2015/16 as agreed by the NHS Board at its meeting on 21 February 2017 (agreed by Chief Officers subject to individual Integrated Joint Board approval). Discussions will continue to determine how this can be resolved in future years;
- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

I hope this now enables the HSCP to finalise its financial plans for 2017/18.

Yours sincerely

A handwritten signature in black ink, appearing to read 'James Hobson', with a long horizontal stroke extending to the right.

**James Hobson**  
Assistant Director of Finance  
NHS Greater Glasgow and Clyde

## Schedule 1

### Renfrewshire HSCP Allocation 2017/18

	Renfrewshire HSCP £'000
Opening Budget - Community, MH & Contracted Services	118,510
GP Prescribing	35,041
Add :	
Hospices & Additional Resource Transfer	2,621
Oral Health - Secondary Care	
Social Care Funding	3,480
Finance Staff	81
Other Recurring Allocations	727
Public Dental Service - (Non Rec)	
Other Non Recurring allocations	620
Veterans/ Carers (Non Rec)	240
Revised Opening Allocation	161,319
Set Aside budget	29,582
<b>Total Allocation</b>	<b>190,901</b>

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**To: Renfrewshire Integration Joint Board**

**On: 15 September 2017**

---

**Report by: Chief Finance Officer**

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**Heading: IJB Audited Annual Accounts 2016/17**

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## **1. Summary**

- 1.1 The 2016/17 Annual Accounts were submitted to the IJB for approval on 23 June 2017 and then submitted for audit to Audit Scotland.
  - 1.2 The Assistant Director of Audit (Local Government) has provided an audit opinion which is free from qualification.
  - 1.3 Under the Local Authority Accounts (Scotland) Regulations 2014, which came into force from 10 October 2014, the IJB must meet to consider the Annual Accounts and approve those accounts for signature no later than 30<sup>th</sup> September. In order to comply with these requirements the 2016-17 Annual Accounts are now attached for approval.
  - 1.4 The Assistant Director of Audit (Local Government) also provided a report to the IJB Audit Committee detailing matters arising over the course of the audit which was considered by the Committee on 15 September 2017.
- 

## **2. Recommendation**

It is recommended that the IJB:

- Approve the Annual Accounts for 2016/17 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.
- 

## **Implications of the Report**

- 1. **Financial** – The 2016/17 Annual Accounts have been approved as providing a true and fair view of the financial position as at 31 March 2017.
- 2. **HR & Organisational Development** – none
- 3. **Community Planning** – none
- 4. **Legal** – An audit opinion free from qualification demonstrates the IJB's compliance with the statutory accounting requirements set out in the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.

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 IJB'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

# Renfrewshire Integration Joint Board Annual Accounts 2016/17



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## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

### Management Commentary

#### 1. Introduction

- 1.1 This publication contains the financial statements for the first operational year of Renfrewshire Integration Joint Board (IJB) for the period 1 April 2016 to 31 March 2017.
- 1.2 The financial reporting responsibilities of the IJB Chief Finance Officer include preparing financial statements to provide a true and fair view of the IJB's financial performance, financial position and cash flows (where relevant).
- 1.3 This Management Commentary provides an overview of the key messages in relation to the IJB's financial planning and performance for the 2016/17 financial year and how this has supported delivery of the IJB's core objectives. It also provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Renfrewshire.

#### 2. Role and Remit of Renfrewshire Integration Joint Board

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the requirement for NHS Boards and Local Authorities to integrate health and adult social care services in Scotland, governed by IJBs.
- 2.2 Following approval from Renfrewshire Council and the Greater Glasgow Health Board (NHSGGC), 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 IJB.
- 2.3 Health and adult social care functions in Renfrewshire were formally delegated to the IJB on 1 April 2016, with 2015/16 acting as a 'shadow year' to allow the IJB to implement the necessary preparations for local implementation of integrated health and social care services.

### Renfrewshire Health and Social Care Partnership

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

- 2.4 Renfrewshire Health & Social Care Partnership (HSCP) delivers adult social care services and community health services for adults and children in the Renfrewshire area, under the direction of the IJB.

Services include:

- Community Health services (e.g. District Nursing, Health Visiting, Mental Health, Health Improvement and Learning Disability Services);
- Contracted Health Services (GPs, Pharmacies, Dentists and Optometrists);

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

- All adult social care services (e.g. Adult Social Work, Care at Home services, Care Homes, Occupational Therapy, Domestic Violence);
- Elements of Housing services in relation to Aids/Adaptations and Gardening Assistance; and
- Aspects of Acute services (hospitals) relating to unscheduled care.

2.5 Staff delivering these services work closely with other local health and social care professionals and providers to plan and develop services across the HSCP area.

### *A profile of Renfrewshire*

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

2.7 Just over 170,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by 51%. 2.8% of Renfrewshire residents are members of an ethnic minority group.

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

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

## **3. Renfrewshire IJB Operations for the Year (delivered by Renfrewshire HSCP)**

3.1 Over the last year the HSCP Chief Officer has sought to establish a health and social care service managed and delivered through a single organisational model, unlocking the benefits which can be derived from integration. There has been a focus on bringing together GP's, Social Work, District Nursing, Rehabilitation and Mental Health teams and other staff to consider how they can further improve joint working in order to tackle our challenging budget position whilst delivering safe, sustainable and integrated services in line with the priorities set out in the draft Strategic Plan

Key developments over the last year include:

### ***Localities***

3.2 Establishment of a locality structure, in line with national guidance, which has provided an opportunity to review and redesign processes and procedures to maximise effective

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

use of resources and improve the patient journey across Renfrewshire. Some examples of the work undertaken includes:

- Work within Mental Health & Addictions services to maximise effective use of resources, and, improve patient journey, ensuring systems for access to services are clear, open and responsive.
- Introducing a Single Point of Access (SPoA) for District Nursing services. This simplifies the referral and access process for those referring patients to the service and those who are being referred. This will also create capacity for increased patient-facing time as well as a more flexible service.
- Building a structured approach to how we involve and engage General Practitioners (GPs) to ensure they are included as part of our wider team and service based working.

### **GP Clusters**

3.3 In line with Scottish Government guidance, we have established six GP clusters in Renfrewshire. GP clusters are small groups of geographically connected practices, which work collaboratively to improve outcomes, pathways and services for patients. Some examples of joint work that the HSCP has progressed with our GPs include:

- Realignment of the HSCPs Prescribing Support Pharmacists in order to release GP capacity, which is a recognised pressure amongst this area of the workforce.
- Shared caseloads between GP practices and HSCP services to improve how we support the patients/service users to provide a more seamless service experience e.g sharing patient lists which identify patients within Mental Health services that are registered with GP practices, and which clinicians the patient receives input from and sharing data on children on the child protection register with GP practices.
- Regular update of Anticipatory Care Plans (for patients) to ensure a dynamic patient record that details the preferred actions, interventions and responses that care providers should make following a clinical deterioration or during a crisis in the persons care.
- Improving direct access to a range of self-referral services to provide better direct access to a number of local services with self referral options and to reduce the need for GP referrals to these services.
- Expansion of the 'Live Well Stay Well' initiative from 1 to 5 practices which provide a support programme for self management of long term conditions.

### **Partnership working**

3.4 The HSCP cannot transform health and social care services in isolation. As part of this work we have worked actively with key stakeholders, our parent organisations, community planning partners, NHSGGC Acute Services, the third sector and providers to take forward a number of service improvement initiatives including:

- NHSGGC system-wide initiatives, such as the District Nursing review, Mental Health In-patient Services redesign, Community Mental Health Framework and the Learning Disability redesign.

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

- Contributing to the review of Community Planning arrangements in Renfrewshire. The new structure (approved by Renfrewshire Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care.
- Contributing to the NHSGGC wide review of unscheduled care which aims to ensure we have the right services and access arrangements in place
- Contributing to ongoing work to improve the GP out of hours emergency services
- Working with the third sector to take forward the following areas:
  - Housing and health information hubs to provide easy access to a range of housing and health information for local people;
  - A GP Social Prescribing service ("Community Links") working with GP practices to refer people into social and wellbeing supports in their own communities, reducing demand on GPs for non-medical support;
  - Community Health Champions project which recruits and supports local residents in designing and delivering health and well being activities in local communities.

### ***Mitigation Programmes***

3.5 Over the last year, the Partnership has successfully commenced a number of adult social care reviews to mitigate a number of the key demographic and financial pressures identified in the social care budget. These include:

- A three-year transformation programme for our Care at Home services is underway which seeks to modernise and redesign the service to enable it to respond to increasing need. This service has been pivotal to our success in minimising hospital delays and in shifting the balance of care from long-term settings. As the older population increases, the service is expected to continue to experience growing demand, resulting in financial and operational pressures. The transformation will be wide ranging and will focus on attracting new staff through sustained recruitment campaigns, creating and implementing a learning and development strategy to ensure staff are suitably equipped to meet the changing needs of service users and developing a range of tools and processes that will improve the supervision and support that staff receive. The programme will also see the procurement and implementation of an electronic scheduling and monitoring system.
- Care & Repair - the service has experienced a significant and continuing level of increase in demand pressures in recent years, with the service handling a higher level of demand than in the original contract. Additional non-recurring resources from Renfrewshire Council in 2016/17 enabled an historic issue in relation to a lengthy waiting list to be cleared. As at May 2017 there was no waiting list for (Care and Repair). This figure compares very favourably with the July 2016 figures, when 126 people were on the waiting list with the longest wait being from February 2015. The Council's Procurement Service is currently preparing the tender for a new care and repair contract, (to commence in November 2017) in partnership with East Renfrewshire HSCP.
- New streamlined and controlled Self Directed Support (SDS) business processes (in line with CIPFA 's Self-directed Support Guidance) have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the approved budget. The new processes have reduced the time taken



## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

to approve an indicative budget for the service user's support plan from 16 days in 2014 to 4 days in 2016.

- 3.6 These prioritised areas reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care. Reviews involve critically appraising and challenging our current models of service delivery to ensure resources are focused on greatest need and deliver the best outcomes for our services users.

### Service Performance

- 3.7 Our Health and Adult Social Work Services are managed and monitored via regular professional governance and operational management arrangements including meetings, case management, and regular reviews. Meetings involving Heads of Service and Service Managers take place on a 4-6 weekly basis and cover a variety of local and national strategic and operational indicators. Managers scrutinise and discuss performance data, agree remedial action, timescales for improvement and consider future challenges which may affect services.
- 3.8 Performance is reported at every meeting of Renfrewshire IJB. Twice a year a comprehensive Performance Report is presented which includes data for the last three years, associated targets, performance 'direction of travel' and whether indicators are on track to meet target. Over and above this, 'Exception Reports' are considered at each IJB highlighting areas of concern and/or improvement. The reports detail what is working well, current challenges and intended remedial action, where relevant. Our performance scorecard reports on 90 national and local indicators which are categorised under the 9 National Health and Wellbeing Outcomes.
- 3.9 The Public Bodies (Joint Working) (Scotland) Act 2014 obliges all Partnerships to publish an annual performance report no later than four months after the end of the reporting year. The 2016/17 performance report is available at [www.renfrewshire.cmis.uk.com/renfrewshire/JointBoardsandOtherForums/RenfrewshireHealthSocialCareIntegrati.aspx](http://www.renfrewshire.cmis.uk.com/renfrewshire/JointBoardsandOtherForums/RenfrewshireHealthSocialCareIntegrati.aspx). Performance in 2016/17 was above target in a number of areas e.g. All healthcare support workers had a mandatory induction completed within the target timescale; the average number of clients on the Occupational Therapy waiting list has fallen to 340, which is below the target of 350; and, 1847 partners have had Anticipatory Care Plans (ACP) created, against a target of 440. Areas that proved more challenging and where we seek improvement during 2017/18 include emergency admissions from care homes; alcohol brief interventions; drug related hospital discharge rate; paediatric speech and language therapy assessment to appointment waiting times and breastfeeding rates at 6-8 weeks in deprived areas.

## 4. Analysis of the Financial Statements

- 4.1 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 2016/17 Accounts have been prepared in accordance with this Code.

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

- 4.2 The IJB needs to account for its spending and income to comply with our legislative responsibilities and external auditors will provide an opinion on whether this Management Commentary complies with the statutory requirements and is consistent with the financial statements.
- 4.3 2015/16 Renfrewshire IJB Accounts were published only to provide an opinion on consistency with the financial statements. The 2016/17 Accounts will be the IJB's first full set of accounts.
- 4.4 For 2016/17, the IJB budget to deliver Partnership Services was a net budget of £243.426m including the notional Hospital set aside budget. The IJB's position at 31 March 2017 was an underspend of £5.494m.
- 4.5 Early in 2016/17, the Chief Finance Officer, considering the climate of on-going financial austerity and increasing demand, made the decision to hold back on the application of the use of a proportion of the resources passed over to the IJB as part of the 2016/17 Council budget allocation to the HSCP. This prudent approach enabled increasing demand and associated cost pressures within Adult Social Care Services to be funded in 2016/17 leaving a balance of £1.519m to be transferred to reserves for use in 2017/18 to meet ongoing pressures within the adult social care service budget.
- 4.6 In addition, given the significant budget gap to be met for 2017/18, with regards to the Health budget allocation, the Chief Officer and Chief Finance officer worked with the senior management team on a number of cost containment programmes through the final quarter of 2016/17 to enable reserves of £1.125m to be created to assist in covering this gap and £0.756m in ear marked reserves to meet specific commitments in 2017/18.
- 4.7 The balance of the underspend (£2.094m) is in respect of Primary Care balances carried forward by Renfrewshire HSCP (as the host authority), on behalf of the 6 NHSGGC HSCP's, which have been put into an earmarked reserve.
- 4.8 The full year financial position for the IJB is summarised in the table below:

1 April 2016 to 31 March 2017	NHSGGC £000's	Renfrewshire Council £000's	Total £000's
Funds Received from Partners	164,339	79,087	243,426
Funds Spent with Partners	160,364	77,568	237,932
<b>Underspend in year</b>	<b>3,975</b>	<b>1,519</b>	<b>5,494</b>

## 5. The IJB's Position at 31 March 2017

- 5.1 The Scottish Government draft budget announcement of 15 December 2016 had a number of key messages for IJB's 2017/18 budget allocations including:
- A further £107m Social Care Funding in addition to the £250m allocated as part of the 2016/17 budget process;
  - Local Authorities are able to adjust their allocations to IJB's by up to £80m; and

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

- Health Board allocations to IJB's must be maintained at 2016/17 cash levels including the set aside budget for large hospital services
- 5.2 At its meeting on 10 March 2017, the IJB approved the 2017/18 adult social care budget allocation and rejected NHS GGC's proposed 2017/18 health budget allocation on the basis that it did not meet the Scottish Government direction that the level of budget to be allocated is maintained at 2016/17 cash levels.

### Social Care Budget

- 5.3 Demographic and socio-economic factors continue to play a major role in driving spending pressures within the Adult Social Care budget, including:
- **Homecare:** costs associated with shifting the balance of care by supporting people to live safely at home for as long as possible, and facilitating prompt discharge from hospital;
  - **Adult Placement Budget:** increasing numbers and complexity of care packages required to support clients to live as independently as possible in the community.
- 5.4 Over the past years, Adult Social Care has successfully managed to take forward a wide range of mitigation programmes designed to dampen the impact of demand led growth including investing in preventative measures and redesigning services to reduce longer term demand e.g. Implementation of telecare services which support people to remain in their own home independently with the security of technology which can link them quickly to health and social care staff should they require.
- 5.5 However, despite these programmes, the scale of demand led cost pressures continues to grow. In addition to these, during 2017/18 Adult Social Care will also have to manage potentially significant cost pressures in relation to a number of contractual arrangements which cease during 2017/18 and which will require to go out to tender. It is likely that the financial impact of the increase in the living wage along with other legislative changes will have a significant impact on these negotiations.
- 5.6 Working with Renfrewshire Council's Director of Finance, the Chief Finance Officer, using a broad range of assumptions, estimated the demand and cost growth for Adult Social Care in 2017/18 to be in the region of a net increase of £4.406m. Renfrewshire Council recognised these pressures in its 2017/18 adult social care budget allocation. In recognising these pressures, Renfrewshire Council have allocated 100% of the 2017/18 Social Care Fund monies plus an additional £683k from the Council's direct settlement.
- 5.7 Balances in respect of resources passed over to the IJB as part of the 2016/17 Council budget allocation were held throughout 2016/17 in order to be carried forward into 2017/18 to dampen down the impact of pressures which will emerge throughout 2017/18. The Chief Finance Officer has carried forward these balances using the Reserves mechanism available to the IJB.

### Health Budget

- 5.8 In response to the directions from the Scottish Government, the NHSGGC Chief Executive wrote to all HSCP Chief Officers on 11 January 2017 setting out initial assumptions for the NHS budget allocation to IJB's within NHS GGC. This did not

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

include an indication of the level of set aside budget for 2017/18. As detailed in paragraph 5.2 above at its meeting of 10 March 2017, Renfrewshire IJB took the decision not to approve the proposed health budget allocation from NHS GGC as it did not meet the Scottish Government direction that the level of budget to be allocated must be maintained at 2016/17 cash levels.

- 5.9 In addition, there are also significant pressures in respect of salary uplifts, prescribing pressures, contractual inflation, apprenticeship levy costs and outstanding savings for 2016/17.
- 5.10 Savings proposals in respect of the 2017/18 delegated Health budget inflation and cost pressures in respect of the minimum level of savings which the IJB needs to consider, will be brought to the June 2017 IJB for approval. This includes proposals for the outstanding balance of £1.378m in respect of the 2016/17 savings target, where savings proposals were not approved by the IJB in year. These delays in the implementation of the savings target have required the Chief Officer to affect the necessary management action to implement a financial recovery plan from 1 April 2017 in order to help mitigate the shortfall in funding in 2017/18 until saving proposals are approved by the IJB.
- 5.11 Given the significant budget gap to be met for 2017/18, in addition to the financial recovery programme, the Chief Officer is also leading a programme of recurring cost containment and redesign work to deliver the required level of efficiencies for 2017/18. Building on a long-standing approach to deliver savings and efficiencies for local health services, it will include a review of all major services, workforce planning changes and budget efficiencies. Having undertaken such work over the last 6 to 7 years, it is important to note that there is limited scope for further recurring savings to be identified and delivered without impacting on service capacity, performance and delivery.
- 5.12 The delegated health budget includes Family Health Service budgets which directly fund income to contractor services such as GPs; Opticians etc. which cannot be considered for planned savings.

### Financial outlook

- 5.13 Although no figures are available beyond 2017/18, it is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. There is significant uncertainty over what the scale of this challenge will be. In addition, there remains wider risks which could further impact on the level of resources made available to the Scottish Government including, the changing political and economic environment, within Scotland, the UK, and wider. This will potentially have significant implications for Renfrewshire IJB's parent organisations and therefore the delegated Health and Adult Social Care budgets. There is consequently no expectation of additional monies to be delegated to the IJB in year. The Chief Officer, Chief Finance Officer and the HSCP senior management team will work with key stakeholders to continually critically appraise and challenge current models of service delivery to ensure resources are focused on areas of greatest need delivering the best outcomes to clients.
- 5.14 Looking into 2017/18 and beyond, it is important to be clear that within the current models of working, the reducing budgets available will require further recurring savings



## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

to be made by this HSCP, this will mean the IJB needs to consider what can safely be delivered. We must work to deliver both a balanced budget and also continue to deliver accessible, high quality and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.

### **The main trends and factors likely to affect the IJB in the future**

#### Self-Directed Support (SDS) – sustainability of services

- 5.15 SDS is where, once a service user has been assessed, they are then allocated an appropriate level of funding for their care and support needs. Service users can spend their allocated budgets either by arranging their own care or by letting the HSCP arrange it for them.
- 5.16 Whilst SDS offers our service users the advantage of greater choice and control over the services they commission, this can create uncertainty for service providers', including the HSCP's, ability to project demand for their services. Whilst traditional services remain the preferred choice for some service users the HSCP may need to work with providers to see how services can be reconfigured where service demand is not as anticipated or the service is no longer financial viable.

#### Adult Protection

- 5.17 Renfrewshire Adult Protection procedures have been revised and updated to reflect the new HSCP structure, roles and responsibilities. The number of referrals under adult protection has continued to increase year on year. In 2014-15 there were 1708 adult protection referrals. In 2015-16 changes were agreed to the system for reporting referrals under adult protection that separated adult protection concerns from adult welfare concerns. In that year there were a combined total of 2515 referrals. In 2016-17, the total number of referrals received by Renfrewshire HSCP rose to 2578. It should be noted that all referrals are initially treated as potential adult protection cases and therefore go through the same screening processes that may result in protection plans for adults assessed as at risk of harm.
- 5.18 The upward trend in adult protection referrals translates into increased pressure on the existing workforce, mainly social workers, to undertake inquiries and assessment under the Adult Support and Protection Act.

#### The Carers (Scotland) Act 2016

- 5.19 The Carers (Scotland) Act will commence on 1 April 2018 and will introduce provisions designed to support carers' health and wellbeing.
- 5.20 This legislation will place new demands on our adult care services through the requirement to produce Adult Carer Support Plans and Young Carer Statements. Additional resources will be required to complete assessments on carers, and also through the waiving of charges to carers receiving short breaks.
- 5.21 Full implementation of the Carers Act will not be until April 2018. The Act requires a Local Carers Strategy and local eligibility criteria to be agreed in consultation with Carers and Carers organisations prior to implementation.

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- 5.22 The new processes involved in preparing and implementing the new Act will incur significant costs, yet to be fully quantified.

Demographic

- 5.23 Local demographics and socio-economic issues such as poverty, deprivation and inequalities can vary significantly across Renfrewshire, which in turn, can impact upon the demand and supply of services in the community.
- 5.24 Key local challenges include:
- 26% of the population of Renfrewshire are in the top 20% most deprived data zones in Scotland, with the main issues being health, income and employment.
  - The most deprived data zone in Renfrewshire is ranked 1 in Scotland.
  - Life expectancy in Renfrewshire is lower than the Scottish average
  - People in Renfrewshire have slightly poorer mental health wellbeing compared to the Scottish average
  - In light of the ageing population, Renfrewshire is facing a future with more people with multiple long-term conditions (also referred to as multi-morbidities). Multi-morbidities bring both person centred as well as long term challenges.
  - In 2012/2013, 2.6% of Renfrewshire's population consumed around 50% of our health resources (inpatient and day care hospital admissions, A&E attendances, consultant led outpatient clinics and community prescribing)
  - For Renfrewshire in 2014/15, the crude rate of drug crimes recorded was 116/10,000, which was 68% higher than the Scottish level of 69/10,000.
  - In 2014/15, the rate for alcohol-related hospital stays was 982/100,000, which was 46% higher than the Scottish level of 672/100,000.
- 5.25 Services across Renfrewshire HSCP require capacity, capability, flexibility and a resilient workforce that can respond to the pressures of a changing local community. This societal change creates increased demand on our workforce with the need to provide care for a larger proportion of the population, often living with multiple and complex health needs (co-morbidity).

Marketplace

- 5.26 The increasing demand on services is often compounded by difficulties in recruitment to specific posts.
- 5.27 In addition to an ageing population, there is an ageing workforce (47% of our workforce are over 50 years old), who bring both an invaluable and incalculable level of experience to the services they deliver. Renfrewshire HSCP will need to mitigate the loss these staff may present when planning future services, to ensure we have a sufficiently resourced and experienced workforce.
- 5.28 A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care at Home Staff are a current recruitment and retention challenge for Renfrewshire HSCP. Potential impacts include:
- the sustainability of, access to, and quality of, services;
  - the resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources;
  - the additional cost of using bank and agency staff.

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5.29 The HSCP is recruiting in a very competitive local market where an increasing number of social care providers are paying the Living Wage and neighbouring HSCPs provide a higher level of financial remuneration for some posts. Furthermore, some other sectors, such as retail, can be viewed as less physically and emotionally demanding, with rates of pay being equal or greater than that of health and social care services. We need to attract more people to choose a career path in the health and social care sector. The HSCP is currently doing this in a number of ways:

- Effective succession planning methods to ensure staff are “next job” ready – offering career development opportunities e.g. coaching (we have a number of staff being coached at any given time, as well as providing access to training in coaching conversations for managers, shadowing and acting up opportunities;
- Working with local further education establishments who provide health and social care related courses and qualifications to influence intake levels and the courses delivered;
- Innovative approaches to developing local talent such as apprenticeships and graduate internships; and
- Positive advertising campaigns where current staff are promoting the HSCP as a good and rewarding place to work.

5.30 There is a need to acknowledge that all of this requires investment at a time of financial challenge, however this needs to be balanced against the need to ensure that our workforce is adequate and equipped to meet the health and social care needs of the population.

Digital Drivers

5.31 Digital technology offers new and exciting opportunities for transforming the outcomes and experience of our citizens – including service users and carers – as well as transforming the quality and reducing costs of health and care services.

5.32 As a newly integrated organisation, with services that previously sat within Renfrewshire Council and NHSGGC, we still have different legacy, professional ICT systems and supporting processes. These systems are not currently integrated, as such there is often a day to day need for staff to access and source information from two different business systems, which is cumbersome and time consuming.

5.33 The HSCP recognises the real opportunities digital technology offers, and the need to make on-going investment. This will however be subject to the significant financial pressures and other demands on IJB resources. Any investment in new technology must align with the IJB's strategic priorities, with a focus on delivering operational efficiencies and reducing the increasing pressure on service delivery.

5.34 The HSCP has already undertaken a range of improvements to address a number of digital and ICT issues. One example of where the HSCP is investing in new technology is Care at Home, with the planned procurement of a new monitoring and scheduling system. This is one of the HSCP's most critical services which enable service users to continue to be cared for in their own homes.

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

### 6. Renfrewshire IJBs Strategy and Business Model

6.1 Our Strategic Plan describes the themes and high-level priorities for the HSCP over the three-year period 2016-19. Our three strategic priorities are improving health and wellbeing; the Right Service, at the Right Time, in the Right Place; and Working in Partnership to Treat the Person as well as the Condition. Examples of areas included within these priorities are:

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

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

<b>Outcome 1:</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer
<b>Outcome 2:</b>	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
<b>Outcome 3:</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected
<b>Outcome 4:</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Outcome 5:</b>	Health and social care services contribute to reducing health inequalities
<b>Outcome 6:</b>	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
<b>Outcome 7:</b>	People using health and social care services are safe from harm
<b>Outcome 8:</b>	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
<b>Outcome 9:</b>	Resources are used effectively and efficiently in the provision of health and social care services



## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

- 6.3 Due to growing demand on our resources, we know that more of the same is often not an option. If we continue to deliver services only in their current form, the health and social care system will be unable to deliver the high-quality services the people of Renfrewshire need. We therefore have to plan, commission and deliver services that are focused on the outcomes we must achieve and make the best use of the resources available. It is an established feature of both national and local policy that more joined up care, more self-care, and targeted anticipatory and preventative approaches, must be prioritised and shape our planning if we are to manage the growing demands we face. Linked to this we must ensure a clear and consistent focus in our resource prioritisation on home and community based care reducing demands on hospital and other more specialist services where appropriate. Adult and child protection remain significant features of what we do and how we work.
- 6.4 In 2017/18, our year 2 Strategic Plan action plan will be developed to support the HSCP's service developments and improvements for year 2 of the Strategic Plan. In addition to operational continuous improvement activity, this action plan will include transformational projects and proposals to deliver financial savings.

### Delegation and Delivery of Services

- 6.5 The IJB use Directions as the mechanism to instruct the Council and NHSGGC (via the HSCP) to carry out their delegated functions. These are documents which 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. As approved by the IJB on 18 March 2016, the Chief Officer issued Directions to the parent organisations on 1 April 2016. In line with national guidance, there is a requirement for the IJB to update Directions to reflect any change in local circumstances (e.g. material budget changes, a change of payment) in relation to their respective delegated functions. The IJB has delegated this responsibility to the Chief Officer.
- 6.6 Our delegated services are delivered through an integrated, locality based operational structure. There are two Heads of Health and Social Care, each with responsibility for leading one of our two localities – Paisley and West Renfrewshire. In addition, we have a dedicated Head of Mental Health, Addictions and Learning Disabilities, which provide overarching services across Renfrewshire. Our operational Heads of Service work in close partnership to optimise how our services connect and work together. This approach provides a clear basis for building joint and collaborative working.
- 6.7 Interface arrangements are also in place to ensure the HSCP works closely with the Council's Children's Services, our GPs, NHS Acute Services, the Police, Community Planning and other key partners to provide a seamless experience for the people who use our services and keep their safety and well-being paramount.
- 6.8 The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. Our Clinical Director, Lead Clinicians, service specific Professional Leads and the Senior Professional Nurse Advisor are members of the RHSCP management team with a clear role to provide clinical, nursing and allied health professional leadership, advice and support.

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

- 6.9 To ensure activity levels and spend are closely monitored, the Chief Finance Officer holds regular budget and performance monitoring meetings with operational managers and reports into the HSCP Senior Management Team (SMT) and the IJB throughout the year.

