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

Date	Time	Venue
Friday, 20 September 2019	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 James MacLaren: Dr Donny Lyons: Margaret Kerr: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Shilpa Shivaprasad: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Graham Capstick: Dr Stuart Sutton: David Leese: Sarah Lavers: John Trainer.

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 http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx
For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to the customer service centre 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.

12 **Update on Review of Older People's Services in Renfrewshire** **167 - 174**

Report by Chief Officer.

13 **Memorandum of Understanding between Integration Joint Boards and Independent Hospices** **175 - 188**

Report by Chief Officer.

14 **Drug Related Deaths Update** **189 - 202**

Report by Chief Officer.

15 **Date of Next Meeting**

Note that the next meeting of the IJB will be held at 10.00am on 22 November 2019 in the Abercorn Conference Centre, Renfrew Road, Paisley.

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

Date	Time	Venue
Friday, 28 June 2019	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor James McLaren (all Renfrewshire Council); Dr Donny Lyons, Dorothy McErlean and Dr Linda de Caestecker (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Louise McKenzie (Council staff member involved in service provision); David Wylie (Health Board staff member involved in service provision); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); Graham Capstick (Trade Union representative for Health Board); Dr Chris Johnstone (proxy for Dr Stuart Sutton); and David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership).

Chair

Dr Donny Lyons, Chair, presided.

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Carron O'Bryne, Head of Health and Social Care (Paisley), Jean Still, Head of Administration and Clare Walker, Planning and Performance Manager (all Renfrewshire Health and Social Care Partnership).

Apologies

Margaret Kerr (Greater Glasgow & Clyde Health Board); (Dr Stuart Sutton (Registered Medical Practitioner (GP)) and Alan McNiven (third sector representative).

Declarations of Interest

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

Order of Business

In terms of Standing Order 4.1 (iii), the Chair intimated that he proposed to alter the order of business to facilitate the conduct of the meeting by considering item 13 of the agenda after item 2 of the agenda.

Prior to the start of the meeting the Chair welcomed Councillor James MacLaren to his first meeting of the Integration Joint Board and invited members and officers to introduce themselves.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 22 March 2019 was submitted.

In relation to item 4 of the Minute - 2019/20 Delegated Health and Social Care Budget - it was agreed that the Minute be amended to include a decision (g) That, in relation to the adult social care allocations to Integration Authorities, it be agreed that if Renfrewshire Council did not utilise the ringfenced 2.2% this financial year it would be carried forward to the next financial year.

In relation to item 6 of the Minute – Review of Learning Disability Day and Respite Services – it was agreed that the Minute be amended to include an additional paragraph 'That the issues and concerns expressed by adult carers concerning the services available for people with autistic spectrum disorder be noted' and that a further decision be added, (d) That the issues and concerns expressed by adult carers concerning the services available for people with autistic spectrum disorder be noted.

DECIDED: That the Minute, as amended, be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

DECIDED: That the rolling action log be noted.

3 Change of Date of Next Meeting

The Head of Administration submitted a report requesting that the date of the next meeting of the IJB be changed from 13 September 2019 to 20 September 2019.

DECIDED: That the next meeting of the IJB be held at 10.00 am on 20 September 2019 in the Abercorn Conference Centre, Renfrew Road, Paisley.

4 Integration Joint Board Membership Update

Under reference to item 2 of the Minute of the meeting of the IJB held on 22 March 2019, the Head of Administration submitted a report providing an update on the membership of the IJB.

The report intimated that NHS Greater Glasgow & Clyde Health Board had confirmed that Margaret Kerr had been appointed as a Non-executive Director of the Health Board and would replace Morag Brown as one of the voting members on the IJB effective from 1 April 2019.

The report further intimated that at a meeting on 9 May 2019, Renfrewshire Council had decided that Councillor James MacLaren replace Councillor Scott Kerr as one of the voting members on the IJB effective from that date.

It was noted that in terms of the Procedural Standing Orders, and in accordance with the Integration Scheme, the position of Chair of the IJB shall rotate every two years between representatives from the NHS Board and the Council, with the Chair being from one body and the Vice-chair from the other. In accordance with this, Councillor Cameron would be appointed as the Chair of the IJB from 15 September 2019 for a period of two years and Dr Donny Lyons would be appointed as the Vice-chair of the IJB from 15 September 2019.

Members were invited to nominate representatives from both constituent authorities to replace the positions previously held by Morag Brown and Councillor Scott Kerr as voting members of the IJB Audit Committee. It was proposed that Margaret Kerr and Councillor Jennifer Adam-McGregor be appointed as voting members of the IJB Audit Committee and this was agreed.

It was also noted that the Chair of the IJB Audit Committee shall not be the Chair of the IJB or be representative of the same constituent authority as the Chair of the IJB and as such the voting members of NHS Greater Glasgow & Clyde Health Board consider arrangements for the Chair of the IJB Audit Committee and the voting members of Renfrewshire Council consider the arrangements for the Vice-chair of the IJB Audit Committee.

DECIDED:

(a) That it be noted that Margaret Kerr had been appointed as a voting member of the IJB, replacing Morag Brown;

(b) That it be noted that Councillor James MacLaren had been appointed as a voting member of the IJB, replacing Councillor Scott Kerr;

(c) That it be noted that Councillor Jacqueline Cameron would be appointed as the Chair of the IJB from 15 September 2019;

(d) That it be noted that Dr Donny Lyons would be appointed as the Vice-chair of the IJB from 15 September 2019;

(e) That Margaret Kerr and Councillor Jennifer Adam-McGregor be appointed as voting members of the IJB Audit Committee, replacing Morag Brown and Councillor Scott Kerr; and

(f) That voting members consider the arrangements for the Chair and Vice-chair of the IJB Audit Committee from September 2019 and advise the Head of Administration accordingly.

5 Financial Report - 1 April 2018 to 31 March 2019

The Chief Finance Officer submitted a report relative to the revenue budget year-end outturn for the HSCP for the 2018/19 financial year, as detailed in appendices 1 to 4 to the report.

Budget monitoring throughout 2018/19 had shown the IJB projecting a breakeven position subject to the drawdown of reserves to fund any delays in the delivery of approved savings and the transfer of specific ring-fenced monies, including Scottish Government funding for Primary Care Improvement, Mental Health Action 15 and ADP monies, and agreed commitments to earmarked reserves. The IJB final outturn position for 2018/19 was an underspend of £1.293 million prior to the drawdown of balances to earmarked and general reserves. The IJB approved the drawdown of reserves throughout 2018/19 in order to deliver on specific commitments including funding to mitigate any delays in delivery of approved savings and Care at Home redesign costs. The total amount drawndown in 2018/19 was £1.305 million from earmarked reserves and £0.824 million from flexible use of non-recurring resources made available by Renfrewshire Council.

The key pressures were highlighted in section 4 of the report; appendices 5 and 6 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 7 to the report detailed the HSCP hosted budget position as at 31 March 2019 and Appendix 8 detailed the movement in reserves.

Consistent with the IJB's Reserves Policy the report sought approval of earmarked reserves for drawdown as required, totalling £3.336 million. Details of the earmarked reserves were detailed in section 11 and Appendix 8 of the report.

The report provided a summary of the Living Wage 2018/19; a summary of the Scottish Living Wage 2019/20 and the National Care Home Contract 2018/19.

DECIDED:

(a) That the year-end financial position be noted; and

(b) That the proposed transfers to earmarked and general reserves, as detailed in section 11 and Appendix 8 of the report, be approved.

6 Unaudited Annual Accounts 2018/19

The Chief Finance Officer submitted a report relative to the unaudited annual accounts 2018/19 for the IJB which would be submitted for audit by the statutory deadline of 30 June 2019. A copy of the unaudited annual accounts 2018/19 formed the appendix to the report.

The report intimated that the accounts fully complied with International Financial Reporting Standards and that the Auditor was planning to complete the audit process by early September 2019. 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.

The report detailed the approval process and timetable in relation to approval of the IJB's annual accounts.

It was proposed (a) that the annual accounts for 2018/19 be approved, subject to audit; (b) that it be noted that the Auditor was planning to complete the audit of the accounts by early September 2019 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; and (c) that the annual governance statement be approved for inclusion in the annual accounts. This was agreed.

DECIDED:

(a) That the annual accounts for 2018/19 be approved, subject to audit;

(b) That it be noted that the Auditor was planning to complete the audit of the accounts by early September 2019 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; and

(c) That the annual governance statement be approved for inclusion in the annual accounts.

7 Performance Management End of Year Report 2018/19

The Chief Officer submitted a report relative to the Performance Management End of Year Report 2018/19.

The report intimated that data was not yet available for all performance measures to March 2019 and that the information detailed in the report was the most up-to-date available.

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

There were 65 performance indicators of which 40 had targets set against them. Performance status was assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target. The dashboard indicated that currently 32.5% of performance measures had red status, 12.5% had amber status and 55% had green status.

DECIDED:

(a) That the Performance Management End of Year Report 2018/19 for Renfrewshire HSCP be approved; and

(b) That the process to finalise the Renfrewshire HSCP Annual Performance Report 2018/19, which would be published on 31 July 2019 and submitted to the next meeting of the IJB to be held on 20 September 2019, be approved.

8 Renfrewshire Gender Based Violence Strategy and Service Provision

The Chief Officer submitted a report providing an overview of the year one performance against the four priorities of Renfrewshire's NO TO Gender Based Violence Strategy (2018/21) and the strategic direction for year two.

The report intimated that Equally Safe, Scotland's strategy for preventing and eradicating violence against women and girls, was published in 2014 and updated in 2016. The aim of the strategy was to ensure partnership working across the public, private and third sector in order to create a 'strong and flourishing Scotland where individuals are equally safe and protected, and where women and girls live free from all forms of violence and abuse and the attitudes which perpetuate them'.

The implementation of Equally Safe was the responsibility of local Violence Against Women Partnerships and in Renfrewshire, the local multi-agency Gender Based Violence (GBV) Strategy Group provided an annual assessment to the Scottish Government against the Equally Safe Quality Standards and Performance Framework. The Renfrewshire GBV Strategy Group published its first strategy in November 2018 and the vision was that 'Renfrewshire is a place where GBV is not tolerated and where victims, perpetrators and communities are supported to address its causes and consequence.'

Appendix 1 to the report detailed the year one performance update; Appendix 2 to the report detailed the year two action plan; and the Women and Children First Annual Report 2018/19 formed Appendix 3 to the report.

DECIDED: That the update on the service delivered by Women and Children First and the ongoing work of the Gender Based Violence Strategy Group be noted.

9 Renfrewshire's Local Child Poverty Action Report

The Chief Officer submitted a report relative to the Child Poverty (Scotland) Act 2017 which included a duty on local authorities and NHS Boards to commit to new actions to reduce child poverty, alongside key partners, and to report annually to the Scottish Government through publication of Local Child Poverty Action Reports (LCPAR), the first of which as due to be submitted to the Scottish Government by 30 June 2019.
The report intimated that the LCPAR was supported by the NHS Greater Glasgow & Clyde Child Poverty Report 2018/19, a copy of which was appended to the report.

It was noted that the Child Poverty (Scotland) Act 2017 set out targets to reduce the number of children experiencing the effects of poverty by 2020 and set interim targets to be met by 2023. The report detailed of the steps being taken by the HSCP, in partnership, to reduce child poverty.

DECIDED:

(a) That the work undertaken in 2018/19 to support NHS Greater Glasgow & Clyde and Renfrewshire Council to meet their statutory duties to contribute to reductions in child poverty rates be noted;

(b) That the commitments within the LCPAR for all staff across HSCP services to have a duty to contribute towards tackling child poverty in 2019/20 be noted; and

(c) That the wider partner actions undertaken and planned to tackle child poverty and continue to influence development of these through appropriate local partnership structures be noted.

10 Change and Improvement Programme Update

Under reference to item 8 of the Minute of the meeting of the IJB held on 22 March 2019, the Chief Officer submitted a report providing an update on the HSCP's evolving Change and Improvement Programme including the ongoing service reviews.

The report provided an update on the four workstreams, being 1. optimising joint and integrated working and shifting the balance of care; 2. statutory requirements, national policy and compliance; 3. service reviews; and 4. delivering safe and sustainable services.

DECIDED: That the content of the report be noted.

11 Update on Review of Addiction Services in Renfrewshire

Under reference to item 9 of the Minute of the meeting of the IJB held on 22 March 2019, the Chief Officer submitted a report relative to the review of addiction services in Renfrewshire, commissioned in January 2018 by the Alcohol and Drug Partnership.

The report intimated that the review had been led by John Goldie, an independent reviewer, supported by a review team comprising core HSCP staff, third-sector, service-users and lived experience representation.

It was noted that work was underway to implement all the recommendations from the review and that significant redesign of services would be required to ensure the recommendations were fully implemented. The report provided an update on the main key areas.

DECIDED: That the content of the report be noted.

12 Quality, Care and Professional Governance Annual Report 2018/19

The Chief Officer submitted a report relative to the Quality, Care and Professional Governance Annual Report 2018/19, a copy of which formed Appendix 1 to the report.

The report intimated that the annual report provided a variety of evidence to demonstrate continued delivery of the care components within the HSCP Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.

Over the last year the HSCP had continued to review its governance arrangements to ensure that the HSCP structures going forward were both efficient and effective and to avoid areas of duplication and overlap.

The Chief Officer undertook to issue information to all Renfrewshire Councillors, MPs and MSPs in relation to the complaints process.

DECIDED:

(a) That the Quality, Care and Professional Governance Annual Report 2018/19, as detailed in Appendix 1 to the report, be noted;

(b) That it be noted that future annual reports would be produced in line with NHS Greater Glasgow & Clyde's reporting cycle of April to March; and

(c) That information be issued to all Renfrewshire Councillors, MPs and MSPs in relation to the complaints process.

13 Provision of Primary Medical Services - Tender for New Contractor

The Chief Officer submitted a report relative to the work underway to tender for a new contractor to provide medical services in the GP practice at Erskine Health Centre, Bargarran, Erskine as a result of the departure of the previous GP contractor from 1 March 2019.

The report intimated that NHS Greater Glasgow & Clyde had been looking after the patients of the former practice, as a directly managed practice (2c practice), from 2 March 2019 and that during this period, sufficient locum GP cover had been provided. A range of media had been used to effectively communicate and engage with patients and staff on how this change affected them.

The NHS Board had considered the four options available, being option1 – disperse patients; option 2 – allocate patients to an existing contractor; option 3 – tender for a new contractor; and option 4 – 2c practice, and it was decided that a tender for a new contractor be progressed to support continuation of services and minimise risk.

It was noted that all relevant tender documents had been prepared and the vacancy would be advertised in the BMJ and all GP practices in NHS Greater Glasgow & Clyde would be advised of the vacancy by email. The procurement process was expected to run form June to October 2019 and thereafter an interview panel would be established to shortlist and interviews applicants and make a recommendation to the Chief Executive of NHS Greater Glasgow & Clyde as to how the new contract should be allocated. The successful provider would be required to enter into a contract with NHS Greater Glasgow & Clyde on the terms of the General Medical Services Contract and a Primary Medical Services agreement.

The Chief Officer undertook to provide an update on this matter within the Change and Improvement Programme update report being submitted to the next meeting of the IJB to be held on 20 September 2019.

DECIDED:

(a) That the content of the report to tender for a new contractor be noted;

(b) That it be noted that until the new contract was awarded, the Heal Board/HSCP would continue to directly manage the GP Practice at Erskine Health Centre, Bargarran, Erskine; and

(c) That an update on this matter be included within the Change and Improvement Programme Update report being submitted to the next meeting of the IJB to be held on 20 September 2019.

Additional Item - Chairman's Update

The Chair intimated that once the items on the agenda had been considered he wished to provide an update on his activities as Chair.

The Chair advised of the visits to the Sunshine Recovery Café, Mirren Day Services, the Care at Home team, the Health Visiting team and the District Nursing team.

DECIDED: That the Chair's update be noted.

Valedictory

The Chief Officer intimated that this would be last meeting that Dr Donny Lyons would chair, he would remain on the IJB as a voting member. Members and officers thanked Donny for his input to the work of the Board as Chair for the past two years and for his 'fairness' as Chair.

Donny thanked members and officers for the constructive meetings and the respect given to everyone.

Board	Report Name	Description	Name	Meeting Date	Due Date	Completion Date	Notes
Renfrewshire Health and Social Care Integration Joint Board.	Integration Joint Board Membership Update	Submit report to future meeting regarding voting member representative from NHSGGC.	Ms Jean Still	22/03/2019	28/06/2019	28/06/2019	
Renfrewshire Health and Social Care Integration Joint Board.	2019/20 Delegated Health and Social Care Budget	In consultation with the Chair, accept the 2019/20 delegated health budget subject to the expected uplift of 2.54% reflecting the Board's uplift for 2019/20 including any final adjustments in relation to recurring budget adjustments at month 12.	Mr David Leese	22/03/2019	28/06/2019	28/06/2019	
Renfrewshire Health and Social Care Integration Joint Board.	2019/20 Delegated Health and Social Care Budget	Submit report to next meeting relative to continuing care bed transfer of funding.	Ms Sarah Lavers	22/03/2019	28/06/2019	28/06/2019	
Renfrewshire Health and Social Care Integration Joint Board.	Performance Management Report: Unscheduled Care	Submit six-monthly reports to the IJB relative to progress made against targets.	Mr David Leese	22/03/2019	13/09/2019		
Renfrewshire Health and Social Care Integration Joint Board.	Review of Learning Disability Day and Respite Services	Submit report to next meeting of the IJB which would include the outcome of the consultation and an outline of the HSCP response and next steps with clear actions included.	Ms Christine Laverty	22/03/2019	28/06/2019		Note this report will be submitted to the September 2019 IJB meeting
Renfrewshire Health and Social Care Integration Joint Board.	Update on Review of Addiction Services in Renfrewshire	Submit future progress update to the next meeting of the IJB.	Ms Christine Laverty	22/03/2019	28/06/2019	28/06/2019	
Renfrewshire Health and Social Care Integration Joint Board.	Updated Primary Care Improvement Plan 2019/20	Present further changes to the PCIP and implementation tracker to the IJB twice-yearly prior to submission to the Scottish Government.	Angela Riddell	22/03/2019	13/09/2019		
Renfrewshire Health and Social Care Integration Joint Board.	Proposed Dates of Meetings of the Integration Joint Board 2019/20	Advise members of dates of IJB meetings agreed for 2019/20 and add these to CMIS.	Ms Elaine Currie	22/03/2019	12/04/2019	11/04/2019	
Renfrewshire Health and Social Care Integration Joint Board.	Proposed Dates of Meetings of the Integration Joint Board 2019/20	Book Abercorn Conference Centre and catering for IJB meetings agreed for 2019/20.	Mr James Higgins	22/03/2019	28/06/2019	11/04/2019	
Renfrewshire Health and Social Care Integration Joint Board.	Provision of Primary Medical Services - Tender for New Contractor	Include an update on this matter within the Change and Improvement Programme report being submitted to the next meeting.	Mr David Leese	28/06/2019	20/09/2019		
Renfrewshire Health and Social Care Integration Joint Board.	Performance Management End of Year Report 2018/19	Submit the Renfrewshire HSCP Annual Performance Report 2018/19 to the next meeting.	Mr David Leese	28/06/2019	20/09/2019		

To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Head of Administration**
Heading:	**IJB Membership Update**

1. Purpose

1.1. The purpose of this report is to confirm the agreed chairing arrangements of the Integration Joint Board (IJB) Audit Committee, further to the report considered by the IJB on 28 June 2019.

2. Recommendation

It is recommended that the IJB:

- Note that Margaret Kerr has been appointed as the Chair of the Audit Committee from 15 September 2019; and
- Note that Councillor Lisa-Marie Hughes has been appointed as the Vice-Chair of the Audit Committee from 15 September 2019.

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.

List of Background Papers – IJB Membership Update (28 June 2019)

Author: Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration (Jean.Still@ggc.scot.nhs.uk / 0141 618 7659)

To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Finance Officer**
Heading:	**Financial Report 1 April 2019 to 31 July 2019**

1. Purpose

1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 31 July 2019 and the projected year end position for the year ended 31 March 2020.

1.2. In addition, approval is sought from the IJB for: the financial framework being developed to support the implementation of the Five-Year Adult Mental Health Strategy across Greater Glasgow and Clyde; the creation of a 'Transformation Programme' reserve and, the CFO's recommendation to work towards achieving a 2% reserve balance.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 31 July 2019;
- Note the projected year-end position for 2019/20;
- Approve the creation of a 'Transformation Programme' reserve to provide resources to mitigate the risk of change, and to support the transition of HSCP services;
- Approve the CFO's recommendation to work towards achieving a 2% reserve balance in recognition of the level of risk which the organisation is likely to be exposed to over the medium term; and
- Approve the proposed financial framework (sect 9) which will support the implementation of the Five-Year Adult Mental Health Strategy;

3. Summary

3.1. As detailed in the table below the IJB year to date position and projected outturn for 2019/20 is an underspend, prior to the transfer of balances to General and Ear Marked Reserves at the financial year end.

Total Renfrewshire HSCP	**Year to Date Position**	**Year End Outturn**
	Underspend £842k	**Underspend £2,449k**

3.2. The key pressures are highlighted in section 4.

3.3. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 8 and 9 provide a reconciliation of the main budget adjustments applied this current financial year.

4.

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £842k	**Underspend £2,449k**

4.1. The overall net underspend for the HSCP at 31 July 2019 is an underspend of £842k, with an anticipated year-end underspend of £2,449k, assuming that the current trajectory of spend continues throughout this financial year. Members should note that any year end underspends in relation to the Action 15, Primary Care Improvement Programme (PCIP) and Alcohol and Drug Partnership (ADP) monies will be transferred to ear marked reserves to be drawn down in future years in line with their respective SG allocations.

4.2. The current and projected underspend includes a draw down from ear marked reserves as detailed in the following table and in Appendix 10.

Earmarked Reserves	Amounts Drawn Down in 2019/20 £000's
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	-23
Primary Care Inprovement Program (19/20)	-816
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises im	-58
Primary Care Transformation Fund Monies	-39
Single Point of Access Implementation (19/20)	-28
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	-150
Health Visiting	-58
Tannahill Diet and Diabetes Pilot Project	-15
Mental Health Action 15 (19/20)	-306
Mile End Refurbishment	-100
Westland Gardens Refurbishment	-105
Care @ Home Refurbishment and Uniform Replacement	-70
Additional Support Costs for Transitioning Placement	-60
TOTAL EARMARKED RESERVES	**-1,828**

4.3. The main broad themes of the current and projected outturn include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £400k	**Underspend £1,107k**

4.3.1. The main pressures variances within Adults and Older People relate to:

- *Care at Home*:
  Continued pressures within the Care at Home service - Although performance in relation to keeping delayed discharges to a minimum has declined since 2017/18, the volume of clients requiring Care at Home upon leaving hospital has increased significantly. This increase in demand, continues to have a significant adverse impact on this budget.
- *Employee costs - Adult Social Care*
  Underspends in employee costs (excluding care at home) reflecting vacancies throughout all service areas. These underspends offset pressures within third party payments for the Care at Home service and the Adult placement budget reflecting the impact of increasing demand.
- *Addictions (including ADP)*

Underspend which reflects the planned hold on recruitment pending the implementation of the actions to address the findings from the review of addiction services.

- *Adult Community Services*
  Net underspend reflecting ongoing turnover and recruitment issues across the Rehabilitation and District Nursing services, which offset costs associated with keeping delayed discharges to a minimum (shown against supplies and services).

Mental Health	Year to Date Position	Year End Outturn
	Overspend £47k	**Overspend £137k**

4.3.2. The overspend in Mental Health Services reflects pressures in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.

Children's Services	Year to Date Position	Year End Outturn
	Underspend £91k	**Underspend £273k**

4.3.3. The underspend within Children's Services reflects vacancies across the service including: School Nursing; Children and Adolescent Mental Health, Speech and Language Therapy, and Occupational therapy.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £58k	**Underspend £173k**

4.3.4. The underspend in Hosted Services is mainly due to vacant administrative posts in the Primary Care screening service, and vacancies within Podiatry.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £268k	**Overspend £804k**

4.4. As previously indicated to members, with the ending of the risk sharing arrangement across NHSGGC partnerships, prescribing costs represent one of the greatest financial risks to the HSCP, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.

4.5. As part of its financial planning for 2019/20, the IJB agreed a net increase of £2.1m to the prescribing budget to fund estimated cost and volume pressures for 2019/20. This net increase was based on a number of assumptions which includes the delivery of prescribing efficiencies and specific initiatives which are being taken forward across NHSGGC including: spend to save proposals; waste campaign; Formulary Compliance; and, Wound Dressings - prescribing of formulary recommended wound dressing products.

4.6. As GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed, this means expenditure information is only available for April – May (2 months). It is therefore too early in the financial year for any trend analysis to inform year end projections, however at this stage it is not anticipated that all of the additional funding allocated to prescribing through the budget process for 19/20 will be required. The current year end projection is an underspend of £ 804k. This position will be closely monitored throughout the year as more data emerges and the potential impact from Brexit assessed.

5. Scottish Government Funding 2019/20

5.1. Funding letters in respect of the: Primary Care Improvement Fund, Mental Health Action 15, and Alcohol and Drug Partnership (ADP) have now been received, clarifying the allocations for 2019/20.

5.2. In assessing the allocations for 2019/20, the Scottish Government gathered information via the CFO Network, on Scottish Government allocations included within Integration Authorities earmarked reserves as at 31 March 2019. These balances reflect the difficulties HSCPs across Scotland have had with regards to the recruitment of specialist staff from the limited pool available. As a result of this analysis, for 2019/20 the use of earmarked reserves is to be prioritised in advance of any further allocation of funding. In terms of allocations for planned expenditure during 2019/20 for Action 15, PCIF and Mental Health Action 15, the allocations have been reduced by the value held in reserves before additional 2019/20 allocations have been made. The Scottish government have confirmed that this will not reduce the overall commitment to fund specific policy initiatives.

5.3. Scottish Government will continue to utilise the information contained within financial returns to policy teams to inform this approach.

5.4. The following table provides a summary of the above allocations:

Funding Description	2018/19				2019/20			
	Allocation £m	Received 1st/2nd Tranche £m	Balance held by SG for future years £m	Transfer to Earmarked Reserves £m	Allocation £m	Drawndown from Reserves £m	Received @ 31st July 2019 £m	Outstanding £m
Primary Care Improvement Fund	1.554	1.465	0.089	0.792	1.861	0.792	0	1.861
Mental Health Action 15	0.374	0.333	0.041	0.306	0.575	0.306	0	0.575
Alcohol and Drug Partnership	2.139	2.139	0	0.321	2.229	0	2.229	0
TOTAL	**4.067**	**3.937**	**0.13**	**1.419**	**4.665**	**1.098**	**2.229**	**2.436**

6. Reserves

Legislative Background

6.1.1. IJBs prepare their accounts under the Local Authority Accounting Regulations because they are section 106 bodies as defined in the Local Government (Scotland) Act 1973.