### 7. Key Risks and Uncertainties

- 7.1 The IJB approved its Risk Management Strategy on 18 September 2015. The IJB's Risk Register is reviewed regularly by the HSCP Management Team and by the IJB Audit Committee. The IJB also reviews its own risk register on a twice yearly basis.

- 7.2 The key risks identified in the IJB Risk Register are:

- Delays agreeing the 2017/18 budget including Set Aside, and aligning the financial plan with the Strategic Plan;
- Expectation that IJBs will be required to deliver significant levels of savings to the prescribing budget in 2017/18;
- An inability to deliver financial balance;
- Budget settlement being lower than anticipated;
- The complexity of IJB governance arrangements has been highlighted by Audit Scotland, in particular the lack of clarity around decision making;
- A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care at Home Staff.

- 7.3 A range of wider issues present some degree of uncertainty to the IJB, particularly in terms of future planning relating to finance, the workforce and scope of the IJB. Examples include:

- Potential reform(s) of NHS boards and local government;
- The national and local political landscape;
- Impacts of Brexit, such as uncertainty regarding the future employment of health and social care staff from EU countries
- The wider financial and economic environment, with significant restraint in public expenditure anticipated in future years;
- Increased demand for and cost of health and social care services linked to demographic change including an aging and increasing population with multiple and long-term conditions; linked to this is the risk of additional service demand anticipated through the implementation of the Carers Act.

### 8. Matters of Strategic Importance

- 8.1 As a result of a number of demographic, marketplace and digital drivers, and increasing financial pressures, there is widespread recognition, as set out in the Public Bodies (Joint Working) (Scotland) Act 2014, National Clinical Strategy and Health and Social Care Delivery Plan that we need to change how we deliver health and social services. Central to this step change is the need to increasingly divert resources from acute

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

hospitals services, to create greater capacity within primary care and community services. This capacity will assist primary care to further develop multidisciplinary community team based working models, fully integrated with social care and the independent and third sector.

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**Cllr Jacqueline Cameron****Date 15/09/17**

IJB Chair

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**David Leese****Date 15/09/17**

Chief Officer

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**Sarah Lavers CPFA****Date 15/09/17**

Chief Finance Officer

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017****Statement of Responsibilities****Responsibilities of the Integration Joint Board**

The IJB is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of Renfrewshire IJB held on 15 September 2017.

Signed on behalf of Renfrewshire IJB

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**Cllr Jacqueline Cameron**  
IJB Chair

**Date 15/09/17**



**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017****Responsibilities of the Chief Financial Officer**

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

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

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

The chief financial officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of Renfrewshire IJB as at 31 March 2017 and the transactions for the year then ended.

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**Sarah Lavers CPFA**  
Chief Finance Officer

**Date** 15/09/17

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

### Remuneration Report

- 1.1 The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.
- 1.2 The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

### Voting Board Members

- 1.3 Voting IJB members constitute councillors nominated as board members by constituent authorities and NHS representatives nominated by the NHS Board. The voting members of the Renfrewshire IJB were appointed through nomination by NHS GGC and Renfrewshire Council.
- 1.4 Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and the Vice Chair of the IJB should therefore be included in the IJB remuneration report if they receive remuneration for their roles. For Renfrewshire IJB, neither the Chair nor Vice Chair receives remuneration for their roles.
- 1.5 The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation.
- 1.6 The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2016/17 no voting member received any form or remuneration from the IJB as detailed in the table below.

Voting Board Members	Nominated By	Taxable Expenses 2015/16	Taxable Expenses 2016/17
Councillor Iain McMillan (Chair) (1)	Renfrewshire Council	Nil	Nil
Councillor Michael Holmes	Renfrewshire Council	Nil	Nil
Councillor Derek Bibby	Renfrewshire Council	Nil	Nil
Councillor Jacqueline Henry	Renfrewshire Council	Nil	Nil
Dr. Donald Lyons (Vice Chair)	NHSGGC	Nil	Nil
Ms Morag Brown	NHSGGC	Nil	Nil
Mr Donald Sime (2).	NHSGGC	Nil	Nil
Mr John Brown (2)	NHSGGC	Nil	Nil
Ms Dorothy McErlean (3)	NHSGGC	Nil	Nil
Mr John Legg (3)	NHSGGC	Nil	Nil

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

Notes: (1) Left IJB in May 2017, replaced by Jacqueline Cameron (2) Left Office 16 August 2016; (3) Appointed 16 August 2016.

### Officers of the IJB

- 1.7 The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.
- 1.8 Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation (NHS GGC). The remuneration terms of the Chief Officer's employment were approved by the IJB.
- 1.9 No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the table below:

Total Earnings 2015/16 £	Name and Post Title	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total Earnings 2016/17 £
83,025 (FYE 109,198)	<b>D Leese</b> Chief Officer, Renfrewshire IJB	114,305	-	114,305
64,525 (FYE 74,740)	<b>S Lavers</b> Chief Financial Officer, Renfrewshire IJB	81,844	-	81,844

FYE = Full Year Equivalent

### Pension Benefits

- 1.10 In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or the Chief Finance Officer.
- 1.11 The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Name and Post Title	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/16 £	For Year to to 31/03/17 £		As at 31/03/16 £	As at 31/03/17 £
D Leese Chief Officer, Renfrewshire IJB	16,535	16,467	Pension	18,163	19,909
			Lump sum	54,489	59,726
S Lavers Chief Financial Officer, Renfrewshire IJB	14,425	15,757	Pension	27,810	30,502
			Lump sum	55,353	57,444

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

**Disclosure by Pay Bands**

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

Remuneration Band	Number of Employees 31 March 2016	Number of Employees 31 March 2017
£70,000 - £74,999*	1	-
£80,000 - £84,999	-	1
£105,000 - £109,999*	1	-
£110,000 - £114,999	-	1

\* The posts of Chief Officer and Chief Finance Officer were in post from 27 June 2015

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**Cllr Jacqueline Cameron**  
IJB Chair

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**Date** 15/09/17

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**David Leese**  
Chief Officer

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**Date** 15/09/17

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

### ANNUAL GOVERNANCE STATEMENT

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

#### 1. Scope of Responsibility

- 1.1 The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively to secure best value.
- 1.2 To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHSGGC and Renfrewshire Council systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.
- 1.3 This system can only provide reasonable and not absolute assurance of effectiveness.

#### 2. Governance Framework and Internal Control System

- 2.1 The Board of the IJB comprises voting members, nominated by either Renfrewshire Council or NHSGGC, as well as non-voting members including a Chief Officer appointed by the Board.
- 2.2 The main features of the governance framework in existence during 2016/17 were:
  - The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
  - The overarching strategic vision and objectives of the IJB are detailed in the IJB's draft Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
  - The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its health service and local authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
  - Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, the external auditors, Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team and the main Board and Audit Committee.
  - The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. The annual report was presented to the IJB on 10 March 2017, and provided a variety of evidence to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care and Professional

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.

- The HSCP has an Organisation Development and Service Improvement Strategy developed in partnership with its parent organisations. On 23 June 2017, an annual progress report was shared with the IJB along with a supporting 3-year Workforce Plan.
- The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the Partnership by the Health Board and Local Authority and resources paid to its local authority and health service partners.
- The IJB's approach to risk management is set out in its Risk Management Strategy, and the Corporate Risk Register. Regular reporting on risk management is undertaken through regular reporting to the Senior Management Team and annually to the IJB Audit Committee.

2.3 The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2016/17 this included the following:

- Performance management, monitoring of service delivery and financial governance is provided by the Health and Social Care Partnership to the IJB who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders and Scheme of Administration, Contract Standing Orders, Scheme of Delegation, Financial Governance arrangements; these are subject to regular review. A Local Code of Corporate Governance was approved by the IJB early in 2017.
- Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development.

### *Roles and Responsibilities*

- 2.4 The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, other than acute services, with oversight from the IJB.
- 2.5 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.
- 2.6 The Partnership complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2010". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2016".



**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

- 2.7 Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit Committee will operate in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.
- 2.8 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.

**3. Review of Adequacy and Effectiveness**

- 3.1 The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control. The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.
- 3.2 The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "Self-assessment Checklists" as evidence of review of key areas of the IJB's internal control framework, these assurances are provided to Renfrewshire Council and NHSGGC. The Senior Management Team has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no significant internal control issues identified by the review.
- 3.3 Internal Audit undertakes an annual programme following an assessment of risk completed during the strategic audit planning process. The appointed Chief Internal Auditor provides an annual report to the Audit Committee and an independent opinion on the adequacy and effectiveness of the governance framework, risk management and internal control.
- 3.4 The Chief Internal Auditor has conducted a review of the Internal Audit reports issued to the IJB in the financial year and the internal audit annual reports from the partner organisations. In conclusion, there is a significant risk relating to on-going financial sustainability. The IJB have yet to agree on savings options to close the budget gap, this impacts on financial management, medium and long-term planning which could impact on the IJB's ability to achieve its objectives.
- 3.5 Section 7 Key Risks and Uncertainties of the Management Commentary provides an overview of risk management arrangements and details of the most significant risks facing the IJB.
- 3.6 The key financial risks note include:
- Delays agreeing the 2017/18 budget including Set Aside, and aligning the financial plan with the Strategic Plan;
  - An inability to deliver financial balance;

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

- A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care at Home Staff
- Increased demand for and cost of health and social care services linked to demographic change including an aging and increasing population with multiple and long-term conditions; linked to this is the risk of additional service demand anticipated through the implementation of the Carers Act.

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

### 4. Action Plan

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

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



**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017****5. Conclusion and Opinion on Assurance**

- 5.1 While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.
- 5.2 We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.
- 5.3 Systems are in place to regularly review and improve the internal control environment.

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**Cllr Jacqueline Cameron****Date 15/09/17**

IJB Chair

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**David Leese****Date 15/09/17**

Chief Officer

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

**Comprehensive Income and Expenditure Statement**

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

2015/16 Gross Exp. £000's	2015/16 Gross Income £000's	2015/16 Net Exp. £000's	Renfrewshire Health & Social Care Partnership Integration Joint Board	Note	2016/17 Gross Exp. £000's	2016/17 Gross Income £000's	2016/17 Net Exp. £000's
			<b>Health Services</b>				
			Addiction Services		2,746	(245)	2,501
			Adult Community Services		6,567	(252)	6,315
133	-	133	Business Support and Admin		1,777	(1,020)	757
			Children's Services		5,628	(615)	5,013
			Dentists, Pharmacists, Optometrists		23,134	(2,270)	20,864
			GMS (GP Services)		22,842	-	22,842
			Integrated Care Fund		3,490	-	3,490
			Learning Difficulties		1,044	-	1,044
			Mental Health		19,740	(164)	19,576
			Planning Health Improvement		1,378	(295)	1,083
			Podiatry		6,564	(27)	6,537
			Prescribing		35,007	-	35,007
			Primary Care Support		4,933	(137)	4,796
			Resource Transfer		25,817	-	25,817
133	-	133	<b>Health Services Directly Managed by Renfrewshire IJB</b>		<b>160,667</b>	<b>(5,025)</b>	<b>155,642</b>
			Services Hosted by Renfrewshire IJB for Other IJBs	8	(9,869)	140	(9,729)
			Services Hosted by Other GGC IJBs	9	12,690	(2,004)	10,686
			Resource Transfer Adjustment		(25,817)	-	(25,817)
			Set Aside for Delegated Services Provided in Large Hospitals		29,582	-	29,582
133	-	133	<b>Total Cost of Health Services</b>		<b>167,253</b>	<b>(6,889)</b>	<b>160,364</b>
			<b>Social Care Services</b>				
			Addiction Services		1,287	(599)	688
			Integrated Care Fund		2,299	(1,649)	650
			Learning Difficulties		21,619	(1,394)	20,225
			Mental Health		4,354	(143)	4,211
134	-	134	Older People		53,111	(9,869)	43,242
			Physical or Sensory Difficulties		7,821	(489)	7,332
134	-	134	<b>Social Care Services Directly Managed by Renfrewshire IJB</b>		<b>90,491</b>	<b>(14,143)</b>	<b>76,348</b>
			Services Delegated to Social Care	10	1,251	(31)	1,220
134		134	<b>Total Social Care Services</b>		<b>91,742</b>	<b>(14,174)</b>	<b>77,568</b>
267	-	267	<b>Total Cost of Services</b>		<b>258,995</b>	<b>(21,063)</b>	<b>237,932</b>
-	(267)	(267)	Taxation and Non-Specific Grant Income	5	-	(243,426)	(243,426)
267	(267)	-	<b>Surplus on Provisions of Services (movement in reserves)</b>		<b>258,995</b>	<b>(264,489)</b>	<b>(5,494)</b>

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

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

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

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

**Movement in Reserves Statement**

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

The opening and closing reserves for 2015/16 were zero.

<b>Movement in Reserves During 2016/17</b>	<b>General Fund Balance £000's</b>	<b>Earmarked Reserves £000's</b>	<b>Total Reserves £000's</b>
<b>Opening Balance at 31 March 2016</b>	-	-	-
Total Comprehensive Income and Expenditure	-	-	-
Increase or Decrease in 2016/17	(2,644)	(2,850)	(5,494)
<b>Closing Balance at 31 March 2017</b>	<b>(2,644)</b>	<b>(2,850)</b>	<b>(5,494)</b>

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

**Balance Sheet**

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2017. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2016 £000's (Restated)		Notes	31 March 2017 £000's
-	Short Term Debtors	6	5,494
-	<b>Current Assets</b>		<b>5,494</b>
-	Short Term Creditors	6	-
-	<b>Current Liabilities</b>		-
-	<b>Net Assets</b>		<b>5,494</b>
-	Usable Reserves: General Fund	7	(2,644)
-	Unusable Reserves: Earmarked	7	(2,850)
-	<b>Total Reserves</b>		<b>(5,494)</b>

The statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2017 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 23 June 2017 and the audited accounts were authorised for issue on 15 September 2017.

Balance Sheet signed by:

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**Sarah Lavers CPFA**  
**Chief Finance Officer**



## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

### **Notes to the Financial Statements**

#### **Note 1: Significant Accounting Policies**

##### **General Principles**

The Financial Statements summarise the IJB's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017.

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

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

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

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

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

##### **Funding**

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

##### **Cash and Cash Equivalents**

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

##### **Employee Benefits**

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

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

## **Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

### **Provisions, Contingent Liabilities and Assets**

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's balance sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's balance sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

### **Usable Reserves**

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

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

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

### **Indemnity Insurance / Clinical and Medical Negligence**

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

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

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

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



**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

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

**Debtors**

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

**Note 2: Critical Judgements**

A critical judgement made in the Financial Statements relating to complex transactions is in respect of the values included for services hosted within Renfrewshire HSCP for other IJBs within the Greater Glasgow and Clyde area. At the end of the financial year an assessment of costs associated with activity for these services related to non – Renfrewshire residents is made and an appropriate share of the costs is removed from the accounts of Renfrewshire HSCP Board and transferred to those other IJBs. The costs removed are based upon budgeted spend such that any overspend or under spend remains with the hosting partnership.

**Note 3: Events after the Balance Sheet Date**

The Annual Accounts were authorised for issue by the Chief Financial Officer on 29 September 2017. 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.

Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2017 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

### Note 4: Expenditure and Income Analysis by Nature

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

Renfrewshire Health & Social Care Partnership Integration Joint Board	2015/16 £000's	2016/17 £000's
<b>Health Services</b>		
Employee Costs	133	46,071
Property Costs	-	73
Supplies and Services	-	9,508
Prescribing	-	740
Payments to Other Bodies	-	179
Purchase of Healthcare	-	56
Family Health Service	-	81,024
Transport	-	20
Set Aside	-	29,582
Income	-	(6,889)
<b>Social Care Services</b>		
Employee Costs	129	28,471
Property Costs	-	551
Supplies and Services	-	2,269
Contractors	-	53,058
Transport	-	727
Administrative Costs	-	247
Payments to Other Bodies	5	6,419
Income	-	(14,174)
<b>Total Cost of Services</b>	<b>267</b>	<b>237,932</b>
<b>Partners Funding Contributions and Non-Specific Grant Income</b>	<b>(267)</b>	<b>(243,426)</b>
<b>Surplus on Provision of Services</b>	<b>-</b>	<b>(5,494)</b>

### Note 5: Taxation and Non-Specific Grant Income

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

Taxation and Non-Specific Grant Income	2015/16 £000's	2016/17 £000's
NHS Greater Glasgow and Clyde Health Board	133	164,339
Renfrewshire Council	134	79,087
<b>TOTAL</b>	<b>267</b>	<b>243,426</b>

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

A notional set aside budget for 2016/17 was identified by NHSGGC. However, the sum recorded in the annual accounts does not reflect actual hospital use in 2016/17. This is a transactional arrangement for this financial year only. NHSGGC and the IJB, will prioritise

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

establishing revised processes for planning and performance management of delegated hospital functions and associated resources in 2017/18.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

### Note 6: Short Term Debtors and Creditors

At the end of this financial year, Renfrewshire IJB had short term debtors of £5.494m relating to the reserves held. There were no creditors. Amounts owed by the funding partners are stated on a net basis.

Short Term Debtors	2015/16 £000's (Restated)	2016/17 £000's
NHS Greater Glasgow and Clyde Health Board	-	3,975
Renfrewshire Council	-	1,519
<b>TOTAL</b>	<b>-</b>	<b>5,494</b>

Short Term Creditors	2015/16 £000's (Restated)	2016/17 £000's
NHS Greater Glasgow and Clyde Health Board	-	-
Renfrewshire Council	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>

### Note 7: Usable Reserves

As at 31 March 2017 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition, a general reserve has been created as part of the financial strategy of the Joint Board. This will be used to manage the risk of any future unanticipated events and support service provision that may materially impact on the financial position of the IJB in later years.

The table below shows how the general reserve and earmarked reserves are allocated:

General Reserves	2015/16 £000's	2016/17 £000's
Renfrewshire HSCP – Health delegated budget 2016/17 under spend carried forward	-	1,125
Renfrewshire Council 2016/17 under spend carried forward	-	1,519
<b>TOTAL GENERAL RESERVES</b>	<b>-</b>	<b>2,644</b>

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

<b>Earmarked Reserves</b>	<b>2015/16 £000's</b>	<b>2016/17 £000's</b>
Renfrewshire HSCP – Health delegated budget planned contribution to reserve:		
Primary Care Fund	-	1,100
GP Digital Transformation	-	289
GP Primary Scan Patient Records	-	705
Funding for Temp Mental Health Posts	-	82
Primary Care Transformation Fund Monies	-	39
District Nurse 3 Year Recruitment Programme	-	150
Health & Safety Inspection Costs to Refurbish Mental Health Shower Facilities	-	35
Prescribing Funding Shortfall	-	450
<b>TOTAL EARMARKED RESERVES</b>	<b>-</b>	<b>2,850</b>

**Note 8: Agency Income and Expenditure (Hosted Services)**

On behalf of all IJBs within the NHS Greater Glasgow and Clyde, Renfrewshire IJB acts as the lead manager for podiatry and primary care. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below:

<b>Agency Income and Expenditure (Hosted Services)</b>	<b>2015/16 Exp on Agency Services £000's</b>	<b>2015/16 Income on Agency Services £000's</b>	<b>2015/16 Net Exp £000's</b>	<b>2016/17 Exp on Agency Services £000's</b>	<b>2016/17 Income on Agency Services £000's</b>	<b>2016/17 Net Exp £000's</b>
Podiatry	-	-	-	5,474	(5,474)	-
Primary Care Support	-	-	-	4,255	(4,255)	-
<b>Services Hosted by Renfrewshire IJB for Other IJBs</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>9,729</b>	<b>(9,729)</b>	<b>-</b>

Earmarked reserves of £1.1m relating to Primary Care Support service includes £946k (86%) of services hosted by Renfrewshire IJB on behalf of other IJBs within the NHS Greater Glasgow and Clyde.

## Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017

### Note 9: Services Hosted by Other GGC IJBs

The table below shows the costs to Renfrewshire IJB of services hosted by the other 5 NHSGGC IJBs.

Services Hosted by Other GGC IJBs	2015/16 £000's	2016/17 £000's
Addictions	-	1,658
Continence	-	663
Health Care in Police Custody	-	345
Learning Disability Tier 4 Community	-	478
Mental Health Central Services	-	2,560
Mental Health Citywide Services	-	1,937
MSK Physiotherapy	-	895
Oral Health	-	1,623
Prison Healthcare	-	968
Retinal Screening	-	120
Sexual Health	-	1,443
Reimbursement for Services Hosted by Other GGC IJBs	-	(2,004)
<b>NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)</b>	<b>-</b>	<b>10,686</b>

### Note 10: Additional Council Services Delegated to the IJB

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

Additional Council Services Delegated to the IJB	2015/16 £000's	2016/17 £000's
Garden Assistance Scheme	-	369
Housing Adaptations	-	770
Women's Aid		112
Grant Funding for Women's Aid		(31)
<b>NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)</b>	<b>-</b>	<b>1,220</b>

### Note 11: Related Party Transactions

The IJB has related party relationships with NHSGGC and Renfrewshire Council. The nature of the partnership means the IJB may influence and be influenced by its partners. Renfrewshire IJB assumed delegated financial responsibility on 27 June 2015. From that date, the following financial transactions were made relating to integrated health and social care functions.

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

<b>Service Income Received</b>	<b>2015/16 £000's</b>	<b>2016/17 £000's</b>
NHS Greater Glasgow and Clyde Health Board	-	(6,889)
Renfrewshire Council	-	(14,174)
<b>TOTAL</b>	<b>-</b>	<b>(21,063)</b>

<b>Expenditure on Services Provided</b>	<b>2015/16 £000's</b>	<b>2016/17 £000's</b>
NHS Greater Glasgow and Clyde Health Board	133	167,253
Renfrewshire Council	134	91,742
<b>TOTAL</b>	<b>267</b>	<b>258,995</b>

<b>Funding Contributions Received</b>	<b>2015/16 £000's</b>	<b>2016/17 £000's</b>
NHS Greater Glasgow and Clyde Health Board	133	164,339
Renfrewshire Council	134	79,087
<b>TOTAL</b>	<b>267</b>	<b>243,426</b>

<b>Debtors</b>	<b>2015/16 £000's</b>	<b>2016/17 £000's</b>
NHS Greater Glasgow and Clyde Health Board	-	3,975
Renfrewshire Council	-	1,519
<b>TOTAL</b>	<b>-</b>	<b>5,494</b>

**Note 12: IJB Operational Costs**

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

<b>IJB Operational Costs</b>	<b>2015/16 £000's</b>	<b>2016/17 £000's</b>
Staff Costs	217	271
Strategic Plan	44	-
Development Sessions	1	-
Audit Fees	5	17
<b>TOTAL</b>	<b>267</b>	<b>288</b>

The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Renfrewshire Council. For the 2016/17 Accounts this is combined within the gross expenditure for both partners.

**Note 13: VAT**

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

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

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

**Renfrewshire Integration Joint Board (IJB) - Annual Accounts for the year ended 31 March 2017**

**Note 14: 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 2016/2017 are £17,400. There were no fees paid to Audit Scotland in respect of any other services.








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**To:** Renfrewshire Integration Joint Board

**On:** 15 September 2017

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**Report by:** Chief Finance Officer

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**Heading:** Financial Plan 2018/19 to 2020/21

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## **1. Purpose**

1.1. The purpose of this report is to provide the Integration Joint Board (IJB) with an estimate of the Health and Social Care Partnership's projected position moving into 2018/19 and the medium term financial outlook to 2020/21. The report will cover the following key areas of the financial strategy for members:

- Key Messages
- Current Financial Position
- Budget Strategy Assumptions
- Projected Cost Pressures 18/19 to 20/21
- Medium Term Financial Strategy

## **2. Recommendations**

It is recommended that the IJB:

- Note the assumptions and context of the financial plan for 2018/19 to 2020/21 and the level of uncertainty that exists in relation to a range of these assumptions;
- Note the medium term outlook for the IJB in the context of current forecasts and the expectation of further significant budget reductions for the IJB through to 2020;
- Approve the medium term financial plan and associated financial planning principles;
- Approve the attached Financial Plan attached at Appendix 1
- Note that the Chief Officer and Chief Finance Officer will continue to monitor the actual position and update the Plan as assumptions become clear and will updates the IJB in due course.

## **3. Key Messages**

3.1. The IJB's current financial position remains in line with the financial planning assumptions for 2017/18. In addition, Audit Scotland has recently completed their audit of the 2016/17 accounts and the audited financial position remains in line with that reported to the IJB in June 2017.

3.2. Given the scale of uncertainty and current level of identified pressures on both the delegated Health and Social Care budgets, it is important that the IJB plans for a range of potential outcomes from 2018/19 onwards. In addition, it is anticipated that moving forward beyond 2018/19 and through to 2020, a significant annual saving

requirement is likely to continue over the medium term. In this context, the Chief Officer and Chief Finance Officer will continue to work with IJB members to advise and assist in the development of budget strategies which remain flexible, sustainable and focused on the delivery of key priorities detailed in the Strategic Plan.

3.3. It is anticipated that the current financial challenges will remain beyond 2020, reinforcing the need for the IJB to plan over the medium to longer term on the basis of:

- reducing resources with no certainty of any level of sustained growth in funding levels;
- rising costs and demand pressures to continue to feature in the IJB's financial outlook; and
- increasing need to prioritise spend on the delivery of strategic and operational priorities.

#### **4. Current Financial Position**

4.1. The IJB's current financial position remains broadly in line with financial planning assumptions. The achievement of a 2017/18 year-end breakeven position is dependent on: the application of reserves carried forward from 2016/17 for both the Adult Social Care budget and the Health Services budget, and the delivery of the delegated Health budget savings plans approved by the IJB on 23 June 2017. In addition, continued pressures on the Care at Home Service and Adult Placement budget have required a draw-down of a proportion of the additional £4.4m of resources made available by the Council as part of their 2017/18 budget allocation to the IJB for Adult Social Care.

#### **5. Budget Strategy Assumptions**

5.1. One of the Scottish Government's key policy commitments over the course of this parliament is to increase Health spending by £500 million above real terms growth. Given the limited growth prospects for the Scottish Government budget this commitment may present a sustained challenge on Local Authority budgets.

5.2. In light of the above, the current budget strategy for the IJB assumes:

- Delegated Health Budget: from discussions with the Director of Finance for NHS GGC a flat cash settlement in 2018/19 similar to that for 2017/18;
- Delegated Adult Social Care Budget: Renfrewshire Council's medium term financial plan recognises and acknowledges ongoing cost and demand led pressures on Adult Social Care, as well as the ongoing implementation of a range of strategies aimed at mitigating future cost growth through redesigning service provision to achieve better outcomes whilst at the same time lowering the cost. It is acknowledged that over the medium term, the Council is anticipated to experience sustained financial challenges linked to an ongoing pattern of reducing cash resources coupled with increasing cost pressures. This is expected to result in an ongoing requirement to deliver significant recurring savings year on year. In this context, the financial capacity of the Council to fully address the net financial impact of such cost and demand led pressures on Adult Social Care services is

likely to become increasingly constrained which may have implications for future services levels deliverable by the IJB

## 6. Projected Cost Pressures 2018/19 to 2020/21

6.1. Taking into account a range of scenarios, current projections for the period 2018/19 to 2020/21 include a wide range of assumptions in respect of key cost pressures and demand highlighting a potential budget gap for the HSCP within a range of £16m to £21m for this period.

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

- Changes to the GP contract (ref paragraph 5.22);
- Impact of the Carers Scotland Act (2016) (ref paragraph 5.21);
- Impact of the extension of free personal care to adults under the age of 65; and
- Unintended consequences of our partner organisation's changes in activity from 2018/19 onwards.

6.3. Subject to greater certainty emerging over the coming months and in future years, the Chief Finance Officer recommends that the IJB adopts a financial planning assumption to deliver savings to meet an additional circa £6m per annum in the years 2018/19-2020/21 to fund new rising demand and cost pressures, assuming that no additional funding is received from our partner organisations or the Scottish Government to fund these pressures. This savings requirement is needed in order to retain the same level of service currently delivered by the HSCP. An on-going assessment and update of key assumptions will be required to ensure the IJB is kept aware of any significant changes, especially where there is an indication of a shift to the upper projection of the current gap.

6.4. In addition to securing a firmer assessment of emerging cost pressures, work is progressing with the HSCP Senior Management Team to identify opportunities to mitigate these pressures. Detailed below are the main areas of cost pressures and demand which will be subject to ongoing review as clarification of the position for each emerges:

- **Pay Inflation:** despite the anticipated reduction in resources it is expected that pay pressures will remain a recurring pressure for the HSCP. Current assumptions range between 1–2% for both Health and Social Care staff, however this position may change given the recent announcement by the Scottish Government to remove the cap on public sector pay. For the HSCP each 1% increase in pay inflation equates to £820k per annum;
- **Demographic and Volume:** reflects increases anticipated across Care at Home, adult supported living and special observations;
- **Prescribing:** costs reflect current demand and cost pressures;
- **Inflationary Pressures:** reflect anticipated increases to payments to third parties including the National Care Home Contract (NCHC). For the HSCP each 1% increase in the NCHC equates to £230k per annum;
- **Living Wage:** assume an annual increase of £0.20 per for 2018-19 onwards to reflect the national commitment to reach a national living wage of £9.00

by 2020. For the HSCP each 20p increase in the Living Wage equates to an average increase of 26p (including on-costs) in payments to our providers.

- **Special Observations:** costs associated with the increasing numbers of patients requiring enhanced levels of observation within Mental Health Inpatient Services.

- 6.5. Directing investment to areas of priority in a climate of reducing resources will require the IJB to make difficult choices to support the redirection of existing resources.
- 6.6. Many of the identified pressures in 2018 – 2020 are anticipated to remain beyond 2020 for the IJB. The Financial Plan, attached at Appendix 1, provides a more detailed overview of some of these pressures and the work under development to manage increasing demand, avoid future costs and create greater capacity and opportunity for promoting prevention and early intervention. These approaches will assist in protecting core services and vulnerable users and ensure services remain targeted, focused on the delivery of improved outcomes and importantly financially sustainable.
- 6.7. Looking beyond 2020 and into the longer term, it is inevitably more difficult to forecast. One of the main difficulties is the wider uncertainty associated with the UK's planned negotiation to exit the European Union and the consequential impact. It is important that the IJB adopts a long-term strategy, not just in planning the delivery of strategic outcomes and services, but also from a financial perspective to ensure that medium-to-long term risks for the IJB's financial sustainability are identified early, even though there may be uncertainty over their specific timing, scale and ultimate effect.

## **7. Medium Term Financial Strategy**

- 7.1. In order to deliver the medium term financial strategy 2018/19 to 2020/21 a medium-term strategy has been developed over 6 main strands. These are detailed in full at Section 7 of the attached Financial Plan.

1. Prevention and Early Intervention
2. Strategic planning and commissioning
3. Financial Planning Process
4. Change and Improvement Programme
5. NHSGGC and Partner IJBs system-wide Initiatives
6. Reserve Strategy

It is proposed that moving forward over the medium term the IJB agrees to commit to the principles laid out in the Financial Plan. In line with these principles the Chief Officer and Chief Finance Officer will work with IJB members to develop savings and efficiencies for the period 2018/19 to 2020/21.

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### **Implications of the Report**

1. **Financial** – Financial implications are discussed in full in the report above.

2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
5. **Property/Assets** – none.
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services, delivery of agreed savings
11. **Privacy Impact** – none.

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**List of Background Papers** – None.

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# Renfrewshire Health & Social Care Partnership

## Financial Plan 2018/19 to 2020/21



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## Executive Summary

This Financial Plan outlines the financial challenges and opportunities Renfrewshire Health and Social Care Partnership (HSCP) faces over the next 3 years and provides a framework which will support the HSCP to remain financially sustainable. It will also complement the HSCP's Strategic Plan, highlighting how the HSCP financial planning principles will support the delivery of the Integration Joint Board's (IJB) strategic objectives and priorities. The Strategic Plan is likely to be reviewed in the period to summer 2018

The Financial Plan includes a range of key assumptions which are subject to a significant degree of uncertainty. As a consequence this strategy will be kept under continuing review with appropriate adjustments made as these become clearer.

Given the uncertainty and potential for variability, it is important that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the course of this financial plan

### Key messages:

- It is anticipated that moving forward beyond 2018/19 Renfrewshire HSCP is facing significant challenges and will need to develop budget strategies which remain flexible, sustainable and focused on the delivery of its Strategic Plan's key priorities.
- Over the medium to longer term the IJB needs to plan on the basis of:
  - Reducing resources with no certainty of any level of sustained growth;
  - Rising costs; and
  - Demand pressures.
- The current projections for the period 2018/19 to 2020/21 include a wide range of assumptions in respect of key cost pressures and demand confirming a likely gross budget gap of between £16m to £21m for this period.
- Subject to clarification over the coming months and years, the Chief Finance Officer (CFO) recommends that the IJB adopts a financial planning assumption to deliver savings to meet an additional circa **£6.0m** per annum in the years 2018/19-20/21, to fund new rising demand and cost pressures, assuming that no additional funding is received from our partner organisations or the Scottish Government to fund these pressures. This savings requirement is needed in order to retain the same level of service currently delivered by the HSCP. An on-going assessment and up-date of key assumptions will be required to ensure the IJB is kept aware of any significant changes, especially where there is an indication of a shift to the upper projection of the current gap.
- To deliver the financial plan a medium term financial strategy has been developed, with 6 key strands:
  1. Prevention and Early Intervention
  2. Strategic Planning and Commissioning
  3. Financial Planning Process
  4. Current and future pressures;
  5. Change and Improvement Programme
  6. NHSGGC and Partner IJBs system-wide Initiatives
  7. Reserves Strategy

## Introduction

- 1.1 The purpose of this Financial Plan is to provide an overview of the key messages in relation to the Integration Joint Board's (IJB) financial planning for 2018/19 to 2020/21. It also provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Renfrewshire.
- 1.2 The Financial Plan will cover the following key areas of the financial strategy for Renfrewshire Health and Social Care Partnership (HSCP):
  - Overview of the long term financial landscape;
  - Renfrewshire HSCP in context;
  - Key achievements to date;
  - Current and future pressures;
  - Mitigation programmes;
  - Understanding and addressing the financial challenge; and
  - Medium term financial strategy,

### *Purposes and Approach*

- 1.3 This Financial Plan is an important part of the HSCP's strategic planning process; to deliver on the vision and priorities set out in the IJB's Strategic Plan whilst ensuring as an organisation we remain financially sustainable.
- 1.4 The September 2016 Report on Social Work in Scotland<sup>1</sup> recognised that current approaches to delivering health and social care are not sustainable in the long term. The report highlighted the significant level of challenges faced by Health and Social Care Partnerships due to a combination of financial pressures caused by a real-term reduction in funding, increased demographic pressures and the cost of implementing new legislation and policies. Audit Scotland concluded that if Health and Social Care Partnerships continue to provide services in the same way, spending would need to increase by 16%-21% by 2020.
- 1.5 Within this local and national context, it is essential that the HSCP develops and maintains a Financial Plan. This will enable it to: take a strategic approach to how finances are directed; to prioritise the services which will deliver the greatest impact; to support a shift in the balance of care, and set the context for annual budgets. In preparing the Plan it is essential that we understand the scale of the financial challenge, and the impact not only on the HSCP, but on the wider system.
- 1.6 This first Financial Plan for the HSCP provides key information on its financial position over the next three years, including the financial pressures and pressure points. It is hoped this Plan will help inform IJB decision making to effectively assess the potential financial impact of current and future decisions to ensure the HSCP remains financially sustainable.

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<sup>1</sup> Social Work in Scotland, Accounts Commission September 2016

1.7 In preparing the Financial Plan the following approach was adopted:

- The 2017/18 base budget has been used as the basis for the Financial Plan;
- A detailed analysis of cost and demand pressures has been undertaken to inform projections for the next three years; and
- Active engagement with partner bodies has taken place to ensure plans are prepared on the most robust information available.

### **Benefits of the Plan**

1.8 This financial plan will deliver a number of benefits to Renfrewshire HSCP including:

- Providing the financial context for Renfrewshire HSCP to inform future decision making;
- Providing a basis for engaging with partner bodies in relation to the annual budget setting process;
- Identifying the transformation which is required to provide sustainable services to the local community to secure financial sustainability; and
- Supporting the delivery of the Strategic Plan and setting out our plans to deliver a shift in the balance of care to a community setting; providing the ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care.

## Overview of the long term financial landscape

- 2.1 In December 2016, the Scottish Government published the Health and Social Care Delivery Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes where possible and appropriate. This supports the Scottish Government's wider goal, to shift the balance of care from the Acute Sector to Community Care by 2021.
- 2.2 In addition to economic performance, other factors will influence the future availability of funding for Renfrewshire HSCP including: financial powers arising from the Scotland Act 2012; recommendations arising from the Smith Commission; the introduction of the Single Tier Pension Scheme in 2016 and the demographic challenges that Renfrewshire is facing.
- 2.3 Although no figures are available beyond 2017/18, it is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. There is significant uncertainty over what the scale of this challenge will be. In addition, there remains wider risks which could further impact on the level of resources made available to the Scottish Government including, the changing political and economic environment, within Scotland, the UK, and wider. This will potentially have significant implications for Renfrewshire IJB's parent organisations and therefore the delegated Health and Adult Social Care budgets.
- 2.4 Looking into 2018/19 and beyond, it is important to be clear that within the current models of working, the reducing budgets available will require further recurring savings to be made by this HSCP. This will mean that the IJB needs to consider what can safely be delivered. We must work to deliver both a balanced budget and also continue to deliver accessible, high quality and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.
- 2.5 Recent reports from Audit Scotland in relation to health and social care integration clearly articulate many of these risks, including:
- The need for greater clarity on how shifting the balance of care will work in practice, in order to release money for IJBs to invest in more community based and preventative care;
  - How IJB members, from different backgrounds, can work effectively and manage conflicts of interest, and often complex relationships with partner organisations;
  - Most IJBs do not oversee the operation of acute services which could potentially limit the impact they can achieve; and
  - Budget setting challenges: as budgets flow through parent organisations and not directly from the Scottish Government. Furthermore, parent organisation budget setting timelines do not currently align.
- 2.6 In addition, subsequent Audit Scotland reports on both the NHS and Social Work in Scotland set out the real delivery challenges facing IJBs. These include:
- Social care faces growing demographic demand pressures which are unsustainable within existing service models and resources. Furthermore, the

implementation of new legislation and policies such as the Living Wage create additional cost pressures; and

- The NHS is facing a combination of increasing costs, staffing pressures and unprecedented savings targets which challenge how NHS boards balance demand for hospital care with investing in community-based services to meet future need.

2.7 The current situation therefore places significant challenges on Renfrewshire HSCP's ability to deliver the original policy intentions and the more recent policy statements within the National Clinical Strategy and the Health and Social Care Delivery Plan. The current model of funding, delivered via NHS Boards to HSCPs, is driving demands to deliver savings that cannot now be achieved without major impact on service capacity, performance and delivery and with a direct impact on service users. Decisions on these savings are made by IJBs whose guiding purpose is to ensure there is a local Strategic Plan in place to enable the balance of care shifts to take place, allowing local people to be supported to live and remain in their own homes and communities. The challenge in delivering this is compounded by the wider financial and demand pressures in other related parts of the health and social care system – particularly acute services, GP services, home care, rehabilitation services and mental health services.

2.8 The Scottish Government draft budget announcement of 15 December 2016 had a number of key messages for IJB's 2017/18 budget allocations including:

- A further £107m Social Care Funding in addition to the £250m allocated as part of the 2016/17 budget process;
- Local Authorities being able to adjust their allocations to IJB's by up to £80m; and
- Health Board allocations to IJB's to be maintained at 2016/17 cash levels including the set aside budget for large hospital services.

2.9 Currently, the Scottish Government is carrying out a number of consultations which may have a direct impact on the 2018/19 budget allocations for IJB's. These include:

- A request for views on the 2018/19 budget process;
- Living wage and sleepover costs and implications;
- Impact of the carers legislation; and
- Impact of the proposal to extend free personal care to the under 65's.



## Renfrewshire HSCP in Context

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



- 3.2 Just over 170,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by 51%. 2.8% of Renfrewshire residents are members of an ethnic minority group.
- 3.3 Renfrewshire HSCP delivers adult social care services and community health services for adults and children in the Renfrewshire area, under the direction of the IJB.

Services include:

- Community Health services (e.g. District Nursing, Health Visiting, Mental Health, Health Improvement and Learning Disability Services);
- Contracted Health Services (GPs, Pharmacies, Dentists and Optometrists);
- All adult social care services (e.g. Adult Social Work, Care at Home services, Care Homes, Occupational Therapy, Domestic Violence);

- Elements of Housing services in relation to Aids/Adaptations and Gardening Assistance; and
- Aspects of Acute services (hospitals) relating to unscheduled care.

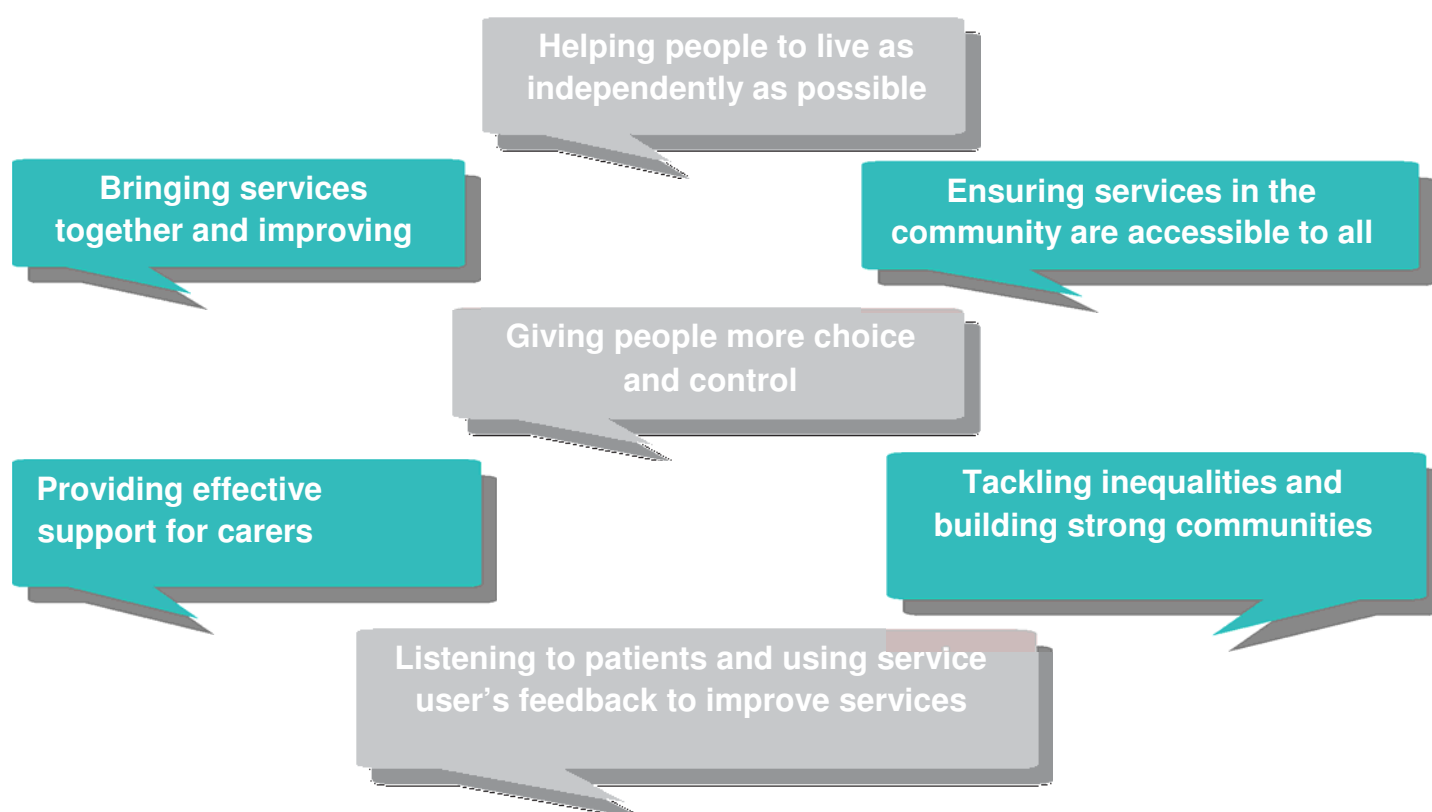
- 3.4 Staff delivering these services work closely with other local health and social care professionals and providers to plan and develop services across the HSCP area.
- 3.5 Carers in Renfrewshire are a valued and important contributor to healthcare provision. 12,868 people in Renfrewshire provide up to 50 hours of unpaid care per week and a further 4,576 people provide more than 50 hours of unpaid care per week. 10% of our population are unpaid carers.
- 3.6 We have a range of services in Renfrewshire that respond each day to the needs of local people. We have 29 GP practices, 44 community pharmacies, 19 community optometrists and 35 general dental practitioners. We also provide or commission a wide range of community based health and social care services and have a major acute hospital – the Royal Alexandra Hospital (RAH).
- 3.7 Renfrewshire HSCP's has identified three key strategic priorities which are the focus in delivering our vision:

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

Our three strategic priorities are:

- 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

We do this by:



## Key Achievements to date

### *Localities*

4.1 Establishment of a locality structure, in line with national guidance, which has provided an opportunity to review and redesign processes and procedures to maximise effective use of resources and improve the patient journey across Renfrewshire. Some examples of the work undertaken include:

- Work within Mental Health & Addictions services to maximise effective use of resources, and, improve patient journey, ensuring systems for access to services are clear, open and responsive.
- Introducing a Single Point of Access (SPoA) for District Nursing services. This simplifies the referral and access process for those referring patients to the service and those who are being referred. This will also create capacity for increased patient-facing time as well as a more flexible service.
- Building a structured approach to how we involve and engage General Practitioners (GPs) to ensure they are included as part of our wider team and service based working.

### *GP Clusters*

4.2 In line with Scottish Government guidance, we have established six GP clusters in Renfrewshire. GP clusters are small groups of geographically connected practices, which work collaboratively to improve outcomes, pathways and services for patients. Some examples of joint work that Renfrewshire HSCP has progressed with our GPs include:

- Realignment of Prescribing Support Pharmacists to release GP capacity, which is a recognised pressure amongst this area of the workforce.
- Shared caseloads between GP practices and HSCP services to improve how we support the patients/service users to provide a more seamless service experience e.g. sharing patient lists which identify patients within Mental Health services that are registered with GP practices, and which clinicians the patient receives input from and sharing data on children on the child protection register with GP practices.
- Regular update of Anticipatory Care Plans (for patients) to ensure a dynamic patient record that details the preferred actions, interventions and responses that care providers should make following a clinical deterioration or during a crisis in the persons care.
- Improving direct access to a range of self-referral services to provide better direct access to a number of local services with self-referral options and to reduce the need for GP referrals to these services.
- Expansion of the 'Live Well Stay Well' initiative from 1 to 5 practices which provide a support programme for self-management of long term conditions.

### *Partnership Working*

4.3 Renfrewshire HSCP cannot transform health and social care services in isolation. As part of our approach we have worked actively with key stakeholders, our parent organisations, community planning partners, NHSGGC Acute Services, the third sector and providers to take forward a number of service improvement initiatives including:

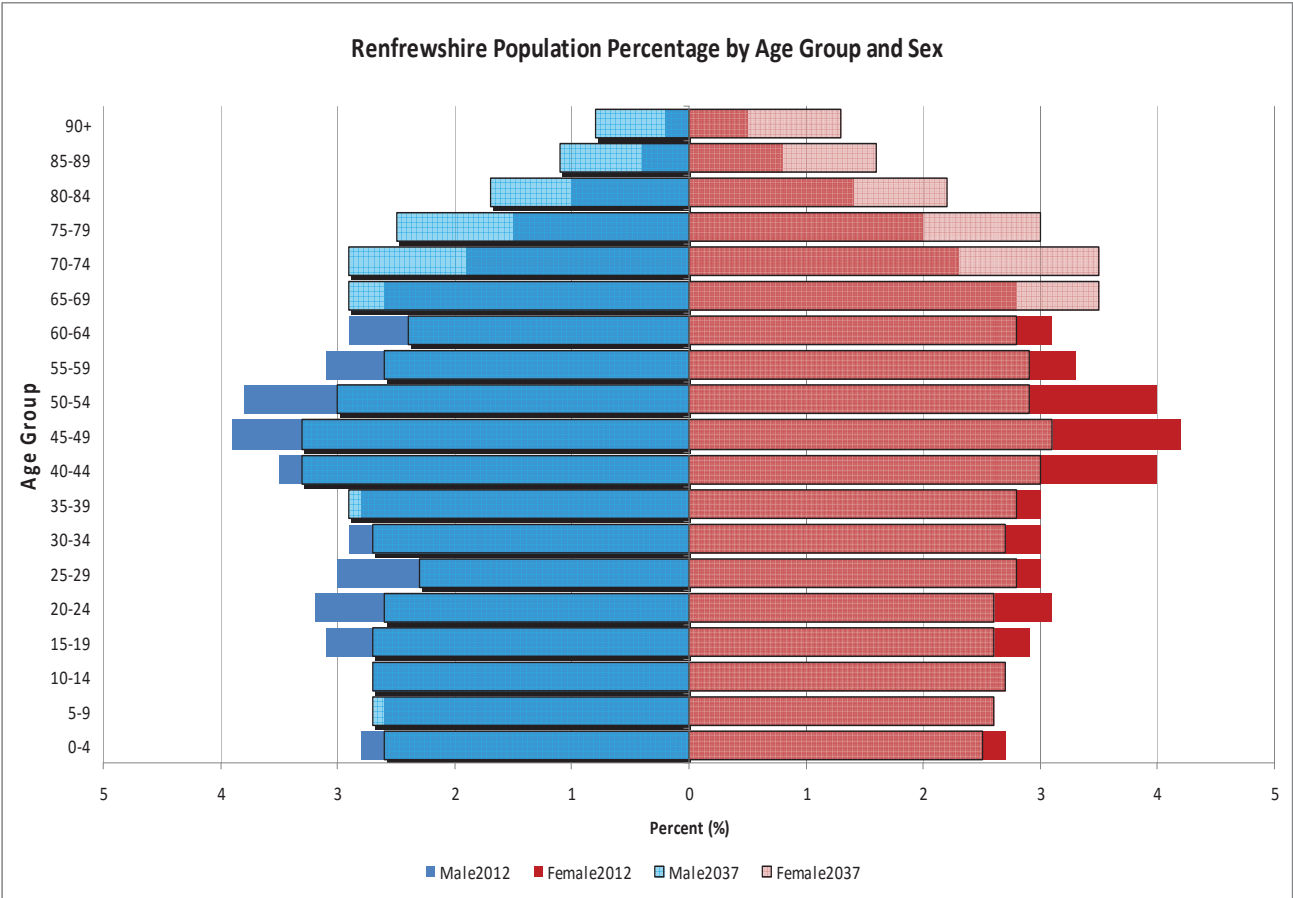
- NHSGGC system-wide initiatives, such as the District Nursing review, Mental Health In-patient Services redesign, Community Mental Health Framework and the Learning Disability redesign.
- Contributing to the review of Community Planning arrangements in Renfrewshire. The new structure (approved by Renfrewshire Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care.
- Contributing to the NHSGGC wide review of unscheduled care which aims to ensure we have the right services and access arrangements in place
- Contributing to ongoing work to improve the GP out of hours emergency services
- Working with the third sector to take forward the following areas:
  - Housing and health information hubs to provide easy access to a range of housing and health information for local people;
  - A GP Social Prescribing service (Community Links) working with GP practices to refer people into social and wellbeing supports in their own communities, reducing demand on GPs for non-medical support;
  - Community Health Champions project which recruits and supports local residents in designing and delivering health and well being activities in local communities.

# Current and Future Pressures

## Demographic Pressures

5.1 The demographic pressures facing Renfrewshire, and Scotland, as a result of an ageing population are well documented. In May 2014, the Social Work, Health and Wellbeing Board approved Renfrewshire’s 10 Year Joint Commissioning Plan for Older People. This highlighted a number of demographic pressures including: considerable growth in the older adult (65+) population and the consequent rise in people with complex health and social care needs resulting from increased life expectancy and improved treatments which enable people to live into very old age. Health inequalities also continue to pose a challenge for services, with large differences in life expectancy between affluent and more deprived areas, and higher than average rates of hospitalisation for a number of chronic conditions, particularly those linked to unhealthy lifestyles such as smoking, excessive alcohol consumption and drug misuse.

The tables below provide details of Renfrewshire’s expected population by age group and gender, and the average rates of hospitalisation for long term conditions.



Source: NRS population projections

## All Long Term Conditions

Long term conditions include asthma, COPD (chronic obstructive pulmonary disease), CHD (coronary heart disease, heart failure & hypertension) and diabetes. The crude discharge rate per 100,000 population is monitored in Renfrewshire and across NHS Greater Glasgow and Clyde. From 2012 to 2016, we have seen substantial increases in all long term condition discharge rates in Renfrewshire from a 27% increase in asthma to a 60% increase in COPD. Similar increases are evident in the NHS GGC rates: 45% increase in all long term conditions; 38% in asthma and 56% in COPD.

Crude Discharge Rate Per 100,000 Population

	2012	2013	2014	2015	2016	Renf % Increase 2012-16
All LTCs	2343.0	2280.6	2704.5	2931.8	Renf: 3253.7 GGC: 3449.6	39%
Asthma	172.7	182.3	176.2	218.1	Renf: 219.8 GGC: 259.0	27%
COPD*	561.1	581.9	707.7	773.7	Renf: 901.7 GGC: 1253.5	60%
CHD**	1,401.5	1,298.4	1,605.9	1,712.7	Renf: 1,866.5 GGC: 1659.2	33%
Diabetes	207.7	217.9	214.7	227.3	Renf: 265.7 GGC: 278.0	28%

Source: SNR01, NHS

\*COPD – Chronic obstructive pulmonary disease & bronchiectasis

\*\* CHD – Coronary Heart Disease, Heart Failure & Hypertensive Disease

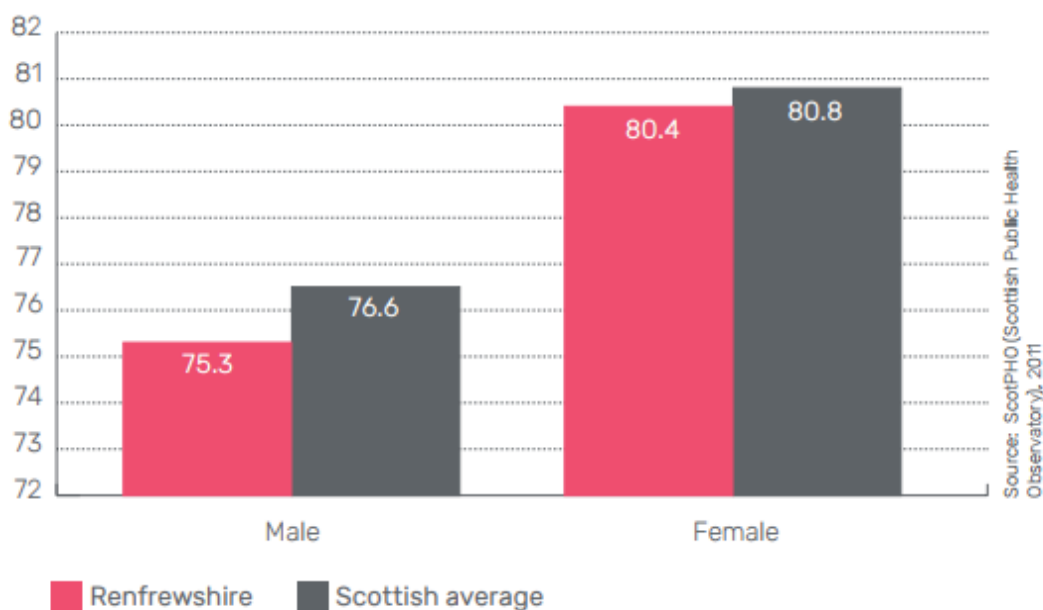
5.2 Local demographics and socio-economic issues such as poverty, deprivation and inequalities can vary significantly across Renfrewshire, which in turn, can impact upon the demand and supply of services in the community.

5.3 Key local challenges include:

- 26% of the population of Renfrewshire are in the top 20% most deprived data zones in Scotland, with the main issues being health, income and employment.
- The most deprived data zone in Renfrewshire is ranked 1 in Scotland.
- Life expectancy in Renfrewshire is lower than the Scottish average (as detailed in the graph below)
- People in Renfrewshire have slightly poorer mental health wellbeing compared to the Scottish average
- In light of the ageing population, Renfrewshire is facing a future with more people with multiple long-term conditions (also referred to as multi-morbidities). Multi-morbidities bring both person centred as well as long term challenges.
- In 2012/2013, 2.6% of Renfrewshire's population consumed around 50% of our health resources (inpatient and day care hospital admissions, A&E attendances, consultant led outpatient clinics and community prescribing)
- For Renfrewshire in 2014/15, the crude rate of drug crimes recorded was 116/10,000, which was 68% higher than the Scottish level of 69/10,000.
- In 2014/15, the rate for alcohol-related hospital stays was 982/100,000, which was 46% higher than the Scottish level of 672/100,000.



## Life expectancy in Renfrewshire is lower than the Scottish average



- 5.4 Services across Renfrewshire require capacity, capability, flexibility and a resilient workforce that can respond to the pressures of a changing local community. This societal change creates increased demand on our workforce with the need to provide care for a larger proportion of the population, often living with multiple and complex health needs (co-morbidity).