6.1.2. One of the benefits of these accounting arrangements is that, unlike the NHS, IJBs are allowed to create reserves to facilitate longer term financial planning. Reserves are therefore a key component of the IJB's funding strategy. It is important for the long-term financial stability and the sustainability of the IJB that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. Similarly, it is also important that in-year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, either in whole or in part, to allow for expenditure to be committed and managed in a way that represents best value for the IJB in its achievement of national outcomes and local priorities.

6.1.3. CIPFA 'LAAP Bulletin 99', provides s106 bodies with guidance in relation to Reserves and Balances. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place designed to ensure that s106 bodies do not over-commit themselves financially. Within the existing statutory and regulatory framework, it is the responsibility of the Chief Finance Officer to advise s106 bodies about the level of reserves that they should hold and to ensure that there are clear protocols for their establishment and use. IJB Board Members should be asked to approve transfers to and from reserves and the IJB's reserves policy.

6.1.4. Reserves should not be held without a clear purpose. CIPFA and the Local Authority Accounting Panel consider that s106 bodies should establish reserves including the level of those reserves, based on the advice of their Chief Finance Officer. External auditors also have a role to confirm that there are no material uncertainties in relation to going concern and the IJB's reserve position would form part of this opinion.

6.1.5. Reserve Funds are established as part of good financial management arrangements. The LAAP Bulletin recognises three main purposes for holding reserves:

- as a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing (general);
- a contingency to cushion the impact of unexpected events or emergencies (general); and
- earmarking to meet known or predicted requirements (earmarked)

6.1.6. In order to assess the adequacy of general reserves, Chief Finance Officers should take account of strategic, operational and financial risks facing the s106 body. This assessment of risk should include external risk as well as internal risks. The financial risks should be assessed in the context of the s106 bodies overall approach to risk management and will include:

- the treatment of demand led pressures and the bodies capacity to manage in-year budget pressures, and its strategy for managing demand and service delivery in the longer term;
- the treatment of planned efficiency savings and the need for bodies to be in a position to activate contingency plans should the reporting arrangements identify that planned savings or gains will either not be achieved or be delayed; and
- an assessment of the general financial climate to which the body is subject and should include external factors such as future funding levels, although any plans for using reserves will need to consider the need and ability of the body to replenish these reserves, and the risks to which the body will be exposed whilst replenishing reserves.

<u>Reserves Policy</u>

6.1.7. The LAAP Bulletin recommends that the level of reserves held should be based on the advice of Chief Finance Officers. This can be expressed either as a level of balance in cash or percentage terms taking into account relevant local circumstances, with a level of general reserves being set which is appropriate to the level of risk which the organisation is exposed to over the medium term. The guidance also warns that it is not prudent for reserves to be deployed to finance recurrent expenditure.

6.1.8. At its meeting of 24 November 2017, the IJB approved its revised Reserves Policy, which recommended creation of reserves of up to a maximum of 2% of the net budget of the IJB, in addition to any identified ear marked reserves which are excluded from this calculation. The % to be held being dependent on the year-end position and ability at that time to transfer monies into a reserve for future use.

6.1.9. The Ministerial Strategic Group's (MSG) Review of Integration identified the need for each IJB to develop a transparent and prudent reserves policy. This policy is required to ensure that reserves are identified for a purpose and held against planned expenditure or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Renfrewshire IJB's approved Reserves Policy fully complies with these requirements.

Current Reserves Position

6.1.10. As detailed in Appendix 10 the opening reserves position for the IJB for 2019/20 was £5.473m, of which £4.543m was earmarked to support the delivery of projects which span financial years and is required to enable the IJB to deliver on national outcomes. The remaining balance of £0.930m is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. This equates to 0.45% of the IJB's net budget.

6.1.11. Consistent with the IJB's Reserves Policy at its meeting of 28 June 2019, the IJB approved the creation of ear marked reserves for draw down as required in 2019/20. Based on current projections for 2019/20 a total of £1.828m of ear marked reserves have been drawn down.

6.1.12. The table in Appendix 10 provides further details on the remaining balances held in reserves by the IJB.

6.1.13. In line with the IJB's approved Reserves Policy (para 6.3.2), and, in recognition of the level of risk which the organisation is likely to be exposed to over the medium term, the CFO recommends that the IJB should work towards achieving the recommended 2% reserve balance. However, this can only be achieved when it is prudent to do so and will be dependent on the financial performance of the IJB and the availability of funds which can support this increase.

7. Financial Planning

7.1.1. The HSCP Senior Management Team, led by the Chief Finance Officer, has commenced financial planning for the period 2020 – 23, with a focus on continuing to ensure safe and sustainable services whilst meeting the significant financial challenges we face. It is estimated that within this period the IJB will face between £18m to £24m of gross pressures. The level of Scottish Government and partner organisation funding to address these pressures is not yet clear, however, there is a working assumption that the HSCP will require to make significant savings.

7.1.2. The HSCP recognise this cannot be achieved without a radical programme of financial and service re-modelling which focuses on the way we work and engage with each other, our communities and our partners, all of which will take time. Building upon our established medium-term financial planning strategy, outlined in our Financial Plan, the HSCP believe working to a 3-year planning cycle will allow for a more strategic approach and provide the required time to support and embed change to structures, processes and behaviours.

7.1.3. Over the summer, the SMT considered a number of approaches to financial planning based on lessons learned from previous years and also innovative models which have been successful elsewhere in the UK. From this, we have developed a two-tiered model to address our 2019/20 financial pressures, whilst in parallel introducing a more strategic approach, focusing on the financial sustainability of the organisation in the medium term. Supporting governance and resources are being established to ensure the HSCP is equipped to drive this change forward as part of an expanded Change and Improvement Programme. The Director of Finance and Resources in Renfrewshire Council has approved the draw down of non-recurring additional support from the monies earmarked by the Council for the IJB, to support the HSCPs Change and Improvement Programme.

7.1.4. The short-term financial planning work for 2019/20, Tier 1, is being supported by experienced external support to provide independent challenge to SMT thinking. This work is focused on where we can derive benefits from a more integrated organisational structure. Proposals will be presented to the IJB for approval in late 2019 / early 2020.

7.1.5. The HSCP's medium term approach, Tier 2, to develop a Strategic Delivery Plan, is the subject of a separate paper to this meeting.

7.1.6. In recognition that service transformation and redesign projects take time to fully develop and implement, approval is sought from the IJB to create a transformation reserve. This will be used to provide resources to mitigate the risk of change, and to support the transition of HSCP services, as well as providing resource capacity to support the HSCP to deliver its change programme. This funding would be in addition to the monies earmarked by Renfrewshire Council in 2019/20 and would be dependent on the year-end financial position.

8. Living Wage Increase 2019/20

8.1. As previously reported to the IJB, the new Living Wage rate has been set at £9.00 from the 1st May 2019. In line with previous years practice, a % increase has been applied which includes the impact of on-costs.

8.2. All contracted providers of care at home services and supported living services have been offered an increase to allow the payment of the new Living Wage rate. To date, 5 Care at Home providers have accepted the increase and we await a response from the remaining 2. For supported living services 7 providers have accepted the increase, we await a response from 1 provider and the remaining 2 providers are currently in negotiations with other LA's and once agreed should be in a position to accept our offer.

8.3. The 3 contracted providers of adult residential services within Renfrewshire have agreed to an increase of 3.40% in line with the 2019/20 increase for the NCHC.

8.4. On acceptance of offers made all Living Wage uplifts will be backdated to 1st May 2019.

8.5. Renfrewshire HSCP continues to review out of area placements. Where placements have been made using Scotland Excel's national framework for Adult Residential services all rates currently paid are based on the current Scottish Living Wage. Where placements have been made off contract, host local authority rates are considered if applicable. If there is no host local authority rate available, the providers will be offered a % increase to allow the payment of the new Living Wage from 1st May 2019.

National Care Home Contract 2019/20

8.6. As previously highlighted, the terms of the contract for 2019/20 were negotiated by COSLA and Scotland Excel with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS) who agreed an increase of 3.40% for residential and 3.65% for nursing. A Minute of Variation (MOV) was issued to 17 of the 18 providers of care homes for older adults in Renfrewshire (1 provider is currently in the process of assigning to another organisation, once the process is complete the MOV will be issued to the new provider), to date 16 providers have accepted the offer and we await a response for 1 provider.

9. Financial Framework for the Five-Year Mental Health Services Strategy

9.1. Local investment in Mental Health Action 15 and the employment of additional mental health workers, is closely aligned to NHSGGC's Five Year Adult Mental Health Services Strategy, which was presented and approved by the six HSCP Boards early last year. This strategy is being taken forward by the Greater Glasgow and Clyde Mental Health Programme Board with the objective of delivering a whole systems approach to Adult Mental Health Services including:

- Adult Mental Health Inpatient Beds;
- Specialist Adult Mental Health Services;
- Perinatal Services;
- Trauma Services; and
- Unscheduled Care Services

9.2. The Strategy recognises that these services should continue to be delivered on a system wide basis to ensure access is equitable for all individuals who require them. In addition, the strategy aims to standardise local services to ensure the same levels and types of interventions are delivered across the Board area.

9.3. Work is being progressed on an implementation programme which will be available later this year. This programme requires to be supported by a detailed financial framework (similar to the continuing care financial framework) to redistribute current mental health budgets to support this whole system approach.

9.4. The Strategy's financial premise is that resources will shift with service change, in particular shifting the balance of care by reducing reliance on high cost inpatient services and investing in community-based infrastructure. This will be supported through the principles of the proposed financial framework as follows:

- Support system wide and local planning and decision making;
- Offer a framework that is fair and equitable for all partners;
- Enable investments to be made which support delivery of the strategy, irrespective of where the budget is held;
- Support service re-design on a systems wide basis; and
- Support collaborative working across the partners and deliver the optimum use of the resources across Greater Glasgow and Clyde, including workforce planning.

9.5. The proposed financial framework will identify those budgets linked to disinvestment across the whole system and re-allocated across the six partnerships based on their share of NRAC (National Resource Allocation Committee) in the year the reallocation takes place. As stated above this is consistent with the approach of other system wide financial frameworks.

9.6. Individual HSCP's will then be able to use this funding to undertake local and board wide investment in line with the Five-Year Strategy. Board wide investment will be funded jointly again on an NRAC basis.

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.
11. **Privacy Impact** – none.

List of Background Papers:

- Scottish Government Medium Term Financial Strategy;
- Scottish Fiscal Commission paper;
- 2018/19 Delegated Health and Social Care Budget (Renfrewshire IJB, 23 March 2018)

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Appendix 1

HSCP Revenue Budget Position
1st April 2019 to 31st July 2019

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	27,183	1,238		379		28,799	27,928	872	3.1%	underspend
Property Costs	439	-		79		518	506	11	2.2%	underspend
Supplies and Services	6,805	(151)	(4,085)	145		2,714	2,954	(240)	-8.1%	overspend
Third Party Payments	22,013	474		23		22,510	22,669	(159)	-0.7%	overspend
Purchase Of Healthcare	822	49		-		871	882	(11)	-1.2%	overspend
Transport	310	-		-		310	309	0	0.1%	underspend
Family Health Services	26,868	971		-		27,839	27,571	268	1.0%	underspend
Support Services	27	-		-		27	27	0	1.4%	underspend
Transfer Payments (PTOB)	1,453	(9)		-		1,444	1,450	(6)	-0.4%	overspend
Resource Transfer	6,346	642	(6,988)	-		-	-	-	0.0%	breakeven
Set Aside	10,414	-		-		10,414	10,414	0	0.0%	breakeven
Gross Expenditure	**102,679**	**3,214**	**(11,072)**	**626**	**-**	**95,446**	**94,711**	**736**	**-2.6%**	underspend
Income	(11,102)	(250)			(626)	(11,978)	(12,084)	106	-0.9%	underspend
NET EXPENDITURE	**91,577**	**2,964**	**(11,072)**	**626**	**(626)**	**83,468**	**82,627**	**842**	**1.0%**	**underspend**

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	24,435	473		75	(75)	24,908	24,508	400	1.6%	underspend
Mental Health	7,108	483		102	(102)	7,591	7,638	(47)	-0.6%	overspend
Learning Disabilities	5,960	28		63	(63)	5,988	5,987	1	0.0%	underspend
Children's Services	1,804	224		19	(19)	2,028	1,937	91	4.7%	underspend
Prescribing	11,767	539		-	-	12,306	12,038	268	2.2%	underspend
Health Improvement & Inequalities	293	41		-	-	334	292	42	14.2%	underspend
FHS	14,385	323		-	-	14,708	14,708	-	0.0%	breakeven
Resources	1,101	(47)		293	(293)	1,054	1,043	11	1.1%	underspend
Hosted Services	3,527	258		74	(74)	3,784	3,727	58	1.5%	underspend
Resource Transfer	6,346	642	(6,988)			-	-	-	0.0%	breakeven
Social Care Fund	4,085	-	(4,085)			-	-	-	0.0%	breakeven
Set Aside	10,414	-				10,414	10,414	0	0.0%	breakeven
Other Delegated Services	353					353	335	18	5.4%	underspend
NET EXPENDITURE	**91,577**	**2,964**	**(11,072)**	**626**	**(626)**	**83,468**	**82,627**	**842**	**1.0%**	**underspend**

Appendix 2

HSCP Revenue Budget Position
1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	76,647	3,713		1,140		81,500	79,013	2,487	3.1%	underspend
Property Costs	1,145	-		205		1,350	1,328	22	1.7%	underspend
Supplies and Services	20,130	(453)	(12,254)	425		7,848	8,526	(679)	-8.0%	overspend
Third Party Payments	57,235	1,232		60		58,527	58,940	(413)	-0.7%	overspend
Purchase Of Healthcare	2,466	147		-		2,613	2,646	(33)	-1.2%	overspend
Transport	805	-		-		805	804	1	0.1%	underspend
Family Health Services	80,605	2,913		-		83,519	82,714	805	1.0%	underspend
Support Services	70	-		-		70	69	1	1.4%	underspend
Transfer Payments (PTOB)	3,777	(23)		-		3,754	3,770	(16)	-0.4%	overspend
Resource Transfer	19,037	1,926	(20,963)	-		-	-	-	0.0%	breakeven
Set Aside	31,242	-		-		31,242	31,242	0	0.0%	breakeven
Gross Expenditure	**293,160**	**9,455**	**(33,217)**	**1,830**	**-**	**271,228**	**269,052**	**2,176**	**-2.9%**	underspend
Income	(29,281)	(749)			(1,830)	(31,860)	(32,133)	273	-0.8%	underspend
NET EXPENDITURE	**263,879**	**8,706**	**(33,217)**	**1,830**	**(1,830)**	**239,368**	**236,919**	**2,449**	**1.0%**	**underspend**

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	65,193	1,233		198	(198)	66,427	65,320	1,107	1.7%	underspend
Mental Health	20,964	1,448		307	(307)	22,412	22,549	(137)	-0.6%	overspend
Learning Disabilities	15,640	85		165	(165)	15,725	15,702	23	0.1%	underspend
Children's Services	5,413	672		58	(58)	6,084	5,811	273	4.7%	underspend
Prescribing	35,302	1,617		-	-	36,919	36,115	804	2.2%	underspend
Health Improvement & Inequalities	880	122		-	-	1,002	877	125	14.2%	underspend
FHS	43,155	970		-	-	44,125	44,125	-	0.0%	breakeven
Resources	3,302	(141)		881	(881)	3,162	3,128	34	1.1%	underspend
Hosted Services	10,580	773		221	(221)	11,353	11,181	173	1.5%	underspend
Resource Transfer	19,037	1,926	(20,963)			-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)			-	-	-	0.0%	breakeven
Set Aside	31,242	-				31,242	31,242	0	0.0%	breakeven
Other Delegated Services	917	-				917	870	47	5.4%	underspend
NET EXPENDITURE	**263,879**	**8,706**	**(33,217)**	**1,830**	**(1,830)**	**239,368**	**236,919**	**2,449**	**1.0%**	underspend

Transfer to Reserves at year end	(2,449)
Net Balance	-

Funded by:

Renfrewshire Council	72,077
NHS Greater Glasgow & Clyde	169,121
Drawdown of Earmarked Reserves	(1,830)
TOTAL	**239,368**

Appendix 3

Health Revenue Budget Position
1st April 2019 to 31st July 2019

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	14,932	1,238		380		16,550	15,999	550	3%	underspend
Property Costs	12	-		-		12	29	(17)	-58%	overspend
Supplies and Services	6,094	(151)	(4,085)	118		1,977	2,114	(138)	-7%	overspend
Purchase Of Healthcare	822	49		-		871	882	(11)	-1%	overspend
Family Health Services	26,868	971		-		27,839	27,571	268	1%	underspend
Set Aside	10,414	-		-		10,414	10,414	0	0%	breakeven
Resource Transfer	6,346	642	(6,988)	-		-	-	-	0%	breakeven
Gross Expenditure	**65,489**	**2,749**	**(11,072)**	**498**	**-**	**57,663**	**57,010**	**654**		
Income	(1,040)	(250)			(498)	(1,788)	(1,788)	(0)	0%	overspend
NET EXPENDITURE	**64,449**	**2,499**	**(11,072)**	**498**	**(498)**	**55,875**	**55,222**	**654**		

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	895	5		-	-	900	798	102	13%	underspend
Adult Community Services	3,262	3		9	(9)	3,265	3,197	68	2%	underspend
Children's Services	1,804	224		19	(19)	2,028	1,937	91	5%	underspend
Learning Disabilities	362	28		-	-	390	340	50	15%	underspend
Mental Health	6,209	483		102	(102)	6,691	6,728	(37)	-1%	overspend
Hosted Services	3,527	258		74	(74)	3,784	3,727	58	2%	underspend
Prescribing	11,767	539		-	-	12,306	12,038	268	2%	underspend
Gms	7,336	-		-	-	7,336	7,336	-	0%	Break-even
FHS Other	7,049	323		-	-	7,372	7,372	-	0%	Break-even
Planning & Health Improvement	293	41		-	-	334	292	42	14%	underspend
Primary Care Improvement Prog	-	-		284	(284)	-	-	-	0%	Break-even
Resources	1,101	(47)		10	(10)	1,054	1,043	11	1%	underspend
Set Aside	10,414	-		-	-	10,414	10,414	0	0%	Break-even
Resource Transfer	6,346	642	(6,988)	-	-	-	-	-		
Social Care Fund	4,085	-	(4,085)	-	-	-	-	-		
NET EXPENDITURE	**64,449**	**2,499**	**(11,072)**	**498**	**(498)**	**55,875**	**55,222**	**654**		

Appendix 4

Health Budget Year End Position
1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	44,796	3,713		1,140		49,649	47,998	1,651	3%	Underspend
Property Costs	36					36	87	(51)	-58%	Overspend
Supplies and Services	18,283	(453)	(12,254)	355		5,931	6,343	(412)	-7%	Overspend
Purchase Of Healthcare	2,466	147				2,613	2,646	(33)	-1%	Overspend
Family Health Services	80,605	2,913				83,518	82,714	804	1%	Underspend
Set Aside	31,242					31,242	31,242	0	0%	breakeven
Resource Transfer	19,037	1,926	(20,963)			-				
Gross Expenditure	**196,466**	**8,246**	**(33,217)**	**1,495**	**-**	**172,989**	**171,030**	**1,959**		
Income	(3,120)	(749)			(1,495)	(5,364)	(5,363)	-	0%	breakeven
NET EXPENDITURE	**193,346**	**7,497**	**(33,217)**	**1,495**	**(1,495)**	**167,626**	**165,667**	**1,959**		

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	2,684	16				2,700	2,394	306	13%	underspend
Adult Community Services	9,786	9		28	(28)	9,795	9,591	204	2%	underspend
Children's Services	5,413	672		58	(58)	6,084	5,811	273	5%	underspend
Learning Disabilities	1,085	85				1,170	1,020	150	15%	underspend
Mental Health	18,626	1,448		307	(307)	20,074	20,184	(110)	-1%	Overspend
Hosted Services	10,580	773		221	(221)	11,353	11,181	173	2%	underspend
Prescribing	35,302	1,617				36,919	36,115	804	2%	underspend
Gms	22,009					22,009	22,009	-	0%	Break-even
FHS Other	21,146	970				22,116	22,116	-	0%	Break-even
Planning & Health Improvement	880	122				1,002	877	125	14%	underspend
Primary Care Improvement Prog				851	(851)	-		-	0%	Break-even
Resources	3,302	(141)		30	(30)	3,162	3,128	34	1%	underspend
Set Aside	31,242					31,242	31,242	0	0%	Break-even
Resource Transfer	19,037	1,926	(20,963)			-		-		
Social Care Fund	12,254		(12,254)			-		-		
NET EXPENDITURE	**193,346**	**7,497**	**(33,217)**	**1,495**	**(1,495)**	**167,626**	**165,667**	**1,959**		

Appendix 5

Adult Social Care Revenue Budget Position
1st April 2019 to 16th August 2019

Subjective Heading	YTD Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	12,234	0	-		12,234	11,912	322	3%	underspend
Property Costs	215	0	79		293	285	8	3%	underspend
Supplies and Services	705	0	27		732	834	(102)	-12%	overspend
Third Party Payments	22,013	474	23		22,510	22,669	(159)	-1%	overspend
Transport	308	0			308	307	0	0%	overspend
Support Services	27	0			27	27	0	1%	overspend
Transfer Payments (PTOB)	1,315	(9)			1,307	1,311	(5)	0%	overspend
Gross Expenditure	**36,817**	**465**	**129**	**-**	**37,411**	**37,346**	**65**	**0%**	**underspend**
Income	(10,042)			(129)	(10,170)	(10,276)	105	-1%	underspend
NET EXPENDITURE	**26,775**	**465**	**129**	**(129)**	**27,240**	**27,070**	**170**	**1%**	**underspend**

Care Group	YTD Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	17,722	465	65	(65)	18,187	17,884	303	2%	underspend
Physical or Sensory Difficulties	2,300		-	-	2,300	2,386	(86)	-4%	overspend
Learning Difficulties	5,598		63	(63)	5,598	5,647	(49)	-1%	overspend
Mental Health Needs	899		-	-	899	910	(10)	-1%	overspend
Addiction Services	256		-	-	256	243	13	5%	underspend
NET EXPENDITURE	**26,775**	**465**	**129**	**(129)**	**27,240**	**27,070**	**170**	**1%**	**underspend**

Appendix 6

Adult Social Care Revenue Budget Year End Position
1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	31,808				31,808	30,972	836	3%	underspend
Property Costs	558		205		763	741	22	3%	underspend
Supplies and Services	1,833		70		1,903	2,169	(266)	-12%	overspend
Third Party Payments	57,235	1,232	60		58,527	58,940	(413)	-1%	overspend
Transport	800				800	799	1	0%	underspend
Support Services	70				70	69	1	1%	underspend
Transfer Payments (PTOB)	3,420	(23)			3,397	3,409	(12)	0%	overspend
Gross Expenditure	**95,724**	**1,209**	**335**	**-**	**97,268**	**97,099**	**169**	**0%**	**underspend**
Income	(26,108)			(335)	(26,443)	(26,717)	274	-1%	underspend
NET EXPENDITURE	**69,616**	**1,209**	**335**	**(335)**	**70,825**	**70,382**	**443**	**1%**	**underspend**

Care Group	Annual Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	46,077	1,209	170	(170)	47,286	46,499	787	2%	underspend
Physical or Sensory Difficulties	5,980				5,980	6,203	(223)	-4%	overspend
Learning Difficulties	14,555		165	(165)	14,555	14,682	(127)	-1%	overspend
Mental Health Needs	2,338				2,338	2,365	(27)	-1%	overspend
Addiction Services	666				666	633	33	5%	underspend
NET EXPENDITURE	**69,616**	**1,209**	**335**	**(335)**	**70,825**	**70,382**	**443**	**1%**	**underspend**

Appendix 7

Renfrewshire Council 'Other Delegated Services'
1st April 2019 to 16th August 2019

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	17	17	-	0%	breakeven
Property Costs	212	192	20	10%	underspend
Supplies and Services	5	5	-	0%	breakeven
Transport	2	2	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	137	139	(2)	-1%	overspend
Gross Expenditure	**373**	**355**	**18**	**9%**	**underspend**
Income	(20)	(20)	-	0%	breakeven
NET EXPENDITURE	**353**	**335**	**18**	**9%**	**underspend**

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	319	301	18	9%	underspend
Women's Aid	34	34	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	**353**	**335**	**18**	**9%**	**underspend**

1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	43	43	-	0%	breakeven
Property Costs	551	500	51	10%	underspend
Supplies and Services	14	14	-	0%	breakeven
Transport	5	5	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	357	361	(4)	-1%	overspend
Gross Expenditure	**970**	**923**	**47**	**9%**	**underspend**
Income	(53)	(53)	-	0%	breakeven
NET EXPENDITURE	**917**	**870**	**47**	**9%**	**underspend**

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	782	47	9%	underspend
Women's Aid	88	88	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	**917**	**870**	**47**	**9%**	**underspend**

Appendix 8

2019/20 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2019/20 Renfrewshire HSCP Opening Budget:	69,616.0
Additions:	
Non Recurring Drawdown of Council Reserves	1,231.7
SWIFT Hosting Costs	-23.0
	70,824.7

Appendix 9

2019/20 Health Base Budget and In-Year Adjustments	**£k**
2019-20 Renfrewshire HSCP Financial Allocation	162,104.0
Add: Set Aside	31,242.0
less: Budget Adjustments	
Social Care Fund	-12,254.0
Resource Transfer	-20,662.0
= base budget rolled over	**160,430.0**
Additions:	
Continuing Care - Transfer	1,128.0
Budget Uplift - 2.54%	3,040.0
Family Health Service Adjustment	969.9
Smoking Cessation Funding	65.2
	5,203.1
Non-Recurring:	
Cognitive Behavioural Therapist Posts - Psychology review	150.0
Budget allocated as per 2019/20 Financial Allocation 31st May 2019	**165,783.1**
Budget Adjustments posted in month 3	
Non-Recurring:	
Funding from Health Board for Primary Care Screening Posts	86.7
Health Budget as reported @ 30th June 19	**165,869.8**
Budget Adjustments posted in month 4	
Additions:	
Superann Increase - Funding from Scottish Government	2,055.8
Non-Recurring:	
Transfer to Resource Transfer	-300.0
Health Budget as reported @ 31st July 19	**167,625.6**

Appendix 10

Movement in Reserves

Earmarked Reserves	Opening Position 2019/20 £000's	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20 £000's	Movement in Reserves in 2019/20	To be Drawn Down 2019/20 c.£000's	To be Drawn Down 2020/21 c.£000's	Ongoing c.£000's
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	419	-23		396	-23	-23	✔	✔
Primary Care Inprovement Program (19/20)	816	-816		0	-816	-816		
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises im	562	-58		504	-58	✔	✔	
Primary Care Transformation Fund Monies	39	-39		0	-39	-39		
District Nurse 3 year Recruitment Programme	161			161	0	✔	✔	✔
Prescribing	557			557	0	✔		
ADP Funding (19/20)	321			321	0	-321		
Tec Grant	20			20	0	-20		
Single Point of Access Implementation (19/20)	28	-28		0	-28	-28		
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	150	-150		0	-150	-150		
Health Visiting	181	-58		123	-58	✔	✔	
Tannahill Diet and Diabetes Pilot Project	15	-15		0	-15	-15		
Mental Health Improvement Works	150			150	0	✔	✔	
Mental Health Action 15 (19/20)	306	-306		0	-306	-306		
Care @ Home Redesign/Locality Services Redesign Associated Costs	0			0	0			
Costs Associated With Addictional Set Up Costs For Specific Planned Placement	0			0	0			
ICT Swift Update Costs	27			27	0			
Mile End Refurbishment	100	-100		0	-100	-100		
LA Care Home Refurbishment	300			300	0	-300		
Westland Gardens Refurbishment	105	-105		0	-105	-105		
Eclipse Support Costs (2 Year)	156			156	0	-78	-78	
Care @ Home Refurbishment and Uniform Replacement	70	-70		0	-70	-70		
Additional Support Costs for Transitioning Placement	60	-60		0	-60	-60		
TOTAL EARMARKED RESERVES	**4,543**	**-1,828**	**0**	**2,715**	**-1,828**			

General Reserves	Opening Position 2019/20 £000's	Amounts Drawn Down in 2019/20	Projected New Reserves	Closing Position 2019/20 £000's	Movement in Reserves in 2019/20
Renfrewshire HSCP - Health delegated budget under spend carried forward	930			930	0
TOTAL GENERAL RESERVES	**930**	**0**	**0**	**930**	**0**

OVERALL RESERVES POSITION	**5,473**	**-1,828**	**0**	**3,645**	**-1,828**

To: **Renfrewshire Integration Joint Board**

On: **20 September 2019**

Report by: **Chief Finance Officer**

Heading: **IJB Audited Annual Accounts 2018/19**

1. Summary

1.1 The 2018/19 Annual Accounts were submitted to the IJB for approval on 28 June 2019 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 30th September. In order to comply with these requirements the 2018-19 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 20 September 2019.