### *Delayed Discharge Targets*

- 5.5 In addition, pressures associated with delayed discharge targets (the current target is to discharge patients within 72 hours after being declared fit for discharge), are having a significant impact on HSCP services as prompt discharge often requires a package of community-based care and support to be available. Any increase to the current target of 72 hours would have a significant impact on adult social budgets. Renfrewshire's local success in shifting the balance of care, with one of the lowest discharge figures in Scotland, however this has not resulted in any transfer of budget from acute to community services.

### *Marketplace*

- 5.6 The increasing demand on services is often compounded by difficulties in recruitment to specific posts.
- 5.7 In addition to an ageing population, there is an ageing workforce (47% of our workforce are over 50 years old), who bring both an invaluable and incalculable level of experience to the services they deliver. Renfrewshire HSCP will need to mitigate the loss these staff may present when planning future services, to ensure we have a sufficiently resourced and experienced workforce.
- 5.8 A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care at Home Staff are a current recruitment and retention challenge for Renfrewshire HSCP. Potential impacts include:
- the sustainability of, access to, and quality of, services;



- the resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources;
- the additional cost of using bank and agency staff.

5.9 Renfrewshire HSCP is recruiting in a very competitive local market where an increasing number of social care providers are paying the Living Wage and neighbouring HSCPs provide a higher level of financial remuneration for some posts. Furthermore, some other sectors, such as retail, can be viewed as less physically and emotionally demanding, with rates of pay being equal or greater than that of health and social care services.

5.10 To attract more people to choose a career path in the health and social care sector, Renfrewshire HSCP has a number of initiatives underway:

- Effective succession planning methods to ensure staff are “next job” ready – offering career development opportunities e.g. coaching, job shadowing and mentoring;
- Working with local further education establishments who provide health and social care related courses and qualifications to influence intake levels and the courses delivered;
- Innovative approaches to developing local talent such as apprenticeships and graduate internships; and
- Positive advertising campaigns where current staff are promoting the HSCP as a good and rewarding place to work.

#### *Digital Drivers*

5.11 Digital technology offers new and exciting opportunities for transforming the outcomes and experience of service users and carers – as well as transforming quality and reducing costs of health and care services.

5.12 As a newly integrated organisation, we have a number of different legacy, professional IT systems and supporting processes. These systems are not currently integrated, as such there is often a day to day need for staff to access and source information from a number of different business systems, which is cumbersome and time consuming.

5.13 Renfrewshire HSCP recognises the real opportunities digital technology offers, and the need to make on-going investment, subject to the significant financial pressures and other demands on IJB resources. Any investment in new technology must align with the IJB’s strategic priorities, with a focus on delivering operational efficiencies and reducing the increasing pressure on service delivery.

#### *Social Care Pressures*

5.14 Demographic and socio-economic factors continue to play a major role in driving spending pressures within the Adult Social Care budget including:

- **Care at Home:** costs associated with shifting the balance of care by supporting people to live safely at home for as long as possible, and facilitating prompt discharge from hospital;

- **Adult Placement Budget:** increasing numbers and complexity of care packages required to support clients to live as independently as possible in the community.

5.15 Over the past few years, Adult Social Care has successfully managed to take forward a wide range of mitigation programmes designed to dampen the impact of demand led growth including investing in preventative measures and redesigning services to reduce longer term demand e.g. Implementation of telecare services which support people to remain in their own home independently with the security of technology which can link them quickly to health and social care staff should they require.

5.16 However, despite these programmes, the scale of demand led cost pressures continues to grow. In addition to these, Adult Social Care will also have to manage potentially significant cost pressures in relation to a number of contractual arrangements which cease during 2017/18 and which will require to go out to tender. It is likely that the financial impact of the increase in the living wage along with other legislative changes will have a significant impact on these negotiations.

#### *Self-Directed Support (SDS) – sustainability of services*

5.17 SDS is where, once a service user has been assessed, they are allocated a budget for their care and support needs. Service users can spend their allocated budgets either by arranging their own care or by letting Renfrewshire HSCP arrange it for them.

5.18 Whilst SDS offers our service users the advantage of greater choice and control over the services they commission, this can create uncertainty for service providers', ability to project demand for their services. Whilst traditional services remain the preferred choice for some service users the HSCP may need to work with providers to see how services can be reconfigured where service demand is not as anticipated or the service is no longer financial viable.

#### *Adult Protection*

5.19 Renfrewshire Adult Protection procedures have been revised to reflect the new HSCP structure, roles and responsibilities. The number of referrals under adult protection has continued to increase year on year. In 2014-15 there were 1708 adult protection referrals. In 2015-16 changes were agreed to the system for reporting referrals under adult protection that separated adult protection concerns from adult welfare concerns. In that year there were a combined total of 2515 referrals. In 2016-17, the total number of referrals received by Renfrewshire HSCP rose to 2578.

5.20 The upward trend in adult protection referrals translates into increased pressure on the existing workforce, mainly social workers, to undertake inquiries and assessment under the Adult Support and Protection Act.

#### *The Carers (Scotland) Act 2016*

5.21 The Carers (Scotland) Act will commence on 1 April 2018 and will introduce provisions designed to support carers' health and wellbeing. This legislation will place new demands on adult care services through the requirement to produce Adult Carer Support Plans and Young Carer Statements. Additional resources

will be required to complete assessments on carers, and also through the waiving of charges to carers receiving short breaks. The new processes involved in preparing and implementing the new Act will incur significant costs, yet to be fully quantified.

The table below provides an overview of responses from Carers in Renfrewshire with regards to their views of their responsibilities and how they impact on their lives.

Caring responsibilities									
	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Carers have a good balance between caring and other things in their life	477	24%	39%	21%	16%	70%	63%	-8% <sup>s</sup>	-6% <sup>s</sup>
Caring has had a negative impact on carers' health and wellbeing	457	13%	21%	29%	36%	40%	34%	-6%	-6% <sup>s</sup>
Carers have a say in the services provided for the person they look after	440	11%	34%	33%	22%	47%	46%	-1%	-4%
Local services are well coordinated for the people carers look after	435	10%	28%	39%	23%	46%	38%	-8% <sup>s</sup>	-4%
Carers feels supported to continue caring	442	10%	29%	41%	20%	42%	39%	-3%	-2%

Source: Scottish Health and Care Experience Survey 2015/16

### Health Pressures

5.22

There are also significant pressures within the health budget in respect of:

#### Staffing:

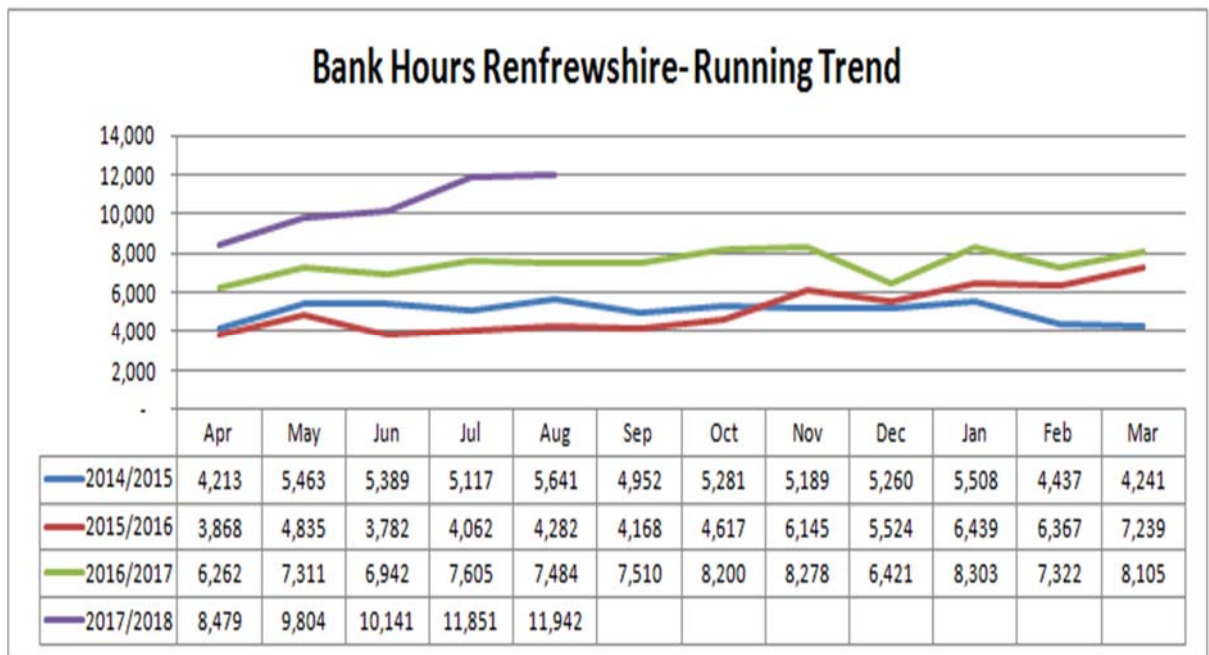
Staff represent a major cost to the NHS, with pay costing circa £43.4m for health staff within Renfrewshire HSCP. There are however significant limitations to how far the HSCP can make efficiencies in this area due to existing Scottish Government led directives including:

- The NHS policy on staff terms and conditions which limits changes to numbers of staff and staff pay costs;
- Whilst Councils operate a policy of “paying the going rate for the job” with little or no protection given to staff affected by service change, the NHS has a long standing policy of lifetime protection of earnings; and
- Issues in some key services with the filling of vacancies, critical to service delivery e.g. psychologists; physiotherapists etc. Currently these vacancies are being filled by agency and locum staff at a premium.

### Special Observations

Within Mental Health Services there are significant costs associated with the increasing numbers of patients requiring enhanced levels of observation across all ward based services. In addition, there are emerging pressures in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.

The graph below shows that the Mental Health Inpatient Nursing is on an upward trajectory.



### Changes to GP Contract

- The Scottish Government has highlighted that changes to the GP contract may require additional local funding out-with the core General Medical Services (GMS) contract and their expectation is that any additional funding would come from funds delegated to IJBs. The impact of this has yet to be quantified by the Scottish Government.
- Outstanding savings targets still to be delivered along with delays in the implementation of the savings target for 2017/18.
- The delegated health budget includes Family Health Service budgets which directly fund income to contractor services such as GPs; Opticians etc. which cannot be considered for planned savings.

## Mitigation Programmes

- 6.1 As part of the wider HSCP transformation agenda, a programme of recurring cost containment and redesign work is underway. This programme is building on a long-standing approach to deliver savings and efficiencies for local health and social care services, including a review of all major services, workforce planning changes and budget efficiencies. Having undertaken such work over the last 6 to 7 years, it is important to note that there is limited scope for further recurring savings to be identified and delivered without impacting on service capacity, performance and delivery.
- 6.2 Due to growing demand on our resources, we know that more of the same is often not an option. If we continue to deliver services only in their current form, the health and social care system will be unable to deliver the high-quality services the people of Renfrewshire need. We therefore have to plan, commission and deliver services that are focused on the outcomes we must achieve and make the best use of the resources available. It is an established feature of both national and local policy that more joined up care, along-with targeted anticipatory and preventative approaches, must be prioritised and shape our planning if we are to manage the growing demands we face. Linked to this we must ensure a clear and consistent focus in our resource prioritisation on home and community based care reducing demands on hospital and other more specialist services where appropriate. Adult and child protection remain significant features of what we do and how we work.
- 6.3 As an HSCP we are ambitious about what we want to achieve. In addition to the areas highlighted in section 4, over the last year, Renfrewshire HSCP has successfully commenced a number of reviews to mitigate key demographic and financial pressures. These include:
- A three-year transformation programme for our Care at Home services is underway which seeks to modernise and redesign the service to enable it to respond to increasing need. This service has been pivotal to our success in minimising hospital delays and in shifting the balance of care from long-term settings. As the older population increases, the service is expected to continue to experience growing demand, resulting in financial and operational pressures. The transformation will be wide ranging and will focus on attracting new staff through sustained recruitment campaigns, creating and implementing a learning and development strategy to ensure staff are suitably equipped to meet the changing needs of service users and developing a range of tools and processes that will improve the supervision and support that staff receive. The programme will also see the procurement and implementation of an electronic scheduling and monitoring system.
  - Care & Repair - the service has experienced a significant and continuing level of increase in demand pressures in recent years, with the service handling a higher level of demand than in the original contract. Additional non-recurring resources from Renfrewshire Council in 2016/17 enabled an historic issue in relation to a lengthy waiting list to be cleared. As at May 2017 there was no waiting list for Care and Repair. The Council's Procurement Service is currently preparing the introduction of a new care and repair contract to commence in November 2017 following an open tender process.



- New streamlined and controlled Self Directed Support (SDS) business processes (in line with CIPFA 's Self-directed Support Guidance) have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the approved budget. The new processes have reduced the time taken to approve an indicative budget for the service user's support plan from 16 days in 2014 to 4 days.

6.3 The HSCP continues to develop the Multi-Disciplinary Team approach to service development, to enhance patient and service user pathways and minimise the number and frequency of referrals, including:

- Working with hospital based colleagues to engage in RAH ward "huddles" on a daily basis to identify speedily appropriate services and supports for hospital discharge and post-hospital care packages.
- Engaging with the independent care homes sector to review admissions to hospital from care homes and identify ways of enhancing services within care homes and support from the HSCP to minimise levels of unscheduled admissions to hospital.
- The Rehabilitation and Enablement Service's daily meetings enable the implementation of a single note system for patients' notes, facilitating holistic assessments of patients' needs and reducing duplication of record keeping.
- Rationalising the child immunisation service by providing the service in community clinics rather than in individual GP practices, with the Health Visitor being the first point of contact and with access available to other "drop in" services such as: weighing and measuring babies/children; responding to queries around feeding, sleeping etc; providing dental health promotion information. Families are also encouraged to attend out with immunisation appointments for advice and support, reducing demand on GP appointment time, feedback from service users has been very positive
- Introduction of a Single Point of Access (SPoA) for District Nursing services which has created capacity for increased patient-facing time and a more flexible service.
- The geographic realignment of the District Nurse Service designed to address staffing issues, through centralising aspects of the management and delivery of the service to improve levels of productivity.
- Improvement work in the Speech and Language Therapy service has led to a streamlining of its advice and assessment services, now offering drop in clinics in community premises for direct access to support and advice where parents and/or early years practitioners have a concern without a requirement to go through a full assessment process; this allows for a step up referral if required and also access to a range of other health related services in a community setting consequently referrals in the pilot area dropped by 1/3, ensuring an efficient targeting of resources

6.4 Working with partners in the Housing and Third Sectors, the HSCP is supporting new models of preventative support in the community, designed to reduce inappropriate demand on GP time through the provision of non-medical supports as part of the the Community Connectors programme (initiated as a pilot in September 2015). Support workers placed in GP practices ("Community Link Workers") work to support patients into non-medical support services such as financial and housing advice services, locally based health and well-being programmes and self-management programmes for people with long term conditions. An evaluation framework is in place and an interim evaluation is

currently underway. Initial feedback from the Community Connectors programme and participating GPs is that the service is reducing individual patients' frequency of attendance at GP appointments for non-medical issues and linking them positively to appropriate non-medical supports.

- 6.5 These prioritised areas reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care. Reviews involve critically appraising and challenging our current models of service delivery to ensure resources are focused on greatest need and deliver the best outcomes for our services users.

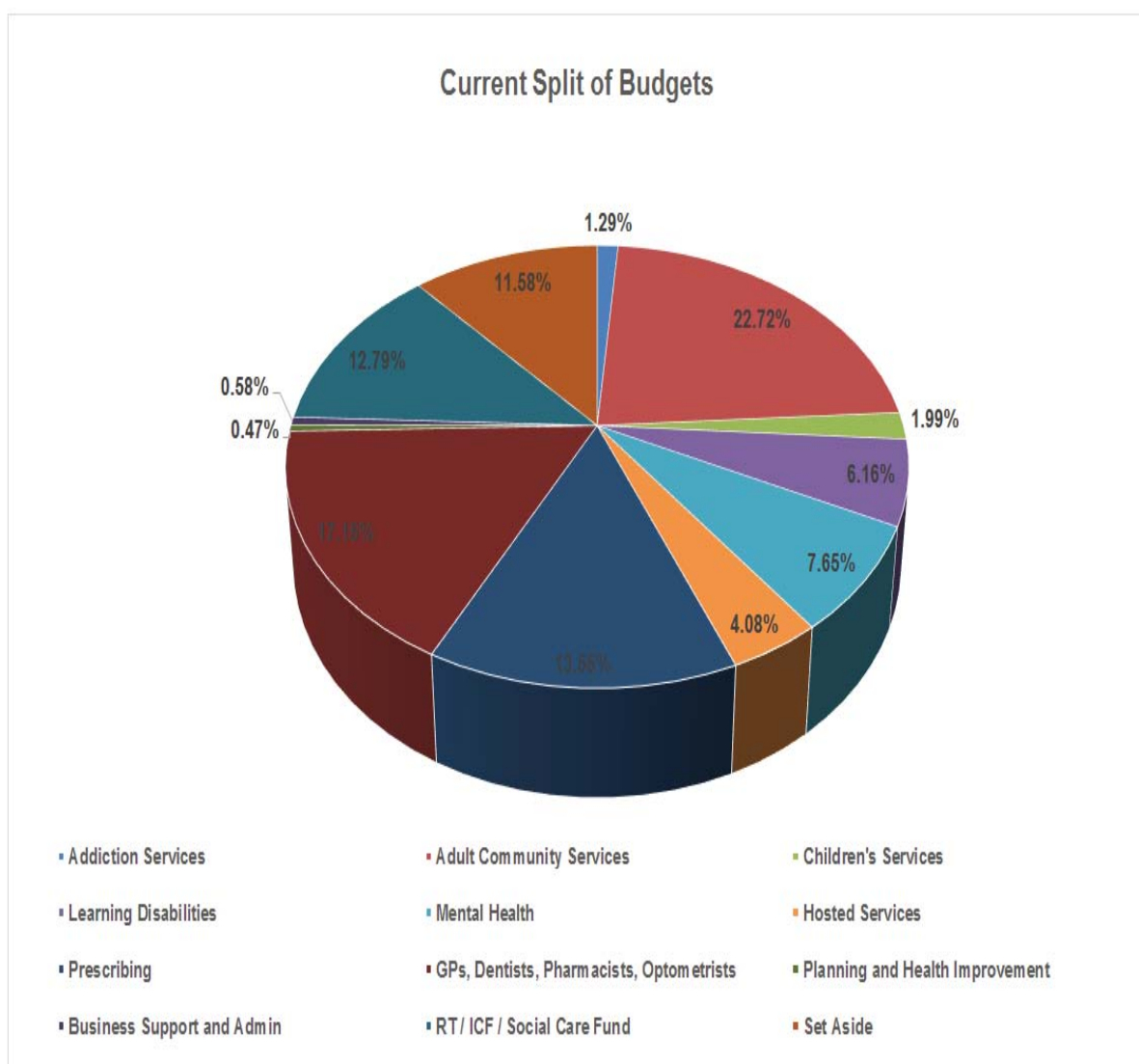


## Understanding and Addressing the Financial Challenge

- 7.1 For 2017/18, Renfrewshire HSCP has a net budget of £256m including set aside (£29.6m) and £860k of non-recurring monies.

	£000's
Health Delegated Budget	161,319
Set Aside	29,582
Adult Social Care Delegated Budget	64,959
	<b>255,860</b>

- 7.2 The graph below shows the current percentage split of the budget across client / care groups.



- 7.3 The overall position for Renfrewshire HSCP at 31 March 2017 was a breakeven position after the movement of planned underspends to create reserves for use in 2017/18. Early in 2016/17, the Chief Finance Officer, considering the climate of ongoing financial austerity and increasing demand, held back on the

application of the use of a proportion of the Social Care Fund allocated by the Scottish Government in 2016/17 for driving forward service redesign to shift the balance of care. This approach enabled the increasing demand and associated cost pressures within the Care at Home service and Adult Supported Placements to be funded in 2016/17. A balance of £1.519m was transferred to general reserves for use in 2017/18 to meet ongoing pressures within the adult social care service budget.

- 7.4 In addition, given the significant health budget gap to be met for 2017/18, the Chief Officer and Chief Finance officer worked with the HSCP Senior Management Team on a number of cost containment programmes through the final quarter of 2016/17 to enable general reserves of £1.125m to be created (to assist with 2017/18 pressures) as well as ear marked reserves of £0.756m to meet specific commitments in 2017/18.
- 7.5 Given the current reported position for Renfrewshire HSCP at 31 July 2017, achieving a year-end breakeven position is dependent on the application of reserves carried forward from 2016/17 for both the Adult Social Care budget, and the Health Services budget. Based on the current projected outturn position, it is unlikely that any of the general reserves created in 2016/17 will be available on a non-recurring basis to offset pressures going forward into 18/19 onwards.
- 7.6 In addition to the above application of reserves to the Adult Social Care budget, a proportion of the additional £4.4m of resources made available by the Council as part of their 2017/18 budget allocation to the IJB for Adult Social Care has been committed to support a year end break-even position. The table below summarises how these budgets have been applied as at 21 July 2017.

		<b>£4,405,675</b>
CET 2017/18 NCHC Impact	-£434,285	
Adult Supported Living Wage 17/18	-£740,629	
Homecare External 17/18	-£747,498	
	<u>-£1,922,412</u>	
Balance as at P3		<b>£2,483,263</b>
Internal Care at Home	-£250,913	
Physical Disabilities Adult Placements	-£183,000	
Learning Disabilities Adult Placements	-£183,000	
Mental Health Adult Placements	-£54,000	
	<u>-£670,913</u>	
Balance as at P4		<b>£1,812,350</b>

- 7.7 The requirement to draw down these monies to support the 2017/18 financial position will impact on the level of remaining resources available to offset further pressures that emerge in 2018/19. Careful ongoing monitoring of this position will continue over the course of 2017/18 and the updated position incorporated into financial planning for 2018/19.

7.8

This Financial Plan includes a range of key assumptions which are subject to a significant degree of uncertainty. As a consequence this strategy will be kept under continuing review with appropriate adjustments made as these become clearer.

Given the scale of uncertainty and potential for variability it is important that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the course of this financial plan. This will also allow the IJB to respond to the risk of both late and poorer budget offers than anticipated from our partner organisations. For example, each + / - 1% variation in the level of funding to the HSCP (excluding Set Aside) would represent approximately £2.25m

The areas of key uncertainty include:

- Impact of future Scottish Government funding levels on both the NHS and Local Authorities;
- Pay Settlements – impact of decision to remove the cap on public sector pay;
- Demand led pressures – which can be subject to material adverse movement over relatively short timescales; and
- Prescribing – impact of rising costs and short supply.

It is therefore anticipated that the HSCP will need to deliver significant year on year savings to address the financial challenge of reducing resources set against increasing cost and demand pressures. Taking into account a range of scenarios, current projections for the period 2018/19 to 20/21 include a wide range of assumptions in respect of key cost pressures and demand highlighting a potential budget gap within a range of **£16m to £21m** for this period. Given the lack of uncertainty over the level of increases the HSCP could incur, Appendix 1 sets out three scenarios to illustrate the potential financial impact assuming minimum, medium and high increases to e.g. pay inflation, contract price increases.

Subject to greater certainty emerging over the coming months and years, the Chief Finance Officer recommends that the IJB adopts a financial planning assumption to deliver savings to meet an additional circa **£6.0m** per annum in the years 2018/19-20/21, to fund new rising demand and cost pressures, assuming that no additional funding is received from our partner organisations or the Scottish Government to fund these pressures. This savings requirement is needed in order to retain the same level of service currently delivered by the HSCP. An on-going assessment and up-date of key assumptions will be required to ensure the IJB is kept aware of any significant changes, especially where there is an indication of a shift to the upper projection of the current gap.

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

- Changes to the GP contract (ref paragraph 5.22);

- Impact of the Carers Scotland Act (2016) (ref paragraph 5.21);
- Impact of the extension of free personal care to adults under the age of 65; and
- Unintended consequences of our partner organisation's change activity from 2018/19 onwards.

7.9

The main cost pressures and demands are:

- **Pay Inflation:** despite the anticipated reduction in resources it is expected that pay pressures will remain a recurring pressure for the HSCP. Current assumptions range between 1 – 2% for both Health and Social Care staff, however this position may change given the recent announcement by the Scottish Government to remove the cap on public sector pay. For the HSCP each 1% increase in pay inflation equates to £820k per annum;
- **Demographic and Volume:** reflects increases anticipated across care at home, adult supported living and special observations;
- **Prescribing:** costs reflect current demand and cost pressures;
- **Inflationary Pressures:** reflect anticipated increases to payments to third parties including the National Care Home Contract e.g. For the HSCP each 1% increase in the NCHC equates to £230k per annum;
- **Living Wage:** assume an annual increase of £0.20 per for 2018-19 onwards to reflect the national commitment to reach a national living wage of £9.00 by 2020. For the HSCP each 20p increase in the LW equates to an average increase of 26p (including on-costs) in payments to our providers; and
- **Special Observations:** costs associated with the increasing numbers of patients requiring enhanced levels of observation within Mental Health inpatient services

#### *Partnership Contributions*

7.10

One of the Scottish Government's key policy commitments over the course of this parliament is to increase Health spending by £500 million above real terms growth. Given the limited growth prospects for the Scottish Government budget this commitment is likely to continue to have a challenging impact on Local Authority budgets which are anticipated to be subject to sustained reductions over the course of the current Scottish parliamentary period.

7.11

In light of the above, the current budget strategy for the IJB assumes:

- Delegated Health Budget: from discussions with the Director of Finance for NHSGGC a flat cash settlement similar to that for 2017/18;
- Delegated Adult Social Care Budget: Renfrewshire Council's medium term financial plan recognises and acknowledges ongoing cost and demand led pressures on Adult Social Care as well as the ongoing implementation of a range of strategies aimed at mitigating future cost growth through redesigning service provision to achieve better outcomes whilst at the same time lowering the cost. It is however acknowledged that over the medium term, the Council is anticipated to experience sustained financial challenges linked to an ongoing pattern of reducing cash resources coupled with increasing cost

pressures. This is expected to result in an ongoing requirement to deliver significant recurring savings year on year. In this context, the financial capacity of the Council to fully address the net financial impact of such cost and demand led pressures on Adult Social Care services is likely to become increasingly constrained which may have implications for future services levels deliverable by the IJB.

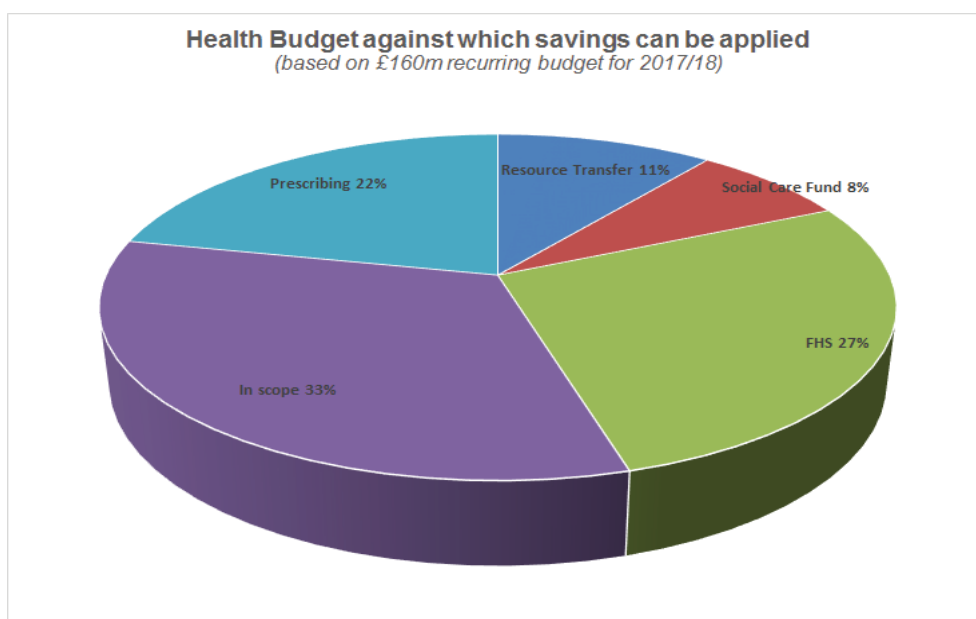
As detailed above, our Partners' contributions are contingent on the respective financial planning and budget setting processes of Renfrewshire Council and NHSGGC and the financial settlements which each body gets from Scottish Government.

7.12

As part of this process Renfrewshire HSCP will submit bids for additional funding based on the main cost pressures and demands outlined above. These will then be evaluated by the respective partner organisations against their own priorities. This may mean that, in addition to the demand and cost pressures identified above, there is also the potential for additional savings to be delivered in respect of the future funding contributions from Renfrewshire Council and NHSGGC Health Board. Our partner organisations will need to consider the level of any savings to be applied to the HSCP based on planning assumptions linked to levels of Scottish Government funding and other pressures faced by each body. Renfrewshire HSCP plays an active role in this process with the Chief Finance Officer and Chief Officer actively engaging in both budget setting processes.