2. Recommendation

It is recommended that the IJB:

- Approve the Annual Accounts for 2018/19 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

Implications of the Report

1. **Financial –** The 2018/19 Annual Accounts have been approved as providing a true and fair view of the financial position as at 31 March 2019.
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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Renfrewshire Health & Social Care Partnership

Renfrewshire Integration Joint Board

Annual Accounts 2018/19

Contents

Management Commentary

Purpose

This publication contains the financial statements of Renfrewshire Integration Joint Board (IJB) for the year ended 31 March 2019.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2018/19, and, how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of Renfrewshire.

Role and Remit of Renfrewshire IJB

Renfrewshire IJB, formally established on 1 April 2016, has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within the Renfrewshire area. The functions which are delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014, are detailed in the formal partnership agreement between the two parent organisations, Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC).

This agreement, referred to as the Integration Scheme, is available at: http://www.renfrewshire.hscp.scot/article/6315/Governance-Documents

In March 2018, Renfrewshire Council and NHSGGC agreed an update to the Integration Scheme to reflect the provisions in the Carers (Scotland) Act 2016 to be delegated to the IJB.

The Vision for the IJB is:

> Renfrewshire is a caring place where people are treated as individuals and supported to live well

The IJB's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan.

The IJB meets five times per year and comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHSGGC. Non-voting members include the Chief Officer, Chief Finance Officer and 3rd sector, professional, carer and staff side representatives.

A Profile of Renfrewshire

A full profile of Renfrewshire IJB is set out in the Strategic Plan. Some of the key characteristics include the following:

Renfrewshire Population

177,790

(2018 National Records of Scotland), which is 3.4% of the population of Scotland

It comprises of:

30,171 (17%) children aged 0-15 + 114,331 (64.3%) adults aged 16-64 + 33,288 (18.7%) older adults aged 65 and over

29 GP Practices

43 Community Pharmacies

23 Community Optometrists

35 General Dental Practitioners

Royal Alexandra Hospital

12,868 Carers provide up to 50 hours of unpaid care per week.

4,576 Carers provide more than 50 hours of unpaid care per week.

10% of our population are unpaid carers.

80.2 years 2015-17 life expectancy for a Renfrewshire female

76.2 years 2015-17 life expectancy for a Renfrewshire male

Demographic Profile:

An estimated **597** adults are known to have a learning disability in Renfrewshire

It is estimated that more than **12,000** people in Renfrewshire have a Physical Disability

An estimated **2,700** problem drug users in Renfrewshire

An estimated **20%** of adults have common mental health problems in Renfrewshire

It is estimated that more than **2,750** people are living with dementia in Renfrewshire This is expected to increase to 4,400 in 2039

Renfrewshire IJB Operations for the Year

Strategic Objectives

We have remained committed to our 3 key strategic priorities, set out in our Strategic Plan:

- Improving Health and Wellbeing;
- Ensuring that the people of Renfrewshire will get the health and adult social care services they need: the right service, at the right time, in the right place; and
- Working in partnership to support the person as well as the condition.

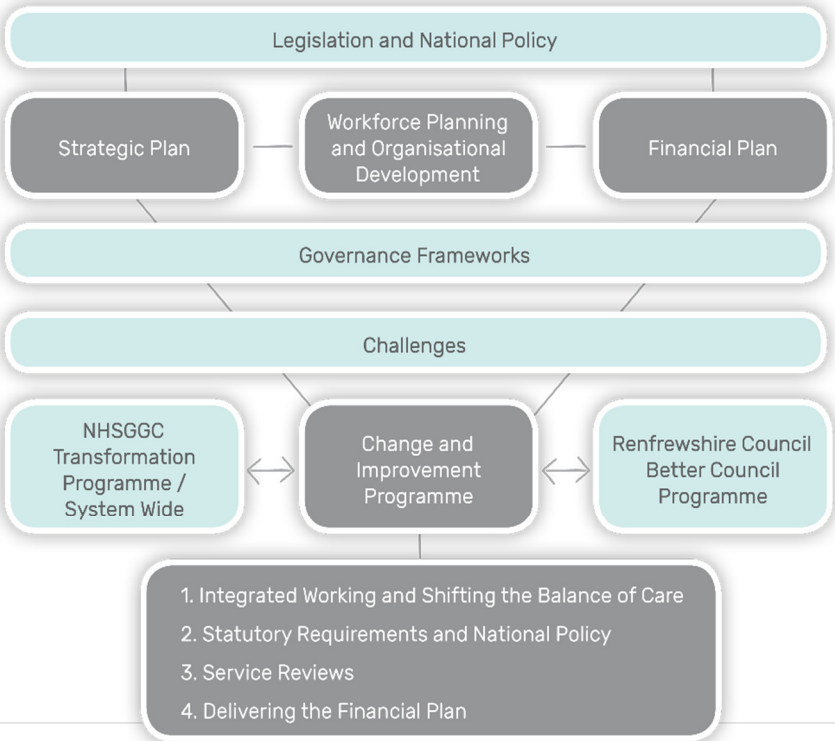
Renfrewshire Health & Social Care Partnership (RHSCP) has an established Change and Improvement Programme which is focused on:

- Proactively developing our health and social care services in line with national direction and statutory requirements;
- Optimising the opportunities joint and integrated working offers; and
- Ensuring any service redesign is informed by a strategic planning and commissioning approach.

This approach supports our work to ensure we provide the best possible services and care to our service users and to enable our service and resource planning to focus on and deliver the right outcomes for all.

Change and Improvement Programme

A Change and Improvement Programme has been established in support of the IJB's Vision and to enable the delivery of our Strategic, Workforce and Financial Plans and in line with the national direction set out in the National Clinical Strategy and Health and Social Care Delivery Plan. This is outlined in the diagram below. This programme provides a structured approach to manage change, optimise the use of change and improvement approaches and to develop and share best practice to deliver on this vision.



Further detail regarding each strand of the programme and key highlights of activity throughout the last year is provided in the following diagram.

Additional Improvements

In addition to the workstreams being taken forward within our Change and Improvement Programme, a number of additional improvements have been taken forward within specific services in the last year to ensure the best possible outcomes for our population.

Early Intervention, Prevention and Harm Reduction

- All of the Early Education and Childcare Establishments in Renfrewshire (local authority, partnership, and private) are Breastfeeding Friendly Nursery accredited.
- Significant shift to empower and support people to manage their long-term health conditions. RHSCP does this in a range of ways including supporting community-led activity with our community and third-sector partners, promoting tools such as My Diabetes My Way (MDMW) and encouraging people to access local assets and resources to maintain their wellbeing. Over the last year there has been a steady rise in people signing up to MDMW in Renfrewshire from 1,713 (April to June 2018) to 1,869 (January to March 2019).
- RHSCP has been working with the Health and Social Care Alliance over the last few years to populate ALISS (A Local Information System for Scotland) with local community groups, aiming to make it easier for people to find local groups and activities which can support their health and wellbeing. There are currently more than 300 entries for Renfrewshire, and this will continue to increase.
- One of our key areas of success is the Sunshine Recovery Café established to promote recovery and improve the life chances of individuals affected by alcohol and drugs. The Café provides peer led support to assist individuals both becoming and sustaining abstinence from alcohol and drugs and support to access training and employment opportunities. Between 50-60 individuals attend on a weekly basis benefiting from a broad network of activities including volunteering in the Café and accessing a variety of holistic therapies.

Providing Greater Self Determination and Choice

- Continued to extend Self-Directed Support (SDS) services across RHSCP area which further embeds the requirement to assess for outcomes rather than services. This continuing practice ensures that the supported person is an active participant and assists those involved in support planning, by ensuring the assessment process is a multi-participant exchange that supports decisions to be taken that reflect the outcomes that will be most appropriate to the supported person.

Shifting the Balance of Care

- Introduced the Red Bag Scheme which involves the provision of a transportable red bag to care homes which is used to store information, medication and property, for care home residents who require unplanned acute attendance and/or admission. This bag follows the resident through their journey into acute and back to the care home, with staff using it to provide key information on transfer, speeding up operational processes and supporting better decision making.
- RHSCP continues to work closely with partners in primary and secondary care to ensure that everyone has access to the treatment they need in the most suitable setting. Providing appropriate treatment at the right time and in the right place is at the heart of what RHSCP does.

Enabling Independent Living for Longer

- Our Care at Home Services Transformation Programme continues to work with staff, our service users, Trade Unions and partners to develop services which will enable us to better manage the ongoing demand for our services, within current budgets, whilst supporting people to remain as independent as possible within their own home.

Public Protection

- Renfrewshire's Adult Protection Committee (RAPC) completed its biennial self-evaluation report in 2018. This self-evaluation included a case file audit of 100 cases and consultation with stakeholders; these were cases in which an Adult Support and Protection (ASP) referral was made, and for which a "no further action under ASP" decision was taken during the Inquiry phase of the process. Good practice was identified, and areas of improvement have been incorporated into an action plan.
- Following a review of the Adult Support and Protection Duty Team within Specialty Services, after the evaluation of the review, senior management agreed that this should continue on a permanent basis. The Duty Team will be reviewed annually to continue to improve on the service provided.
- The Adult Protection Committee is currently undertaking an audit alongside K-Division of Police Scotland. This audit includes Inverclyde HSCP; this is an opportunity to compare adult support and protection activity across the shared police division.

- Renfrewshire continues to embed the Safe and Together model of practice and social work, health and third sector managers attended training specifically designed for child protection supervisors in May 2018. Plans have been put in place this year to undertake joint training for health visiting and social work staff on the use of the neglect toolkit. Training took place in May 2019. The aim is to further embed a shared understanding of thresholds in relation to neglect and consolidate the use of a shared approach and language for professionals.
- A multi-agency case file audit was undertaken by the Renfrewshire Child Protection Committee. This audit focused on three quality indicators to measure how well partners are working together to improve the lives of children, young people and families. This also included a GP case file audit of child protection cases. The multi-agency case file audit was carried out in May 2018. Overall the audit found evidence of very good and good practice and of progress on the recommendations of the 2015 inspection. A number of strengths were highlighted, and the commitment of staff and their positive impact was noted. Recommendations were made from the audit which have been translated into actions that are being progressed through the appropriate sub groups of the Child Protection Committee. The findings of the case file audit are also feeding into the Committee's current plan for self-evaluation.

Engaging and Developing Our Staff

- Views and options of staff are sought via the iMatter survey which provides results on a team basis and enables them to identify areas of improvement. The iMatter tool from the Scottish Government aims at helping individuals, teams and public sector organisations understand and improve staff experience. Staff experience involves individuals feeling motivated, supported and cared for at work and can be observed in levels of engagement, motivation and productivity.
- Ongoing development of the RHSCP's website to improve information on health and social care Integration. During 2018/19 there were 9,500 visitors to this website with 62,670 page views. Development of the website supports staff development in a number of ways and the number of visitors is indicative of its use:
  - Helps staff find appropriate information
  - Allows staff to signpost to other services
  - Keeps staff aware of projects and initiatives across the Partnership which contributes to their development

Service Performance

RHSCP has had a proactive approach to reporting on performance since 2015, with changes in our reporting approach reflecting the IJB's views/preferences on how and what is reported. RHSCP produced its second Annual Report on 30 July 2018, which is available at www.renfrewshire.hscp.scot/

In our regular IJB reports, and, in the Annual Report we have used a range of methods to demonstrate progress towards our organisational vision. The IJB discusses performance at every meeting. This includes the Performance Scorecard, which is taken annually to the IJB, to agree any changes to key performance indicators or targets and the IJB is responsible for approving these amendments. The IJB also approves organisational reports as presented, including the Strategic Plan 2019-22; the Quality, Care and Professional Governance Framework; the Workforce, Service Improvement and Organisation Development Plan and papers on Service Reviews etc. The IJB also has an opportunity to comment and request further information on data included in the Performance Scorecard at each meeting when performance management is being discussed. An overview of our performance for 2018/19 is included in the following tables. Full year data is not currently available for all performance indicators, where it is not available, data to the latest Quarter has been used.

Overall status as at March 2018/19: of the 65 indicators included in our Performance Scorecard, 40 have targets: 13 red (32.5%), 5 amber (12.5%) and 22 green (55%).

Targets are reviewed annually and changed where applicable. Indicators are also reviewed annually in terms of additions, amendments or removals. Some targets are statutory and set by the NHS Board or Renfrewshire Council e.g. smoking cessation or sickness absence targets, and, waiting times for services such as Child and Adolescent Mental Health Services (CAMHS) and paediatric Speech and Language Therapy.

Green Indicators	Performance	Target	Direction of Travel	Performance Update
Smoking cessation: non-smokers at the 3-month follow up in the 40% most deprived areas. Note: The 3 month follow up is where a carbon monoxide monitor and/or a follow up phone call are used to check if someone has still stopped smoking. 40% most deprived areas are targeted to reduce health inequalities. The total number of 165 compares to 201 at March 2018.	**165**	**139**	↑	We have used social media to promote smoking cessation across RHSCP and gain commitment to the ASH Scotland Charter with key stakeholders. The Charter aims to help deliver a "tobacco" free Scotland by 2034. 19 primary schools in Renfrewshire have registered to date with a view to reducing exposure of children to second hand smoke to 12% by 2020. (NB: as of November 2018, this service became integrated into the wider NHSGGC service therefore, RHSCP is no longer responsible for its monitoring and evaluation)
Reduce the rate of pregnancies for those under 16 years (rate per 1,000 population). The rate has reduced from 3.1 in 2017/18 to 2.4 in 2018/19, against a target of 3.1.	**2.4**	**3.1**	↑	The Health Improvement Team support school staff to deliver this agenda via ongoing staff training. There has also been a national review of curricular resources which are now available in draft status (near completion) for schools and can be accessed online.
Uptake rate of child health 30-month assessment. The rate has continued to increase from 82% at March 2017, to 89% at March 2018, and to 93% of eligible families at March 2019, against a target of 80%.	**93%**	**80%**	↑	This has been achieved by using improvement methodology, which resulted in a range of improvements such as: increased frequency of clinics, follow up on non-attendance, and sharing good practice across the Health Visiting Teams. The improvement methodology used was staff consultation and training sessions, as well as ongoing adjustments to documentation.
% of complaints within RHSCP responded to within 20 days. Performance has increased from 76% at March 2018 to 81% at March 2019	81%	70%	↑	Following a dip in performance at September 2018, new parameters were set around timescales for complaints which saw a more stringent approach in receiving investigation outcomes. As a result, we have seen a 5% increase in performance in 2018/19, exceeding the nationally set 70% target.

Green Indicators	Performance	Target	Direction of Travel	Performance Update
Exclusive breastfeeding at 6-8 weeks. At 24.4%, the rate remains above target for 2018/19 (target 21.4%). This is an increase on the 2016 figure of 23.0% and a further 1% increase on the 2017 rate of 23.4%. Whilst the rate in the most deprived areas is still below target (19.9%), it has increased by 3.2% from 14.5% in 2017/18 to 17.7% in 2018/19, which is just outside amber status.	**24.4%**	**21.4%**	↑	Both Paisley Maternity Unit and RHSCP have achieved UNICEF Baby Friendly Accreditation. This is a set of evidence-based standards designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development. UNICEF UK assess the implementation of the standards in services. When it is assessed that the standards are fully implemented, the service is accredited as Baby Friendly. RHSCP has been accredited as a Baby Friendly Organisation and will be re-assessed in November – if successful the service plans to apply for the Gold Award early in 2020. A weekly RHSCP Breastfeeding Support Group is available to breastfeeding mothers, facilitated by a trained Health Visitor. 43 establishments in Renfrewshire have achieved the Breastfeeding Welcome Award. 100% (74/74) of nurseries have achieved the Breastfeeding Friendly Nursery Award.
				

Red Indicators	Performance	Target	Direction of Travel	Performance Update
Emergency admissions from care homes. Performance at year end is 576 against a target of 484. This compares with a total of 519 in 2017/18 and 538 in 2016/17.	**576**	**484**	↓	Work is ongoing with Care Home Liaison Nurses continuing to provide support to Care Homes with high admission rates. A Red Bag initiative has also been introduced to support Care Homes' transfers to and from Acute Services. Benefits include: • Quicker transfer to hospital • Less time collecting key information • Less time spent in hospital • Better communication at point of discharge
				

Red Indicators	Performance	Target	Direction of Travel	Performance Update
The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment has decreased from 73% at March 2018 to 63% at March 2019.	63%	100%		% of children seen within 18 weeks for assessment to appointment was 63% at March 2019 increasing to 71% in May 2019. Urgent referrals are seen within target of 48 hours, those with high risk clinical profiles are seen for assessment within two weeks of referral. An Improvement Plan is in place focusing on reducing lengths of clinical journey, joint capacity building approaches with education, and maximising skill mix. Evidence based pathways in relation to dismissal criteria/thresholds have been applied. It is anticipated that the 18 week target of 100% will be achieved in late 2019, subject to a full staffing complement The target was most recently achieved from March – August 2018.
				
Percentage of RHSCP staff who have passed the Fire Safety LearnPro module.	45.6%	90%		The rate of Fire Safety compliance for Renfrewshire at March 2019 was 45.6%. This has increased to79.6% as at July 2019 against the 90% target, a 34% increase on the figure at June 2019. This is due to the module being re-designed and staff must now complete annually.
				
Number of delayed discharge bed days. The current rate of 6,085 compares to 4,680 in 2017/18, 3,205 in 2016/17 and 6,099 in 2015/16.	6,085	3,200		Work is ongoing to reduce delayed discharges. In a small number of cases there have been difficulties with Care at Home provision due to levels of demand in particular areas, steps are being taken to address this. The remainder are awaiting care home places, either in the process of assessment or looking at their second or third choices due to unavailability of their first-choice option.
				

Red Indicators	Performance	Target	Direction of Travel	Performance Update
Sickness absence rate for Adult Social Work staff (work days lost per FTE). At 4.64 days at September 2018, performance has deteriorated slightly compared to March 2018 when the rate was 4.34 days against a target of 1.79 days. Annual performance at March 2019 is 17.43 days against the target of 8.96 days. Performance has deteriorated slightly compared to March 2018 when the annual rate was 15.71 days against the target of 8.96 days. The sickness absence rate target for Adult Social Work Staff was quarterly but has now been amended to a more realistic annual target of 15.3 days lost per FTE (Full-time Equivalent) for 2019/20. Unfortunately, year-end data is currently unavailable due to the transfer to the new Business World Council IT system.	**4.64 days**	**1.79 days**		There are a number of planned measures in place to address ongoing sickness absence challenges. These include: • HR Teams continuing to work closely with service management teams to offer training and identify areas that require additional support. • Ongoing health improvement activities and support through Healthy Working Lives (HWL), aimed at raising employee awareness of health issues.
				

Renfrewshire IJB's Strategy and Business Model

Strategic Plan

The three-year Strategic Plan for 2019-2022, which was approved by the IJB on 22 March 2019.

The Strategic Plan sets out how RHSCP will meet both local and nationally agreed outcomes. The development of the Strategic Plan was an accessible and inclusive process, enabled and supported by the HSCP's Strategic Planning Group (SPG).

Workshops were established to develop individual sections of the Plan, involving a wide range of staff and stakeholders. These sections were then brought together and tested with the SPG and other stakeholders.

The draft was launched for formal consultation on 18 January 2019 at an event in Johnstone Town Hall, attended by over 100 people. During the formal consultation period, the Plan was presented to the RHSCP Leadership Network and to Renfrewshire Council's Corporate Management Team. We used social media to reach into the community for additional feedback. The deadline for responding to the consultation was Friday 1 March 2019.

Responses to the formal consultation raised a wide range of issues. These included requests to:

- Focus even more on prevention and early intervention
- Highlight the importance of availability of appropriate housing
- Ensure a balance of health and social care
- Dovetail the plan with service reviews
- Highlight the importance of the voluntary sector in delivering care in Renfrewshire
- Link closely with the work of Renfrewshire Council and Community Planning partners.

The new Strategic Plan takes account of national strategies and legislation, regional planning, Renfrewshire Council's Plan, the Community Plan and NHSGGC's Moving Forward Together programme.

The Strategic Plan is also aligned to our Market Facilitation Plan, which aims to inform, influence and adapt service delivery to offer a diverse range of sustainable, effective and quality care so people can access the right services for themselves and their families at the right time and in the right place.

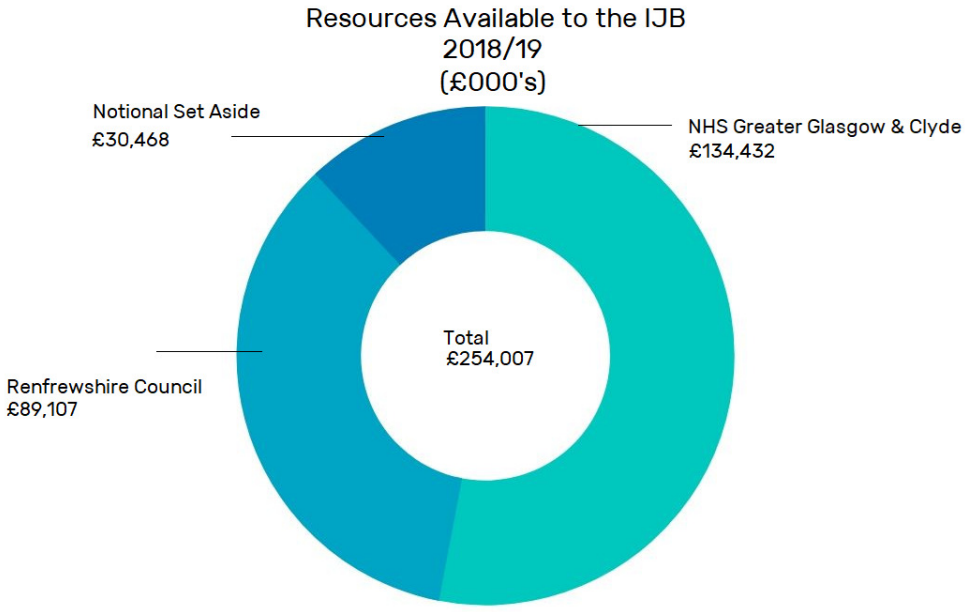
The Market Facilitation Plan is a live document which is continually updated as data becomes available. It will help inform financial planning and ultimately how we allocate our resources moving forward. It will also give service providers an insight into the changes in the health and care needs of the population of Renfrewshire and the future shape of services that need to be developed and delivered to meet those changing needs.

Financial Performance 2018/19

The financial position for public services continues to be challenging, with the IJB operating within ever increasing budget restraints and pressures which were reflected in the IJB's Financial Plan and regular monitoring reports by the Chief Finance Officer to the IJB. This also requires the IJB to have robust financial arrangements in place to deliver services within the funding available in year as well as planning for 2019/20.

Resources Available to the IJB 2018/19

The resources available to the IJB in 2018/19 to take forward the commissioning intentions of the IJB in line with the Strategic Plan totalled £254.007m. The following chart provides a breakdown of where this funding came from.



Included within the funding sources above is a 'Large Hospital Services' (Set Aside) budget totalling £30.468m. This is a notional allocation in respect of those functions delegated by the Health Board which are carried out in a hospital within the health board area. The IJB is responsible for the strategic planning of these services but not their operational delivery.

The Comprehensive Income and Expenditure Statement (CIES) shows the IJB's gross income as £270.368m, as this presentation shows service income, grant funding, resource transfer and social care fund monies which are included within the net funding from our partners. The purpose of the CIES presentation is to show the gross cost of the services we provide.

Summary of Financial Position

Throughout 2018/19, the Chief Finance Officer's budget monitoring reports to the IJB, forecast a breakeven position subject to:

- the drawdown of reserves to fund any delays in the delivery of approved savings and,
- the transfer of specific ring-fenced monies (including Scottish Government funding for Primary Care Improvement, Mental Health Action 15 and Alcohol and Drug Partnership (ADP) monies) and;
- transfers to ear marked reserves which relate to commitments made in 2018/19 which will not be fully delivered until future years.

The final outturn position includes the flexible use of recurring (£2.551m) and non-recurring (£0.824m) resources made available and held by Renfrewshire Council to support the financial sustainability of Adult Social Care services as well as a drawdown from earmarked and general reserves. This leaves a balance of £1.232m of non-recurring resource which will be drawn down in 2019/20.

The CIES describes income and expenditure by client group, and, shows that a surplus of £2.031m was generated in 2018/19.

The table below shows the final outturn position for all delegated services in 2018/19.

Care Group	Budget 2018/19 £000's	Actual 2018/19 £000's	Variance		
			£000's	%	
Adults & Older People	63,112	62,180	932	1%	Underspend
Mental Health	21,105	21,233	(128)	-1%	Overspend
Learning Disabilities	14,547	15,145	(598)	-4%	Overspend
Children's Services	5,403	5,058	345	6%	Underspend
Prescribing	35,752	35,942	(190)	-1%	Overspend
Health Improvement & Inequalities	1,062	940	122	12%	Underspend
FHS	45,281	45,281	0	0%	Overspend
Resources	4,546	5,226	(680)	-15%	Overspend
Hosted Services	10,823	10,626	197	2%	Underspend
Set Aside	30,468	30,468	-	0%	Breakeven
Other Delegated Services	966	880	86	9%	Underspend
NET EXPENDITURE	**233,065**	**232,979***	**86**	**0%**	Underspend

* The net expenditure figure, above, differs from the CIES due to differences in the presentation of earmarked reserves, resource transfer and social care fund.

The IJB approved the drawdown of reserves throughout 2018/19, in order to deliver on specific commitments including funding to mitigate any delays in delivery of approved savings, Care at Home redesign costs etc. The total amount drawn down in 2018/19 was:

- £1.305m from earmarked reserves; and
- £0.824m from the flexible use of both non-recurring resources made available and held by Renfrewshire Council for the partnership

The main broad themes of the final outturn include:

Adults and Older People Underspend £0.932m:

- *Care at Home*: Continued pressures within the Care at Home service which were subject to a range of strengthened financial governance arrangements put in place by the Chief Officer and Chief Finance Officer early on in 2018/19. Although performance in relation to keeping delayed discharges to a minimum has declined since 2017/18, the volume of clients requiring Care at Home upon leaving hospital has increased significantly. This increase in demand, had a significant adverse impact on this budget.
- *Employee costs - Adult Social Care:* Underspend reflecting vacancies throughout all service areas (other than Care at Home) which helped to offset pressures within the Care at Home service.
- *Addictions (including ADP)* - Underspend reflecting planned hold on recruitment pending the implementation of the actions to address the findings from the review of addiction services.

Learning Disabilities - Overspend £0.598m:

Overspend due to ongoing pressures within the Adult Placement budget and the historical budget profile versus current client mix.

Children's Services – Underspend £0.345m:

Underspend reflects vacancies within School Nursing and Health Visiting.

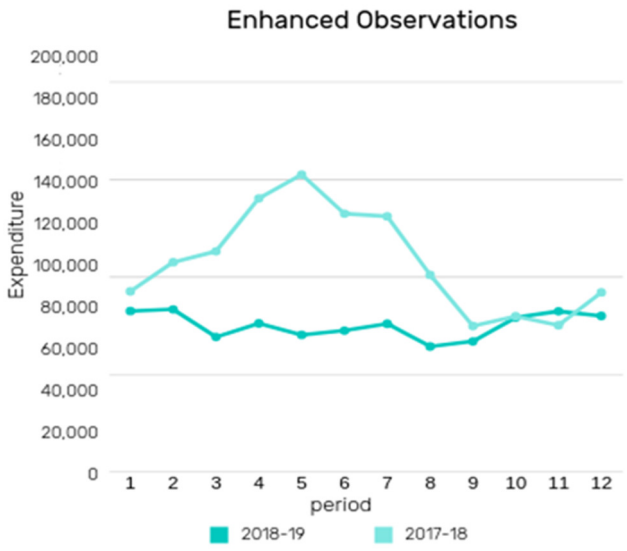
Resources – Overspend £0.680m:

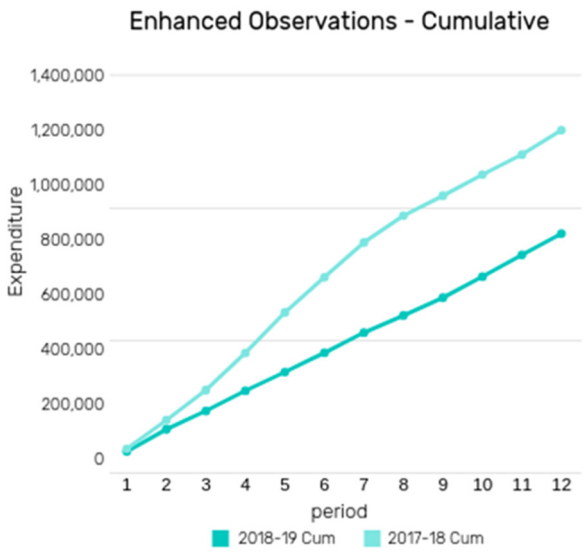
The mechanism to create reserves from the delegated Health budget to the IJB balance sheet is via the 'resources' account code within the health ledger, which also includes the budgets for management and administration staff. Accounting for reserves through this resource code ensures the client group year-end position is accurate. A number of accounting entries in relation to the draw down and creation of reserves are posted through this code including the earmarked reserve for prescribing £0.557m and mental health improvement works £0.150m.

Enhanced Observations:

As part of the 2018/19 Financial Plan a £0.900m budget was created for enhanced observations and a commitment was made by the management team to work towards reducing these costs in line with this budget, which they successfully delivered. At 31 March 2019, expenditure on enhanced observations was £0.902m.

The following graphs show that the full year spend for 2018/19 was significantly lower than in 2017/18. Enhanced observation costs reduced by £0.390m from 2017/18 to 2018/19.





Prescribing

With the ending of the risk sharing arrangement across NHSGGC Health and Social Care Partnerships on 31 March 2018, prescribing costs represent the greatest financial risk, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.

The year-end position for prescribing was an overspend of £0.640m. Earmarked reserves of £0.450m were drawn down to help to mitigate this pressure. As activity data is two months behind the figures in the financial ledger, the year-end adjustments were based on the position as at 31 January 2019.

Hosted Services

The services hosted by Renfrewshire are identified in the following table (and included in the CIES under hosted services) which includes expenditure for 2018/19 and the value consumed by other IJB's within NHSGGC.

Host	Service	Actual Net Expenditure to Date £000's	Consumed by other IJB's £000's
Renfrewshire	Podiatry	6,563	5,638
Renfrewshire	Primary Care Support	4,040	3,475
TOTAL		**10,603**	**9,113**

The services which are hosted by the other 5 Greater Glasgow and Clyde IJBs, on behalf of the other IJBs including Renfrewshire are detailed in the following table (these figures are not included in Renfrewshire IJB's Annual Accounts). The table also includes expenditure in 2018/19 and the value consumed by Renfrewshire IJB.

Host	Service	Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's
East Dunbartonshire	Oral Health	9,719	1,416
TOTAL		**9,719**	**1,416**
East Renfrewshire	Learning Disability Tier 4 Community & Others	1,667	213
TOTAL		**1,667**	**213**

Glasgow	Continence	3,803	582
Glasgow	Sexual Health	10,164	1,299
Glasgow	MH Central Services	6,028	1,077
Glasgow	MH Specialist Services	11,346	1,660
Glasgow	Alcohol & Drugs Hosted	16,020	1,552
Glasgow	Prison Healthcare	6,905	941
Glasgow	HC in Police Custody	2,330	354
TOTAL		**56,596**	**7,465**
West Dunbartonshire	MSK Physio	5,865	856
West Dunbartonshire	Retinal Screening	752	118
TOTAL		**6,617**	**974**

Future Challenges

Looking into 2019/20 and beyond, it is anticipated that the public sector in Scotland will continue to face a very challenging short and medium-term financial outlook. There is significant uncertainty over what the scale of this likely reduction in available funding will be. It is therefore 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 next few years – with the likely scenario that a significant level of further recurring savings will be required.

Taking into account a range of scenarios, current projections for the two year period 2020/21 to 2021/22 include a wide range of assumptions in respect of key cost pressures and demand, highlighting a potential budget gap within a range of £11m to £14m 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 between £5m - £7m per annum in the years 2020/21-21/22. This assumed budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations.

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. In addition to local pressures, it is important to note the impact of pressures associated with national strategies such as the Scottish Living Wage and local NHSGGC system-wide pressure.

Other key financial risks and pressures for Renfrewshire include:

How we agree the budget for HSCPs to deliver unscheduled hospital care

The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. Since the Joint Bodies Act came into force, this has not operated fully as the legislation required.

The recent Ministerial Steering Group (MSG) Review of Integration Report (February 2019) proposes that all delegated hospital budgets and set aside requirements must be fully implemented over 2019.

The increased costs of drugs, that have a short supply, created an additional financial pressure over 2018/19 in the region £2.1m and this is projected in 2019/20 to be at the same level.

Rising costs of prescriptions

Delivery of new statutory requirements such as the Carers Act, the Living Wage, free personal care for under 65s and the National Dementia Strategy

A number of new statutory requirements such as the Carers Act, the Living Wage, and Free Personal Care for Under 65s are anticipated to create additional financial pressures for Renfrewshire IJB over 2019/20, as limited funding has been allocated by the Scottish Government to implement these. In addition, as yet, no funding has been made available to take forward the National Dementia Strategy. Therefore, without raising eligibility criteria to manage demand for services, any required funding will need to be redirected from other sources.

The Health and Social Care Delivery Plan identifies digital technology as key to transforming social care services so that care can be more citizen centred. Our need to further invest in digital technology is therefore paramount, creating additional financial pressure. Locally, all telecare equipment (used to support our most vulnerable service users in their home) must be upgraded from analogue to digital by 2025, creating a pressure of circa £1m.

Required investment in digital technology, key to transforming health and social care services so that care can be more person centred

RHSCP will continue to monitor and update these key financial risks and pressures to ensure the IJB is kept aware of any significant changes, especially where there is an indication of an increased projection of the current gap.

In addition, there remain 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 Heath and Adult Social Care budgets.

These wider strategic risks and uncertainties for the IJB include:

- The impact of Brexit is not currently known, however, RHSCP is actively participating in Brexit planning being taken forward by its partner organisations in alignment with Scottish Government direction;
- The Scottish Government response to Brexit and the possibility of a second independence referendum creates further uncertainty;
- Complexity of the IJB governance arrangements has been highlighted by Audit Scotland as an ongoing concern, in particular the lack of clarity around decision making. The Ministerial Strategic Group (MSG) Review of Integration Report acknowledges the challenging environment in which Integration Authorities are operating and makes specific proposals around governance and accountability arrangements to be implemented over 2019/20; and
- 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 RHSCP. Potential impacts include negative effect on:
    - 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; and
    - the additional cost of using bank and agency staff.

Financial Planning Strategy

Given the estimated budget gap, going forward we need to consider what type and level of service is required, and can safely and sustainably be delivered. We must continue to strive to deliver both a balanced budget and 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.

Two key national documents, The Scottish Government's Medium-Term Framework for Health and Social Care and Audit Scotland's Health and Social Care Integration Review (February 2018) both highlight the need for integrated finance and financial planning to be a core component to shifting the balance of care.

Framed by these two key documents, our Financial Plan reflects the economic outlook beyond 2018/19, it focuses on a medium-term perspective centred on financial sustainability; acknowledging the uncertainty around key elements including the potential scale of savings required and the need to redirect resources to support the delivery of key priorities set out in our Strategic Plan.

Critical to its delivery are:

- Implementation of the MSG's proposals for integrated service and financial planning to enable us to deliver and focus on the gaps identified in the Audit Scotland report and the required environment to deliver the Scottish Government's medium-term strategy; and
- Delivery of our local medium-term financial strategy.

MSG - Review of Progress with Integration of Health & Social Care

The recent MSG Review of Progress with Integration of Health and Social Care (February 2019), highlights integrated finance and financial planning as one of six key features which support integration. The report highlights a number of proposals central to ensuring that *"money must be used for maximum benefit across health and social care and to ensure arrangements are in place to support the Scottish Government's Medium-Term Framework for Health and Social Care":*

- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration
- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside requirements must be fully implemented
- Each IJB must develop a transparent and prudent reserves policy
- Statutory partners must ensure appropriate support is provided to IJB S95 Officers
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

Locally, NHSGGC, Local Authorities and IJBs have carried out a self-evaluation to collectively evaluate their current position in relation to the findings of the MSG review. Based on the outcome of this evaluation, an Action Plan will be developed. Actions relating to integrated finance and financial planning will be led by the Chief Officer and Chief Finance Officer working with the Scottish Government and partner organisations.

Work continues to be progressed with the set aside funding for large hospital services, however arrangements under the control of the IJB (and those across NHSGGC) are not yet operating as required by the legislation and statutory guidance. Work undertaken to date has focussed on the collation of cost and activity data. Moving forward, work has commenced on the development of commissioning plans to support the implementation of the set aside arrangements.

Medium Term Financial Strategy

Acknowledgements

We would like to acknowledge the significant effort required to both produce the Annual Accounts and successfully manage the finances of the IJB; and to record our thanks to the Finance team and colleagues in other services within the Partnership for their continued hard work and support.

Jacqueline Cameron
IJB Chair
Date: 20/09/19

David Leese
Chief Officer
Date: 20/09/19

Sarah Lavers CPFA
Chief Finance Officer
Date: 20/09/19

Statement of Responsibilities

Responsibilities of the IJB

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 IJB, that officer is the Chief Finance 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 20 September 2019.

Signed on behalf of Renfrewshire IJB

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Cllr Jacqueline Cameron
IJB Chair
Date: 20/09/19

Responsibilities of the Chief Finance Officer

The Chief Finance 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 Finance 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 Finance 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 2019 and the transactions for the year then ended.

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Sarah Lavers CPFA
Chief Finance Officer
Date: 20/09/19

Remuneration Report

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

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

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 NHSGGC and Renfrewshire Council.

Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and 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.

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

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 2018/19, no voting members received any form or remuneration from the IJB.

There were no exit packages payable during the financial year.

From 15 September 2019, Cllr Jacqueline Cameron succeeded Dr Donald Lyons as Chair of the IJB.

Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

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 (NHSGGC). The remuneration terms of the Chief Officer's employment were approved by the IJB.

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 following table:

Total Earnings 2017/18 £	Name and Post Title	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total Earnings 2018/19 £
119,111	**D Leese,** Chief Officer, Renfrewshire IJB	122,632	-	122,632
84,949	**S Lavers,** Chief Finance Officer, Renfrewshire IJB	88,983	-	88,983

Pension Benefits

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.

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 31/03/18 £	For Year to to 31/03/19 £		As at 31/03/18 £	As at 31/03/19 £
D Leese, Chief Officer, Renfrewshire IJB	16,979	17,469	Pension	21,898	25,085
			Lump sum	65,695	60,478
S Lavers, Chief Finance Officer, Renfrewshire IJB	16,395	17,101	Pension	32,432	36,859
			Lump sum	57,602	62,440

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

Disclosure by Pay Bands

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.

Number of Employees 31 March 2018	Remuneration Band	Number of Employees 31 March 2019
1	£80,000 - £84,999	-
-	£85,000 - £89,999	1
1	£115,000 - £119,999	-
-	£120,000 - £124,999	1

Cllr Jacqueline Cameron **Date: 20/09/19**
IJB Chair

David Leese **Date: 20/09/19**
Chief Officer

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.

Scope of Responsibility

The 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.

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.

This system can only provide reasonable and not absolute assurance of effectiveness.

Governance Framework and Internal Control System

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.

The main features of the governance framework in existence during 2018/19 were:

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
- 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.
- The overarching strategic vision and objectives of the IJB are detailed in the IJB's 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 Inspectorates and the appointed Internal Audit service to the IJB main Board and Audit Committee, as appropriate.
- The RHSCP 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. This is reported annually to the IJB and provides a variety of evidence to demonstrate the delivery of the core components within RHSCP Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.

- RHSCP has an Organisational Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an update on the Workforce Plan, is reported annually to the IJB.
- 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 IJB 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.
- During 2018/19 Renfrewshire Council implemented a new Business World ERP system which replaced a number of standalone systems previously used by the Council including the financial ledger, payroll and purchase to pay systems. As part of the transition from the previous e5 ledger system to the new Business World Systems the HSCP finance team carried out a line by line reconciliation of all income and expenditure budgets. This work ensured that the balances which transferred from the previous financial ledger system were fully reconciled to the new Business World system.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2018/19 this included the following:

- Performance management, monitoring of service delivery and financial governance is provided by RHSCP 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.
- Scottish Government approved Renfrewshire's revised Integration Scheme which was updated to reflect the provisions in the Carers (Scotland) Act 2016 to be delegated to the IJB from 1 April 2018.

Roles and Responsibilities

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.

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

RHSCP 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 2017".

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.

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.

Review of Adequacy and Effectiveness

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

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "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.

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

The Management Commentary provides an overview of the key risks and uncertainties facing the IJB.

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 a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation.

Action Plan

Following consideration of the review of adequacy and effectiveness of governance arrangements, the following action plan has been agreed to ensure continual improvement of the IJB's governance. Regular updates on progress of the agreed actions will be monitored by the IJB Audit Committee.

A copy of the agreed Action Plan is included in the following table:

Agreed action	Responsible person	Date
Review and update, as necessary, the Audit Committee Terms of Reference.	Head of Administration	March 2020
Implement and report on the progress of the Ministerial Steering Group Review of Integration Proposals and Self-Evaluation Actions identified to be delivered over 2019/20, including: the development of commissioning plans to support the implementation of the set aside arrangements; working closely with the IJB and the Director of Finance for NHSGGC to ensure that all possible steps are taken to enable the IJB to approve the delegated health budget prior to the start of the financial year.	Chief Officer	March 2020
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014	Chief Officer	June 2020

Update on the 2017/18 Action Plan

Agreed action	Progress	Responsible person	Date
Head of Administration should make arrangements to ensure that as part of the annual review the Sources of Assurance used to review and assess the IJB's governance arrangements. The document should also be updated to cover all behaviours and actions in each sub-principle as required by the CIPFA and SOLACE's framework 'Delivering Good Governance' with reference made to identify which evidence is applicable to each behaviour and action.	Completed and approved by the IJB in March 2019.	Head of Administration	March 2019
Review of financial regulations and associated guidance by Internal Audit.	Review of governance has been completed, including a review of financial governance documents.	Chief Internal Auditor	March 2019
Alignment of the new Strategic Plan, to be developed over 2018/19, to the Financial Plan.	Completed, new Strategic Plan approved by IJB in March 2019.	Head of Strategic Planning and Health Improvement	March 2019

Conclusion and Opinion on Assurance

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.

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.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

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Cllr Jacqueline Cameron
IJB Chair
Date: 20/09/19

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David Leese
Chief Officer
Date: 20/09/19

Independent auditor's report to the members of Renfrewshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Renfrewshire Integration Joint Board for the year ended 31 March 2019 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of the body as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 28th January 2019. This is the first year of my appointment. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I have reported in a separate Annual Audit Report, which is available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Finance Officer and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Renfrewshire Integration Joint Board Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other

irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Cornett

Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

23 September 2019

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.

2017/18 Gross Exp. £000's (Restated)	2017/18 Gross Income £000's (Restated)	2017/18 Net Exp. £000's (Restated)		Note	2018/19 Gross Exp. £000's	2018/19 Gross Income £000's	2018/19 Net Exp. £000's
82,489	(13,778)	68,711	Adults & Older People		80,835	(11,130)	69,705
25,141	(326)	24,815	Mental Health		23,657	(330)	23,327
24,934	(1,323)	23,611	Learning Difficulties		26,987	(1,228)	25,759
5,548	(525)	5,023	Children's Services		5,449	(390)	5,059
36,271		36,271	Prescribing		35,942		35,942
1,044		1,044	Health Improvement & Inequalities		1,066	(127)	939
47,412	(2,274)	45,138	FHS		47,777	(2,495)	45,282
2,513	(703)	1,810	Resources		4,241	(230)	4,011
10,342	(233)	10,109	Hosted Services		10,900	(296)	10,604
29,582		29,582	Set aside for Delegated Services Provided in Large Hospitals		30,468		30,468
1,502	(139)	1,363	Services Delegated to Social Care	8	1,015	(135)	880
266,778	**(19,301)**	**247,477**	**Total Costs of Services**		**268,337**	**(16,361)**	**251,976**
	(245,425)	(245,425)	Taxation and Non-Specific Grant Income	5		(254,007)	(254,007)
266,778	**(264,726)**	**2,052**	**(Surplus) or deficit on Provisions of Services (movements in Reserves)**		**268,337**	**(270,368)**	**(2,031)**

The CIES has been restated in 2017/18 to reflect revised segmental reporting in line with the IJB's financial monitoring reporting.

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 CIES. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts as it is not required to provide a true and fair view of the IJB's finances.

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.

	General Fund Balance £000's	Earmarked Reserves £000's	Total Reserves £000's
Movement in Reserves during 2017 – 2018:			
Opening Balance at 31 March 2017	**(2,644)**	**(2,850)**	**(5,494)**
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2017/18	1,714	338	2,052
Closing Balance at 31 March 2018	**(930)**	**(2,512)**	**(3,442)**
Movement in Reserves during 2018 – 2019:			
Opening Balance at 31 March 2018	**(930)**	**(2,512)**	**(3,442)**
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2018/19		(2,031)	(2,031)
Closing Balance at 31 March 2019	**(930)**	**(4,543)**	**(5,473)**

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2019. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2018 £000's		Notes	31 March 2019 £000's
3,442	Short Term Debtors	6	5,473
3,442	**Current Assets**		**5,473**
-	Short Term Creditors	6	-
-	**Current Liabilities**		**-**
3,442	**Net Assets**		**5,473**
(930)	Usable Reserves: General Fund	7	(930)
(2,512)	Unusable Reserves: Earmarked	7	(4,543)
(3,442)	**Total Reserves**		**(5,473)**

The statement of Accounts presents a true and fair view of the financial position of the IJB as at 31 March 2019 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 28 June 2019 and the audited accounts were authorised for issue on 20 September 2019.

Balance Sheet signed by:

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Sarah Lavers CPFA
Chief Finance Officer
20/09/2019

Notes to the Financial Statements

Note 1: Significant Accounting Policies

General Principles

The Financial Statements summarise the transactions of Renfrewshire IJB for the 2018/19 financial year and its position at 31 March 2019.

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. It is a joint venture between NHSGGC and Renfrewshire Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19, 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 settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

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 and service recipients in Greater Glasgow & Clyde, for services which are delivered under Hosted arrangements.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. All 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. This has resulted in there being no requirement for the IJB to produce a cash flow statement. The funding balance due to or from each funding partner as at 31 March, is represented as a debtor or creditor 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. Where material, the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Provisions, Contingent Liabilities and Contingent 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.

Reserves

Reserves have been created from net surpluses in current or prior years, some of which are earmarked for specific purposes, the remainder is the general reserve. In light of the size and scale of the IJB's responsibilities, the IJB's approved Reserves Policy recommends the holding of general reserves at a maximum of 2% of the net budget of the IJB.

When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be processed through the Movement in Reserves Statement.

Indemnity Insurance / Clinical and Medical Negligence

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities through the CNORIS scheme. NHSGGC 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.

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 fair value and represent funding due from partner bodies that was not utilised in year.

Note 2: Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to the values included for set aside services. The set aside figure included in the IJB accounts is based on acute hospital activity data provided in September 2018 and is based on 3-year average activity and cost data to 2016/17. As such, the sum set aside included in the accounts does not reflect actual hospital usage in 2018/19.

Work continues to be progressed in relation to the sum set aside for hospital services, however arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. To date work has focused on the collation of data in relation to costs and activity. Moving forward, work has commenced on the development of commissioning plans to support the implementation of set aside arrangements.

In preparing the 2018/19 financial statements within NHSGGC, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which Renfrewshire IJB accounts have been prepared.

Note 3: Events after the Balance Sheet Date

The Annual Accounts were authorised for issue by the Chief Finance Officer on 20 September 2019. 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 2019, 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.

Note 4: Expenditure and Income Analysis by Nature

The following table shows the gross expenditure and income for Renfrewshire IJB against subjective headings.

	2017/18 £000's	2018/19 £000's
Health Services		
Employee Costs	43,749	43,880
Property Costs	29	55
Supplies and Services	8,779	6,496
Purchase of Healthcare	2,483	2,476
Family Health Service	83,655	83,712
Set Aside	29,582	30,468
Income	(4,336)	(3,884)
Total Health Services	**163,941**	**163,203**
Adult Social Care Services*		
Employee Costs	30,641	31,157
Property Costs	968	1,010
Supplies and Services	1,950	2,120
Contractors	60,717	62,997
Transport	757	765
Administrative Costs	966	58
Payments to Other Bodies	2,502	3,143
Income	(14,965)	(12,477)
Total Adult Social Care Services	**83,536**	**88,773**
Total Cost of Services	**247,477**	**251,976**
Partners Funding Contributions and Non-Specific Grant Income	**(245,425)**	**(254,007)**
(Surplus)/Deficit on Provision of Services	**2,052**	**(2,031)**

* The introduction of a new chart of accounts by Renfrewshire Council in 2018/19, has resulted in a change to the categorisation of a number of expenditure account codes into different subjective categories. Therefore, Adult Social Care expenditure has been restated in 2017/18 to reflect the revised position in relation to a realignment of some subjective categories.

Note 5: Taxation and Non-Specific Grant Income

The table below shows the funding contribution from the two partner organisations, this includes £0.824m from the flexible use of both non-recurring resources made available and held by Renfrewshire Council for the partnership.

Taxation and Non-Specific Grant Income	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	162,925	164,900
Renfrewshire Council	82,500	89,107
Total	**245,425**	**254,007**

The funding contribution from the NHS Board shown above includes £30.468m 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.

Note 6: Short Term Debtors and Creditors

At 31 March 2019, Renfrewshire IJB had short term debtors of £5.473m relating to the reserves held, there were no creditors. Amounts owed by funding partners are stated on a net basis.

Short Term Debtors	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	2,958	4,655
Renfrewshire Council	484	818
TOTAL	**3,442**	**5,473**
Short Term Creditors	**2017/18 £000's**	**2018/19 £000's**
NHS Greater Glasgow and Clyde Health Board	-	-
Renfrewshire Council	-	-
TOTAL	**-**	**-**

Note 7: Usable Reserves

As at 31 March 2019 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 IJB. 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 following tables show how reserves are allocated:

General Reserves	2017/18 £000's	2018/19 £000's
Renfrewshire HSCP – Health delegated budget underspend carried forward	930	930
TOTAL GENERAL RESERVES	**930**	**930**

Earmarked Reserves	2017/18 £000's	2018/19 £000's
Renfrewshire HSCP – Health delegated budget planned contribution to reserve:		
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	438	419
Primary Care Improvement Program (19/20)		816
GP Premises Fund – Renfrewshire share of NHSGGC funding for GP premises improvement	414	562
Primary Care Transformation Fund Monies	39	39
District Nurse 3 year Recruitment Programme	150	161
Prescribing	450	557
ADP Funding (19/20)		321
Tec Grant		20
Single Point of Access Implementation (19/20)		28
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	339	150
Health Visiting	181	181
Tannahill Diet and Diabetes Pilot Project	17	15
Mental Health Improvement Works		150
Mental Health Action 15 (19/20)		306
TOTAL Renfrewshire HSCP	**2,028**	**3,725**
Renfrewshire Council delegated budget planned contribution to reserve:		
Care at Home Redesign/Locality Services Redesign Associated Costs	399	0
Costs Associated With Additional Set Up Costs for Specific Planned Placement	35	60
ICT Swift Update Costs	50	27
Mile End Refurbishment		100
LA Care Home Refurbishment		300
Westland Gardens Refurbishment		105
Eclipse Support Costs (2 Year)		156
Care at Home Refurbishment and Uniform Replacement		70
TOTAL Renfrewshire Council	**484**	**818**
TOTAL EARMARKED RESERVES	**2,512**	**4,543**

Note 8: Additional Council Services Delegated to the IJB

The table below shows the costs of Renfrewshire Council services delegated to the IJB. Under the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. RHSCP monitor the delivery of these services on behalf of the IJB.