7.13

An additional pressure for the HSCP is that savings can only be applied to circa 31% of the total delegated Health budget. This therefore adds additional pressure on the remaining budgets, the majority of which is staffing budgets. Given the NHS in Scotland has a no redundancy policy any approved service redesign must offer lifetime protection to existing staff. In addition, there remains a commitment to sustain existing staffing levels within a number of services. The pie chart below shows the budgets against which savings can be applied.



## *Medium Term Financial Strategy*

- 7.14 In addition to securing a firmer assessment of emerging cost pressures, detailed work is progressing to identify further opportunities to mitigate existing and new pressures. Renfrewshire HSCP has developed a medium-term strategy to work towards bridging the current identified financial gap. This strategy has been developed over 6 main strands:

1. Prevention and Early Intervention
2. Strategic planning and commissioning
3. Financial Planning Process
4. Change and Improvement Programme
5. NHSGGC and Partner IJBs system-wide Initiatives
6. Reserves Strategy

### *Strand 1: Prevention and Early Intervention*

- 7.15 Renfrewshire HSCP has a strong focus on prevention and early intervention. These include initiatives to promote smoking cessation, active lifestyles, alcohol brief interventions and breast feeding which support individuals to take action to help themselves and their children benefit from a healthy lifestyle. Many of these activities are conducted in partnership with contractors (GPs, Pharmacies etc) and third sector partners (e.g. Engage Renfrewshire, Active Communities, RAMH).
- 7.16 Renfrewshire HSCP commissions a number of third sector providers to deliver early intervention services including ROAR. Food Train, Carers Centre, Alzheimers Scotland which address low and moderate levels of needs which would not otherwise be provided for and which also target issues such as falls prevention which is a key strategy in reducing unscheduled care admissions.
- 7.17 In addition, there is significant investment in services which support people to live independently including: the Community alarm and responder service; and, Occupational therapy equipment and adaptations which enable people to undertake daily living activities more independently and limits the need for carer support.
- 7.18 Renfrewshire HSCP has developed an extensive range of rehabilitation, and enablement based services which focus on supporting the individual to recover from physical, mental health, sensory or addiction related conditions or to make adjustments to circumstances that they cannot fully recover from.
- 7.19 A further strand of activity is in supporting people with long term conditions to remain as active and independent as possible. This includes specialist practitioners, care at home services and the use of technology to help the person manage their condition and identify triggers for the exacerbation of the condition. The use of Anticipatory Care Plans is also considered where this would better support person centred decision making when they have a health crisis.



## *Strand 2: Strategic Planning and Commissioning*

- 7.20 The HSCP's approach to commissioning is driven by its Strategic plan which reflects the partnerships core objectives and set outs actions which encompass the 9 national strategic outcomes and cover the range of activity from health promotion through to the delivery of complex care.
- 7.21 The strategic plan is underpinned by the HSPC's work to develop a financial plan which takes a medium to long term view of the resources which will be available to the partnership and the pressures arising from: our partner organisations' financial challenges; rising costs and demographics which will impact on budget and costs. The partnership has also undertaken a strategic needs assessment which provides clarity on the needs of the population into the future and tests the appropriateness and sufficiency of existing provisions. The work force plan also has a key role in ensuring that the workforce is matched to the HSCP's commissioning intentions.
- 7.22 Sitting under the Strategic Plan there are a number of strategic and operational plans in response to national policy drivers including strategies on Dementia and Autism. These plans support service improvement and redesign activity, as well as training and the targeting of resources.
- 7.23 The HSCP commissions a mix and range of in-house and external services ensuring there is a range, choice and sufficiency of services available to the community. The partnership has strong links with both third sector and independent providers and engages with them at both an individual and collective level and includes them in representation on forums such as the Strategic Planning Group. The partnership also benefits from the input of the Council's highly regarded procurement service to develop detailed service specifications to procure services effectively and has a well-developed contract monitoring process which undertakes risk assessment of contracted providers enabling the team to target their input to providers who may need support.

## *Strand 3: Financial Planning Process*

- 7.24 After many years of budget reductions it is reasonable to state that the dual objective facing the IJB - to deliver a balanced budget whilst continuing to deliver accessible, high quality and safe services - is challenging to realise. It is increasingly difficult to identify low risk financial efficiencies within an organisation which is faced with growing and more complex demand, reduced resources and greater service user expectation.
- 7.25 In light of this, the Chief Officer has established a structured, robust financial planning approach to enable the HSCP to fully assess all saving proposals to ensure they can be safely implemented and identifying any potential impact in relation to:
- Delivering the vision and priorities set out in the IJB's Strategic Plan and the nine health and wellbeing outcomes;
  - Provision of accessible, high quality and safe services;
  - The welfare of our workforce;
  - Our wider stakeholders including service users, carers, our parent organisations, providers and the third sector;



- Legislation and national policy including equalities; and
- Established governance arrangements.

7.26 Each saving proposal developed will now be subject to:

- Stage 1: Identifying financial saving opportunities
- Stage 2: Impact assessment
- Stage 3: Formal approval process

Stage 1: Identifying financial saving opportunities

7.27 Adopting a collaborative approach, the Senior Management Team, Service Managers and Professional Leads, in consultation with key stakeholders, will explore where savings can be made with a focus on:

- Protecting priorities
- National Outcomes
- Scottish Government Health and Social Care Plan
- Renfrewshire IJB Strategic Plan
- Seeking to protect frontline staff and services
- Adopting evidenced based approaches and best practice
- Focusing on reducing recurring costs which will deliver significant savings within 3 years
- Exploring potential to stop non-statutory/non-core services
- Mitigation opportunities in services with greater demand

*Stage 2: Impact Assessment*

7.28 The main areas which will form part of the impact assessment are detailed below:

Area	Assessment Mechanism
<b>1. Financial and Strategic Alignment</b>	<b>Finance &amp; Planning Forum</b> (jointly chaired by the Chief Finance Officer & Head of Strategic Planning & Health Improvement) will ensure draft saving proposals align with the IJBs Financial and Strategic Plans. It also will ensure that a strategic commissioning approach is being adopted and consider the collective impact and unintended consequences of change activity across the Partnership.
<b>2. Clinical, Quality and Care Impact Assessment</b>	<b>Professional Advisory Group</b> (chaired by the Chief Officer) - this newly established group of the HSCP's Professional Leads is responsible for risk assessing saving proposals to ensure they are safe and in line with clinical, quality and care standards.
<b>3. Stakeholder consultation and equality impact screening</b>	Each proposal will be subject to relevant stakeholder consultation and equality impact screening to ensure there is full appreciation of the potential impact a proposed change could have on our staff and other stakeholders. This process will be led by the Head of

	Strategic Planning & Health Improvement and managed through a wide range of internal and external established groups, forums and networks including the Staff Partnership Forum (SPF), the Leadership Network, the Strategic Planning Group and provider forums.
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- 7.29 It is hoped this approach will assist IJB members in their decision making when they are asked to approve saving proposals for inclusion with the Change and Improvement Programme.

*Stage 3: Formal Approval Process*

- 7.30 The Chief Officer and the Senior Management Team will approve which saving proposals should be progressed for formal approval. This decision will be based on the potential financial benefit that can be realised, estimated implementation time and complexity and the outcome of a full impact assessment.
- 7.31 Given the complex nature of IJB governance arrangements, the formal approval process may differ, subject to the nature of a proposal e.g. a proposal relating to adult social care charging would require to be approved by the Council. The IJB Standards Officer will advise the Chief Officer on the appropriate approval process for each saving proposal.
- 7.32 All approved savings proposals will be planned, implemented and monitored as part of the Change and Improvement Programme, which the IJB will be regularly consulted and updated on.

*Strand 4: Change and Improvement Programme*

- 7.33 To further support the delivery of Renfrewshire IJB's Strategic Plan and Financial Plan, the Chief Officer has also established an ambitious Change and Improvement Programme, to tackle the challenging budget position whilst ensuring the delivery of safe, sustainable and integrated services in line with the priorities set out in the draft Strategic Plan.
- 7.34 This Programme provides a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP.
- 7.35 The current Change and Improvement Programme is being delivered through 3 workstreams:
1. **Delivery of the Financial Plan** - the delivery of health and social savings plans identified and approved through the outlined financial planning process, will be monitored and implemented as part of the Change and Improvement Programme.
  2. **Optimising Integrated Working and Shifting the Balance of Care** – to carry out further reviews and service improvement work to mitigate a number of key demographic and financial pressures. In 2017/18 this will include:

- Primary Care – to identify new ways of working which can help reduce the recognised pressure on our GPs. Also, to work collaboratively with all our Primary Care contractors to improve services, service pathways, and outcomes for patients.
- Localities – to provide a mechanism of local leadership to inform service planning and delivery, to support greater service integration between primary and secondary care providers, in order to maximise effective use of resources and improve the patient journey across Renfrewshire.
- Care at Home – continuation of a three-year transformation programme for our Care at Home services (now in year two) which seeks to modernise and redesign the service to enable it to respond to increasing need in the challenging financial climate. This service is pivotal to our success in minimising hospital delays and in shifting the balance of care from long-term settings.
- Unscheduled Care (Acute) – to demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer, to support the national direction to shift the balance of care to community services.

3. **Statutory Requirements and National Policy** – to ensure the timely delivery of legislative requirements and compliance with national policy. Over 2018/19 this strand is progressing the implementation of the Carers' Act and preparation for the Adult Services Joint Inspection.

7.36 Renfrewshire HSCP's Organisational Development (OD) and Learning and Education (LE) resources, ensure staff and managers are supported through the change process, building greater capacity for change, and ensuring staff are appropriately equipped to carry out the requirements of their job roles. This approach is fully shaped by Renfrewshire HSCP, Renfrewshire Council and NHS GGC's shared Organisational Development and Service Improvement Strategy.

7.37 The Change and Improvement Programme will be updated continuously to reflect saving proposals and other transformational programmes of works as they are approved by the IJB.

*Strand 5: NHSGGC and Partner IJBs system-wide Initiatives*

7.38 In 2016/17 Renfrewshire HSCP participated in a range of other NHSGGC system-wide initiatives, including reviews of Children and Adolescent Mental Health Service (CAMHS); Public Health and Mental Health Unscheduled Care and also the implementation of the Paediatric Framework.

7.39 A system wide approach offers Renfrewshire HSCP a number of benefits:

- Avoids different HSCPs 'reinventing the wheel', allowing best use of our limited resources, offering greater consistency in clinical care standards and approach across the NHS Board area.
- Working collectively helps ensure that any action taken to address financial pressures and priorities does not have unintended consequences elsewhere in the system, which could have a negative impact on patient care and patient safety

- Economies of scale – offers opportunity to consider where a shared service or hosted approach could present financial savings whilst still delivering the same level of care.
- Ensures a whole system and consistent approach to how our services work at the interface with GPs and Acute hospital based services.

7.40 Over the coming year Renfrewshire HSCP will continue to input to, and act upon the recommendations on, a number of other system-wide initiatives and changes, including:

- Conclude the review of NHS complex and continuing care and ensure appropriate transfer of responsibilities and resources.
- Further work on the recommendations of the system wide Acquired Brain Injuries services.

#### *Strand 6: Reserves Strategy*

7.41 The IJB Reserves Policy was approved by the IJB in 2016. The IJB Reserves Policy recommends that 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 HSCP (Renfrewshire IJB Financial Governance Manual). In recognition of the size and scale of the HSCP's responsibilities and the challenging financial climate, a prudent level of general reserve was agreed at 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.

7.42 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.

7.43 The opening reserves position for 2016/17 was £0 as Renfrewshire IJB did not have full delegation of services until 1 April 2016 and could not therefore carry forward any balances into Reserves for the financial year 2016/17.

7.44 The IJB's reserves are classified as either Usable (General) or Earmarked Reserves.

7.45 Early in 2016/17, the Chief Finance Officer, considering the climate of on-going financial austerity and increasing demand, made the decision to hold back on the application of the use of a proportion of the Social Care Fund allocated by the Scottish Government in 2016/17 for driving forward service redesign to shift the balance of care. This prudent approach enabled the increasing demand and associated cost pressures within the care at home service and Adult Supported Placements to be funded in 2016/17 leaving a balance of £1.519m to be transferred to reserves for use in 2017/18 to meet ongoing pressures within the adult social care service budget.

7.46 In addition, given the significant Health budget gap to be met for 2017/18, the Chief Officer and Chief Finance officer worked with the HSCP Senior Management Team on a number of cost containment programmes through the final quarter of 2016/17 to enable reserves of £1.125m to be created to assist in covering this gap and £0.756m in ear marked reserves to meet specific commitments in 2017/18. Earmarked reserves of £2.094m in respect of Primary Care balances were also carried forward by Renfrewshire HSCP (as the host authority), on behalf of the 6 NHSGGC HSCP's.

7.47 The tables below provide a summary of the general reserve and earmarked reserve balances at 31<sup>st</sup> July 2017.

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

<b>General Reserves</b>			
	<b>Adult Social Care £000's</b>	<b>Health £000's</b>	<b>Total £000's</b>
<b>Opening Balance 1st April 2017</b>	<b>1,519</b>	<b>1,125</b>	<b>2,644</b>
<u>Less:</u>			
Allocation to External Care at Home	-970		-970
Allocation to Internal Care at Home	-549		-549
Share of Pension Liabilities		-181	-181
Share of Unallocated CHP savings		-519	-519
Cuurent Projected Balance required to deliver breakeven at year end		-347	-347
<b>Balance as at 31 July 2017</b>	<b>-</b>	<b>78</b>	<b>78</b>

7.48 As detailed in paragraph 7.38 above, the ability to create reserves is dependent on the year end position and ability at that time to transfer monies into a reserve for future use. Over the medium term, the use of existing earmarked reserves, and the creation of new reserves will continue to play an important role in the management of the IJB's current and future financial position.

7.49 The flexibility which reserves provide is an important part of the overall ability of the IJB to maintain financial stability, support long term financial planning associated with the delivery of key strategic outcomes and also mitigate against future financial risks.

7.50 As part of the overall budget management of the HSCP the CFO will where possible work towards the creation of reserves to manage the financial risks outlined in this report.



**Scenario 1: Lower Estimate of Impact of Cost and Demand Pressures**  
(assuming no additional funding from SG or Partner Organisations)

	18/19	19/20	20/21	TOTAL
Health	£3,281,780	£2,307,600	£2,395,800	£7,985,180
Adult Social Care	£2,301,164	£3,180,643	£2,551,907	£8,033,714
<b>TOTAL</b>	<b>£5,582,944</b>	<b>£5,488,243</b>	<b>£4,947,707</b>	<b>£16,018,894</b>

**Scenario 2: Medium Estimate of Impact of Cost and Demand Pressures**  
(assuming no additional funding from SG or Partner Organisations)

	18/19	19/20	20/21	TOTAL
Health	£3,635,580	£2,536,300	£2,635,600	£8,807,480
Adult Social Care	£2,744,633	£3,747,059	£3,039,691	£9,531,383
<b>TOTAL</b>	<b>£6,380,213</b>	<b>£6,283,359</b>	<b>£5,675,291</b>	<b>£18,338,863</b>

**Scenario 3: Higher Estimate of Impact of Cost and Demand Pressures**  
(assuming no additional funding from SG or Partner Organisations)

	18/19	19/20	20/21	TOTAL
Health	£4,073,790	£2,856,000	£2,971,200	£9,900,990
Adult Social Care	£3,144,139	£4,260,125	£3,464,162	£10,868,426
<b>TOTAL</b>	<b>£7,217,929</b>	<b>£7,116,125</b>	<b>£6,435,362</b>	<b>£20,769,416</b>

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**To: Renfrewshire Integration Joint Board**

**On: 15 September 2017**

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**Report by: Chief Officer**

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**Subject: Performance Management Update 2017/18**

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## **1. Summary**

- 1.1 This paper updates on the HSCP's performance framework for 2017/18.
- 1.2 It has been agreed that an update on performance will be presented at all IJB meetings. The full Scorecard updating all performance measures will be presented twice yearly - at mid-year and end of year 2017/18.
- 1.3 At IJB meetings when the Scorecard is not presented, we will cover performance from Service Areas and include quantitative and qualitative information and exception reporting where appropriate.
- 1.4 This Performance Paper includes:
- A draft Scorecard with all proposed national and local indicators for 2017/18 set against the nine National Outcomes. Targets are included against the indicators where appropriate. Indicators that have no set targets are included for information only (Appendix 1).
  - An update from the Podiatry Service, which is hosted in Renfrewshire for all of NHS Greater Glasgow and Clyde. This includes system wide service improvements and more detailed analysis on the Podiatry Service in Renfrewshire (Appendix 2).
  - Data on teenage pregnancy where we have seen considerable reduction on rates over the past few years. We also update on the Pregnancy and Parenthood in Young People Strategy 2016-26; Family Nurse Partnership, and the NHSGGC Sexual Health Review (Appendix 3).

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## **2. Recommendations**

It is recommended that the IJB:

- Agrees the indicators and targets set out in the Scorecard for 2017/18 at Appendix 1.



- Approves the Performance Management Framework for 2017/18 for Renfrewshire HSCP.
- Notes the performance updates for podiatry and teenage pregnancy, detailed in Appendices 2 and 3.

### **3. Performance Reporting in 2017/18**

- 3.1 We have taken into account feedback from IJB members throughout 2016/17 and used this learning to develop our 2017/18 Performance Framework. We have reviewed our indicators in the HSCP Performance Scorecard and included new national indicators where data is now available. Our targets have also been reviewed and updated to ensure they are realistic and improvement in performance can be evidenced.
- 3.2 Currently the year two actions in our Strategic Plan 2016-19 are being reviewed and new priorities identified. In our second year of integration, our aim is to highlight the significant benefits of joint working and show that our services provide high quality, effective care and support to the people of Renfrewshire.

### **4. Annual Performance Report (2016/17)**

- 4.1 The first HSCP Annual Performance Report (2016/17) has been finalised and is now available on our website at:  
  
[http://www.renfrewshire.hscp.scot/media/4410/Annual-Performance-Report-2016-17/pdf/Annual\\_Performance\\_Report\\_2016-17.pdf](http://www.renfrewshire.hscp.scot/media/4410/Annual-Performance-Report-2016-17/pdf/Annual_Performance_Report_2016-17.pdf)
- 4.2 The Report summarises what we have achieved in our first year (April 2016 to March 2017) as an operational HSCP. Our performance is assessed in the context of the arrangements set out in our Strategic Plan 2016-19 and Financial Statement, and includes our achievements and challenges throughout the year.
- 4.3 We would appreciate your feedback on our first report, so please fill in the form on page 70 or online questionnaire at <https://goo.gl/gcltUS> Your feedback will be used to shape the format for the 2017/18 report.

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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. The downward trend in teenage pregnancies is welcomed as teenage pregnancy is linked to deprivation. Rates of teenage pregnancy in deprived areas are more than treble those of the least deprived areas.
- 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** Clare Walker, Planning and Performance Manager



## Draft Renfrewshire Integration Joint Board Scorecard Targets 2017-2018

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	
National Indicators	Target
HSCP/CI/HCES/01 Percentage of adults able to look after their health very well or quite well	-
Local Indicators	
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks	21.4%
HSCP/HI/LS/01 Increase in the number of people who assessed their health as good or very good	80%
HSCP/HI/LS/02 Increase the percentage of people participating in 30 minutes of moderate physical activity 5 or more times a week	32%
HSCP/HI/LS/03 Reduce the percentage of adults who smoke	23%
HSCP/HI/LS/04 Reduce the percentage of adults that are overweight or obese	55%
HSCP/HI/MH/01 Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	57
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	
National Indicators	Target
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	-
HSCP/CI/HCES/03 Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	-
HSCP/CI/HCES/15 Proportion of last 6 months of life spent at home or in a community setting	-
HSCP/CI/HCES/18 Percentage of adults with intensive care needs receiving care at home	-
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	-
Local Indicators	
The total number of patients delayed (at census point) (Acute and Mental Health)	-
The total number of delayed discharge episodes at month end (Acute and Mental Health)	-
The total number of bed days occupied by delayed discharge patients (month end) (Acute and Mental Health)	-
HPBS14b1 Number of PSHG awarded to disabled tenants to adapt private homes	-
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	99%
HPCHARTER23 The average time (in days) to complete medical adaptation applications	-
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan	440
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	100%
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	85%
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target: 30%)	30%
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	-
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	-
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	-
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	-
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work Service)	70%
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	350

<b>National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	-
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	-
<b>Local Indicators</b>	
HSCP/AS/AE/01 A&E waits less than 4 hours	95%
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+).	42%
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	42%
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	100%
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	100%
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	90%
<b>National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/06 Percentage of people with positive experience of the care provided by their GP practice	-
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.	-
HSCP/CI/HCES/17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	-
<b>Local Indicators</b>	
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	80%
HSCP/AS/HA/03 Emergency admissions from care homes	482
HSCP/AS/HA/04 Emergency bed days rate 65+	-
HSCP/HI/ADS/01 Alcohol brief interventions	-
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	1.86
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	130
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	91.5%
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.5
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 1,000 population	8.9
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g	6%
HSCP/CS/AX/01 Uptake rate of 30-month assessment	80%
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%
HSCP/CS/SPL/02 Number of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	95%

<b>National Outcome 5. Health and social care services contribute to reducing health inequalities.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/11 Premature mortality rate	-
<b>Local Indicators</b>	
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	228
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	19.9%
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	-
HSCP/HI/EQIA/03 Number of quality assured EQIAs carried out	-
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	-
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	15.3
<b>National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)	-
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	70
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	-
<b>National Outcome 7. People who use health and social care services are safe from harm.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	-
HSCP/CI/HCES/16 Falls rate per 1,000 population aged 65+	-
HSCP/CI/SR/24 Suicide rate	-
<b>Local Indicators</b>	
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	12%
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	6%
<b>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.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	-
<b>Local Indicators</b>	
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	-
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	-
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	80%
HSCP/CS/H&S/02 Health sickness absence rate	4%
HSCP/AS/SW/01 Absence and sickness rates for Social Work Adult Services Staff (work days lost per FTE)	2.69 days
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	100%
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	100%
HSCP/CS/H&S/05 Improve the overall iMatter staff response rate	70%
HSCP/CORP/CMP/01 % of complaints within health responded to within 20 days	100%

<b>National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/12 Emergency admission rate (per 100,000 population)	-
HSCP/CI/HCES/13 Emergency bed day rate (per 100,000 population)	-
HSCP/CI/HCES/14 Readmission to hospital within 28 days	-
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-
<b>Local Indicators</b>	
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	-
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	-
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	-
HSCP/AC/PHA/01 Prescribing variance from budget	-
HSCP/AC/PHA/02 Formulary compliance	77.5%
HSCP/AC/PHA/03 Prescribing cost per treated patient	NHS GGC Average



# #lfacing the future together in podiatry

The podiatry service is hosted on behalf of NHS Greater Glasgow & Clyde by Renfrewshire Health & Social Care Partnership

## NHSGG&C Podiatry Service Renfrewshire HSCP briefing



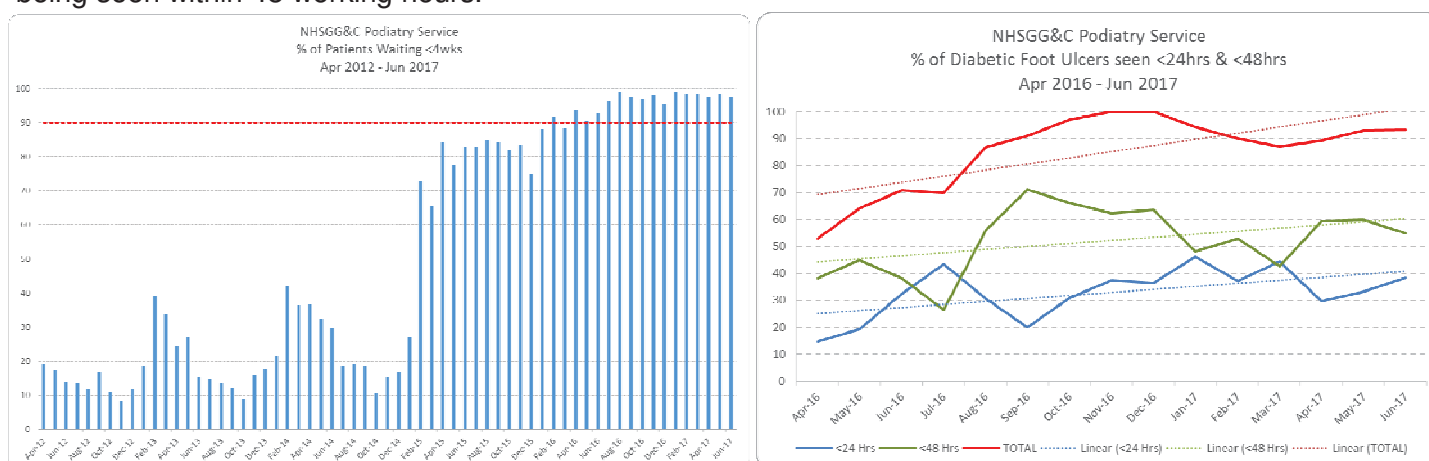
September 2017

### NHSGG&C podiatry service in context

Podiatrists are health care specialists in treating problems affecting the feet and lower limb. They also play a key role in keeping people mobile and active, relieving chronic pain and treating acute infections. NHSGG&C employs around 200 podiatrists in around 60 clinical locations. The Podiatry service is currently providing care to around 40,000 patients across the NHSGG&C board area representing 3.4% of the population.

### NHSGG&C podiatry system wide service improvements

Since April 2012, the podiatry service has been undergoing whole system redesign. The impact of this on service improvement is significant, with waiting times now consistently less than 4 weeks for over 90% of referrals (by some distance the highest performing in Scotland), and 100% of diabetic foot ulcers now being seen within 48 working hours.



In addition to these waiting time improvements, the podiatry service has also delivered the following service and quality improvements:

- 32 prescribing podiatrists across NHSGG&C have issued over 700 prescriptions during the last 6 months – mainly for antibiotics – thereby reducing the need for these patients to attend a GP for prescriptions. In addition 45 podiatrists are able to supply and administer antibiotics via Prescription Only Medicine qualification.
- direct podiatry referral to the vascular service reducing the number of requests to GPs for onward referral
- direct podiatry referral to orthotists for footwear reducing the number of requests to GPs for onward referral
- direct self-referral to podiatry for new patients via the Referral Management Centre call centre:

NHSGG&C Podiatry Service self-referral phone line	
<b>0141 347 8909</b>	
Monday - Friday	0800 - 2000
Saturday	0900 - 1300

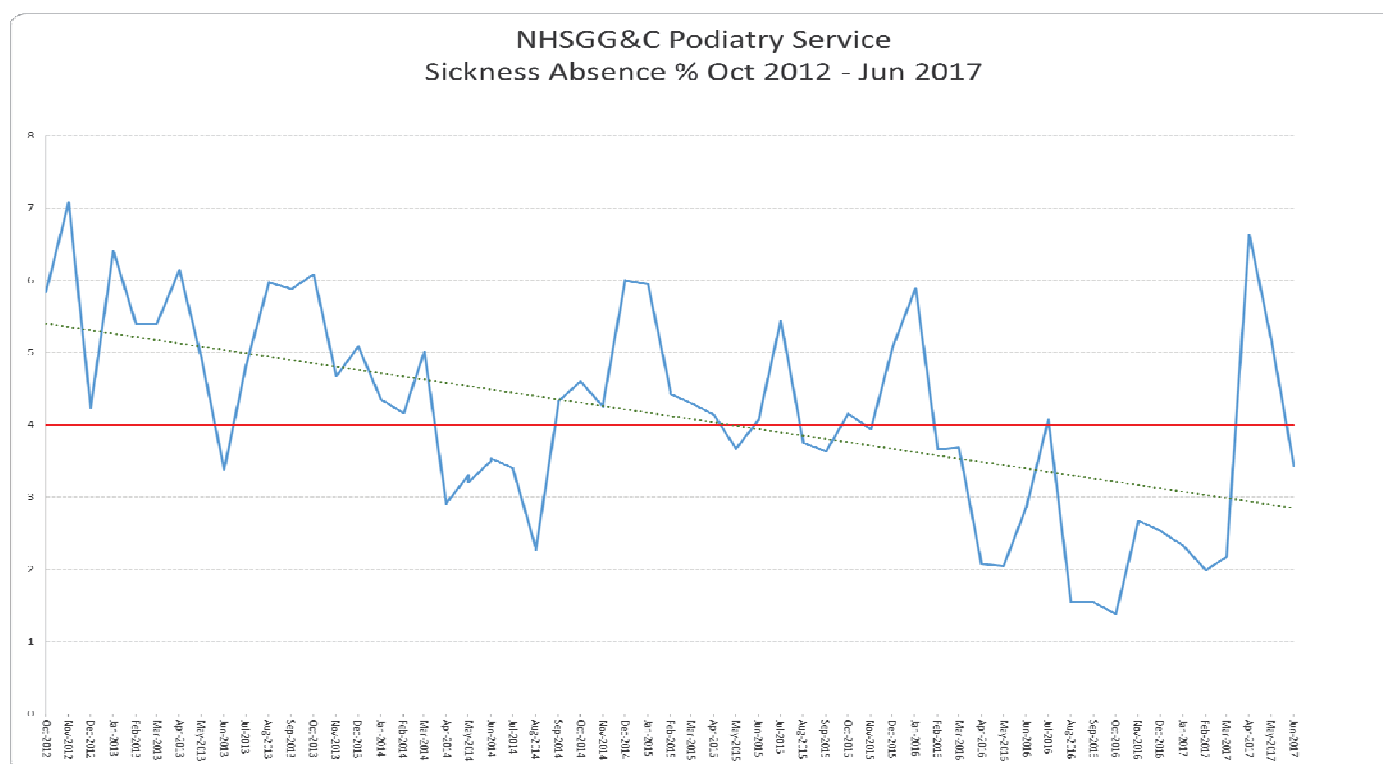
- podiatrists listing patients for orthopaedic surgery thereby preventing referral back to GPs for onward referral
- podiatrists signposting patients to other sources of support for lifestyle changes including smoking cessation; weight reduction and physical activity
- IRMER trained podiatrists are now able to request X-Rays without referring to GP for onward referral

### NHSGG&C podiatry service sickness absence

Since moving to a single system service model in April 2012, sickness absence across the service has reduced by over 50%

2012-13	2013-14	2014-15	2015-16	2016-17
5.3%	5.04%	4.10%	4.26%	2.27%

This improvement is being maintained by consistent and robust application of the attendance management policy across the service.