Additional Council Services Delegated to the IJB	2017/18 £000's	2018/19 £000's
Garden Assistance Scheme	370	
Housing Adaptations	910	800
Women's Aid	222	215
Grant Funding for Women's Aid	(139)	(135)
NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)	**1,363**	**880**

Note 9: Related Party Transactions

The IJB has related party relationships with NHSGGC and Renfrewshire Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships. The table below shows the funding that has transferred from the NHS Board via the IJB to the Council. This amount includes Resource Transfer Funding.

Service Income Received	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	(4,336)	(3,884)
Renfrewshire Council	(14,965)	(12,477)
TOTAL	**(19,301)**	**(16,361)**

Expenditure on Services Provided	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	168,277	167,087
Renfrewshire Council	98,501	101,250
TOTAL	**266,778**	**268,337**

Funding Contributions Received	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	162,925	164,900
Renfrewshire Council	82,500	89,107
Total	**245,425**	**254,007**

Debtors	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	2,958	4,655
Renfrewshire Council	484	818
TOTAL	**3,442**	**5,473**

Note 10: IJB Operational Costs

NHSGGC and Renfrewshire Council provide a range of support services for the IJB including finance services, personnel services, planning services, audit services, payroll services and creditor services. There is no charge to the IJB for these support services.

The costs associated with running the IJB are shown in the table below:

IJB Operational Costs	2017/18 £000's	2018/19 £000's
Staff Costs	281	292
Audit Fees	24	25
TOTAL	**305**	**317**

Note 11: 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.

Note 12: 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 2018/19 are £25,000. There were no fees paid to Audit Scotland in respect of any other services.

Note 13: New Standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

To: **Renfrewshire Integration Joint Board**

On: **20 September 2019**

Report by: **Chief Officer**

Subject: **Performance Framework 2019/20**

1. Summary

1.1 Performance Management is well established in Renfrewshire HSCP and this paper proposes and describes a comprehensive Performance Framework for 2019/20.

1.2 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 2019/20.

1.3 At IJB meetings when the Scorecard is not presented, we will report performance in a number of different ways. This will include updates from service areas; exception reporting; updates on survey results as they become available; and benchmarking our performance on the national indicators against other HSCPs across Scotland.

1.4 This Performance paper includes:

- A list of all proposed indicators and targets for 2019/20 set against the nine National Health and Wellbeing Outcomes (Appendix 1).
- A web link to the 2018/19 Annual Report, which describes our performance in a variety of ways: case studies demonstrate how HSCP decisions and services result in positive outcomes for service users and their families; progress against planned activities is shown by care group, allowing readers to review performance in areas such as mental health, learning disabilities, older people, child and maternal health etc. This section of the Annual Performance Report can be cross referenced to the Strategic Plan. Finally, quantitative performance is assessed against national and local performance indicators and the nine national outcomes, using the red/amber/green status system.

2. Recommendations

It is recommended the IJB:

- Approves the proposed indicators and targets for 2019/20 set out at Appendix 1; and

- Notes the Annual Performance Report for 2018/19 for Renfrewshire HSCP.

3. Performance Reporting in 2019/20

3.1 We have completed our new Strategic Plan for the period 2019-2022. The Plan describes the themes and high level priorities which will direct the Partnership over the next three years and is available at: https://www.renfrewshire.hscp.scot/StrategicPlan

A review of progress against our priority areas in the Strategic Plan for the period April–September 2019 will be carried out over the next few months to ensure we are on track for the first year's implementation of the Plan.

3.2 In 2019/20, we will continue to compare Renfrewshire's performance against a number of key indicators with the Scottish average, NHSGGC average, neighbouring Partnerships within Greater Glasgow and Clyde, and other Health and Social Care Partnerships from similar geographical areas identified by Healthcare Improvement Scotland (HIS). Renfrewshire is in a 'family group' with Clackmannanshire and Stirling, Dumfries and Galloway, South Ayrshire, South Lanarkshire, West Lothian, Fife and Falkirk. We use a number of key national indicators and compare our performance against these areas. By sharing good practice and learning, we hope to improve performance where possible.

3.3 We have taken into account feedback throughout 2018/19 and used this learning to develop our 2019/20 Performance Framework. We have reviewed our indicators in the HSCP Performance Scorecard to ensure targets are realistic but also achievable taking account of challenging financial constraints.

3.4 Waiting times remain a top priority for the Partnership and we will bring Exception Reports along with the Performance Scorecard in November 2019 and June 2020 to look at actions to address any service that is not meeting target.

3.5 Having reviewed the Performance Scorecard for 2018/19 the following changes, additions, and deletions of performance measures and targets are proposed in the development of the new Scorecard for 2019/20.

3.6 Emergency admissions from care homes – the data for this indicator was previously supplied by Information Services at NHSGGC. Data provision was often delayed by up to six months and the reliability of the data was often questioned. The HSCP is now able to access the Care Homes' Microstrategy Dashboard which provides more up to date and robust data. In 2019/20 this will be an 'information only' indicator while a baseline is established using the more robust data source.

3.7 Post diagnostic dementia support waiting times – we currently report on the % of people newly diagnosed with dementia that have a minimum of one year's post-diagnostic support and performance has been 100% for the last three years. In addition to this indicator we will also now report on the percentage waiting for dementia post-diagnostic support within the 12-week standard.

3.8 As Renfrewshire HSCP is the lead Partnership for Podiatry Services across NHS Greater Glasgow and Clyde, we will now report on two podiatry indicators showing performance for Renfrewshire and for NHSGGC. The two podiatry indicators that will be included in the 2019/20 Scorecard are: the % of new referrals seen within 4 weeks in Renfrewshire and NHSGGC; and the % of diabetic foot ulcers seen within 4 weeks in Renfrewshire and NHSGGC.

3.9 In 2018/19 the number of Social Work employees in the Managing Team and Individual Performance Development (IPD) process with a completed IDP was reported. As the data is no longer collected for this indicator it will be deleted in 2019/20 and replaced with a new Business World system indicator once developed.

3.10 The numbers against the statutory and mandatory targets for NHS staff induction are small and performance against target has generally been 100%. While performance will still be monitored against these targets by the HSCP as this is now 'business as usual,' it is proposed to delete the indicators from the 2019/20 Scorecard.

3.11 Sickness absence rate for HSCP Adult Social Work staff (work days lost per Full Time Equivalent) - a new proposed annual target of 15.3 work days per FTE has been agreed with the Human Resources Department in Renfrewshire Council. The target has increased from 8.96 days in 2018/19 and is a more realistic target taking account of recent sickness absence rates in Adult Social Work staff.

4. Annual Performance Report (2018/19)

4.1 The HSCP's Annual Performance Report for 2018/19 has been finalised and is available on our website at:

https://www.renfrewshire.hscp.scot/AnnualReport

4.2 As a Partnership, we use the report to measure our performance against a set of National Outcomes and Performance Indicators and to help plan and improve our services going forward. Our performance is assessed in the context of the arrangements set out in our Strategic Plan and Financial Statement.

4.3 Responses to our feedback questionnaire on last year's report were positive and we have taken on board suggested improvements in producing this year's report. Once again, we have included a number of case studies to demonstrate where positive outcomes were achieved for our service users. There is an opportunity for readers to get in touch

and share their views on the 2018/19 report by email: Renfrewshire.HSCP@ggc.scot.nhs.uk or telephone 0141 618 7629.

Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety –** None
9. **Procurement –** None
10. **Risk –** None
11. **Privacy Impact –** None

List of Background Papers – None.

Author Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk or Tel: 0141 618 7656)

Renfrewshire Integration Joint Board Indicators and Targets 2019/20

National Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
Performance Indicator	**Target**
Exclusive breastfeeding at 6-8 weeks	21.4%
Alcohol brief interventions	For information – no target

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
Performance Indicator	**Target**
Percentage of clients accessing out of hours home care services (65+)	85%
Average number of clients on the Occupational Therapy waiting list	350
People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	100%
% waiting for dementia post-diagnostic support within 12-week standard	For information – no target
Number of emergency admissions	18,500
Number of unscheduled hospital bed days; acute specialties	123,820
Percentage of long term care clients receiving intensive home care (national target: 30%)	30%
Number of delayed discharge bed days	4,500
Homecare hours provided - rate per 1,000 population aged 65+	For information – no target
Percentage of homecare clients aged 65+ receiving personal care	For information – no target
Population of clients receiving telecare (75+) - Rate per 1,000	For information – no target
Percentage of routine OT referrals allocated within 9 weeks	For information – no target
Number of adults with a new Anticipatory Care Plan	For information – no target

National Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
Performance Indicator	**Target**
Percentage of deaths in acute hospitals (65+)	42%
Percentage of deaths in acute hospitals (75+) SIMD 1	42%
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	90%

Renfrewshire Integration Joint Board Indicators and Targets 2019/20

Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%
A&E waits less than 4 hours NB: Responsibility for this indicator lies with the acute sector	95%
Percentage of staff who have passed the Fire Safety LearnPro module	90%
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	100%
Number of routine sensitive inquiries carried out	For information – no target
Number of referrals made as a result of the routine sensitive inquiry being carried out	For information – no target

National Outcome 4	**Health and social care services are centred on helping to maintain or improve the quality of life of service users**
Performance Indicator	**Target**
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.1
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	80%
Uptake rate of child health 30-month assessment	80%
Percentage of children vaccinated against MMR at 5 years	95%
Percentage of children vaccinated against MMR at 24 months	95%
Reduction in the rate of alcohol related hospital admissions per 1,000 population	8.9
Emergency admissions from care homes	For information – no target
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	95%
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	91.5%
Reduce drug related hospital stays - rate per 100,000 population	170
Reduce the percentage of babies with a low birth weight (<2500g)	6%
Emergency bed days rate 65+ (rate per 1,000 population)	For information – no target
Number of readmissions to hospital 65+	For information – no target

Renfrewshire Integration Joint Board Indicators and Targets 2019/20

National Outcome 5	Health and social care services contribute to reducing health inequalities
Performance Indicator	**Target**
Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	To be confirmed by NHSGGC
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	19.9%
Number of staff trained in sensitive routine enquiry	For information – no target

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
Performance Indicator	**Target**
Number of carers accessing training	220
Number of adult support plans completed for carers (age 18+)	For information – no target
Number of adult support plans declined by carers (age 18+)	For information – no target
Number of young carers' statements completed	For information – no target

National Outcome 7	People using health and social care services are safe from harm
Performance Indicator	**Target**
Suicide - rate per 100,000	For information – no target
Number of Adult Protection contacts received	For information – no target
Total Mental Health Officer service activity	For information – no target
Number of Chief Social Worker Guardianships (as at position)	For information – no target
Percentage of children registered in this period who have previously been on the Child Protection Register	For information – no target

Renfrewshire Integration Joint Board Indicators and Targets 2019/20

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 in the work they do
Performance Indicator	**Target**
% of health staff with completed TURAS profile/PDP	80%
iMatter staff response rate	60%
% of complaints within HSCP responded to within 20 days	70%
Sickness absence rate for HSCP NHS staff	4%
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	15.3 days

National Outcome 9	Resources are used effectively in the provision of health and social care services, without waste
Performance Indicator	**Target**
Formulary compliance	78%
Prescribing cost per treated patient	£86.63
Total number of A&E attendances	56,119
Care at Home costs per hour (65 and over)	For information – no target
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	For information – no target
Net residential costs per week for older persons (over 65)	For information – no target
Prescribing variance from budget	For information – no target
Percentage of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire	90%
Percentage of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC	90%
Percentage of diabetic foot ulcers seen within 4 weeks in Renfrewshire	90%
Percentage of diabetic foot ulcers seen within 4 weeks in NHSGGC	90%

To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Officer**
Heading:	**Delivering the new General Medical Services (GMS) Contract: Update on Primary Care Improvement Plan**

1. Purpose

1.1 This report provides an update to the Integration Joint Board on the implementation of the Primary Care Improvement Plans across NHS Greater Glasgow & Clyde and the submission of updated plans in line with Scottish Government guidance.

Key issues to be considered include:

- Substantial progress made on implementation across all six HSCPs.
- Scale and complexity of development and implementation required to achieve the Memorandum of Understanding requirements.
- Financial trajectories and overall affordability.
- Workforce trajectories and requirement for effective workforce planning
- Premises requirements.

1.2 The report also contains the Renfrewshire Primary Care Improvement Plan (PCIP) Implementation tracker, attached at Appendix 2, which covers the period April to September 2019. It is required that the implementation tracker be shared with the Scottish Government by the 30 October 2019 to provide assurance that implementation is progressing as set out in our PCIP. Our Tracker for 2018/19 was submitted to the Scottish Government in April 2019.

2. Summary

2.1 The new Scottish General Medical Services (GMS) contract aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. The intended benefits for patients of the proposals in the new contract are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

2.2 Primary Care Improvement Plans (PCIPs) sets out how each HSCP will use the available resources to deliver and to support these improvements to patient care, enabling access to the right professional at the right time and freeing up GP time to focus on more complex cases.

3. Recommendations

The Integration Joint Board is asked to:

- Note progress on implementation of the Primary Care Improvement Plans and the new GMS contract across NHS Greater Glasgow & Clyde as per Appendix 1; and
- Note the short update in the paper on local progress and the implementation tracker for the period April to September 2019.

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4. Local Update (Year 2 - 2019/20)

4.1 The HSCP is now well into Year 2 of the new GMS Contract. The Implementation Tracker (Appendix 2) provides an overview of progress to date in delivering our local PCIP against the MoU commitments for the period April to September 2019. The continuing developments outlined with the tracker, builds upon our initial positive progress in 2018/19 towards establishing new multi-disciplinary teams and related services.

4.2 Our progress on the key contractual continues as set out below.

Key developments since April 2019 include:

- Advanced Nurse Practitioners (ANP) – A Care Home Liaison Nurse, Advance Nurse Practitioners has been recruited to. This staff member will take up post in September 2019 and will work with West Renfrewshire GP practices to reduce the need for unscheduled GP visits to care homes.
- Additional recruitment of pharmacists and pharmacy technicians. These roles will commence later in the year to increase the resource to practices to support delivery of IDLs, acute scripts and pharmacist led clinics.
- 8 additional GP practices are benefiting from a new phlebotomy service, increasing this initial resource to 18 out of our 29 GP practices. Work is also underway to engage with the remaining practices.
- Vaccination Transformation Programme:
    - Plans are in place to deliver the 2019/20 Flu vaccination programme for patients that are housebound and over the age of 18. Similar to last year's programme carers will also be opportunistically offered the flu vaccination if at home.
    - Work is being progressed to pilot ways of working for the delivery of routine childhood Flu to eligible 2-5 year olds. 7 of our GP practices will benefit from this work and 1200 children will be offered the vaccine.
- Advanced Physiotherapy Practitioners **(**APP) – An additional APP resource has been aligned to a further 3 GP Practices. Embedding APPs in the practice multidisciplinary teams provides patients with a safe and effective alternative to a GP consultation. Patients who have seen an APP have reported high levels of satisfaction in seeing a specialist clinician who is able to fully assess, diagnose and manage their MSK condition.
- Additional Link Worker resource is currently being offered to our larger practices. Link Workers work to support people to live well through strengthening connections between community resources and primary care. Individuals are assisted to identify issues and personal outcomes then supported to overcome any barriers to addressing these by linking with local and national support services and activities. This model will be extended to pilot new ways of working in the most deprived areas of the HSCP to provide more of an outreach approach.

- A number of other enabling supports are in place including; educational and training for advance practice and signposting cards continue to be distributed locally to increase awareness and understanding of services and resources that can be accessed rather than presenting to GP as first port of call. A programme of work is also underway to free up space within GP practices locally to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records.

4.3 Although our local implementation progress has remained steady, further work is required to finalise if additional funding and/or additional actions or time is needed to enable full delivery of the programme by April 2021. Our Local Medical Committee have confirmed if full delivery is not possible on this timeline, the HSCP will need to review the PCIP and this may include the re-prioritisation of some work streams over others or changes to the models of delivery. We will continue to work proactively and constructively with our GP Sub Committee and LMC on all aspects of GP contract delivery.

4.4 Over the next six months the undernoted programme of work will be taken forward locally to continue to expanded teams of HSCP and NHS Board employed health professions in and around general practice.

- Additional round of recruitment for pharmacists and pharmacy technicians.
- Further recruitment for an additional Advanced Nurse Practitioner, Care Home Liaison Nurse ANP and Advanced Physiotherapists Practitioner**.**
- Ongoing work to support the expansion of the Vaccination Transformation Programme.
- Scoping of works to provide Treatment room services available to every practice e.g. chronic disease monitoring and wider treatment room services (e.g. wound dressing, ear syringing).

4.5 A supporting programme of work will also be undertaken to support leadership in multidisciplinary teams and to help enable the service redesign needed to deliver the wider support and change to primary care services in order to underpin the GMS contract.

4.6 Patient and public engagement will also remain a priority to ensure that we are fully engaging with patients and carers about any changes they may see over the next few years in their GP practices.

Implications of the Report

1. **Financial -**.Primary Care Improvement Plans have earmarked funding through the Primary Care Investment Fund. Potential challenges in delivering all required commitments within available funding are detailed in the paper.
2. **HR & Organisational Development -** The new Contract supports the development of new roles and muti-disciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical Generalist. This requires robust workforce planning, support to the development of new teams and roles, and consistent approaches across GGC.
3. **Community Planning -** The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as intergral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda. Ongoing engagement with community groups and service users will help to outline any issues with new ways of working in primary care.

4. **Legal** - There are no legal issues with this report.
5. **Property/Assets -** Property remains in the ownership of the parent bodies. As a function of the PCIP, an HSCP-wide accomodation and premises survey was undertaken to facilitate sharing of space and colocation of working within primary care.
6. **Information Technology -** Managing information and making information available will require ICT input. Collocation of staff members within general practice requires updates to IT systems to ensure members of the multidisciplinary teams can effectively work together.
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 during implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.
8. **Health & Safety** - Nil
9. **Procurement** - Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** - Risk is considered within each HSCP's plan. Overall risks are highlighted in the paper.
11. **Privacy Impact -** N/A

List of Background Papers: None

Authors: Chris Johnstone, Acting Clinical Director
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Appendix 1

Delivering the new General Medical Services Contract
Update on Primary Care Improvement Plans – NHS Greater Glasgow & Clyde

Introduction

1. The new Scottish General Medical Services contract was agreed in January 2018. It aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. The intended benefits for patients of the proposals in the new contract are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

2. A range of provisions were set out in the new contract documentation and accompanying Memorandum of Understanding (MoU). The MoU is an agreement between Integration Authorities, the Scottish General Practitioners Committee of the British Medical Association, NHS Boards and Scottish Government on principles of service redesign, ring fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. This included a commitment for each Health and Social Care Partnership (HSCP) to develop a 3 year Primary Care Improvement Plan (PCIP) setting out how new Multi Disciplinary Teams would be created, working with practices to deliver primary care services.

3. The contract and MoU set out a planned transition over three years commencing in 2018/19 which requires a substantial programme of change across six HSCPs, 237 GP practices and 39 practice clusters across NHSGGC.

4. The NHS Board received reports in February 2018 and October 2018 setting out the requirements of the new contract and the initial agreement of Primary Care Improvement Plans. This paper provides a further update on progress with implementation of the new contract and the Primary Care Improvement Plans.

Background

5. Primary Care Improvement Plans were developed in 2018 within a common GG&C wide framework which set out a structure for the Plan, agreed principles and common approaches. The first round of PCIPs were agreed with the GG&C GP Subcommittee and approved by IJBs, with all six plans being approved by September 2018.

6. The PCIPs had to deliver specific commitments to establish new Multi Disciplinary Teams, with a related contractual commitment to transfer responsibility for some specific areas of service delivery away from GP practices by March 2021. The MoU was clear that the extent and pace of change to deliver the changes to ways of working over the three years (2018-21) would be determined largely by workforce availability, training and funding.

7. The contractual commitments to be delivered by March 2021 are:

    - Transfer of responsibility for vaccination and immunisation delivery (Vaccination Transformation Plan or VTP).
    - Provision of a comprehensive range of Pharmacotherapy Services through provision of practice support pharmacists.
    - ‘Treatment room services’ available to every practice. Community phlebotomy, chronic disease monitoring and wider treatment room services (e.g. wound dressing, ear syringing)

8. Additional requirements were to develop:

- Urgent Care (ANP/paramedic roles). Initially focused on new advanced practice roles to undertake home visits and other urgent care.
- Link workers. Building on the existing community link worker pilots.
- Other professional roles such as MSK physiotherapy and mental health workers.

9. Funding for the new Multi Disciplinary Teams was provided through the Primary Care Improvement Fund. This was £45.7m across Scotland in year one (2018/19), with an expected rise over the next four years to £50M in 2019-20, £105M in 2020/21 and to £155M in 2021/22. This was allocated to NHS Boards based on NRAC share and allocated in full to HSCPs. This equated to £10,219,379 for NHSGGC in 2018/19 and is expected to rise in line with the indicative increase for Scotland set out above; amounts for 2019/20 and beyond are indicative only and allocation letters for 2019/20 have not yet been received as at end July 2019. It was noted by Chief Officers (nationally and locally) that from the outset when the first funding letter was issued in May 2018, that funding was shown over a 4 year period to March 2022 but contractual commitments are due to be delivered by March 2021.

10. In March 2019 Scottish Government guidance was issued which required:

    - An update of PCIPs for year 2 to be developed and agreed with GP Subcommittees.
    - Completion of an implementation tracker showing progress against plan (to be completed every 6 months with the first of these completed by end April 2019 for the period July 2018 to March 2019)
    - Completion of workforce and finance trajectories in support of the plans.

Year 1 Implementation

11. The PCIP implementation trackers set out the detailed position for each HSCP and these are summarised at Appendix 1. Substantial progress has been made in the first year of the PCIPs towards establishing new Multi Disciplinary Teams and related services. In most areas of the MoU, progress has been made to recruit and deploy additional staff or to develop and agree clear models for implementation. Progress on the key contractual commitments is set out below.

12. **Pharmacotherapy Services**. The new Pharmacotherapy services have built on an already well embedded pharmacy service in primary care over the last twenty years and on the successful model developed through the Inverclyde New Ways programme, with all GP practices receiving a range of prescribing support and advanced clinical pharmacy services. The new contract requires delivery of a new three tiered pharmacotherapy service, which is being implemented in a phased approach across all GG&C GP practices. In year one, the number of pharmacists in practices has doubled from a baseline of 71, with a rolling recruitment programme to 2022 of up to 16 new posts every 6 months. Further work is underway to develop the skill mix including pharmacy technicians and pharmacy assistants, and to review processes within practices and at the interface with hospitals and community pharmacists to ensure that processes are as streamlined as possible.

13. **Vaccination Transformation Programme (VTP)**. The VTP has a number of strands for different types of immunisations and vaccinations, covering both children and adults. The table below summarises current and expected progress within the 3 year contractual timeframe. For routine childhood immunisations, 39 out of 40 community clinics had been established by April 2019 with the final one following shortly after once accommodation was resolved. This enables complete removal of all routine childhood immunisation delivery from all GG&C GP practices. The trajectory for the development and implementation of alternative models for the other workstreams is summarised in the table.

VTP Overview

Programme	Year 1	Year 2	Year 3	2021/22
Routine Childhood				
2-5 yr old flu				
Childhood mop-up				
Vaccinations in pregnancy				
Adult vaccinations*				
Travel vaccinations**				

Key	
Planning	
Test of change/ Planning	
Full implementation	

*Shingles – significant contraindications with live vaccine currently used, programme cannot be transferred safely until staff have real time access to clinical records. However, a new non-live vaccine has been licensed and switch in UK is expected over next two years.

**Travel – national Level 1 triage in development, Level 2 treatment and advice service to be scoped in Year 2/3

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14. **Community Treatment and Care Services**. Just under half of all practices now have access to a phlebotomy service provided by the HSCP. A core intervention list for Community Treatment and Care Services has been agreed, and this is being rolled out and further developed in each area, with a third of all practices currently accessing these services. In areas where there was an existing treatment room model, this has provided a basis for expansion and establishing consistent approaches. Progress is more challenging in areas such as East Dunbartonshire which are starting from scratch with limited existing shared accommodation options.

15. There has also been significant progress on other priority areas in the Memorandum of Understanding, although these are not linked to contractual commitments in the same way:

16. **Advanced Practice Physiotherapy (APP)**. Across GGC there are now 13 WTE APPs working in 30 GP practices. Building on the model established in Inverclyde, Advance Practice Physiotherapists in GP practices are the first port of call for patients with Musculoskeletal (MSK) problems and can be seen for assessment and advice or onward referral. The aim is to release GP time, provide early access to an MSK specialist, increase patient choice and empowerment, improve the patient journey and reduce referral rate to other services. Fill rate for appointments is high with the service working best where patients go straight to see the APP rather than seeing the GP first. Patients seeing the APP are less likely to be prescribed medication or referred for imaging and are more likely to receive self care advice. This model is being kept under review and adapted as lessons are being learned.

17. **Community Link Workers**. 73 GP practices currently have access to Link Workers with plans to extend this further. Community Links Workers (CLW) support people to live well through strengthening connections between community resources and primary care. In addition, Community Links Workers support the GP practice team to become better equipped to match these local and national support services to need. CLW roles are delivered through third sector partners including the Health and Social Care Alliance, Renfrewshire Association of Mental Health, CVS Inverclyde and West Dunbartonshire Community Volunteering Service. Delays to establishing arrangements in some areas have been linked to the required procurement process.

18. **Urgent Care**. A range of initiatives has been developed to support the 'urgent care' workload within practices. This includes Advanced Nurse Practitioners (ANPs) carrying out home visits; a

model in Glasgow HSCP of ANPs in residential and nursing homes, and the continuation of paramedic input in Inverclyde. Work is continuing to better define the urgent care need that services are to respond to, develop an effective model or models, and to develop the number of staff in our ANP workforce.

19. **Mental Health.** During year one (18/19), the focus has been on establishing what models of mental health workers in primary care would be most appropriate in light of the local profile of needs and existing services. A key point is the need to map and understand the range of services and supports available so that pathways are clear for practices and patients. This is being jointly developed alongside the planning for Action 15 of the Scottish Government Mental Health Strategy 2017-27 which commits to increasing the workforce to give access to dedicated mental health professionals to all GP practices and will continue to be a focus for year 2 of the plans**.**

20. In addition to these specific priorities, practices have been supported with signposting and triage training to ensure patients are signposted to the most appropriate health or social care professional. This includes the new teams, and existing services in the community such as community Optometry and Pharmacy as well as existing direct access services (e.g. Podiatry). Support on workflow management has also been provided to support new ways of working within practices.

21. Patient and public engagement has taken place in each HSCP area through public engagement forum arrangements, linking to the wider approach being taken through Moving Forward Together and 'Choose the Right Service' campaigns. This remains a key area for development, to ensure that we are fully engaging with patients and carers about the changes they will see over the next few years in their GP practices.

22. This is the first year of a significant change programme within primary care and GP practices and will take at least 3 years and probably longer to fully implement. Although substantial progress has been made, a number of challenges have been identified which will have to be addressed to ensure delivery over the next two/three years.

23. These include:

    - The time required to engage with GPs and others to develop and implement new models while continuing to deliver services under pressure;
    - Time and capacity required to recruit new staff and support into new roles;
    - Accommodation challenges to host new MDT members in or near to practices;
    - Availability of key groups of staff and risks of destabilisation as staff move from existing roles;
    - Balancing locally identified needs and priorities with the requirements set out in the contract and the MoU;
    - Developing approaches which work for all practices, in particular small practices;
    - Local deployment of resource to ensure fairness, transparency and equity;
    - Capacity for change management within HSCPs and within GP practices, to implement new ways of working and maximise the impact of the MDT and new roles.

24. A further contextual point for us in GG&C is that Inverclyde HSCP is in a unique position; it had already begun to deliver on most areas of the MOU through the New Ways pilot/test of change started in 2015/16. This was funded through the former Primary Care Transformation Fund. Local Inverclyde GPs and the HSCP have been clear on priorities and have been progressing these; however the funding now allocated by Scottish Government has meant that essentially Inverclyde has been at a standstill position since 2018 as there is no capacity to increase staffing levels or services within current funding until 2022/22. This also means that the learning from Inverclyde approaches for the rest of NHSGG&C has been curtailed.

25. Alongside the implementation of the Memorandum of Understanding, practice sustainability remains a key consideration with some practices facing significant challenges with recruitment

and locum cover. Across NHSGGC, there is currently one GP practice directly managed by the Health Board where the existing GP partners were unable to sustain their contract. The focus of HSCPs is to try to identify and support practices before crisis stage; as the new teams are developed, this has created an opportunity to prioritise additional resource to support those practices in particular need on a short term basis.

Year 2 plans

26. PCIPs have been updated for year 2 in each of the six HSCP areas along with completion of workforce and finance trajectories. They also include specific additional narrative and information as required by Scottish Government for these updated plans on Continuity of Care, Local workforce Planning, Patient Engagement, Physical and Digital infrastructure, Funding and Evaluation.

27. The year two plans and trajectories highlight a series of issues both with short term implementation and the longer term trajectory to deliver the MoU. Many of these were highlighted on submission of the initial plans in 2018 and have continued to be a feature of discuss between the national group of Chief Officers and Scottish Government, the national Primary Care Leads Group and at the GMS Oversight group which brings together SGPC, SG, NHS Board CEOs and HSCP Chief Officer representatives.

28. **Workforce**. Based on current models and trajectories, there is an expected additional workforce requirement of 654WTE from a baseline of 1 April 2018 to deliver the contract and MoU commitments in full. This is across the full range of staff groups as set out in the MoU. Workforce remains a significant challenge with a lack of availability in key roles at the scale required. This is a particular pressure for Advance Nurse Practitioner roles and Pharmacists, as well as MSK Physiotherapists. Some of the levers to address this require national action, particularly on training places, and this has been raised through the National Oversight Group and other forums.

29. It is also important to be mindful of the impact on the rest of the system of seeking to recruit at this scale across a range of professional groups, in order to avoid destabilising other parts of the system. This is particularly relevant for Pharmacists, Physiotherapists and Advanced Nurse Practitioners (ANP) where there is high demand across acute, community, primary care and independent contractor services. Individual GP practices are also increasing the demand for ANP posts: as practices directly employ and can set their own terms and conditions, these posts can be very attractive with a risk that staff developed and trained within NHS roles are moving on quickly.

30. Within the GG&C areas HSCPs are committed to the following principles:
    - Approaches across GGC should share consistent principles and pathways, role descriptors and grading, scale (numbers of staff per practice/ patient population)
    - Recruitment should be co-ordinated across GGC where appropriate taking account of existing professional lead and hosting arrangements.

31. Workforce planning for the Primary Care Improvement Plans is being considered in conjunction with the Board's wider Moving Forward Together strategy including modelling of requirements and existing workforce, consideration of changes in other services and reviewing skill mix models.

32. Developing new teams at this scale, working with 237 GP practices, also requires significant change management support within and across the HSCPs and individual practices. This will be a focus for year two to ensure that practices are supported to maximise the potential of the MDT and establish effective working relationships and processes to enable the development of the GP 'expert medical generalist role'.

33. **Funding and affordability**. Confirmed funding to support the MoU implementation rises over a period of 4 years to March 2022. However, the MoU and its commitments as agreed in

January 2018 cover a 3 year period to March 2021. Additional pressures/costs have also arisen since the original allocation, most significantly the increase in employers' pension contributions which will affect the cost of the additional workforce required. The full costs of the Community Treatment and Care Services and the Vaccination Transformation Programme remain as estimates at this stage as the delivery models for implementing these at scale are finalised. Long term affordability of the MoU commitments therefore remain a concern and as plans develop we continue to model the implications of delivery at a GG&C scale. PCIP updates and financial trajectories currently highlight an expected gap between required funding based on current models, and expected available funding.

34. The early identification of these potential challenges to delivery within the three year time frame for the contract commitments means that there is time to develop alternative models and approaches, and consider the prioritisation of investment. This is being taken forward across the workstreams, particularly for Pharmacotherapy and Physiotherapy including looking at different skill mix and models of new staff working across multiple practices. The Primary Care Investment Fund continues to be planned alongside separate allocations for GP out of hours primary care (£5m nationally) and for Mental Health commitment 15 (£11m nationally) and connections are being made to ensure that these are aligned to best effect. The national components of these issues will continue to be discussed at the GMS National Oversight Group on which HSCP Chief Officers and NHS Board CEOs are represented.

35. **Accommodation** for the new MDTs within existing contractor or HSCP premises is currently a rate limiting factor for the PCIPs with immediate pressures on space to accommodate new teams and refurbish or extend GP and NHS Board premises, and a lack of identified funding to support this. There is a comprehensive programme of back-scanning of medical records underway across GG&C to free up space within practices to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records.

36. These issues have created some challenges for the agreement process of the PCIPs updates with the GP Subcommittee. The GP Subcommittee has agreed that plans can now be submitted to Scottish Government, however, this comes with the following caveats.

    PCIP 2 is intended to provide an update on the PCIP agreed by the IJB and the GP Subcommittee in 2018. In most areas of the MoU significant progress has been made to develop the models with the aim to meet the GP Contract agreement by 2021. It is evident that while we work towards meeting the ambitious plan for delivery by April 2021 (this being the GP Contract/MOU timeline), the national funding framework to enable delivery runs until March 2022. There are significant challenges to be addressed if we are to deliver the full plan by April 2021. While some of the challenges can be addressed at an HSCP/NHS Board level, a number may require national level discussion to agree on a way forward.

    Further work is required to finalise if additional funding and/or additional actions or time is needed to enable full delivery of the programme in our HSCP. If full delivery is not possible on this timeline, the HSCP will review the PCIP and this may include the re-prioritisation of some work streams over others or changes to the models of delivery in some or all. The LMC/GP Subcommittee is unlikely to agree a plan which will not deliver the GP Contract as agreed in 2018. It is agreed that the HSCP is committed to delivering on all elements of the Plan and GP Contract/MOU by April 21 but clearly that this is contingent on funding and workforce issues being addressed both locally and nationally.

37. Patient and public engagement is a key part of each of the PCIP plans for year 2 and beyond. This includes communication of changes at practice and HSCP level, ongoing engagement about the rationale and expected benefits of the new MDTs, signposting to the most appropriate services, support to 'choose the right service' and working with established engagement structures on the impact and outcomes of any changes. The plans highlight that this needs to be part of an integrated approach to engagement and culture change linking to Moving Forward Together messaging and national information and support campaigns.

New GMS Contract: additional commitments and changes

38. The update to the NHS Board in October 2018 set out progress in implementing changes to the GMS regulations and the issue of new contracts. Contractual processes with practices have now all been updated in line with new regulations and agreed with the Local Medical Committee. Revised contracts have been issued to all practices.

39. The regulations introduce a more explicit requirement for practices to provide data on workforce, activity and quality. Arrangements for capturing and analysing this, including access at NHS Board, HSCP, cluster and practice level, are currently being developed across Scotland with the Information and Statistics Division (ISD). This will give significantly enhanced data for planning purposes and to assess the impact of the changes both within primary care and the wider health and care system

40. The new contract supports a long-term shift towards a model which does not presume that GPs own or provide their practice premises. This will be a transition over 25 years, supported in the short and medium term by interest-free sustainability loans of up to 20% of premises value for owner occupied premises and a planned programme to enable NHS Boards to take on leases from practices. 50 practices in NHSGGC which own their own premises have applied for sustainability loans; funding has been identified nationally for all of these and will be provided to practices imminently when the loan agreement is finalised between Scottish Government and the Scottish General Practitioners Committee of the British Medical Association.

41. Work is underway to establish a register of those leases which practices may seek for the Board to take on. A recent information gathering exercise will inform the process for reviewing and approving these. Taking on the lease for a GP premise will require the NHS Board to consider the strategic fit for how GP premises and other accommodation in that area are being used and/or need to be further developed to optimise space use and ensure accommodation is appropriate and meets current and future needs

42. The new contract includes an ongoing commitment to Quality Improvement through GP Clusters. Clusters are professional groupings of general practices that should meet regularly, with each practice represented by their Practice Quality Lead (PQL). The key role of a cluster is to improve the quality of care within the practices, cluster and locality with a focus on quality planning, quality improvement and quality assurance.

43. Clusters are well established across NHSGGC with 39 clusters in place involving all practices and each with a Cluster Quality Lead (CQL). Cluster profiles and data sets to inform cluster discussions, identification of quality improvement opportunities and inform peer review have been developed and will be provided to clusters with support over the coming months. New guidance on the role of clusters and Cluster Quality Leads was issued in June 2019 is being reviewed to ensure appropriate arrangements are in place.

Benefits to patients

44. The key patient benefits of the new GMS contract and MoU are intended to be:
    - Freeing up GP time to focus on those who most need it, usually people whose care needs are complex
    - Improved access to a wider range of professionals available in practice and the community
    - Direct access to the person or team with the most appropriate skills
    - More on line access (for appointments, prescriptions and advice)

45. The contract is based on the core principles of effective general practice which underpins the role of primary care in the wider health system (the 'four Cs'):
    - Contact – Maintaining and improving access

- Comprehensiveness – A wider range of health professionals and a focus on GPs as Expert Medical Generalists
- Continuity – Time with a GP when it is really needed
- Co-Ordination – care based around a registered patient list, including more information and better help to navigate the system

46. These aims are a key contributor to the wider outcomes for NHS Scotland and the Clinical Strategy that people who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible.

47. The implementation of PCIPs and the approach to evaluation and patient engagement are based on these intended benefits. The approach to evaluation is described further below. While it is too early to be able to provide full evidence on the realisation of benefits, early evidence from implementation (particularly in Inverclyde, which has informed the programme across GGC and Scotland) has shown positive impacts including on GP time, patient safety (Pharmacy), links to wider services (Linkworkers), self management, reductions in prescribing and onward referral (Advance Practice Physiotherapy).

Strategic Connections

48. **Moving Forward Together**: PCIPs and MFT have been developed in parallel and are mutually reinforcing. MFT envisages the development of an enhanced community network of services and staff which go beyond the changes identified in the new contract and MoU. The PCIPs are an opportunity to build an infrastructure and base for further 'MFT' developments. In particular, there may be a case to accelerate or extend the scope of community treatment and care services, with additional resource, to link to emerging cases for change from the local care and planned care groups.

49. **EHealth**. There is a range of e-health enablers to ensure that the new MDTs can work effectively and that practices redesign their processes to make the most of the potential benefits. A key current barrier is the lack of an information sharing agreement between practices and NHS Boards; this is being progressed by Scottish Government but is not yet in place (should have been in place by summer 2018) and has been flagged as 'red' by all HSCPs across Scotland in the implementation trackers.

50. **Premises**. The short term challenges in identifying suitable accommodation for the new MDT have highlighted a need for a more strategic approach (locally and across Scotland). There are a number of additional drivers which reinforce this:

    - The requirement for NHS Boards to include GP owned premises and premises leased by GPs from private landlords in their Property and Asset Management Strategies.
    - A national survey of GP premises will report shortly and will highlight pressures and opportunities within the GP owned/leased estate
    - Changes to the approach to independent contractor premises gives the NHS Board the option to take on practice leases and potentially to take on ownership of existing contractor premises in time through the loans scheme. There is a need for a clear strategic view to inform decisions in these areas
    - The premises requirements for MFT to support the vision of an enhanced community network
    - The forthcoming Scottish Government Capital Investment Strategy focused on 'local care'

51. Initial discussions, led by the Director of Estates and Facilities and the Chief Officer of Renfrewshire HSCP, have taken place about the process required to develop a comprehensive premises strategy to maximise the opportunities to attract funding and to make the most of existing assets. This will work will continue through 2019/20

Evaluation

52. The Primary Care National Monitoring and Evaluation Strategy was published in March 2019. This sets out a core set of high level indicators, as well as evaluation of specific elements of change in conjunction with the Scottish School of Primary Care and Healthcare Improvement Scotland. This will consider how the changes brought in by the new contract contribute to the national Primary Care Outcomes.

53. A local evaluation framework has also been agreed within NHSGGC. This is seeking to answer a number of key questions on the implementation and impact of the new contract and establishment of the multi disciplinary team. Baseline measures are currently being established and the next phase of evaluation will focus on outcomes at patient, practice and wider system level. This will be informed by improved data available nationally on activity and quality indicators. The key questions for the evaluation are:

    - Have we shifted non-complex work to the wider MDT and concentrated complexity on GP resource?
    - Are the new ways of working improving professional satisfaction and sustainability in primary care?
    - Are patients confident and satisfied in their use of the new primary care system? - Are patient outcomes and safety sustained and improved under the new system?
    - Have we improved equity across primary care?
    - What are the impacts of the new GP contract on the wider health system (not just healthcare)?

54. As this has been the first year of a (minimally) 3 year change programme with services being established using a phased approach, it is too early to see the outcome on these system wide indicators. However, the implementation of the plans, including prioritisation across the work streams, is based on existing evidence of likely impact (informed by the work in Inverclyde) and the use of improvement methodology to gather local data on the impact of change at a small scale as part of a cycle of continual improvement and to inform the further development of the new models.

Governance and Reporting

55. Integration Joint Boards have responsibility for the development of Primary Care Improvement Plans through their HSCP and for ensuring the delivery of the commitments set out within them. Each Integration Joint Board has therefore established reporting arrangements to provide assurance and accountability for delivery.

56. The NHS Board has responsibility for contracting for the provision of primary medical services. Each GP practice holds a contract with the NHS Board. NHS Boards are also responsible for the pay, benefits, terms and conditions for those employees engaged in the delivery of primary care services, and for the ownership and lease of premises for delivery of NHS services.

57. The Primary Care Improvement Plans have to deliver the required changes set out in the GP contract, specifically to establish services to enable a transfer of responsibility for some services away from GP practices. The NHS Board therefore needs assurance that the collective impact of the plans will be sufficient to meet the contractual requirements. This update forms part of the regular reporting requested by the NHS Board on implementation of the Primary Care Improvement Plans and related contract requirements.

58. The NHSGG&C Primary Care Programme Board (PCPB) was been established in February 2018 to guide and oversee the development of PCIPs across the 6 HSCPs and to ensure there is a coordinated and coherent approach to planning and delivery where required. The PCPB is chaired by a Chief Officer and brings together HSCP representatives with Primary Care Support (Board wide service hosted by Renfrewshire HSCP) and leads for system wide priority areas. This enables a collaborative approach to implementation and further planning, to ensure that local and system wide requirements are met.

59. Specific aspects of the contract changes and enablers above fit within already established governance structures and reporting arrangements as set out in the NHSGGC Standing Financial Instructions and Scheme of Delegation. Examples of this include:
    - GP Premises: processes and individual decisions to be agreed through Finance and Planning Committee in line with the Scheme of Delegation.
    - IT: eHealth strategy group with escalation to Finance and Planning Committee in line with the Scheme of Delegation
    - GMS regulations and contract changes: Primary Care Programme Board with escalation to Finance and Planning Committee in line with scheme of delegation.
    - Vaccination Transformation Programme (impact on immunisation rates): Public Health Committee Board
    - HR and staff governance including workforce planning staff governance committee.

Next steps

60. Implementation of PCIPs will continue in 2019/20 along with further progress on finalising models and trajectories. A further tracker must be completed by each HSCP by end October 2019 for period April to September 2019. A further report will be brought to the Finance and Planning Committee following that.

Primary Care Improvement Plans: Implementation Tracker

Health Board Area: NHS Greater Glasgow & Clyde (NHSGG&C)
Number of practices: 237

Implementation period - Year 1 (2018/19) **From:** July 2018 **To :** March 2019

	fully in place / on target	partially in place / some concerns	not in place / not on target
Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	5	1	
PCIP Agreed with GP Subcommittee	5	1	
Transparency of PCIF commitments, spend and associated funding	5	1	

Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported		6	
comment / supporting information	*51 applications received; funding agreed, awaiting final national agreement*		
GP Leased Premises: Register and process in place		6	
Comment / supporting information	*19 expressions of interest, process for agreement currently in development*		
Stability agreement adhered to	6		
GP Subcommittee input funded	6		
Data Sharing Agreement in Place			6
comment / supporting information	*National data sharing agreement awaited*		
HSCP			
Programme and project management support in place	6		
Support to practices for MDT development and leadership	3	2	1
GPs established as leaders of extended MDT	2	4	
Workforce Plan reflects PCIPs		4	2
Accommodation identified for new MDT	2	2	2
GP Clusters supported in Quality Improvement role	5	1	
EHealth and system support for new MDT working		3	2

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	3	3	
Pharmacotherapy implementation on track vs PCIP commitment	3	2	1
Practices with PSP service in place	**14, 43, 13, 16, 29, 16**		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment	2	3	1
Development of CTS on schedule vs PCIP	1	4	1
Practices with access to phlebotomy service	**115**		
Practices with access to CTS service	**82**		

Vaccine transformation Program			
PCIP VTP plans meet contract commitment	**3**	**2**	
VTP on schedule vs PCIP	**3**	**3**	
Pre-school: model agreed	**6**		
practices covered by service	**232**		
School age: model agreed	**4**	**2**	
practices covered by service	**205**		
out of schedule: model agreed	**1**	**2**	
Adult imms: model agreed	**1**	**3**	**1**
Adult Flu: model agreed		**6**	
Pregnancy: model agreed	**2**	**2**	
Travel: model agreed	**1**	**3**	
Urgent Care Services			
Development of Urgent Care Services on schedule vs PCIP	**3**	**3**	
Additional Services (complete where relevant)			
APS – Physiotherapy / MSK			
Development of APP roles on track vs PCIP	**5**	**1**	
Practices accessing APP	**30**		
Mental health workers			
On track vs PCIP	**2**	**1**	**1**
APS – Community Links Workers			
On track vs PCIP	**4**		**1**
Practices accessing Link workers	**73**		
Other locally agreed services (insert details)			
Service			
On track vs PCIP	**3**	**1**	
comment / narrative	**welfare rights, OT, workflow management**		

Overall assessment of progress against PCIP	**1**	**4**	

Notes

Where numbers do not add up to 6, this was left blank in one or more HSCP returns, reflecting, for example, an area where there was no year 1 commitment.

Narrative for the key areas of implementation is provided in the covering paper.

Primary Care Improvement Plans: Implementation Tracker (Autumn 2019) Appendix 2

Health Board Area: NHS Greater Glasgow & Clyde (NHSGG&C)

Health & Social Care Partnership: Renfrewshire Health & Social Care Partnership

Number of practices: 29

Completed by: Chris Johnstone, Acting Clinical Director & Angela Riddell Change & Improvement Officer (PCIP Project Management Support)

HSCP/Board Renfrewshire HSCP/GG&C

GP Sub Committee Dr Gordon Forrest, GP Sub Representative

Date: Sep-19

Implementation period - Year 2 (2019/20)

From: April 2019

To: September 2019

	not in place / not on target	partially in place / some concerns	fully in place / on target
Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	R	A	G
Comment / supporting information	Renfrewshire Primary Care Transformation Group continues to provide oversight/assurance regarding progress. This group review progress on Renfrewshire's PCIP and delivery of the agreed outcomes andcontinue to develop plans in partnership. Our local GP Sub Committee and Local Medical Committee (LMC) Representatives are members of this group. Local LMC Rep is also a member of the NHSGG&C Primary Care Programme Board.		
PCIP Agreed with GP Subcommittee	R	A	
Comment / supporting information (date of latest agreement)	With the combined challenges of funding and workforce pressures, the LMC previously confirmed that they were not able to sign off the updated PCIP for 2019/20. However, it was confirmed in writing that the updated PCIP was to be implemented locally and the new services and staff were to continue to come on stream. In addition, it was agreed for the PCIP to be submitted to the Scottish Government. Main issue for agreement is around the path for full delivering on the New Contract commitments by April 2021. *See risks below which will impact on this.		
Transparency of PCIF commitments, spend and associated funding	R	A	G
Comment / supporting information	Transparency of PCIF commitments continue to be subject to standing agenda item at Renfrewshire's Primary Care Transformation Group meetings. Transaction reports are shared with local GP Sub Committee/LMC representative. Regular progress updates of PCIP commitments and spend is also subject to CQL and GP Forum meetings. A grid of practices and local implementation is in place to ensure equity of resources.		

Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported	R	**A**	G
comment / supporting information	Applications	No.	51
	Loans approved	No.	51 (provisional)
	narrative:	Funding available for all applications subjection to finalisation of loan agreement.	
GP Leased Premises: Register and process in place	R	**A**	G
comment / supporting information	Applications	No.	17 expressions of interest
	Leases transferred	No.	0
	narrative:	Process for developing the register under development: 17 expressions of interest from practices seeking assignation of lease.	
Stability agreement adhered to	R	A	G
comment / supporting information	Enhanced Services agreed annual in line with stability agreement; local arrangements developed in relation to vaccination prior to national guidance. Some concerns expressed about changes to wider community services (e.g. Sandyford).		
GP Subcommittee input funded	R	A	G
comment / supporting information	Additional sessions and HSCP reps funded in 18/19 to support new contract and PCIP processes, in addition to core GP Subcommittee funding. Final agreement re balance of new funding still to be confirmed. To move to a more standardised approach in 19/20 supported by new funding.		
Data Sharing Agreement in Place	**R**	A	G
comment / supporting information	An information sharing agreement which sets out the rules to be applied by a Health Board and a GP Contractor when sharing information with each other is being developed. This is a key enabler and is required as a matter of urgency to support the implementation of the PCIPs.		

HSCP			
Programme and project management support in place	R	A	G
comment / supporting info	A designated HSCP team is fully in place consisting of project management support, leads for work-streams & financial support. This team support the development and implementation of the PCIP in partnership with key stakeholders and work proactively with our GP Sub Committee and LMC on all aspects of GP contract delivery.		
Support to practices for MDT development and leadership	**R**	A	G
comment / supporting info	A supporting programme of work is being scoped to support leadership in multidisciplinary teams and to help enable the service redesign needed to deliver the wider support and change to primary care services in order to underpin the GMS contract.		
GPs established as leaders of extended MDT	**R**	A	G
comment / supporting info	As above.		
Workforce Plan reflects PCIPs	**R**	A	G
comment / supporting info	Workforce planning is one of the most significant challenges highlighted in the development and implementation of the Primary Care Improvement Plans both in terms of availability of workforce at a sufficient scale to support all practices in terms of the change process required to support effective working for new teams. Across NHSGG&C, Workforce planning for the PCIPs is being considered in conjunction with the Boards wider Moving Forward Together strategy which sets a vision and direction for clinical services in the future.		
Accommodation identified for new MDT	**R**	A	G

comment / supporting info	As detailed within risk section *1 space is at a premium in existing premises and many practices may be unab to accommodate the potential increase in staff employed by the HSCP, specifically in developing Community Treatment and Care Services. On a positive note, all new roles e.g. APPs , ANPs, Link Workers have been accommodated within practices to date. An ongoing local stock take of primary care accommodation capacity contines to be undertaken, which has helped inform local implementation to date. The National Survey of GP premises will beused to inform future planning and investment.		
GP Clusters supported in Quality Improvement role	R	A	**G**
comment / supporting info	6 CQLs have been appointed and fully engaged and meetings with PQLs - Cluster Quality Improvement plans/activity on-going.		
Ehealth and system support for new MDT working		**A**	G
comment / supporting info	Within GG&C, the ehealth team works in conjunction with HSCPS in the introduction of new services and processes within practices.		

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	R	A	**G**
Pharmacotherapy implementation on track vs PCIP commitment		**A**	
Practices with PSP service in place	29		
WTE/1,000 patients	18wte all team - this includes 6.6wte of existing PSP team - pharmacists & 3.0wte technicians (PST)		
Pharmacist Independent Prescribers (as % of total)	68%		
	Level 1	Level 2	Level 3
Level of Service	19	18	13
comment / narrative	**Level 1** - there are a number of practices in the 19 that have some of the cover although not fully - around 5 have almost full cover in level 1**Level 2** - there are some aspects of level 2 carried out in 18 of the GP practices. **Level 3** - there are some aspects of this carried out throughout 13 of the practices but is not fully delivered in any practice. Recruitment of PSPs/PSTs is part of NHSGG&C recruitment process, early indication is showing there are not enough PSPs & PSTs to fill the posts without destabilising the rest of the NHS. Recruitment of pharmacotherapy assistants is also on-going to support the PSPs and PSTs in practice to deliver more level 1,2 & 3 support.		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment		**A**	G
Development of CTS on schedule vs PCIP	R	**A**	G
Practices with access to phlebotomy service	18		
Practices with access to CTS service	Initial shift of work has been around phlebotomy. Initial appointed Health Care Assistants are currently based within individual practices in the first instance whilst IT/Telephony and accommodation solution is finalised.		
Range of services in CTS	narrative		
comment / narrative	Renfrewshire has no history of treatment rooms. Scoping of works to provide Treatment room services available to every practice is currently underway with some rooms identified however these will require modification works to be carried out.		
Vaccine transformation Program			
PCIP VTP plans meet contract commitment	R	A	
VTP on schedule vs PCIP	**R**		G
Pre-school: model agreed	R	A	**G**
practices covered by service	29		
School age: model agreed	R	A	**G**
practices covered by service	29		
out of schedule: model agreed	**R**		G
practices covered by service	R	A	G
Adult imms: model agreed	**R**		G
practices covered by service			
Adult Flu : model agreed		**A**	
practices covered by service	29 (Housebound Flu only) - Building on the success of last year plans are in place to deliver the 2019/20 Flu vaccination programme for patients that are housebound and over the age of 18. Similar to last year's programme carers will also be opportunistically offered the flu vaccination if at home.		
Pregnancy: model agreed	R	**A**	G
practices covered by service	29		
Travel: model agreed	**R**		G
practices covered by service			
comment / narrative	Pre 5 Immunisation clinics run daily. School aged immunisations continue to be delivered by the board wide school immunisation team. They will also cover flu vaccination for school agreed children. Work is also bein progressed to pilot ways of working for the delivery of routine childhood Flu to eligible 2-5 year olds. 7 of our GP practices will benefit from this work and 1200 children will be offered the vaccine. Immunisation of pregnant women for pertussis and flu will be delivered by Maternity Services in 2019/20. Adults Programme - Begun modelling to anticipate demand and model of delivery.		
Urgent Care Services			
Development of Urgent Care Services on schedule vs PCIP	R	A	**G**
practices supported with Urgent Care Service	5 practices have been supported in year 1 with practice based ANP (2.6wte). In addition 1.0wte Care Home Liaison Nurse ANP has been recruited to for all West Renfrewshire practices x 16. This member of staff will take up post in September 2019.		
comment / narrative	1.0wte Care Home Liaison Nurse ANP for Paisley Practices is currently at recruitment stage . This role will essentially allow practices to triage in the first instance and if they decide a house call is required they would then inform the ANP who will be accepting requests across the locality areas.		
Additional Services (complete where relevant)			
APS – Physiotherapy / MSK			
Development of APP roles on track vs PCIP	R	A	**G**
Practices accessing APP	7		
WTE/1,000 patients	2.5wte / 35,588		
comment / narrative	7 practices have currently been aligned APP resource with addition 1.0wte currently at recruitment stage.		
Mental health workers			

On track vs PCIP	R	A	G
Practices accessing MH workers / support	No. practices		
WTE/1,000 patients			
comment / narrative	There are some new proposals currently being developed for GP Liaison Mental Health Nurses.		
APS – Community Links Workers			
On track vs PCIP	R	A	G
Practices accessing Linkworkers	29		
WTE/1,000 patients	Offering 1 day resource to every GP practice (where feasible)		
comment / narrative	Link Worker Resource has been aligned to every Renfrewshire GP Practices. Additional Link Workers resource is currently being offered to larger practices and model will be extended to pilot new ways of working in the most deprived areas of the HSCP to provide more of an outreach approach.		
Other locally agreed services (insert details)			
Service	R	A	G
On track vs PCIP	R	A	G
practices accessing service	29		
comment / narrative	Previous facilitated training sessions have been held around document workflow management and signposting for GP practice staff to relieve pressure on GPs and develop new ways of working.		