### Personal foot care

The Scottish Government's 'Personal Foot Care Guidance' was published on 4 September 2013 confirming that personal foot care (PFC) is not classified as podiatry activity. Personal Foot Care Guidance was created in partnership by representatives from the Scottish Government, ADSW, Age Scotland, Care Inspectorate, COSLA, NHS Education Scotland, NHS Podiatry Services, Scottish Care, Scottish Diabetes Foot Action Group, Society of Chiropodists and Podiatrists, and the Podiatry Private Practice Forum Scotland.

If an individual requests personal foot care, the guidance provides a full range of 4 options to which people can be signposted:

- 1 Supported self care for individuals;
- 2 Integrated personal foot care for people receiving care;
- 3 Social enterprise and third sector partnership for people unable to self care;

#### 4 Independent podiatry practice.

The NHS podiatry service across Greater Glasgow & Clyde does not provide personal foot care, however a number of voluntary agencies are setting up personal foot care services, and some independent podiatrists provide personal foot care services at a premium rate.

The aim of personal foot care is twofold: to help individuals look after their own feet and to help individuals support others to look after their feet. This involves carrying out simple tasks that are part of personal hygiene, such as shaving or bathing that an adult, whatever their age, would normally do for themselves if able to. For personal foot care, these tasks include:

##### **Toenail care**

- Clipping and filing toenails, safely and keeping them at a length which feels comfortable

##### **Skin care**

- Checking for cracks and breaks in the skin; smoothing and moisturising dry and rough skin
- Keeping feet clean, dry, comfortable and warm
- Looking for signs of infection or other obvious early problems and seeking professional advice

##### **Checking footwear**

- Checking footwear for comfort, fit, state of repair and safety

As part of its commitment to support and enable self care, NHS Greater Glasgow & Clyde Podiatry Service has not provided PFC since 2013 for people self referring to the service who have no vascular or neurological risk. New referrals to the NHSGG&C Podiatry Service requiring PFC, who have no clinical risks affecting the lower limb, are discharged with advice on self care or supported self care. The full range of resources supporting PFC can be accessed via the following link: [www.lookafteryourfeet.info](http://www.lookafteryourfeet.info)

A number of individuals have contacted elected members about PFC as they have concerns about a perceived change to, or withdrawal of podiatry services. However, Personal Foot Care is not a podiatry activity, and is therefore not undertaken by the NHSGG&C podiatry service (we know this approach is consistent with all other NHS podiatry services across Scotland). Since 2013 we have been seeking to ensure we practice in a consistent way across the NHSGG&C area and consistent with the PFC national guidance. Only patients with a high risk of lower limb ulceration receive toe nail care from the podiatry service. All other individuals requiring PFC are signposted to the PFC Guidance.

## **NHSGG&C Podiatry Service in Renfrewshire**

### **Renfrewshire HSCP podiatry caseload**

The podiatry service in Renfrewshire HSCP has 5,651 patients on the service caseload. This represents around 3.2% of the population – marginally (0.2%) less than the NHSGG&C average. The level of service provided by podiatry to Renfrewshire population is commensurate with that provided to population of NHSGG&C Board area.

### **Patients discharged from Renfrewshire HSCP podiatry service**

The number of patients discharged from the podiatry service in Renfrewshire HSCP during 2016-17, as a % of the caseload, was the lowest for any HSCP across the board area (4.2%). The average for NHSGG&C was 5.4%. This means that a higher percentage of patients from Renfrewshire HSCP referred to Podiatry are retained on the caseload.

## Renfrewshire HSCP diabetic foot ulcers seen within 48 hours

Clyde quadrant (which includes patients seen at the RAH) had the highest % of diabetic foot ulcers seen within 48 hours over the first 6 months of 2017 (97.8%) – the only quadrant to achieve the 95% target for that period. The average performance for NHSGG&C for that period was 91.2%.

## Renfrewshire HSCP podiatry service staffing profile

The podiatry service has redesigned its workforce to ensure that any loss of frontline clinical posts has been kept to a minimum. Since 2012, the profile of redesigned posts has changed the staffing profile to a sustainable model. During the last 5 years of single system working, there has been no reduction in podiatry staffing levels in Renfrewshire HSCP.

### *NHSGGC Podiatry Clinical Workforce Shift by Band 2013-14 to 2021-22*

	2013-14	2014-15	2015-16	2016-22		% adj 2013-22
	WTE	WTE	WTE	WTE	WTE Adj	
<b>Band 8C</b>	1	1	1	1	0.0 wte	<b>0</b>
<b>Band 8B</b>	2	1	0	0	-2.0 wte	<b>-100.0%</b>
<b>Band 8A</b>	9.6	8	6.6	5	-4.6 wte	<b>-47.9%</b>
<b>Band 7</b>	20.43	26.61	26.61	27.5	+7.14 wte	<b>+34.90%</b>
<b>Band 6</b>	34.66	38.48	38.48	36.1	+1.44 wte	<b>+4.15%</b>
<b>Band 5</b>	76.78	66.52	70	64	-12.78 wte*	<b>-16.6%*</b>
<b>Band 4</b>	0	0	0	0	0 wte	<b>0</b>
<b>Band 3</b>	10.83	9.56	8	8	-2.83 wte	<b>-26.1%</b>
<b>WTE TOTAL</b>	<b>155.3</b>	<b>151.17</b>	<b>150.69</b>	<b>141.6</b>	<b>-13.7 wte*</b>	
					<b>152.6*</b>	inc bank

\*Around 11 wte are employed via the podiatry bank, offsetting this reduction in Band 5 staff, and providing flexibility and opportunistic in-year savings via mat leave, vacancy management and long term sickness are covered.

Overall, this represents a reduction of 2.7wte over the redesign period 2012-17, a 1.7% reduction. Savings have been delivered by redesigning vacancies and integrating small historic geographically limited services (e.g. Glasgow City Learning Disability podiatry service) into the mainstream service to provide equity of access and governance.

David A Wylie, Head of Podiatry  
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0141 618 7646

September 2017

## Teenage Pregnancy and Sexual Health

### Teenage Pregnancy

A number of teenage girls experience unintended or unwanted pregnancies, although for some this may be a positive life choice. Scotland has a higher rate of teenage pregnancy than most other Northern and Western European countries and reducing unintended teenage pregnancy is a priority for the Scottish Government. Teenage pregnancy is also linked to deprivation with the rates of teenage pregnancy in deprived areas more than treble those of the least deprived areas.

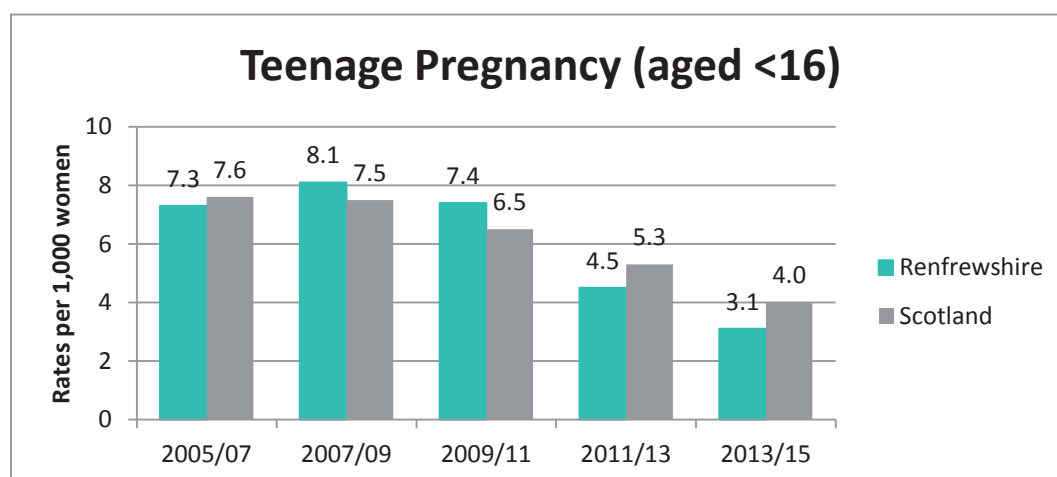
### Data

Data are presented by calendar year and used in the following age groups:

- <16 includes women aged less than 16
- <18 includes women aged less than 18 (including <16s)
- <20 includes women aged less than 20 (including <16s and <18s)

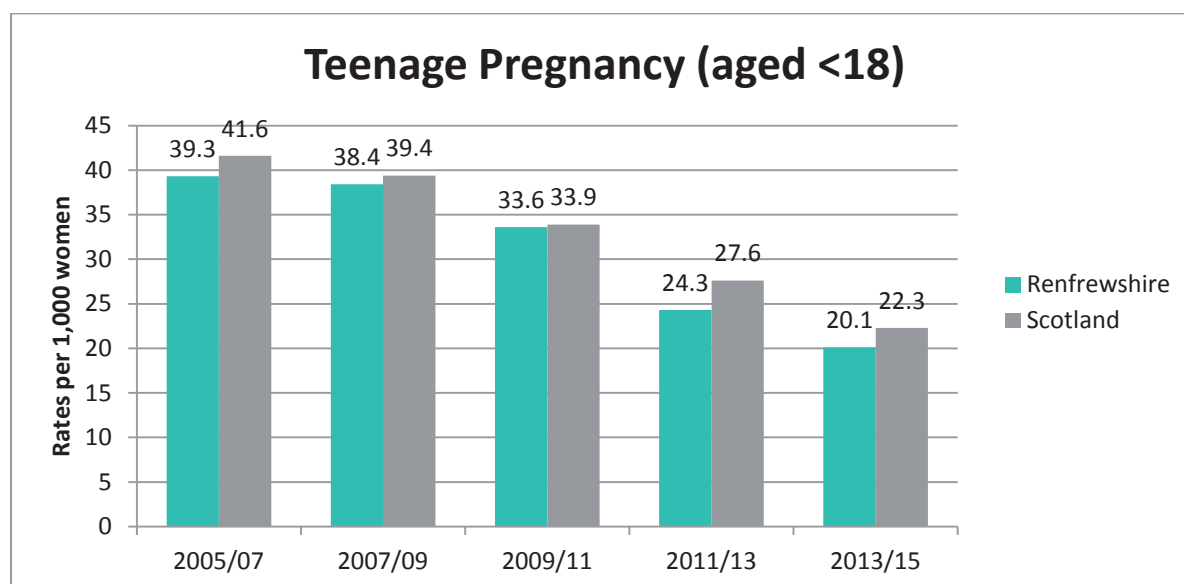
In Renfrewshire and other local council areas, rates for age groups <16 and <18 are shown as three year moving aggregates. This reduces the risk of disclosure (the chance of inadvertently identifying an individual) and to smooth out the fluctuations resulting from small numbers.

We have seen a substantial reduction in the rate of teenage pregnancies for those under 16 years of age. The rate for 2005/07 was 7.3 per 1,000 women. This increased to 8.1 for 2007/09 and then has steadily decreased to a rate of 3.1 for 2013/15. This rate is below the Scottish average of 4.0 per 1,000 women.



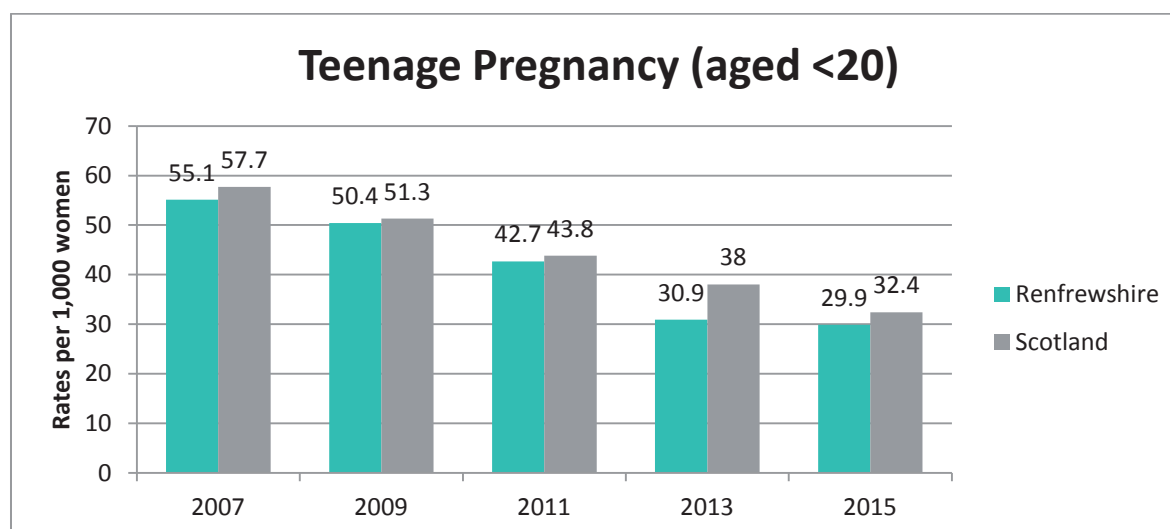
Source: ISD Scotland

Similarly there has been a reduction in the rate of teenage pregnancies for those under 18 years of age. The rate for 2005/07 was 39.3 per 1,000 women. This has steadily decreased to a rate of 20.1 for 2013/15. This rate is below the Scottish average of 22.3 per 1,000 women.



Source: ISD Scotland

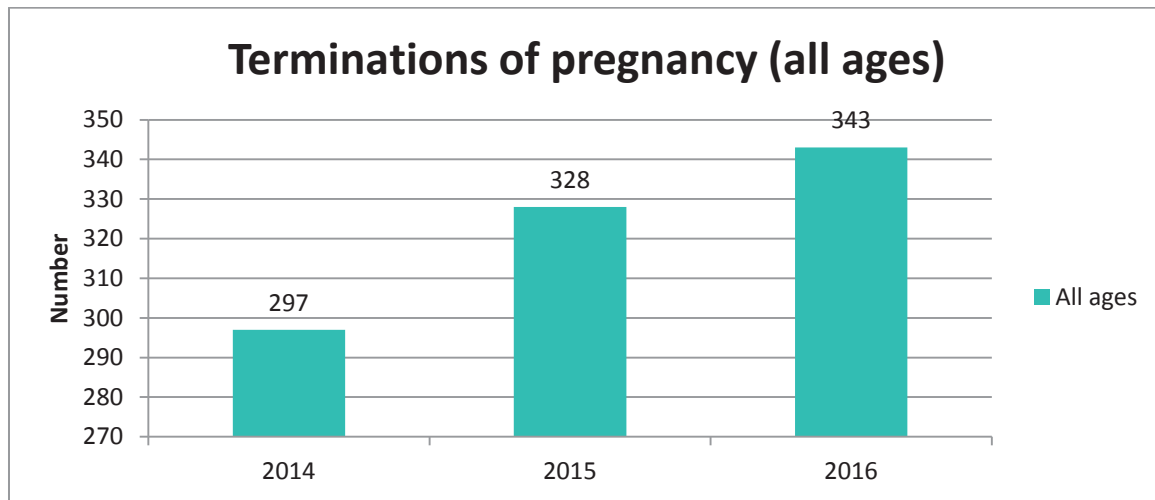
The rate of teenage pregnancies for those under 20 years of age has also decreased. The rate for 2005/07 was 55.1 per 1,000 women. This has steadily decreased to a rate of 29.9 for 2013/15. This rate is below the Scottish average of 32.4 per 1,000 women.



Source: ISD Scotland

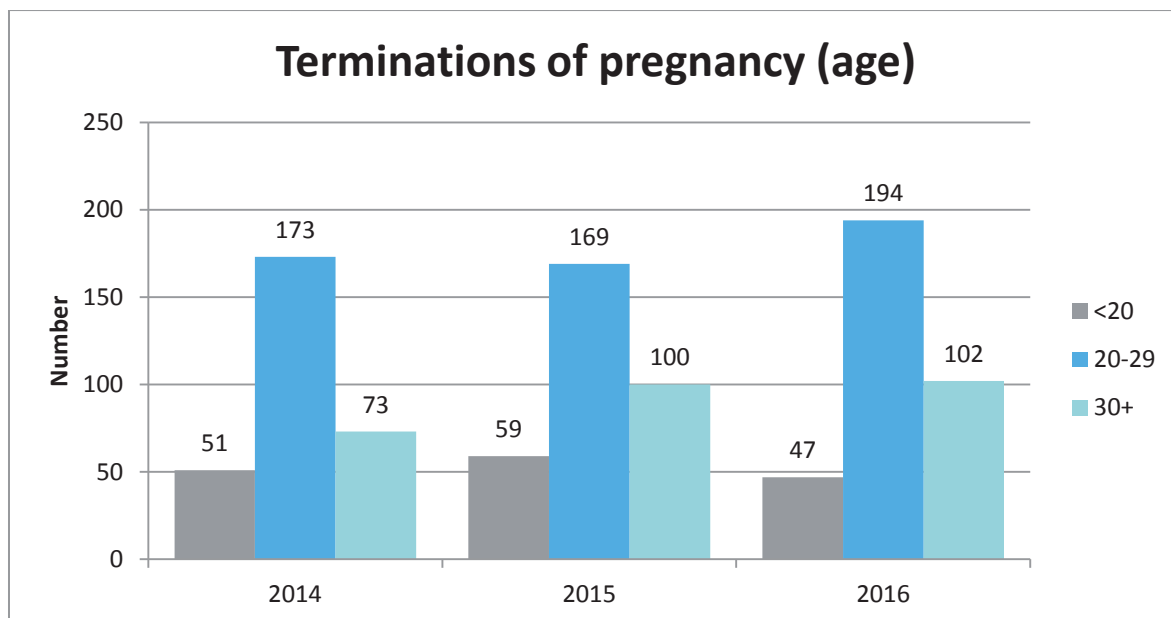
### Terminations of Pregnancy

From 2014 to 2016, there has been a 15.5% increase in the number of terminations of pregnancy in Renfrewshire. The following table shows a steady increase from 297 in 2014, to 328 in 2015 to 343 in 2016.



Source: ISD Scotland

The following table shows that termination of pregnancy in those aged under 20 has decreased from 2014 to 2016. While the numbers for those aged 20-29 and aged 30+ have increased.



Source: ISD Scotland



## **Pregnancy and Parenthood in Young People Strategy 2016-26**

In March 2016 the Scottish Government published 'The Pregnancy and Parenthood in Young People (PPYP) Strategy' <http://www.gov.scot/Resource/0049/00495068.pdf> which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in young people under the age of 18. The strategy notes that 'evidence shows that having a pregnancy at a young age can contribute to a cycle of poor health and poverty as a result of associated socio-economic circumstances before and after pregnancy (as opposed to the biological effects of young maternal age)'.

The strategy has a number of short, medium and long term outcomes. One of the long term outcomes is a 'reduction in pregnancies and subsequent unintended pregnancies in young people'.

The HSCP will support the development of Renfrewshire's Teenage Pregnancy and Parenthood Strategy via a staff survey to establish the use of the sexual health curriculum resource pack and the delivery of whole school assemblies to promote local Sandyford Services.

### **Family Nurse Partnership**

Family Nurse Partnership (FNP) is a preventive, intensive home visiting programme offered to first time young mothers aged 19 years and under and their families. Young women are offered the programme in early pregnancy and are visited by a specially trained Family Nurse until the baby is two years old. The programme delivers an attachment based therapeutic relationship in order to improve pregnancy outcomes, child health and development and future educational readiness and achievement. The programme effectively diverts young, vulnerable parents away from statutory services. There are 108 young mothers receiving support through Family Nurse Partnership in Renfrewshire with an average age of 18. Areas of improvement include engagement of dads and subsequent positive outcomes for wider family members; a 43% reduction in clients smoking by the end of their pregnancy; and 32% of clients initiated breastfeeding which is higher than the national and local average for the same age group.

### **Sexual Health**

Across NHS Greater Glasgow and Clyde, a sexual health review has been commissioned. Specialist sexual health services are provided by Sandyford, operating out of Paisley and Johnstone in Renfrewshire. Sexual health services are also provided in primary care. The review aims to focus Sandyford activity on vulnerable groups such as young people, those at higher risk of contracting HIV and those requiring specialist services. Workstreams have been set up to look at young people, clinical services, accessibility and workforce. The review will report at the end of 2017.





To: Renfrewshire Integration Joint Board

On: 15 September 2017

Report by: Chief Officer

Heading: Planning and Commissioning Arrangements

## 1. Summary

- 1.1 This paper summarises and brings together the strategic planning and commissioning activity in Renfrewshire HSCP. It describes how this links with the wider planning systems which we are part of, and notes how planning and commissioning will progress over the next year.

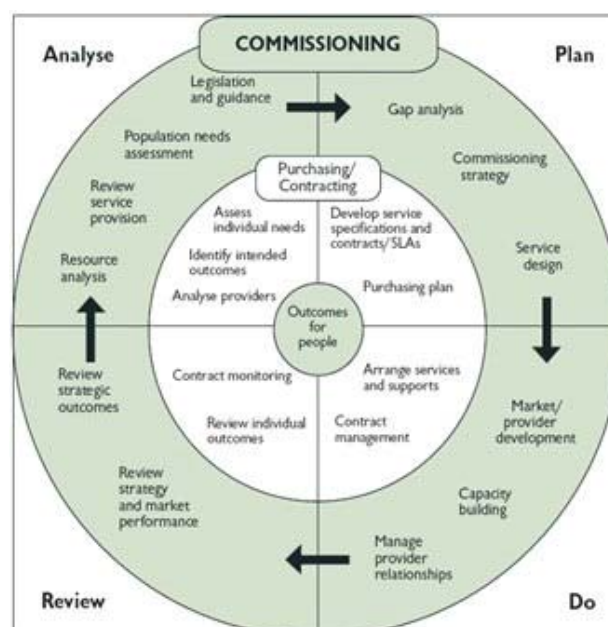
## 2. Recommendation

It is recommended that the IJB:

- Notes current planning and commissioning activity; and
- Approves planned activity in this area over the next 12 months.

## 3. Background

- 3.1 Planning and commissioning are cross cutting activities, linking strategic and financial planning with service delivery. The process involves assessing and forecasting needs, agreeing desired outcomes, considering options, and planning and implementing the nature, range and quality of future services. The elements of strategic commissioning are sometimes described using the diagram below:



- 3.2 In Renfrewshire, a comprehensive strategic needs assessment profiling our population and highlighting service implications has been developed and is used to inform much of our ongoing planning and service responses. This is regularly reviewed, and informs the strategic planning process.
- 3.3 Renfrewshire HSCP Strategic Plan 2016-19 is the key organisational plan, produced under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, to describe how we will move towards our vision:
- “Renfrewshire is a caring place where people are treated as individuals and supported to live well”.*
- Achievements in Year 1 were recorded against the Year 1 Action Plan, and Year 2 actions have now been agreed by the HSCP senior management team.
- 3.4 In March 2017, the IJB approved the HSCP strategic commissioning intentions for unscheduled care. These commissioning intentions cover:
- Emergency department attendances
  - Unplanned admissions
  - Delayed discharges
  - Occupied bed days for unscheduled care
  - End of life care
  - Balance of spend across institutional and community services.
- 3.5 Following discussion with senior leaders and clinicians at our main acute hospital, the Royal Alexandra Hospital (RAH), a joint Acute/HSCP improvement programme has been developed to reduce our use of unscheduled care services. This includes a drive to impact on patient behaviour, directing people to the most appropriate services to meet their needs. We also aim to further develop services in Renfrewshire to continue to support people to live longer in their own community, including supporting staff in care homes to avoid hospital admission for residents wherever that is appropriate. A range of rapid access hospital services are being developed for GPs to refer to that will prevent the need to direct patients to the Emergency Department. Information on available community services is being shared with hospital clinicians to help them safely navigate patients to appropriate services when needed.
- 3.6 Our Strategic Plan and Acute Unscheduled Care Commissioning Intentions are high level documents which are supported by commissioning activity for specific care groups. Our 10 year Older People’s Commissioning Plan describes in detail the demographic challenges facing us and how we need to develop services to respond to these challenges. We are currently reviewing the Care at Home service and our day services for older people, and we are seeking to increase services for those with dementia as the numbers diagnosed have risen and are expected to rise further. It remains difficult to influence private providers of care homes, but we work closely with Scottish Care and their development worker to ensure that we maintain regular dialogue and we will continue this engagement to

begin to shape the local care market so that it is better able to meet the emerging needs and demands from our local population.

- 3.7 Other planning and commissioning work includes the robust review and monitoring of all care contracts, including the service level agreements for the two hospices we work closely with in Renfrewshire for which we have lead commissioning responsibility. We are also continuing to monitor and improve day service opportunities for those with learning disabilities. Commissioning services in this area is challenging due to the changes created by self-directed support but our work to ensure we have up to date information on needs, and the choices being made by service users is vital to enable us to respond effectively to service users preferences.
- 3.8 We continue to work to develop and improve our working arrangements with the Council's Housing and Development Directorate. We contributed to the Local Housing Strategy 2016-19 and this is reflected in the Housing Contribution Statement in our Strategic Plan. Our current agenda with Housing and Development includes improving how we plan and share demographic and users needs information, agreeing priority areas for investment and resources and working to ensure we are fully sighted on new developments and the service implications these will have.
- 3.9 We are also working closely with colleagues in Housing Services as part of the SHIP (Strategic Housing Investment Plan) to commission further supported accommodation services for adults with Mental Health problems. Preliminary discussions have taken place regarding the expansion of the current provision at the Westerfield site in Paisley. In addition to this the Review and Commissioning Team are working closely with the CMHT, Dykebar Hospital and the Framework Providers to future proof existing supported accommodation services.
- 3.10 IJBs are responsible for the planning and commissioning of safe and effective Out of Hours services. Strategic planning of the GP Out of Hours service is hosted by Renfrewshire IJB on behalf of the six IJBs in the NHSGGC area. Operational delivery of the service is hosted by NHSGGC Acute Services. A review of the current GP out of hours emergency service model is underway to ensure that we can continue to provide an efficient, responsive service that is sustainable going forward. Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHS Greater Glasgow and Clyde. This is linked to a wider review and redesign of health and social care out of hours services across a range of services which is being led by Glasgow City IJB.
- 3.11 Renfrewshire has an allocation of £187,000 Primary Care Transformation funding in 2017/18 to develop the wider primary care team working in support of daytime general practice. This funding will support the continued development of cluster working led by Cluster Quality Leads in 6 cluster groups across Renfrewshire, as well as the development of models of community phlebotomy, prescribing support, improved approaches to managing frail elderly patients and the development of structures for multi-disciplinary team working. These are all seen as key enablers as we move into planning for the new GP contract in April 2018.

- 3.12 In Renfrewshire, the HSCP is a key Community Planning partner and we have contributed significantly to the emerging Local Outcome Improvement Plan and the Council Plan. In the last 3 years, we have worked closely with the tackling poverty work, leading on two initiatives to improve resilience and mental health among young people.
- 3.13 As part of the NHS Greater Glasgow and Clyde system, the HSCP has to reflect Local Delivery Plan (LDP) targets and the clinical strategy in all strategic planning. The Strategic Plan and Acute Unscheduled Care Commissioning intentions prioritise these directional documents.
- 4. Future Activity**
- 4.1 In preparation for the pending inspection of Adult Services, a self-evaluation has been carried out covering planning and commissioning. Using this information, we are now reviewing our Strategic Needs Assessment and developing a market position statement to direct and influence our own and commissioned services.
- 

## Implications of the Report

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

## List of Background Papers –

Strategic Plan (<http://www.renfrewshire.gov.uk/media/2747/RHSCP-Strategic-Plan-2016-2019/pdf/RenfIJBStrategicPlan.pdf>)

Acute Commissioning Intentions  
(<http://www.renfrewshire.hscp.scot/article/4851/Publications--Newsletters>)

Guide to Strategic Commissioning, September 2009  
(<http://www.gov.scot/Resource/Doc/284958/0086536.pdf>)

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



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**To:** Renfrewshire Integration Joint Board

**On:** 15 September 2017

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**Report by:** Chief Officer

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**Heading:** Planning and Delivering Care & Treatment across the West of Scotland

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## 1. Purpose

- 1.1. This paper sets out the requirement for the West of Scotland to produce a first Regional Delivery Plan by March 2018 and seek the support of Integrated Joint Boards to work collaboratively to achieve the best outcomes delivered sustainably for the citizens across the West.
- 

## 2. Recommendation

It is recommended that the IJB:

- Note that the Chief Officer will contribute towards and represent Renfrewshire IJB in this collaborative work towards achieving our shared aims for the population we serve; and
  - Note that further updates on this work will be brought to the IJB.
- 

## 3. Background

- 3.1. The Health and Social Care Delivery Plan, published by the Scottish Government in December 2016, set out the importance of delivering:
- Better Care
  - Better Health
  - Better Value
- 3.2. The Health and Social Care Delivery Plan also signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence-based and outcomes focussed. We can provide better patient outcomes and more efficient, consistent and sustainable services for citizens through NHS Boards, Integration Joint Boards (IJBs) and other partners by working more collaboratively and effectively to plan and deliver services.
- 3.3. At a regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed, encompassing a whole-system approach to the delivery of health and social care for each of the 3 regions (North, East and West). For the West of Scotland this involves planning for the population of 2.7m covered by 5 NHS Boards, 16 Local Authorities and 15 Health and Social Care Partnerships (HSCPs) as well as the Golden Jubilee National Hospital. The national NHS Boards are also developing a single plan that sets out the national services where improvement should be focussed, including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

- 3.4. To take forward the national and regional approach, 5 NHS Board Chief Executives have been appointed to the role of the National or Regional Implementation Leads.
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#### **4. Developing a Regional Plan**

- 4.1. To progress a Regional Delivery Plan it is essential to link this to national planning for specialist services, local planning within Health Boards and local planning by and within IJBs, to ensure we plan effectively for the wider population.
- 4.2. It is recognised and understood that the existing NHS Boards and IJBs retain their governance responsibilities, however, to achieve this ambition:
- It is essential that Health Boards and Integrated Joint Boards across the West of Scotland support a collaborative approach;
  - We need to recognise that boundaries cannot be barriers to delivering evidence based outcomes
  - There needs to be transparency in our discussions
  - We need to accept a collective accountability for the wider population, evidenced through our decisions and actions.
- 4.3. In taking forward this work, it is important that we are guided by some key principles, namely;
- Maximising health gain
  - Anticipation and prevention
  - Reducing inequality
  - Quality, evidence and outcome
  - Sustainability
- 4.4. This Regional planning is in its early stages and is an evolving process which will be achieved by working together across the different organisations in a whole systems approach to set out the story for the West of Scotland, describing the current challenges and consider the opportunities to transform care models to meet the future requirements of our population and improve health.
- 

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

- 1. Financial** – None.
- 2. HR & Organisational Development** – None.
- 3. Community Planning** – None.
- 4. Legal** – None.
- 5. Property/Assets** – None.
- 6. Information Technology** – None.
- 7. Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be

reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – None.

9. **Procurement** – None.

10. **Risk** – None.

11. **Privacy Impact** – None.

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**List of Background Papers** – None

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**Author:** David Leese, Chief Officer






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**To: Renfrewshire Integration Joint Board**

**On: 15 September 2017**

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**Report by: Chief Officer**

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**Heading: New National Health and Social Care Standards**

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## **1. Summary**

- 1.1. This report brings to the IJB's attention the new National Health and Social Care Standards which have been introduced by the Cabinet Secretary for Health and Sport. The new standards are focussed on the experience of people using services and supporting their outcomes. One of the key changes to the standards are that they apply to the NHS as well as services Registered with the Care Inspectorate and Health Care Improvement Scotland.
  - 1.2. From 1 April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services.
- 

## **2. Recommendation**

- 2.1. It is recommended that the IJB:
    - Notes the launch of the new standards and the intentions set out in this report regarding the HSCP's plans to ensure that practitioners, managers and service users are aware of and work to the new standards.
- 

## **3. Health and Social Care Standards**

- 3.1. The Health and Social Care Standards, attached at Appendix 1, set out what people should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.
- 3.2. The standards do not replace previous standards and outcomes relating to healthcare that have already been produced under section 10H of the National Health Service (Scotland) Act 1978 but they will replace the

National Care Standards, published in 2002 under section 5 of the Regulation of Care (Scotland) Act 2001. The Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services. Health and care services will continue to follow existing legislative requirements and best practice guidance which apply to their particular service or sector, in addition to applying the Standards. The Standards should be used to complement the relevant legislation and best practice that support health and care services to ensure high quality care and continuous improvement. The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out their inspections and quality assurance functions, and when making decisions about care and health services which are, or are applying to be, registered.

3.3. The standards will be applied to a wide range of the HSCP's services both those which the partnership provides directly and those which it purchases as the majority of these services are registered with the Care Inspectorate. These include Residential and Nursing homes, Day Services, Care at Home and Supported living providers. The standards will equally be applicable where the regulator bodies are undertaking other scrutiny activity within partnerships, services or during thematic inspections.

3.4. The Standards are underpinned by five principles each of which has a number of supporting bullet points which provide further definition of the scope of the principle.

- dignity and respect,
- compassion,
- be included,
- responsive care and
- support and wellbeing.

3.5. The Standards are based on five headline outcomes:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high quality environment if the organisation provides the premises

These outcome statements are in turn supported by a series of descriptive statements which set out the standard of care a person can expect and which link back to the five principles.

3.6. The HSCP will undertake a range of activities over the next few months in lead up to the new standards being implemented to raise awareness of the standards and to ensure that services are preparing for the changing focus of inspection and scrutiny activity from April 2018. These activities will include

- General awareness raising through team brief, service/team meeting structures, website.
- Consideration through the HSCP's Governance structures.
- Discussion with providers at provider's forums and via the contract monitoring process.
- Reviewing self-evaluation processes within registered services to test their readiness to comply with the new standards.
- Liaison with scrutiny bodies.

3.7. The HSCP does not anticipate any substantial operational challenges to arise from the implementation of these new standards as they are reflective of the current operational focus on the impact of services and the outcomes they achieve. The new standards are a welcome replacement of the more complex set of National Care Standards. It is anticipated that having standards common to all services will provide a clearer and more streamlined approach to scrutiny processes.

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

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**List of Background Papers** – None.

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





# **Health and Social Care Standards**

## **My support, my life**



I am delighted to be able to introduce the new Health and Social Care Standards and commend all of the hard work that has gone into creating these new, human rights based Standards.

The new Standards are wide reaching, flexible and focussed on the experience of people using services and supporting their outcomes. One of the major changes to these Standards is that they will now be applicable to the NHS, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland.

Everyone is entitled to high quality care and support tailored towards their particular needs and choices. This might be in a hospital; a care home; a children's nursery; or within their own home. Each and every one of us at some point in our lives will

use or know someone who uses a health or social care service. These Standards are therefore hugely important to ensure that everyone in Scotland receives the care and support that is right for them.

I would like to thank everyone across the health and social care sectors involved in creating these Standards. You have worked hard to make them innovative and aspirational. Contributions from professional bodies, people who use services, service providers, private and third sector organisations, have created Standards that are applicable to a wide range of health and social care services.

Moving forward, there is still work to be done to ensure that the Standards are implemented successfully. We will support health and care providers, commissioners of services and inspection agencies to ensure a full understanding of what is required to meet the Standards and improve levels of care and support in Scotland.

A handwritten signature in black ink, which appears to read 'Shona Robison'.

**Shona Robison MSP**

Cabinet Secretary for Health and Sport

# Introduction

These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

## Why have these Standards been developed?

The standards and outcomes set out in the Standards are published in exercise of the Scottish Ministers' powers under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Service (Scotland) Act 1978. They do not replace previous standards and outcomes relating to healthcare that have already been produced under section 10H of the National Health Service (Scotland) Act 1978 but they will replace the National Care Standards, published in 2002 under section 5 of the Regulation of Care (Scotland) Act 2001.

From 1 April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services.

## What are the Standards?

Throughout this document, 'standards' is used as a collective term to describe both the headline outcomes, and the descriptive statements which set out the standard of care a person can expect. The headline outcomes are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

The descriptive statements, set out after each headline outcome, explain what achieving the outcome looks like in practice. Not every descriptor will apply to every service.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

## **Who are these Standards for?**

The Standards are for everyone. Irrespective of age or ability, we are all entitled to the same high quality care and support. The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out their inspections and quality assurance functions, and when making decisions about care and health services which are, or are applying to be, registered. Our aim is that non-registered services also use the Standards as a guideline for how to achieve high quality care. The Standards can be applied to a diverse range of services from child-minding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes.

The Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services. Health and care services will continue to follow existing legislative requirements and best practice guidance which apply to their particular service or sector, in addition to applying the Standards. The Standards should be used to complement the relevant legislation and best practice that support health and care services to ensure high quality care and continuous improvement. Current best practice guidance can be found on the Care Inspectorate and Healthcare Improvement Scotland websites.

# Principles



## Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.



## Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.



## Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.



## Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.



## Wellbeing

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

# 1: I experience high quality care and support that is right for me

## Dignity and respect

- 1.1 I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.
- 1.2 My human rights are protected and promoted and I experience no discrimination.
- 1.3 If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.
- 1.4 If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.
- 1.5 If I am supported and cared for in the community, this is done discreetly and with respect.

## Compassion

- 1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.
- 1.7 I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.
- 1.8 If I experience care and support in a group, the overall size and composition of that group is right for me.

## Be included

- 1.9 I am recognised as an expert in my own experiences, needs and wishes.
- 1.10 I am supported to participate fully as a citizen in my local community in the way that I want.
- 1.11 I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision.

## Responsive care and support

### Assessing my care and support needs

- 1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- 1.13 I am assessed by a qualified person, who involves other people and professionals as required.
- 1.14 My future care and support needs are anticipated as part of my assessment.
- 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.
- 1.16 As a child or young person needing permanent alternative care, I experience this without unnecessary delay.

### Choosing my care and support

- 1.17 I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs.
- 1.18 I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.



### **Experiencing my care and support**

- 1.19 My care and support meets my needs and is right for me.
- 1.20 I am in the right place to experience the care and support I need and want.
- 1.21 I am enabled to live in my own home if I want this and it is possible.
- 1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.
- 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 1.24 Any treatment or intervention that I experience is safe and effective.

### **Wellbeing**

- 1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.
- 1.26 I can choose to spend time alone.
- 1.27 I am supported to achieve my potential in education and employment if this is right for me.
- 1.28 I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.
- 1.29 I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.
- 1.30 As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.
- 1.31 As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.
- 1.32 As a child, I play outdoors every day and regularly explore a natural environment.

### **Eating and drinking**

- 1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.
- 1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.
- 1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.
- 1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.
- 1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.
- 1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.
- 1.39 I can drink fresh water at all times.

## 2: I am fully involved in all decisions about my care and support

### Dignity and respect

- 2.1 I can control my own care and support if this is what I want.
- 2.2 I am empowered and enabled to be as independent and as in control of my life as I want and can be.
- 2.3 I am supported to understand and uphold my rights.
- 2.4 I am supported to use independent advocacy if I want or need this.
- 2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.
- 2.6 I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.
- 2.7 My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.

### Compassion

- 2.8 I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.

### Be included

- 2.9 I receive and understand information and advice in a format or language that is right for me.
- 2.10 I can access translation services and communication tools where necessary and I am supported to use these.
- 2.11 My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.
- 2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.
- 2.13 If a decision is taken against my wishes, I am supported to understand why.
- 2.14 I am fully informed about what information is shared with others about me.
- 2.15 I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.
- 2.16 If I am fostered, my foster family is supported to fully include me in family life.

## Responsive care and support

- 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.
- 2.18 I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.
- 2.19 I am encouraged and supported to make and keep friendships, including with people my own age.
- 2.20 If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.

## Wellbeing

- 2.21 I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.
- 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.
- 2.23 If I need help with medication, I am able to have as much control as possible.
- 2.24 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.
- 2.25 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.
- 2.26 I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish.
- 2.27 As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.

### 3: I have confidence in the people who support and care for me

#### Dignity and respect

- 3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.
- 3.2 If I experience care and support where I live, people respect this as my home.
- 3.3 I have agreed clear expectations with people about how we behave towards each other, and these are respected.
- 3.4 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.
- 3.5 As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.

#### Compassion

- 3.6 I feel at ease because I am greeted warmly by people and they introduce themselves.
- 3.7 I experience a warm atmosphere because people have good working relationships.
- 3.8 I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.
- 3.9 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.
- 3.10 As a child or young person I feel valued, loved and secure.

#### Be included

- 3.11 I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.
- 3.12 I can understand the people who support and care for me when they communicate with me.
- 3.13 I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

#### Responsive care and support

- 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.
- 3.15 My needs are met by the right number of people.
- 3.16 People have time to support and care for me and to speak with me.
- 3.17 I am confident that people respond promptly, including when I ask for help.
- 3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
- 3.19 My care and support is consistent and stable because people work together well.

## Wellbeing

- 3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.
- 3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.
- 3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.
- 3.23 If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.
- 3.24 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.
- 3.25 I am helped to feel safe and secure in my local community.

## 4: I have confidence in the organisation providing my care and support

### Dignity and respect

- 4.1 My human rights are central to the organisations that support and care for me.
- 4.2 The organisations that support and care for me help tackle health and social inequalities.

### Compassion

- 4.3 I experience care and support where all people are respected and valued.
- 4.4 I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

### Be included

- 4.5 If possible, I can visit services and meet the people who would provide my care and support before deciding if it is right for me.
- 4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.
- 4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.
- 4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.
- 4.9 I can take part in recruiting and training people if possible.
- 4.10 As a child or young person unable to live with my immediate family, I can live with wider family members alongside my brothers and sisters if I want this and where it is possible and safe.

### Responsive care and support

- 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.
- 4.12 I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.
- 4.13 I have enough time and support to plan any move to a new service.
- 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.
- 4.15 I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.
- 4.16 I am supported and cared for by people I know so that I experience consistency and continuity.
- 4.17 If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.
- 4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

- 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.
- 4.20 I know how, and can be helped, to make a complaint or raise a concern about my care and support.
- 4.21 If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.
- 4.22 If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.

## Wellbeing

- 4.23 I use a service and organisation that are well led and managed.
- 4.24 I am confident that people who support and care for me have been appropriately and safely recruited.
- 4.25 I am confident that people are encouraged to be innovative in the way they support and care for me.
- 4.26 If I have a carer, their needs are assessed and support provided.
- 4.27 I experience high quality care and support because people have the necessary information and resources.



## 5: I experience a high quality environment if the organisation provides the premises

### Dignity and respect

- 5.1 I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.
- 5.2 I can easily access a toilet from the rooms I use and can use this when I need to.
- 5.3 I have an accessible, secure place to keep my belongings.
- 5.4 If I require intimate personal care, there is a suitable area for this, including a sink if needed.

### Compassion

- 5.5 I experience a service that is the right size for me.
- 5.6 If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.
- 5.7 If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.

### Be included

- 5.8 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.
- 5.9 I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate.
- 5.10 If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet.
- 5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this.
- 5.12 If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.
- 5.13 If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible.
- 5.14 If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment.
- 5.15 If I am an adult living in a care home I can choose to see visitors in private and plan for a friend, family member or my partner to sometimes stay over.

### Responsive care and support

- 5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

### Wellbeing

- 5.17 My environment is secure and safe.
- 5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

- 5.19 My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.
- 5.20 I have enough physical space to meet my needs and wishes.
- 5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.
- 5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.
- 5.23 If I live in a care home, I can use a private garden.
- 5.24 If I live in a care home and want to keep a pet, the service will try to support this to happen.
- 5.25 As a child or young person living in a care home, I might need or want to share my bedroom with someone else and I am involved in this decision.
- 5.26 As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend.
- 5.27 As an adult living in a care home, I have enough space for me to sit comfortably with a visitor in my bedroom.
- 5.28 As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people.

# Glossary

Below is a list of terms and phrases commonly used across health, social work and social care sectors, along with a description of how these apply for the purposes of the Standards.

Term	Description
24 hour care	Where people are cared for and supported throughout the day and night.
advocacy/advocate	<p>Independent advocacy ensures that people know and better understand their rights, their situation and systems. Independent advocates help people to speak up for themselves and speak for those who need it.</p> <p>An independent advocate is someone who helps build confidence and empowers people to assert themselves and express their needs, wishes and desires.</p> <p>Collective advocacy happens when groups of people with a shared agenda, identity or experience come together to influence legislation, policy or services.</p>
assessment	A health, social work or social care assessment will find out what help and support a person needs, such as healthcare, medication, advocacy, equipment, care at home, housing support or a care home.
capacity	Capacity refers to an individual's ability to make decisions about their care and support. This may change over time and may be different in particular aspects of their life. For people who have been medically assessed as having incapacity there is legislation to protect them.
care home	A care service providing 24 hour care and support with premises, usually as someone's permanent home. See also 'small care home' below.
care plan	See 'personal plan' below.
carer	A carer is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will be unpaid.
child	Although legal definitions vary, for these Standards a child is aged 0 to 16 years.
communal areas	An area in a care service such as a living or dining room, activity room, hairdresser, library, café, garden or quiet area that everyone can use.

<b>Term</b>	<b>Description</b>
communication tools	These help people to communicate in a range of ways. For example, visual prompts, talking mats (system of simple picture symbols) or mobile phone apps.
confidentiality	This means that information that is kept about someone by an organisation will not be shared with anyone else unless the person gives their consent for it to be shared. Confidentiality may only be broken if it avoids or reduces the risk of harm to a person.
creativity	Includes artistic activities, such as arts, crafts, music, drama and dance.
emergency or unexpected event	This is an incident or emergency that could require immediate action, such as the premises being evacuated.
emotionally resilient	Someone's ability to cope with, or adapt to, stressful situations or crises.
evidence, guidance and best practice	Written guidelines for agreed ways to provide care, support or carry out treatment. Often these are put together by professionals based on the best available evidence at the time. These guidelines often change so that they remain up to date.
human rights	Human rights are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are set out in international human rights treaties and are enshrined in UK law by the Human Rights Act 1998.
intimate personal care	This relates to activities which most people usually carry out for themselves, such as washing, brushing teeth, going to the toilet, dressing or eating.
open ended materials	Open ended materials (also called loose parts) are play materials that can be used in numerous ways indoors and outdoors by children. They can be moved, carried, combined and redesigned in any way the child decides.
permanent alternative care	Care provided to children to ensure they have stable, secure, nurturing relationships, normally within a family setting, that continues to adulthood.
personal plan	A plan of how care and support will be provided, as agreed in writing between an individual and the service provider. The plan will set out how an individual's assessed needs will be met, as well as their wishes and choices.
planned care	The term used to describe care, support or treatment which is carried out as detailed in someone's personal plan (see above).

<b>Term</b>	<b>Description</b>
positive risks	Positive risks means making balanced decisions about risks; it is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day to day life.
premises	When an organisation providing care and support also provides premises, such as a nursery, hospital or care home. It does not apply when someone using a service is responsible for the premises, including housing support or care at home.
professional and organisational codes	These codes set out standards of conduct and competence, as well as the personal values, which people working and volunteering in health and care services are expected to follow.
representative	This may include someone appointed to have power of attorney, a guardian, family member, friend, neighbour or an agreed person who can speak on the individual's behalf. A representative may be formal or not formal.
restrictions to my independence, control and choice	Involves any restriction to independent movement or freedom of choice, such as a physical barrier. In some exceptional circumstances, this could involve searches and physical or chemical restraint. If physical detention, restraint or searching is used, the individual concerned will usually be subject to a formal legal order authorising this.
small care home	A care home for 6 people or less.
small group living	Small groups, usually numbering fewer than ten people, provided with their own lounge and dining facilities for their own group use in a homely environment. Small group living sometimes takes place within a larger care service such as a care home or hospital.
technology and other specialist equipment	Specialised equipment that helps people in their day to day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids.
therapy	A specialised treatment or intervention, such as physiotherapy, occupational therapy, speech and language therapy, counselling and talking therapies.
young person	For these Standards, a young person is aged 16 to 21 years. And anyone over 21 will also be a young person for these Standards while they are being provided with continuing care by a local authority if they have been looked after by the local authority between the ages of 16 and 19.



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**To:** Renfrewshire Integration Joint Board

**On:** 15 September 2017

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**Report by:** Chief Officer

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**Heading:** Renfrewshire IJB Draft Property Strategy

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## 1. Summary

- 1.1. Following the establishment of Renfrewshire Integration Joint Board (IJB) and the Health and Social Care Partnership (HSCP), there is an opportunity to review the approach taken to strategic planning and utilisation of the estate available to the Partnership, to support the aims of integration and delivery of effective, efficient health and social care services in Renfrewshire.
  - 1.2. NHS Greater Glasgow & Clyde (NHSGGC) and Renfrewshire Council collectively own, lease or otherwise utilise a significant amount of property within the Renfrewshire area where health and social care functions are carried out. Therefore, whilst the IJB is not responsible for any properties, decisions on property strategies could impact on our services.
  - 1.3. An HSCP Joint Capital Planning Group has been established, chaired by the Chief Finance Officer and attended by key stakeholders from the HSCP, Renfrewshire Council and NHSGGC. The development of a draft Property Strategy has been a key strand of work and once finalised and agreed, will inform the work of this group going forward.
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## 2. Recommendation

It is recommended that the IJB:

- Approve the draft Property Strategy.
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## 3. Draft Property Strategy

- 3.1. The key objectives of the draft Property Strategy, attached at Appendix 1, are:
  - To gain best value from our use of property;
  - To ensure that health and social care services are provided in and from fit-for-purpose, modern buildings;
  - To enhance provision of health and social care services in local communities; and
  - To reduce our estate, where appropriate, in order to reinvest savings into frontline services.
- 3.2. A number of principles will be adopted in the implementation of the Property Strategy, namely:
  - Designing and delivering services to meet the needs of individuals, carers and communities;

- Being open and showing that we are fair when allocating resources;
- Delivering services to people in their local communities; and
- With reference to the National Health & Wellbeing Outcome 9, ensure resources are used effectively and efficiently in the provision of health and social care services.

3.3. Included in the draft Strategy are the priorities of the two localities in Renfrewshire.

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### Implications of the Report

1. **Financial** – Work to upgrade, renovate and repair specific properties will require capital expenditure. In addition, significant capital investment would be required to develop a Paisley Health Centre. Previous work showed that, from a revenue perspective, this would be almost cost neutral. A new health centre in Bishopton would require significant revenue expenditure.
2. **HR & Organisational Development** – Staffing implications, specifically with co-location of staff, would be addressed through appropriate organisational arrangements.
3. **Community Planning** – Work is ongoing with community planning partners to make best use of all publicly owned assets and to meet the requirements of the new Community Empowerment legislation.
4. **Legal** – The proposed Property Strategy does not apply any new legal duties upon the IJB.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – n/a
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 Renfrewshire Council's website.
8. **Health & Safety** – n/a
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Ongoing investment to maintain properties is essential.
11. **Privacy Impact** – n/a.

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**List of Background Papers** – None.

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**Author:** Jean Still, Head of Administration

# **Renfrewshire Integration Joint Board Property Strategy 2017-19**

## **1. Introduction and Current Position**

- 1.1 The Scottish Government's Financial Planning Guidance for Health and Social Care Integration states that:

*"The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and NHSGGC partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the NHSGGC and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded."*

- 1.2 NHS Greater Glasgow & Clyde (NHSGGC) and Renfrewshire Council collectively own, lease or otherwise utilise a significant amount of property across Renfrewshire where health and social care functions are carried out.
- 1.3 Following the establishment of the Renfrewshire Integration Joint Board (IJB) and the Health and Social Care Partnership (HSCP), there is an opportunity to review the approach taken to strategic planning and utilisation of the estate available to the Partnership, to support the aims of integration and the delivery of effective, efficient health and social care services in Renfrewshire.
- 1.4 No Capital allocation from NHSGGC to Renfrewshire HSCP was received in 2016/17 or 2017/18.
- 1.5 A Joint Capital Planning Group has been established for the HSCP, chaired by the Chief Finance Officer, and attended by key stakeholders from the HSCP, Renfrewshire Council and NHSGGC. The development of an agreed Property Strategy will inform the work of this group going forward.

## **2. Objectives**

- 2.1 The key objectives of the Property Strategy are:
- To gain best value from our use of property;
  - To ensure that health and social care services are provided in and from fit-for-purpose, modern buildings;
  - To enhance provision of health and social care services in local communities;
  - To rationalise our estate, where appropriate, in order to reinvest savings into frontline services; and
  - Maximise opportunities to co-locate HSCP staff to ensure benefits of integration are realised.

## **3. Principles**

- 3.1 A number of principles will be adopted in implementation of the Property Strategy, namely:

### **1) Designing and delivering services to meet the needs of individuals, carers and communities**

Ensuring, for example, that decisions regarding the utilisation of property support delivery of the Strategic Plan and that our services are delivered from fit-for-purpose

premises.

## **2) Being open and showing that we are fair when allocating resources**

With significant decisions as to resource allocation being taken in the appropriate public forum through either the IJB, Renfrewshire Council or the NHSGGC decision making structure and subject to a clear strategic or operational business need being articulated.

## **3) Delivering services to people in their local communities**

A fundamental aim of the Public Bodies (Joint Working) (Scotland) Act 2014 is to increase the amount of health and social care services delivered in people's own homes and communities as opposed to institutional or residential settings. We ensure that our use of property is focussed on achieving that aim.

## **4) Making best use of the assets available to us**

We will effectively manage our assets and rationalise our estate where appropriate. For example, by co-locating health and social care services where this would be of benefit to patients, service users and carers.

# **4. Strategic Context**

## **4.1 Strategic Plan and National Policy**

Renfrewshire Integration Joint Board's Strategic Plan 2016-19 states:

The IJB does not directly own any property or assets, or receive any capital allocations or grants. The Chief Officer must consult with both the Local Authority and the NHS Board to make the best use of existing resources and develop capital programmes. A Joint Capital Planning Group has been established to have a strategic overview of HSCP property related plans and to develop a rolling programme of work for all HSCP premises.

In addition, the National Health and Wellbeing Outcomes which the IJB is required by statute to work towards includes

**Outcome 9** – *“Resources are used effectively and efficiently in the provision of health and social care services.”*

It is within the context of both of these provisions that the objectives and principles of our Property Strategy have been developed and within which decisions relating to use of property and assets will be taken.

## **4.2 Transformation and other related programmes**

Renfrewshire IJB has approved a wide-ranging transformation programme, which encompasses all aspects of health and adult social care provision in Renfrewshire. A key characteristic of this programme includes the review and redesign of services, looking at what services Renfrewshire Council and NHSGGC deliver, how they are delivered and where services are delivered from. Fundamental to such redesign activity is consideration of how our use of property supports service delivery and achieving the aims of the transformation programme.

It is critical, therefore, to ensure that property and accommodation issues are included within our transformation programme and work will be undertaken to embed

these matters into the relevant processes. There are further opportunities presented by agile working and work to integrate health and social care information systems, which may facilitate further innovation in our use of property across the HSCP.

## **5. Links to Partner Organisation Strategies**

- 5.1 The Property Strategy of the IJB does not sit in isolation and is linked closely to both Renfrewshire Council's Corporate Asset Management Plan 2014-2017 and NHS Greater Glasgow and Clyde's Property and Asset Management Strategy (PAMS) 2016-2020.
- 5.2 Both of these strategies are focussed on making best use of the significant assets owned by Renfrewshire Council and NHSGGC, which is in line with the principles and objectives outlined in this document.
- 5.3 Additionally the Strategy takes cognisance of Renfrewshire Council's Local Housing Strategy (LHS), which sets out the priorities for investment in housing in Renfrewshire over the next five years. The LHS is informed by commissioning plans to address the needs of older people and those with additional care and support needs. Strategic planning meetings between the HSCP and housing colleagues take place three times per year to share information and agree priorities.

## **6. Future Plans**

- 6.1 The long term vision of the Property Strategy is that the property estate available to the IJB will be utilised for the provision of health and social care services, with those properties being modern, fit for purpose premises which are utilised to their maximum potential.
- 6.2 A significant amount of work has already been undertaken to modernise our health property portfolio, including a new Renfrew Health & Social Work Centre (2010) and upgrade of the following health centres and clinics:
  - Bishopton Health Centre
  - Erskine Health Centre
  - Johnstone Health Centre
  - Linwood Health Centre
  - Glenburn Health Centre
  - New Sneddon Street Clinic
  - Aranthrue Centre
  - Old Johnstone Clinic

In addition, building improvements over the past 5 years to Renfrewshire Council properties have included:

- 2 new day centres created within Lagoon and On-X leisure centres for adults with learning disabilities (LD);
- The old Maxwellton Day Centre (also LD) converted into a resource centre for a variety of services including Gateway (specialist autism); Community Networks, Head Injuries;
- Improvements to Anchor Centre (also LD) including hydrotherapy pool; roof;
- A window and roof replacement programme at Abbey House is currently underway; and
- A window replacement at Mile End Centre.