Overall assessment of progress against PCIP	R	A	G
Specific ongoing Risks remain around:			
1) **Accommodation** - *1 Fit for purpose accommodation is essential to deliver effective primary care services and to establish new ways of working in extended primary care teams. Space is at a premium in existing premises and many practices may be unable to accommodate the potential increase in staff employed by the HSCP, specifically in developing Community Treatment and Care Services.			
2) **Time -** required from GPs to train attached staff e.g. ANPs and non medical prescribers and pharmacy team.			
3) **IT**- specifically in relation to fully integrating teams. Digital technology will be central to delivering the transformational change that is necessary in order to support integrated teams in delivering new models of			
4) **Staff Recruitment** -Staffing requires recruitment of new, qualified pharmacists and ANPs of which there are limited numbers within the health board. The availability of key staff groups continues to require action at national level, particularly to ensure sufficient training places and development of skills for primary care.			
5) The increase in superann contributions may impact on the overall wte to support implementation of the PCIP if the Primary Care Improvement Fund allocation does not include provisions to meet the additional costs associated with this.			
6) Capacity for **change management** within the HSCP and within GP practices, to implement new ways of working and maximise the impact of the MDT and new roles			
7)Even if we have the full staffing complement and premises available the current proposed **funding** would not cover the full implementation of the contract.			
Barriers to Progress			
E-health, Recruitment, Accommodation and funding to support change in room usage.			
Issues FAO National Oversight Group			
Data Sharing Agreements. An information sharing agreement which sets out the rules to be applied by a Health Board and a GP Contractor when sharing information. This is a key enabler and is required as a matter of urgency to support the implementation of the PCIPs. In addition, Mentoring of staff, Accommodation and National approach to ensure individuals are able to access the right service.			

To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Officer**
Heading:	**Non-Financial Governance Arrangements**

1. Summary

1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place. The report also provides performance information regarding Freedom of Information and Complaints and covers the period 1 April 2018 to 31 March 2019.

1.2. The report is attached at Appendix 1.

2. Recommendation

It is recommended that the Integration Joint Board (IJB) note the content of this report, specifically around:

- Freedom of Information (FoI)
- Health and Safety
- Complaints
- Compliments
- Civil Contingencies & Business Continuity
- Insurance and Claims
- Risk Management
- General Data Protection
- Records Management Plan
- Communication

Implications of the Report

1. **Financial –** Sound financial governance arrangements are in place to support the work of the Partnership.
2. **HR & Organisational Development -** There are no HR and OD implications arising from the submission of this paper
3. **Community Planning -** There are no Community Planning implications arising from the submission of this paper
4. **Legal –** The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

5. **Property/Assets -** There are no property/ asset implications arising from the submission of this paper.
6. **Information Technology -** There are no ICT implications arising from the submission of this paper.
7. **Equality and Human Rights -**The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Procurement Implications -** There are no procurement implications arising from the submission of this paper.
9. **Privacy Impact -** There are no privacy implications arising from the submission of this paper.
10. **Risk** – none.
11. **Risk Implications –** As per the subject content of the risk section of this paper.

List of Background Papers – None.

Author: Jean Still, Head of Administration

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Renfrewshire Health & Social Care Partnership

Renfrewshire Council

NHS Greater Glasgow and Clyde

Appendix 1

Non Financial Governance Arrangements 1 April 2018 to 31 March 2019

- Freedom of Information
- Health & Safety
- Complaints
- Compliments
- Civil Contingencies & Business Continunity
- Insurance & Claims
- Risk Management
- General Data Protection Regulations
- Records Management Plan
- Communication

1. Freedom of Information

1.1. At its meeting on 15 January 2016, the IJB approved the arrangements for dealing with requests for information in respect of functions undertaken by the IJB.

Background

1.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FOISA as a public authority within its own right. Although the IJB will only hold a very limited amount of information, it must respond to FoI requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016 and approved on 11 November 2016. A link to the IJB Publication Scheme is noted below.

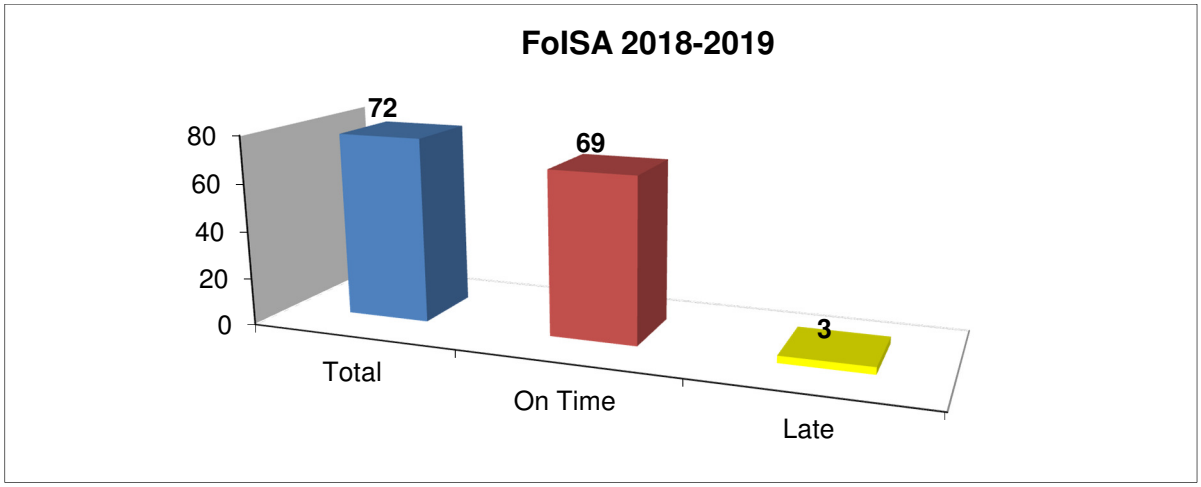
http://www.renfrewshire.gov.uk/media/3233/Renfrewshire-IJBPublication-Scheme/pdf/Renfrewshire_IJB_Publication_Scheme.pdf

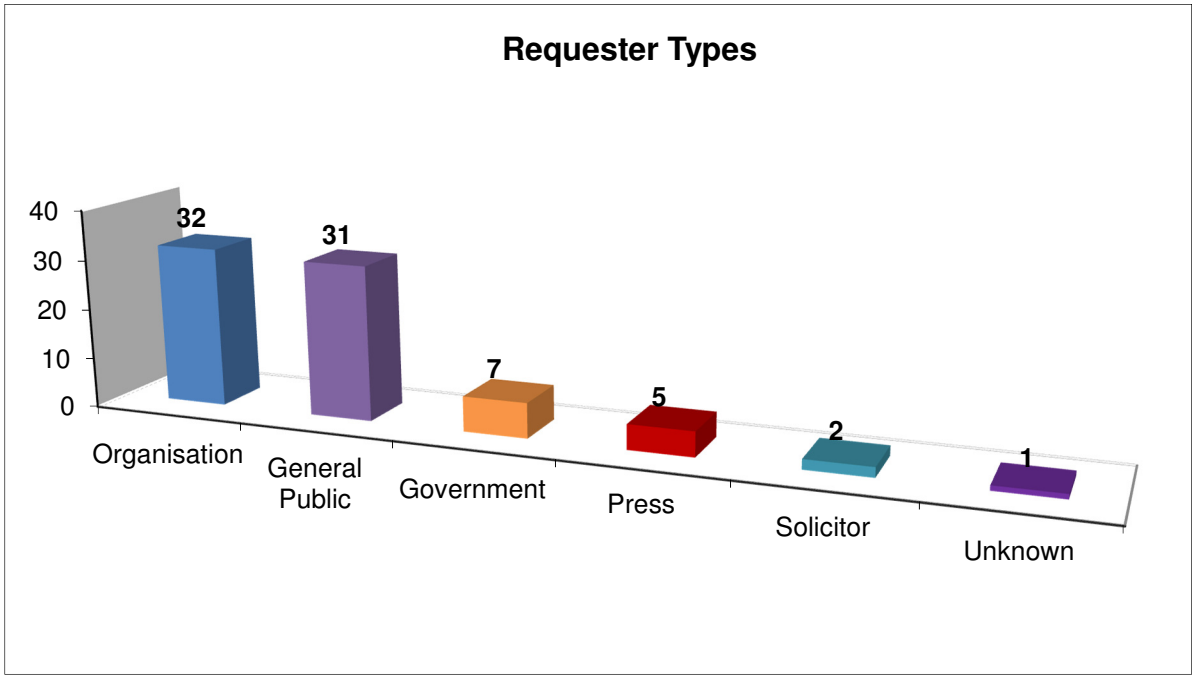
Requests Received

1.3. During the period 1 April 2018 to 31 March 2019, the IJB received **1** request for information regarding the Health & Social Care Partnership's correspondence between the Socttish Government, Chief Officers and Chairs of Integration Joint Boards. Statistical information regarding IJB FoIs is uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.

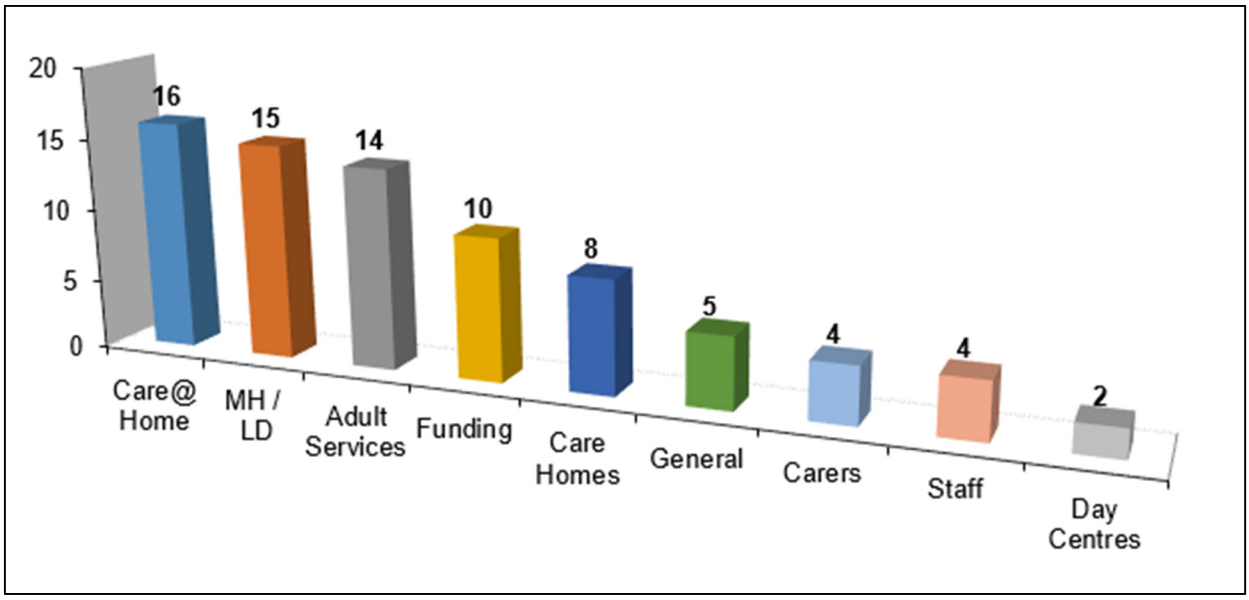
1.4. It was agreed that any FoI relating to the operational delivery of health and adult social care service received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.

1.5. During the specified timeframe 78 FoISA requests were received broken down by types in the graph below.





1.6. The main issues related to the following services:



1.7 **Subject Access Requests**

A Subject Access Request is a request for personal information that an organisation may hold about an individual. For the Partnership, this may mean that one of our patients or service users can ask what information we hold about them and what we do with if. If we do hold information about them, then they are entitled to have a copy.

During 1 April 2018 to 31 March 2019, the Partnership responded to **23** Subject Access Requests from patients, clients and staff.

Health & Safety

2.

Background

2.1 The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council. As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.

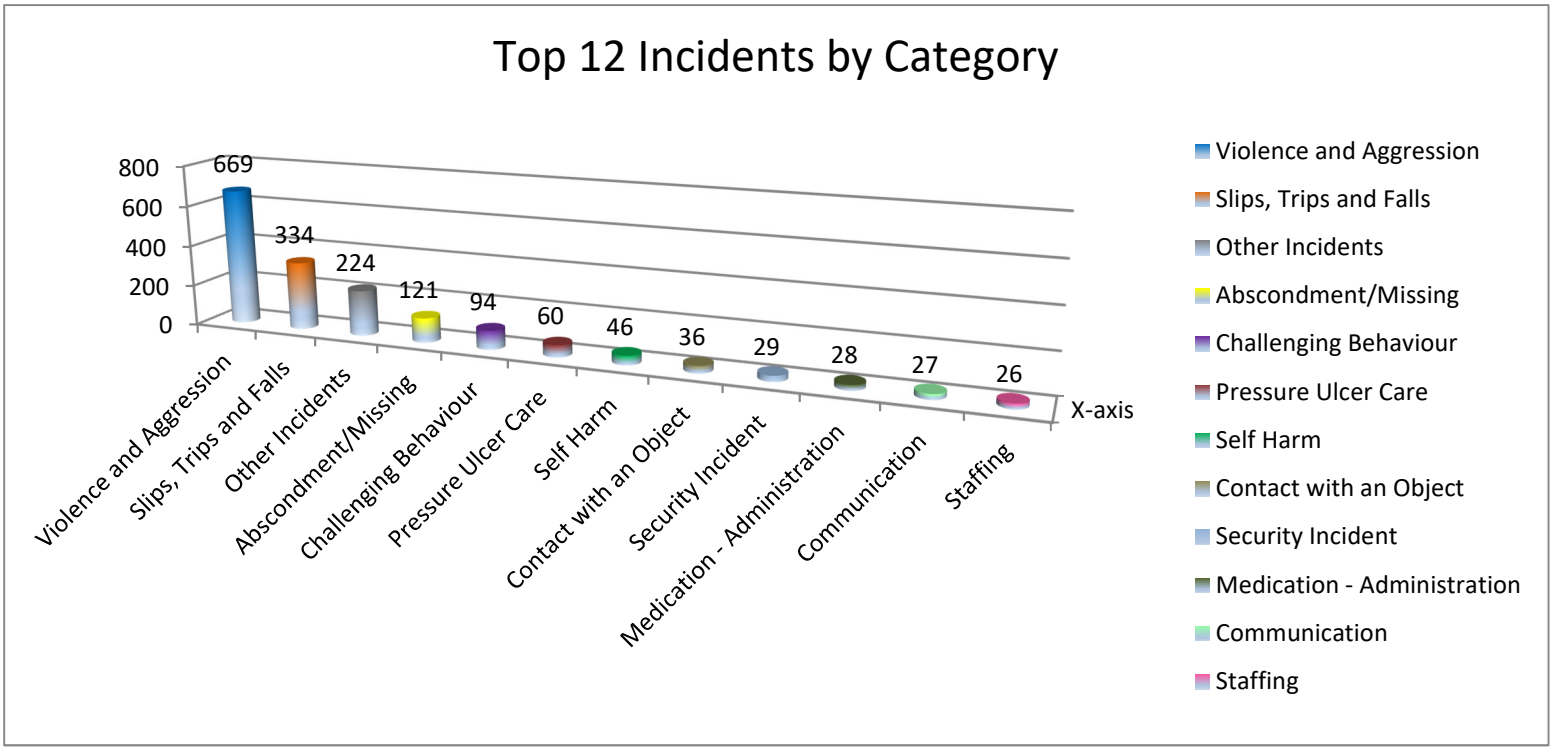
2.2 The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and its Area Partnership Forum.

2.3 The Health & Safety arrangements within Renfrewshire Council are governed by the Corporate health and safety section which inform the Chief Executive and Directors. This is further enhanced with the application of a health and safety management system which is certified to BS OHAS 18001: 2007 and this is reflected in the corporate health and safety plan.

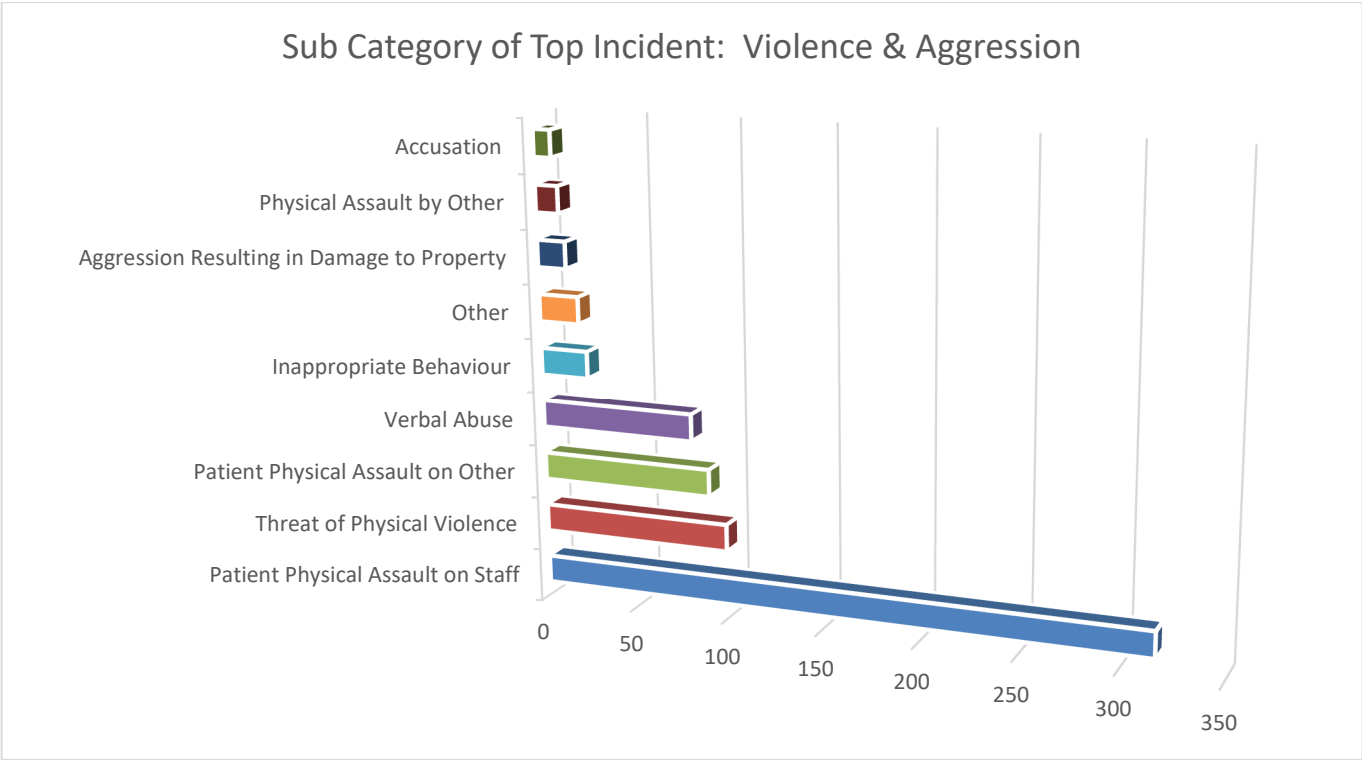
2.4 A Joint HSCP Health & Safety Committee is in place and has service representation from health, council and partnership. The Committee meets quarterly.

2.5 The HSCP Health & Safety Committee's role within the Partnership is to coordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.

2.6 The table below provides a snapshot view of the top 12 health and safety incident categories over the twelve month period 1 April 2018 to 31 March 2019. This includes patients, service users and staff.



2.7 A further breakdown of the top incident by its sub-categories is noted below.

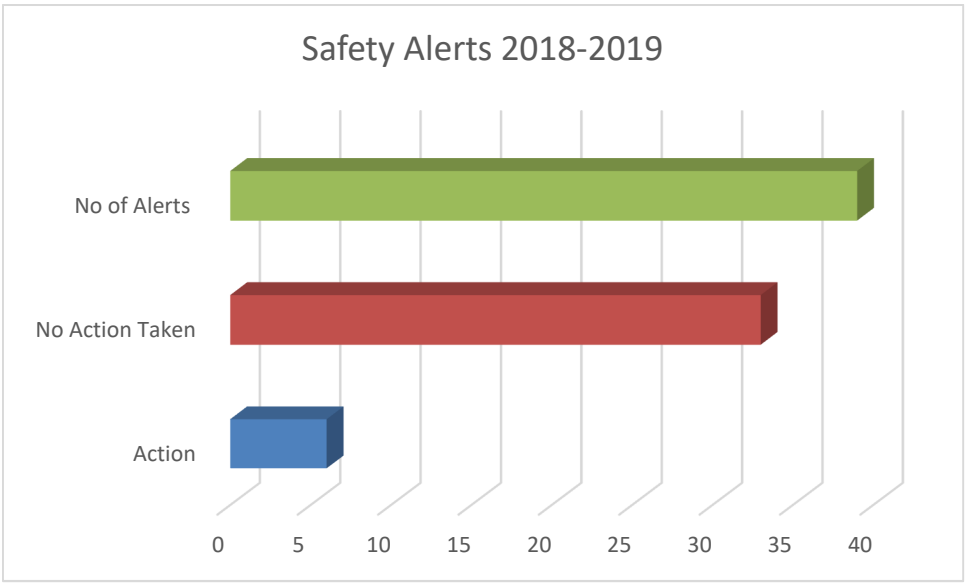


NHS Greater Glasgow & Clyde issued a press release on 25 July 2019 about the unacceptable number of verbal and physical assaults on their staff over a 12 month period. Click here to read the full press release.

2.8 **Health & Safety Alerts Report**

Health & Safety Alerts are received via email and cascaded across services within the HSCP. All services will then advise if relevant to their area and a final response gathered and noted in an action plan if appropriate.

The table below provides a snapshot view of the number of Health & Safety Alerts received over the twelve month period 1 April 2018 to 31 March 2019. Health & Safety Alerts are reviewed quarterly at the H&S Committee meetings.



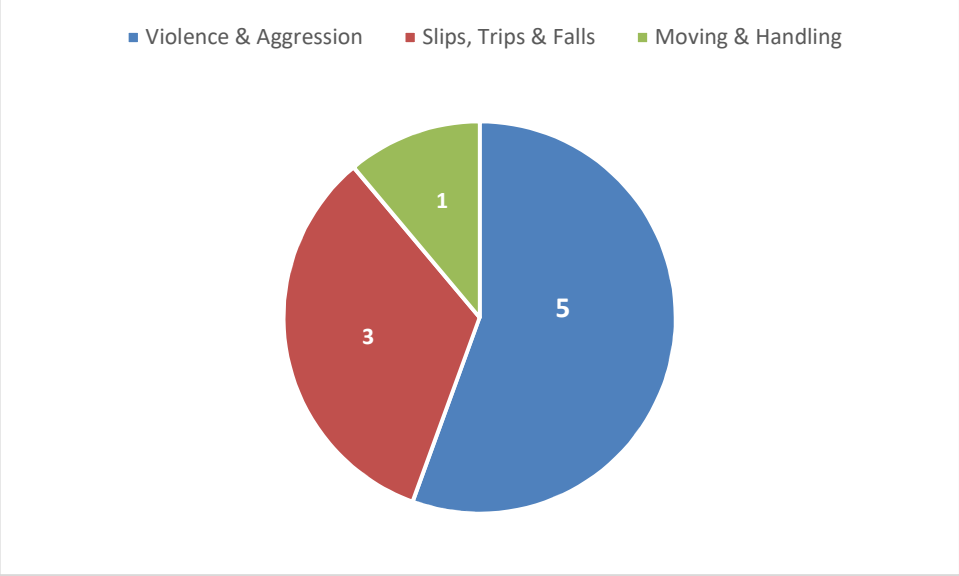
The six alerts requiring action covered the following subjects:

- Ingestion of Cleaning Chemicals
- Needlestick/Sharps Incidents
- Assessment of ligature points
- Clinical risk associated with changes to Nutilis Clear thickening powder
- Risk of Needlestick Injury Resulting from Failure to Activate Inhixa(r) Safety Needle Guard
- Techtex – R515 Clinitex Detergent Wipe

2.9 **RIDDOR incidents**

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurences Regulations) puts duties on employers and staff working within an organisation to report certain serious workplace accidents, occupational diseases and specified dangerous occurences (near misses).