- A new town hall in Johnstone, housing both children and adult social work services, has also been built.

6.3 Further actions will be identified and prioritised by the Joint Capital Planning Group, with each locality taking forward further actions based on the needs of the locality, as is the HSCP centre-managed residential and day care (for Adults and Older People) property plan.

6.4 These plans are current as at August 2017; content of the plan is compatible with Renfrewshire Council's Corporate Asset management Plan 2014-17 and the NHSGGC Property Asset Management Strategy (PAMS) 2016-2020.

## **7. Governance**

7.1 Overall responsibility for the implementation of the Property Strategy rests with the HSCP Joint Capital Planning Group chaired by the HSCP's Chief Finance Officer.

7.2 Financial governance of all matters relating to property is through the existing governance and capital planning arrangements of Renfrewshire Council and NHSGGC.

7.3 The equivalent function on behalf of the IJB is led by the Chief Finance Officer, reporting to the IJB Audit Committee.

7.4 As the IJB does not own property of its own, decision making with regards to decommissioning, capital investment etc. rests with Renfrewshire Council and NHSGGC, albeit with appropriate reference to the needs of the IJB and any specific directions made to either body.

7.5 An annual report on implementation of the property strategy will be provided to the IJB.

## **8. Monitoring and Scrutiny**

8.1 Monitoring and scrutiny of the Property Strategy will be primarily carried out by the IJB Audit Committee with reference to the IJB where appropriate.

8.2 Appropriate links will also be developed with the monitoring and scrutiny arrangements of Renfrewshire Council and NHSGGC as necessary.

## **9. Localities**

As well as accommodating HSCP staff, a wide range of health and social care services are delivered from these premises including:

- Alcohol Intervention
- Community Paediatrician
- District Nursing
- Health Visiting
- Mental Health Services
- Podiatry
- Prescribing Team
- Psychiatry
- Psychology
- Rehabilitation Services



- Learning Disabilities Service
- School Health Service
- Social Work Services
- Specialist Children's Service

### 9.1 West Renfrewshire

The West Renfrewshire locality includes 7 NHS properties (1 leased). There is 1 Care Home and 2 Day Centres within the West Renfrewshire area.

In addition, 7 GP practices deliver primary care services from the 5 health centres in West Renfrewshire.

### 9.2 Paisley

The Paisley locality includes 4 NHS properties of which 1 is leased and 7 social work properties, 3 of which are private lease and house joint service teams. In addition there are 2 Care Homes and 3 days centres within Paisley.

### 9.3 Key Strategic Issues for Localities

The key strategic issues for Renfrewshire are:

#### Bishopton Health Centre

- Renfrewshire Council has approved a large housing development, with up to 2,500 new homes, in Bishopton (Dargavel). Officers within NHS Greater Glasgow & Clyde have been in dialogue with Renfrewshire Council and the developers, BAE, about the delivery of health care provision under the terms of the section 75 agreement.
- The existing health centre has recently been refurbished. However, problems with parking and access remain. The GP practice, under the current rate of growth of new housing, has capacity for the population of Bishopton until approximately 2020/21.

#### Paisley

- During 2013/14, the former NHS Community Health Partnership (CHP) detailed its priorities in the NHS Greater Glasgow & Clyde Partnership Property Strategy. At that time, both Linwood Health Centre replacement/refurbishment and a new health centre in Paisley were seen as priorities. However, after substantial investment, Linwood Health Centre has been refurbished to an acceptable standard. After an inclusive whole-system CHP prioritisation exercise within NHS Greater Glasgow & Clyde, Paisley was ranked number 4 priority behind Greenock, Clydebank and Parkhead. Given that Greenock and Clydebank have since been given the go ahead, Paisley now sits at no. 2 on the Partnership Property Strategy.
- Although many services are provided in Paisley, it does not have a health centre. Healthcare provision within Paisley is provided in a number of town centre GP practice premises, most of which are of poor quality and not fit for purpose. There are 13 GP practices in Paisley. At our prioritisation exercise in 2013/14, 7 of these practices expressed an interest in moving into a new facility. Due to the growing demand on GPs, there are concerns about the quality and the fitness for purpose of their existing premises. In addition, some practices have limited tenure in existing premises.
- The development of Renfrewshire HSCP services and ways of working builds on established joint working with partners. Some services are delivered in poor

quality, leased accommodation which is unable to accommodate new ways of working within multidisciplinary teams.

- After a local reassessment of our property needs, our priority remains the development of a new, purpose built facility in Paisley which could co-locate a range of primary health and social care services and staff. This could result in a rationalisation of properties in Paisley including several GP practices, a health clinic and properties currently leased allowing the HSCP to deliver and achieve on the National Health and Wellbeing outcomes.
- Renfrewshire Council has been supportive of such a development. In addition, Paisley has been shortlisted as a in its bid to become UK City of Culture 2021. Such a development would assist the aspiration to transform Paisley into a vibrant, cultural town centre.

#### 9.4 Emerging Themes

In developing this property strategy, a workshop was recently held to review all accommodation to support more integrated working and the co-location of health and social work staff for the benefit of patients and service users,

This review is at an early stage of development and will include work to maximise the services offered to children in the Aranthrue Centre.

Key emerging themes for the HSCP in its developing approach to best use of its estate/properties are:

##### Agile/Mobile working

- The introduction of agile and mobile working presents opportunities for the HSCP to optimise use of our buildings. Whilst the traditional layout of many of the buildings present challenges to adapt them to be agile-friendly and more open-plan, there are perceived advantages to the HSCP in terms of efficiency, innovation, improved business continuity and ultimately reduced property requirements.

##### Record Storage

- Storage requires to be reviewed, including storage of clinical records. Pressures exist across Renfrewshire and alternative options such as offsite storage may have to be considered. Additionally there are increasing pressures on storage capacity resulting from the non-deletion of files as a result of the Scottish Child Abuse Enquiry.

##### Other Health/Social Work Accommodation

- As part of the drive to maximise efficiency and effectiveness, there will be an ongoing review of the accommodation needs and requirements across services. This will be undertaken in the context of supporting integrated working and efficient working practices, such as agile working. This includes a review of existing health accommodation and social work offices.

## 10. **Dykebar & Royal Alexandra Hospitals**

10.1 A range of mental health services are delivered on the Dykebar site.

- The Arran ward
- The South, North and East wards (which are housed in the Gleniffer Unit)
- The Torley Unit (housed in Ward 15)

Looking forward, technical consultants have been evaluating the vacant land on the Dykebar hospital site for disposal.

Large parts of Dykebar are surplus to need and the sale of the surplus areas has now been approved for residential development. The marketing process for this will start shortly.

It is also likely that some existing disused buildings will be demolished in the future.

Existing clinical and administrative facilities will remain operational and will be part of the wider masterplan for the site.

Whilst part of the site is being marketed this year, the date of entry and anticipated start for development will be at least 18-24 months away.

NHSGGC's Property & Capital Planning Disposal Team will continue to lead this process and aim to minimise any disruption to existing staff and patients throughout the future phases of construction e.g. access, parking, services supply, etc.

10.2 In addition, services provided by the HSCP are delivered from the RAH site.

- Ward 37 – Day Hospital
- Wards 38 & 39 – Elderly Mentally Ill
- PANDA Centre – Community Paediatricians

## **11. List of Properties**

An HSCP wide list of properties owned or leased by the NHS and Local Authority is attached at Appendix 2.

## Appendix 2 – HSCP-wide List of Properties

NHS PROPERTIES			
Address	Joint Service	Owned/ Leased	Leased from
Abbey House Seedhill Road Paisley PA1 1JT	Joint Service	Leased	Renfrewshire Council
Aranthruie Centre 103 Paisley Road Renfrew PA4 8LH		Owned	n/a
Back Sneddon Centre 20 Back Sneddon Street Paisley PA3 2DJ	Joint Service	Leased	Renfrewshire Council
Bishopton Health Centre Greenock Road Bishopton PA7 5AW		Owned	n/a
Charleston Centre Neilston Road Paisley PA2 6LY	Joint Service	Leased	Renfrewshire Council
Dykebar Hospital Grahamston Road Paisley PA2 7DE		Owned	n/a
Erskine Health Centre Bargarran Square Erskine PA8 6BS		Leased	Renfrewshire Council
Ferguslie Clinic Tannahill Centre 76 Blackstoun Road Ferguslie Park Paisley PA3 1NT		NHS Paid for construction	n/a
Foxbar Clinic Morar Drive Paisley PA2 9QR		Owned	n/a
Glenburn Health Centre Fairway Avenue Paisley PA2 8DX		Owned	n/a
Johnstone Health Centre 60 Quarry Road Johnstone PA5 8EY		Owned	n/a

Address	Joint Service	Owned/ Leased	Leased from
Linwood Health Centre 5 Bridge Street Linwood PA3 3DB		Owned	n/a
Mile End Mill Abbey Mill Business Centre Seedhill Road Paisley PA1 1JS <b>Units 1001-1011 (Odd numbers)</b>	Joint Service	Leased	Marcus William Fischer Deant/Abbey Mill Business Centre
Mile End Mill Abbey Mill Business Centre Seedhill Road Paisley PA1 1JS <b>Unit 1013</b>	Joint Service	Leased	Marcus William Fischer Dean t/a Abbey Mill Business Centre
Mile End Mill Abbey Mill Business Centre Seedhill Road Paisley PA1 1JS <b>Studio 2003</b>	Joint Service	Leased	Marcus William Fischer Dean t/a Abbey Mill Business Centre
New Sneddon Street Clinic 8 New Sneddon Street Paisley PA3 2AD		Owned	n/a
Old Johnstone Clinic Ludovic Square Johnstone PA5 8EE		Owned	n/a
Renfrew HSWC 10 Ferry Road Renfrew PA4 8RU		Owned	n/a
Renfrewshire House Cotton Street Paisley PA1 1AL		Leased	Renfrewshire Council
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN		Owned	n/a

LOCAL AUTHORITY PROPERTIES			
Address	Joint Service	Owned/ Leased	Leased from
Mile End Centre, Seedhill Road, Paisley		Owned	
81 Glasgow Road		Owned	
Gryffe S/Plus Property		Owned	
34 Cartside Avenue		Owned	
Renfrew Area Office		Leased	NHS
Johnstone Area Office, Johnstone Town Hall		Leased	Renfrewshire Leisure
Paisley Area Office Abbey House	Joint Service	Leased	Colenso Property Services Ltd
Montrose Care Home, Heriot Avenue, Foxbar		Owned	
Hunterhill Care Home, Blackford Road, Paisley		Owned	
Renfrew Care Home, 72 Cockles Loan, Renfrew		Owned	
Ralston Day Centre Allanton Ave, Ralston		Owned	
Johnstone Day Centre Walkinshaw Street, Johnstone		Owned	
Falcon Day Centre Falcon Crescent, Ferguslie		Owned	
Montrose Day Centre Heriot Avenue, Foxbar		Owned	

<b>Address</b>	<b>Joint Service</b>	<b>Owned/ Leased</b>	<b>Leased from</b>
Renfrew Day Centre 70 Cockles Loan, Renfrew		Owned	
Renfrew Lunch Club, Renfrew Town Hall		Leased	Education
Community Meals, Baltic Business Park		Leased	U T Properties Ltd
Milldale, Linwood On-X		Leased	Renfrewshire Leisure
Spinners Gate, Maxwellton Road, Paisley		Leased	Addison Properties
Anchor Centre, 51 Stock Street, Paisley		Owned	
The Mirin, Lagoon Leisure Centre ADCC		Leased	Renfrewshire Leisure
Disability Resource Centre, Love Street, Paisley		Owned	
Blackhall Supported Accommodation, Cathcart Cres, Paisley		Owned	
Charleston Centre, Neilson Road, Paisley	Joint Service	Owned	
Weavers Linn, 65 Glenburn Road, Paisley		Owned	
Substance Abuse, Back Sneddon St, Paisley		Owned	
Substance Abuse, St James Street, Paisley		Owned	



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**To: Renfrewshire Integration Joint Board**

**On: 15 September**

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**Report by: Chief Officer**

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**Heading: Update on Joint Inspection for Adult Services**

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## **1. Summary**

- 1.1. This report provides members with a brief update of the preparations for the Joint inspection of adult services within Renfrewshire HSCP by Healthcare Improvement Scotland (HIS) and the Care Inspectorate. The Chief Officer has received verbal confirmation from the Inspection team that the Partnership will be formally notified of the Inspection during the first half of September.
- 1.2. The partnership's position statement is due for submission on the 23 October 2017 and the fieldwork will commence on 13 November 2017. Preparation activity is continuing in accordance with this timeline. The draft inspection report is expected in early February 2018.
- 

## **2. Recommendation**

It is recommended that the IJB:

- Note the contents of this report.
- 

## **3. Preparation**

- 3.1. The Chief Officer has maintained a dialogue with the Inspection authorities and has established that the Inspection will be led by Health Improvement Scotland (HIS) and supported by the Care Inspectorate. The HSCP has identified a single Inspection co-ordinator who will be the Inspectors named link. The planned timeline is as follows:
- **Week of 11 September:** Notification letter arriving
  - **Week of 25 September:** Inspectors will meet with the Partnership to provide a briefing and work through the letter
  - **Week of 25 September:** Staff survey is expected to go out
  - **Week of 23 October:** HSCP submits our position statement and other key documents as outlined by Inspectors in their letter of 11 September

- **Start November:** Agree the plan with Inspectors for who they will meet, groups they meet etc.
- **Week of 13 November:** Fieldwork commences for a week and probably followed by 2 or 3 days in week commencing 4 December.
- Professional discussion may take place before first fieldwork week, then a further one or first one after week of 13 November is completed and again after second period of fieldwork is completed.
- **Early February 2018:** Draft report available.

3.2 The Senior Management Team is now operating as a Project Board for the Inspection Project which the Project Team, led by the Head of Health and Social Care (Paisley) and comprising the other Head of Service, Service Managers and Project Support staff. The plan comprises of 7 workstreams:

1. Submission of self-evaluation
2. Collation of evidence
3. Service specifications
4. Hot topics (e.g. unscheduled care, delayed discharge, ICT)
5. Communication and Engagement
6. Data Quality
7. Stage 2: Planning Activity for fieldwork, commenting on the draft report and responding to any recommendations.

3.2. From June 2016 to date, a range of activity has taken place to engage with operational staff and partners to raise awareness of the inspection and to engage them in discussion about the quality indicators the inspectors are evaluating and to seek views on how well we are doing. These sessions have included 3 well attended workshops with Locality based staff and a similar session with Mental Health, Addiction and Learning Disability services; a session of the Leadership Network devoted to Inspection; a feature topic at the Strategic Planning Group; and a briefing to each of the Council's Local Area Committee (LAC) meetings. The Chief Officer and Chief Social Work Officer have also put in place programmes of visits to services to engage with practitioners.

3.3. Heads of Service held a productive meeting with the Head of Strategic Commissioning Support from iHub, Healthcare Improvement Scotland's Improvement Hub which supports health and social care organisation's to redesign and continuously improve services. This meeting provided some reassurance that the HSCP's approach to strategic planning, commissioning and improvement was aligned with the expectations that arise from the vision outlined in the Health and Social Care Delivery Plan.

- 3.4. By the time this IJB has convened there will have been a series of focused workshops undertaken drawing upon the work referred to above to support the completion of the draft evaluation statements and consider the range and quality of the evidence available. It is anticipated that the evaluations will be supported by several key documents that have been through the IJB for approval. These will include, the Strategic Plan, the HSCP's Governance Framework, the Participation, Engagement and Communication Strategy, Workforce Plan, Financial Planning and reporting, performance reporting and the Annual report. The planning, operational implementation and reporting activity which flows from and sit behind these documents will support the narrative regarding the HSCP's work in the context of the 5 quality indicators.
- 3.5. The preparatory work to date has identified several areas of strength for the partnership as well as some elements where further improvement is required. Key areas of performance include the Partnerships continued sector leading delivery around delayed discharge supported by the Council's considerable investment in the Care at Home service, highly graded registered services, and positive employee response to the Matter work will all be areas to highlight to the inspectors. On the other hand, practitioners and managers have highlighted practical matters such as increasing the number of staff who or co-located and improving access to and inter connectivity of IT systems both of which they identify as barriers to improving effectiveness and efficiency. These matters will require ongoing consideration in partnership with the HSCP's parent organisations to resolve.
- 3.6. There is confidence that the partnerships work on national strategies such as the Dementia Strategy have elements of strength but the IJB will be aware of the recognition that the new Carers Act offers an opportunity to provide more robust support for carers. Tests of change such as the Community Connectors work and the WISER programme for palliative care are examples of the types innovative working which are likely to be of interest to the inspectors.
- 3.7. The Project's workstream 7 is giving consideration to the support required to ensure that the fieldwork phase of the inspection runs smoothly. The Inspection project will be ongoing or some time after the inspectors conclude their fieldwork activity and will move on to a phase of agreeing the report with the Inspectors, preparing for publication, responding positively to the recommendations of the inspectors and subsequently reporting progress with these.
- 3.8. The Project team will continue to meet on frequent basis to progress the workstreams. Key milestones for the coming weeks are the compilation of the draft evaluation statements, collation of core evidence, and further developing the partnerships narrative for the inspection and to share this

narrative with key stakeholders. The project team has identified a “Critical Friend” external to the organisation to provide a sounding board for our self-assessment and accompanying narrative. As well as continued reporting to the Project Board and to the IJB, the Project will provide updates to the respective Chief Executives and key forums such as the Public Protection Chief Officers group.

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

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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:** 15 September 2017

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**Report by:** Chief Officer

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

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## 1. Summary

1.1 The Carers (Scotland) Act will commence on 1 April 2018. The Act relates to both adult and young carers.

1.2 This paper provides an update on the range and provisions to be delivered under the Act and the preparations underway including:

- Local governance arrangements in place and implementation approach;
- Assessment of Renfrewshire HSCP and Renfrewshire Council's readiness for the introduction of the Act;
- Timeline for approval of Local Eligibility Criteria; and
- Management of the key risks identified.

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## 2. Recommendation

It is recommended that the IJB:

- Note the content of the report; and
  - Agree a further report is brought to the IJB in November to update on Renfrewshire's position in terms of readiness against the key provisions required in advance of the Act's implementation on 1 April 2018.
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## 3. National Policy Context

3.1 The Carers (Scotland) Act received Royal Assent on the 9th 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 IJB. The Act:

- changes the definition of a carer to a carer as "an individual who provides or intends to provide care for another individual".
- gives IJBs and 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 IJBs and Local Authorities a duty to provide support to carers that meet local eligibility criteria.
- requires IJBs and Local Authorities to involve carers in carers' services.
- requires IJBs and 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 that the IJBs and Local Authorities when determining whether to provide support to a carer, must consider whether the support should take the form of or include a break from caring.
- provides a requirement for Scottish Ministers to prepare a Carers Charter.

#### 4. Local Governance Arrangements and Implementation Approach

4.1 Renfrewshire HSCP and Renfrewshire Council Children's Services have set up a Strategic Steering Group to oversee the implementation of the Act in Renfrewshire.

4.2 In addition, four working groups have been established which report into the Strategic Steering Group:

Workstream	Remit
1 Adult Carers Group	To ensure all aspects of the legislation in relation to Adult Carers is in place by 1 April 2018
2 Young Carers Group	To ensure all aspects of the legislation in relation to Young Carers is in place by 1 April 2018
3 Training and Development Group	To ensure organisational readiness across Renfrewshire Council, Renfrewshire HSCP, local carers organisations and other partners through: <ul style="list-style-type: none"> <li>• Communication and awareness raising;</li> <li>• Stakeholder engagement and consultation;</li> <li>• Training and development.</li> </ul>
4 Financial Group	To establish a financial model to support the implementation of the Act.

4.3 The Carers' Centre Manager represents Carers on the Strategic Steering Group. Through the Carers' Forum we will offer further places for carers to participate in the Steering Group and working groups.

4.4 Renfrewshire has been allocated £69.6k by the Scottish Government to support implementation preparations for the commencement of the Act. It is unclear at this point how this funding will be spent. The Strategic Steering Group will agree how the funding will be allocated to support the work.

4.5 The Scottish Government is developing and issuing statutory guidance on the Carers' Act. Rather than waiting until all of the guidance has been prepared, it will be distributed as and when available. Two sets of draft statutory guidance are now available, relating to the local carers' strategy and eligibility criteria.

4.6 Pilots to test some of the provisions in the Act are underway in nine HSCPs. The Scottish Government will consider the feedback from the pilot sites in the Autumn and this will be widely shared in due course. Four areas will soon begin to test provisions in relation to carer involvement in hospital discharge.

## **5. Readiness for Implementation**

5.1 Renfrewshire HSCP and Children's Services are currently undertaking a desktop exercise to determine the readiness of Renfrewshire HSCP and Renfrewshire Council Children's Service against the Act's provisions to fully determine the work that needs to be done in advance of 1 April 2018.

5.2 The findings of the exercise will be brought to the next meeting of the IJB in November 2017.

## **6. Eligibility Criteria**

6.1 This is an important aspect in the work required for the Act's commencement on 1 April 2018.

6.2 There are three aspects to setting an eligibility framework

- the criteria that determine it;
- the thresholds that must be passed to trigger it; and
- the services that follow it.

6.3 While the Scottish Government has decided against setting national eligibility criteria, it is desirable for local eligibility criteria to reflect nationally agreed definitions of levels of need/risk, in order to promote consistency of response across Scotland. The Carers' Act does not preclude the use of different eligibility criteria in relation to young carers.

6.4 The Scottish Government issued guidance on eligibility criteria in August 2017 which will be taken into account in the development of local criteria for Renfrewshire HSCP.

6.5 To better reflect the different needs of our Adult Carers and Children's Carers, the Strategic Steering Group has agreed that it will develop local eligibility criteria for each. Renfrewshire HSCP and Children's Services will develop these in close collaboration to ensure consistency in approach wherever possible.

6.6 As the timeline at Appendix 2 sets out, Renfrewshire HSCP would expect both Adult and Children's draft eligibility criteria to be developed and consulted upon by December 2017. The Strategic Steering Group will work with local carer organisations to ensure the consultation approach is open and transparent. The Group will also consider how it can reach those carers who may feel more marginalised and not always included within consultation exercises.



6.7 In line with Scottish Government guidance the finding of the consultation and final drafts of the Adult and Children's Eligibility Criteria will be presented to both the IJB and Renfrewshire Council's Education Policy Board for approval in early 2018.

6.8 Subject to approval, the Adult and Young Carers' local eligibility criteria will be published, and subject to regular review, as required under Section 22 of the Act.

## 7. Risks

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

Risk	Identified mitigation
1 Delays in receiving guidance could negatively on impact on planning activity	Renfrewshire has representation on national groups and has an early indication on direction of travel, in advance of formal guidance being issued.
2 The financial impact of waiving of charges for carers has not been quantified. There is a risk this may place significant pressure on Renfrewshire HSCP and/or Renfrewshire Council.	A financial working group has been established which will further explore the potential impact of waiving of charges
3 Additional resources required to undertake carers' assessments, Self-Directed Support and care management	This is being regularly monitored by the Strategic Steering Group and will be reported into the Children's Services Directorate and HSCP SMT. Any additional capacity requirements identified.
4 There is risk that the expectations of carers around eligibility criteria cannot be supported by available resources and / or allocated funding.	There will be a formal consultation with carers on the eligibility criteria to create a greater shared understanding on how their needs can be best met.
5 Scottish Government has indicated that this will be the final year of the Carers' Information Strategy Fund to be replaced by Financial Framework of Carer Scotland Act	This will be modelled by the financial works group to create a better understanding of how this change could impact the current planned commitments.

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## Implications of the Report

1. **Financial** – Scottish Government has indicated that this will be the final year of Carer Information Strategy Fund to be replaced by Financial Framework of Carer Scotland Act
2. **HR & Organisational Development** – additional staff training planned to support staff through change.
3. **Community Planning** – Nil
4. **Legal** – Nil
5. **Property/Assets** – Nil
6. **Information Technology** – managing information and making information available may require ICT input.
7. **Equality & Human Rights** – Specific investment to reach hard to reach carers. Carers Strategy requirement of Carers (Scotland) Act will require full EQIA.
8. **Health & Safety** – Nil
9. **Procurement** – Nil
10. **Risk** – as highlighted within the report.
11. **Privacy Impact** – Nil

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## List of Background Papers - None

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

## Timeline and work plan outline for Implementation

## Appendix 1

Up to Oct 2017	<ul style="list-style-type: none"> <li>• Report to IJB and Council setting out legislative background to establishing eligibility criteria for carers, and other requirements, duties and powers from the Act</li> <li>• Consider requirements for local eligibility criteria for Adult and Young Carers.</li> <li>• Review any existing criteria, consider relationship to current eligibility criteria for adult social care and children with disabilities</li> <li>• Consider government guidance as made available</li> <li>• Plan the local timetable for the work on eligibility, including the consultation, and the involvement of people and bodies representing carers</li> <li>• Consider any changes required to information systems to collect better data on carers</li> </ul>
November 2017	<ul style="list-style-type: none"> <li>• Finalising draft Adult and Young Carers' eligibility criteria ready for consultation,</li> <li>• Plan consultation process including resources for receiving and analysing the responses.</li> <li>• Publish draft eligibility criteria</li> <li>• Plan and organise range of methods for consultation with carers, their organisations and wider stakeholders including general public</li> </ul>
December 2017	<ul style="list-style-type: none"> <li>• Closure date for consultation responses</li> <li>• Complete analysis of consultation responses and meetings</li> <li>• Draft carers' strategies for Adults and Young Carers consulted on.</li> </ul>
January – February 2018	<ul style="list-style-type: none"> <li>• Report to IJB and Council on consultation responses and proposed final Adult and Young Carers' eligibility criteria</li> <li>• IJB and Council agree final first Adult and Young Carers eligibility criteria, taking into account consultation responses</li> <li>• Draft Carers' strategies for Adults and Young Carers presented for approval</li> <li>• Deliver changes to information systems,</li> <li>• Plan and deliver communications and training to staff,</li> <li>• Develop Operational Guidance,</li> <li>• Develop public information including FAQs</li> <li>• Council agrees 2018-19 budget, including available IJB budget to support the implementation of the Act and will agreed by NHS Board.</li> </ul>
March 2018	<ul style="list-style-type: none"> <li>• Carers' strategies for Adults and Young Carers finalised and published</li> </ul>
April 2018	<ul style="list-style-type: none"> <li>• Commence Act in line with eligibility criteria</li> </ul>

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**To: Renfrewshire Integration Joint Board**

**On: 15 September 2017**

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**Report by: Clerk**

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**Heading: Proposed Dates of Meetings of the Joint Board 2017/18**

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## **1. Summary**

- 1.1 At the meeting of the Joint Board held on 23 June 2017 the IJB delegated authority to the Clerk and Chief Officer, in consultation with the Chair and Vice-chair, to fix the date and start time for the meeting of the IJB and Audit Committee to be held in September 2017; and decided that a report be submitted to the September meeting of the IJB detailing proposed dates of meetings of the IJB in 2017/18.
- 1.2 In terms of this delegation, it was decided that the date and time of the September Audit Committee be 15 September 2017 at 9.00 am and that the IJB meeting be held on 15 September 2017 at 10.00 am.
- 1.3 It is now proposed that the IJB consider its timetable of meeting dates in 2017/18 based on a further four meetings in 2017/18.
- 1.4 Arrangements for ordinary meetings of the IJB are governed by the provisions of Standing Order 5.1 of the IJB's Procedural Standing Orders which state that:-
- “5.1 The IJB shall meet at such place and such frequency as may be agreed by the IJB, but not less than five times within each financial year. The IJB will annually approve a forward schedule of meetings.”
- 1.5 The suggested dates and times are set out below, with meetings being held on Fridays:
- 24 November 2017 at 10.00 am (following the meeting of the Audit Committee)  
26 January 2018 at 10.00 am (following the meeting of the Audit Committee)  
23 March 2018 at 9.30 am  
29 June 2018 at 10.00 am (following the meeting of the Audit Committee).
- 1.6 It is proposed that meetings of the IJB are held in the Abercorn Conference Centre, Renfrew Road, Paisley, unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.

- 1.7 A further report will be presented to the IJB in due course to agree meetings post June 2018.
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## **2. Recommendations**

- 2.1 That the IJB approve the dates and times of meetings for 2017/18 as detailed in section 1.5 of the report; and
- 2.2 That meetings of the IJB be held in the Abercorn Conference Centre, Renfrew Road, Paisley, unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.
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## **Implications of the Report**

1. **Financial** - none.
  2. **HR & Organisational Development** - none.
  3. **Community Planning** - none.
  4. **Legal** - none.
  5. **Property/Assets** - none.
  6. **Information Technology** - none.
  7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement 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 NHS GC&C 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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