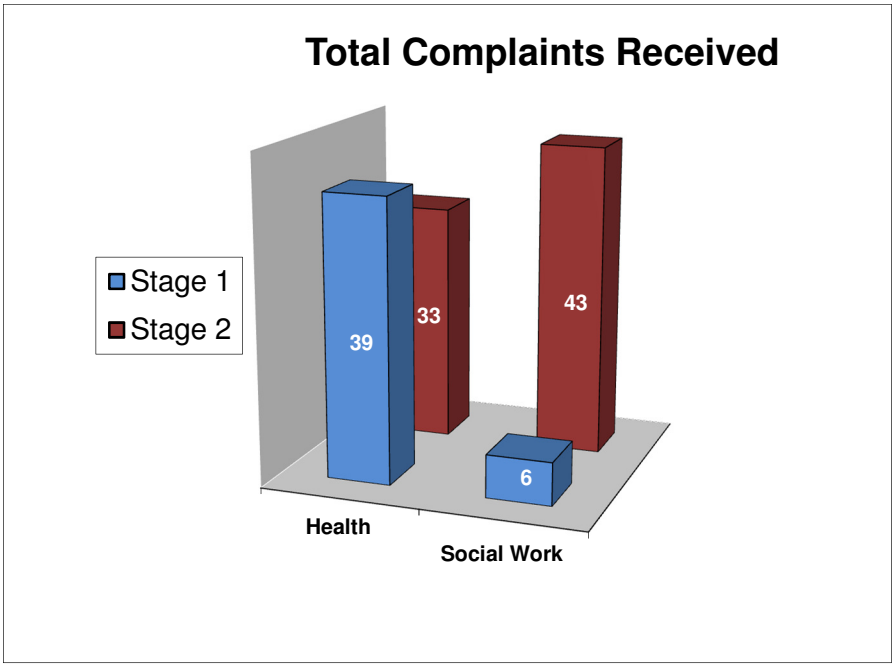
There were 9 Health RIDDOR reportable incidents to the Health & Safety Executive from 1 April 2018 to 31 March 2019. These incidents have been investigated with reports and actions plan in place. The table below higlights the categorys for these 9 incidents.



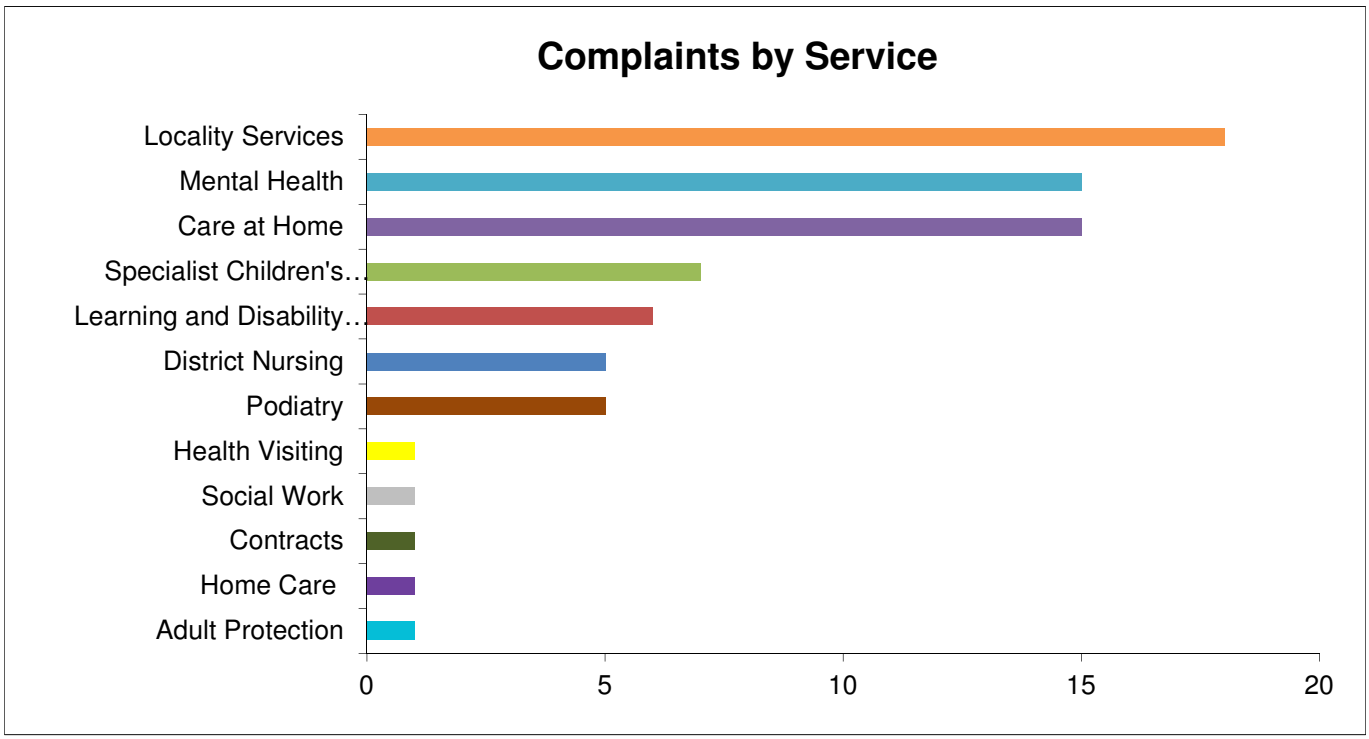
3. Complaints

3.1 This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2018 to 31 March 2019. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

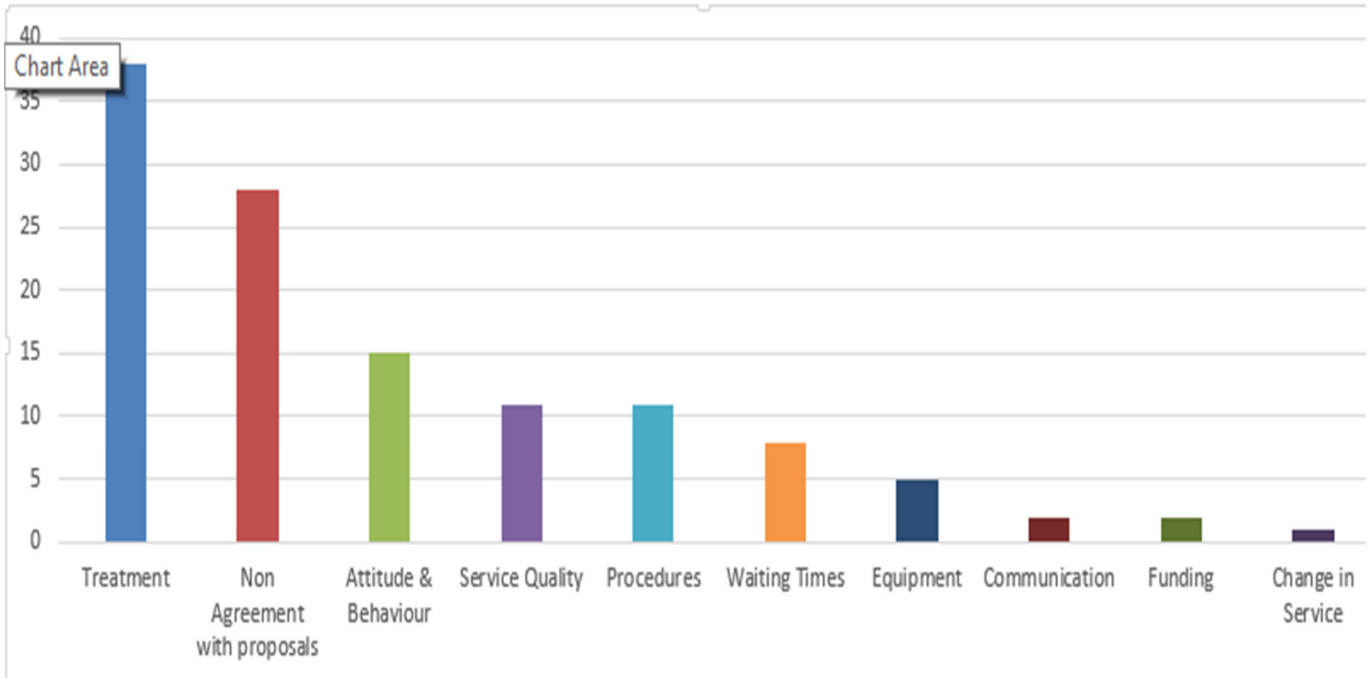
3.2 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP from 1 April 2018 to 31 March 2019.



3.3 The graph below shows the breakdown of complaints by service for the period 1 April 2018 to 31 March 2019.



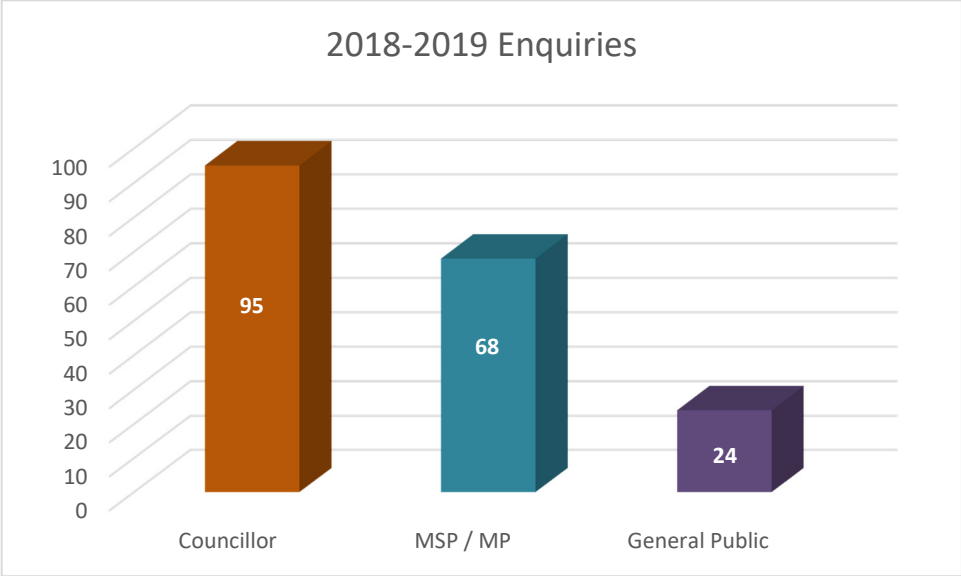
3.4 The issues and themes identified from health and social work complaints are shown in the table below. Treatment and Staff Attitude & Behaviour are recurring issues raised by complainants.



3.5 Where a complainant remains dissatisifed with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). The graph below shows the total number of complaints for health and social care.

3.6 The percentage of complaints dealt with within the national target of 20 working days is 81% and this figure is higher than achieved in 2017/18 (76%). Public holidays have been taken into account when response times were calculated.

3.7 During the period 1 April 2018 to 31 March 2018, the HSCP received 187 enquiries broken down in the chart below (show Councillors, MPs, MSPs, members of the public and other third party organisations).



3.8 GP Complaints

There were 268 complaints made to the 30 General Practictioners within the HSCP partnership which averaged at 2.5 complaints per practice per month. This equates to a 10% increase on the previous year.

Service Improvements

3.9 One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.

3.10 Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment/Quality of Care, Staff Attitude & Behaviour and Communication are key issues for complaints and steps are being taken by services to improve these.

Policies & Procedures

3.11 Under health and social care integration, there will remain two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.

3.12 Whilst NHS Greater Glasgow & Clyde is responsible for the delivery of health services, Health and Social Care Partnerships have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requries staff from the NHS Board, Local Authority and third sector organisations to work together in order to provide joined up, person-centred services.

3.13 There is a standard approach to handling complaints across the NHS and Council which complies with the SPSO's guidance on a model complaints handling proceedure, meets all of the requirements of the Patients Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

3.14 If a person raises a complaint about a health service and a social care service the response will depend on whether these services are being delivered through a single, integrated HSCP.

3.15 Where these services are integrated, we must work together to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or Local Authority will lead on the response. It is important, wherever possible, to give a single response from the lead organisation.

COMPLIMENTS 2018-19

Gratitude helps you to grow and expand; gratitude brings joy and laughter into your life and into the lives of all those around you." -Eileen Caddy

You were wonderful

Complaints & Enquiries

'Thank you for your help in getting the Care at Home sorted. Thank you for taking all the relevant information from a very upset and tearful family member. You were wonderful'

Amazing Health Professionals

Podiatry

'Your member of staff has done more for me in 25 minutes than anyone. I was sceptical going into this but your staff were professional and explained at every stage what they were doing. I now feel I can take charge of my health and feel reassured there are amazing Health Professionals in the NHS'

To say thank you is not enough

Occupational Therapy

'Thank you all those involved in getting the stairlift for my mum. It was installed sooner than we were expecting and allows my mum and dad to sleep in their bedroom together again. This has made a big difference to the quality of their lives'

Can't thank you enough

District Nursing

'Thank you for your care, kindness, patience and listening skills. Nothing was too much for you and you always did everything you could for our family at this very difficult time'

'We are so luck to have a team like you in our area – keep up the excellent work you do'

'Thank you for your care and attention following my operation at the end of December. I very much appreciated the good attitude, competence and professionalism of every member of the team – they are to be commended'

Great Collaborative Working

Specialist Children's Services

'Everything has gone so well with the young patient, who has now settled over the weekend. I cannot thank you enough for all your help and support. All in all a great piece of collaborative working'

Thank you

Mental Health

'For dealing with my complaint efficiently, appropriate and professionally. I am very impressed with how you deal with the whole matter'

'Thank you for all the help you have given me, the time you have spent with me over the last months and supporting me to understand my own behaviour. I am stronger knowing that I can help myself and it is only my lack of belief in myself holding me back – your insight has been gratefully received'

'Ward 37 – I am writing to express thanks and admiration for all the staff of Ward 37 at the RAH, Although our mother passed away as an inpatient, the kindness and quality of care provided to our family was nothing short of exceptional. If I had been a millionaire I could not have bought what was provided to our family – so, well done Ward 37 staff and Thank You'

5.

5.1 The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (CCA) and accompanying non-legislative measures came into force on 14 November 2005. The aim of the Act is to deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts

- Local Arrangements for Civil Protection (Part 1)
- Emergency Powers (Part 2)

5.2. The Act lists the NHS and Local Authorities as Category 1 responders and, as such, places duties as follows:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.

5.3 Renfrewshire Council and NHS Greater Glasgow & Clyde are supported by their respective Civil Contingencies/Protection Teams in fulfilling the duties placed upon them as Category 1 responders.

- The Civil Protection Steering Committee and the Health & Social Care Resilience Group are the coordinating groups for each organisation. The remit of these groups include:
  - Sharing information across the internal services
  - Coordinating the plans and procedures to be adopted across the organisation
  - Identifying training and excerise requirements and delivery method
  - Develop a work plan to deliver the resilience agenda
  - Share best practice and lessons identified.

5.4. At strategic levels, the Renfrewshire Health & Social Care Partnership Chief Officer sits on both NHS Greater Glasgow & Clyde's and Renfrewshire Council's Corporate Management Teams.

5.5. A joint Business Continuity Plan has been developed and is routinely tested.

5.6. In addition to reporting to the Integration Joint Board, this Group will link to the Renfrewshire Civil Contingencies Service and NHS Greater Glasgow and Clyde Civil Contingencies Unit.

6.

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

6.2. With the intoduction of the Public Bodies (Joint Working) (Scotland) Act, from April 2015, the Scheme was broadened to enable Integration Joint Boards to become members.

6.3. Renfrewshire IJB has been a Member of CNORIS since 1 April 2015.

6.4. CNORIS provides indemnity in relation to Employer's Liability, Public/Product Liability and Professional Indemnity type risks. The Scheme also provides cover in relation to Clinical Negligence.

6.5. NHS Greater Glasgow & Clyde and Renfrewshire Council both have procedures in place for handling claims regarding the services they provide.

Risk Management

7.

7.1 Regarding the arrangements in place for the management of risk within the HSCP, Members previously approved the risk management arrangements and have received update reports. It was also agreed that the Senior Management Team monitor the Risk Register on a monthly basis.

7.2 The Risk Registers for the IJB and HSCP are maintained, updated and reported in line with the risk management policies of NHS Greater Glasgow & Clyde and Renfrewshire Council.

7.3 Risk owners are identified for each risk and are responsible for the ongoing monitoring and updating of their respective risks.

7.4 In November 2015, IJB members approved the establishment of an Audit Committee from 1 April 2016 and also agreed its Terms of Reference and Standing Orders.

7.5 The Audit Committee is a key component of the IJB's governance framework. One of its core functions is to provide the IJB with independent assurance on the adequacy of its risk management arrangements.

7.6 As such, this update is to provide assurance to IJB members that the Audit Committee will review the effectiveness of the risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate the identified risks.

7.7 The Risk Management Policy and Strategy has been updated to reflect these changes.

8.

8.1. Data Protection laws changed on 25 May 2018. EU General Data Protection Regulations (GDPR) came into force on that date

8.2 The legislation introduced new rules on how personal data is collected and processed to ensure individuals have greater control and privacy rights for their information we hold. It shortens timescales for certain processes and significantly increases penalties for failure to comply.

8.3 There is a need for greater transparency. Formal notifications of the nature of, reason for and parties involved in data processing and data sharing are mandatory. These are referred to as Privacy notices.

8.4 As the IJB is a statutory authority, it is subject to the new regulations. However, the IJB in practice handles very little personal data and the impacts on the IJB specifically, as opposed to the partner organisations, is anticipated to be quite limited.

8.5 There are a wide range of activities across Renfrewshire Council and NHS Greater Glasgow & Clyde aimed at putting suitable arrangements in place for these changes.

8.6 A more limited range of activities will require to be progressed for IJB itself to ensure compliance with the new legislation. All members should have awareness of these changes.

8.7 **GDPR Staff Awareness Sessions**

Over 75 presentation meetings were delivered across the HSPC on GDPR with just over 650 staff in attendance.

Changes made since these meetings:

- Information Asset Registers have been completed across all services in relation to personal/personal sensitive information the HSCP holds.
- Medical records that were stored outwith secure premises have now been brought back into NHS property.
- Whiteboards – removed and replaced with electronic ways of working.
- Patient/Staff files – all now kept behind locked drawers/cabinets/rooms.
- Destruction of confidential waste

Records Management Plan

9.

9.1 The Public Records (Scotland) Act 2011 requires all public bodies in Scotland to prepare a Records Management Plan (RMP) which sets out the organisation's arrangements for managing our records.

9.2 NHS Greater Glasgow & Clyde and Renfrewshire Council already have agreed RMPs in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.

9.3 Formal notification was received in September 2018 from National Records Scotland that the Keeper was inviting Renfrewshire IJB to submit its RMP by 1 February 2019, approval of the RMP is awaited.

9.4 The IJB submitted a Records Management Plan to the Keeper of the Records Scotland in January 2019. The RMP sets out how the IJB records are created and managed in line with national policy.

9.5 As the IJB does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB Committees (Integration Joint Board, Audit Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan.

10

Communications Evaluation - 2018/19

Website

www.renfrewshire.hscp.scot

9,582 Users

62,670 Page Views

57.1% Desktop Views

42.9% Mobile Views

User feedback

easy to navigate

very clear search function

easy to use 8 / 10

Top visted pages

1. About Us 2,020
2. Adults & Older People's Services 1,747
3. Publications & Newsletters 1,692
4. Integration Joint Board 1,186
5. Know Who to Turn To 1,118

New staff section was introduced March 2018 - Team Brief is now published here

Social Media

1,143 Followers

391,800 Reach

607 Followers

92,720 Reach

Successful Campaigns

20,278 #16DaysofAction

35,142 #NHS70

7,704 Emergency Dept Signposting

5,860 #FluFighters

To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Officer**
Heading:	**Change and Improvement Programme Update**

1. Summary

1.1. This report updates IJB members on the Renfrewshire Health and Social Care Partnership's (HSCP) evolving Change and Improvement Programme, including the ongoing Service Reviews.

2. Recommendation

It is recommended that the IJB:

- Note the content of the report; and
- Tier 1 financial planning proposals will be brought to the IJB meeting in late 2019/early 2020 for approval.

3. Background

3.1. The HSCP's Change and Improvement Programme is focused on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach. This is supporting our work to ensure we provide the best possible services and care to our service users and to enable our service and resource planning to focus on and deliver the right outcomes for all.

3.2. This report provides an update on the Programme's 4 workstreams:

1. Optimising Joint and Integrated Working and shifting the balance of care;
2. Statutory Requirements, National Policy and Compliance;
3. Service Reviews; and
4. Delivering Safe and Sustainable Services.

4. Workstream 1: Optimising Joint and Integrated Working

4.1. This workstream seeks to establish a health and social care service managed and delivered through a single organisational model, unlocking the benefits which can be derived from streamlined, joined up and wherever possible, integrated working.

4.2. A number of service improvements/developments are ongoing:

- Work to build an effective and dynamic approach to 'locality' and 'cluster' based working, and to build collaboration and joint working between services to better support the needs of local patients and service users; and
- Implementation of a Joint Unscheduled Care action plan with colleagues in the RAH, which aims to demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.
- The Care at Home Services Transformation Programme has been continuing to work with staff, our service users, Trade Unions and partners to develop services which will enable us to better manage the ongoing demand for our services, within current budgets, whilst supporting people to remain as independent as possible with their own home.

Care at Home Scheduling and Monitoring System

4.3. The HSCP has formally agreed a contract with Totalmobile Ltd which officially commenced from 29 April 2019. Initial testing and setup up of the new system is underway with Care at Home staff, which will inform the full implementation approach. Following agreement of a detailed approach and plan, key dates will be shared in further updates to the IJB. Full implementation is scheduled for the end of 2020.

5. Workstream 2: Statutory Requirements, National Policy and Compliance

5.1 The HSCP's Change and Improvement Team works closely with the SMT, Professional Leads and Service Managers to ensure the HSCP comply with new statutory duties, national policy and adhere to any external compliance requirements.

5.2 Current work programme includes: the GP Contract; the requirement to upgrade telecare equipment from analogue to digital; embedding Self-Directed Support (SDS); delivery of the new Dementia Strategy; the introduction of Free Personal Care for Under 65s; the replacement of the Council's Social Care Case Management system and the Supported Living Framework. More recently the HSCP has been involved in progressing two Scottish Government self-assessments with our partner organisations, one in relation to our health and social care digital maturity, and the other in response to the Ministerial Steering Group's recent Review of Health and Social Care Integration.

5.3 The IJB are asked to note a number of developments since the last reporting period in June.

5.3.1 Ministerial Steering Group Self Evaluation: Frances As members will be aware from the update to the March 2019 IJB meeting, the Scottish Government recently asked every Health Board, Local Authority and IJB to complete a self-evaluation against the proposals set out in Ministerial Strategic Group (MSG) for Health and Community Care's Report on the Review of Health and Social Care Integration (February 2019)

The Review's proposals fall under 5 themes:

- Collaborative leadership and building relationship
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

Over recent months, the Chief Officer has led a range of productive discussions with his Senior Management Team, the IJB and the Chief Executives of our partner organisations to complete Renfrewshire's self-evaluation. Our return was submitted, as required, to the Scottish Government on the 15 May 2019.

5.3.2 Review of Integration Scheme: Integration Schemes offer a blueprint for the delivery of integrated services, setting out how the partner organisations, the Health Board and Local Authority, will locally work jointly to integrate and plan for services in accordance with The Public Bodies (Joint Working) (Scotland) Act 2014. The partner organisations must carry out a review of their Integration Scheme every 5 year for the purpose of identifying whether any changes to the Scheme are necessary or desirable. In line with Act, the Renfrewshire Integration Scheme must be reviewed by June 2020.

On behalf of the parent organisations, the Chief Officers within Greater Glasgow and Clyde (GGC) have agreed to adopt Pan-GGC approach to review all Schemes collectively by June 2019. The Schemes will be updated to reflect progress made with integration, the proposals/recommendations made in the Audit Scotland and Ministerial Strategic Group Review of Integration. This approach will allow greater consistency in approach and will also enable any amendments to all the existing stated hosted arrangements to be jointly agreed.

Prior to being submitted to the Scottish Government for approval, each revised Integration Scheme must be approved by its respective Local Authority and the Health Board. Schemes will also be presented to respective IJBs for information.

5.3.3 Living and Dying Well with Frailty Collaborative: The HSCP have been successful in a new collaborative from Healthcare Improvement Scotland. This is an opportunity for the HSCP and one of our GP Clusters to work together through the national collaborative to improve earlier identification, anticipatory care planning and shared decision-making, to ensure that people aged 65 and over living with frailty get the support they need, at the right time, at the right place.

By November 2020 the Collaborative will aim to:

- Reduce the rate of hospital bed days per 1,000 population for people aged 65 and over by 10%;

- Reduce the rate of unscheduled GP home visits per 1,000 population for people aged 65 and over by 10%; and
- Increase the percentage baseline of Key Information Summaries (KIS) for people living with frailty by 20%.

5.3.4 Digital Maturity Assessment: One of the stated aims in Scotland's Digital Health and Care Strategy is for all health and social care services to complete an assessment of their digital maturity. The assessment aims to baseline, measure and enable ongoing monitoring of the readiness of all NHS Scotland, Local Authorities and Integration Authorities.

In April 2019, the Scottish Government asked both parent organisations of Renfrewshire HSCP to complete a maturity assessment by June 2019. Renfrewshire HSCP led Renfrewshire Council's return which was signed off by Renfrewshire Council Chief Executive and submitted on the 26 June 2019. Findings of the submission will be shared with Renfrewshire by September 2019, allowing Renfrewshire to understand our position matched to a national average. This will also allow a Digital Maturity Index to be published nationally by the Scottish Government, created from the individual Digital Maturity Self-Assessment returns across Scotland, allowing progress at a regional and national level towards the goal of digital at the point of care to be monitored.

When survey results are made available to both partner organisations of Renfrewshire HSCP it is intended that we collaborate across GG&C to discuss the findings of the results. This will enable all organisations to view the baseline position for the local geography within GG&C and the potential to work with Health Boards and Local Authorities to help support planning and investment priorities if required.

The overall outputs will be used to review, shape and re-design services using the correct resources in the right place and at the right time as part of the Digital Health and Care Strategy. It is intended that the self-assessment will be completed every 18-24 months as progress is made towards delivery of Digital Health and Care Strategy ambitions.

5.3.5 GP Contract / Primary Care Improvement Plan (PCIP): Our updated PCIP was submitted to the Scottish Government in June 2019. Implementation of our PCIP continues to involve placing of expanded teams of HSCP and NHS Board employed health professions in and around general practice to meet the needs of patients who do not need to be seen by the GP (Expert Medical Generalist). It also involves GPs and their practice teams undertaking training in the new ways of working and signposting patients appropriately.

HSCPs are required to submit updates to the Scottish Government via the GMS Contract/PCIP implementation tracker to provide assurance that implementation is progressing as set out in our PCIP. The next implementation tracker update must be shared with the Scottish Government by the 30 October 2019 and this is subject to a separate paper at this meeting.

5.3.6 Provision of Primary Medical Services - Tender for a New Contractor: In June 2019 the IJB were advised on work underway to tender for a new contractor following the departure of the previous GP contractor providing primary medical services (located in the GP Practice at Erskine Health Centre, Bargarran Erskine) from 1 March 2019. NHS Greater Glasgow and Clyde have been looking after the patients as a directly managed practice (2c practice) from 2 March 2019.

The specification for this tender process has now been finalised and pending approval from procurement. Once approved, it is hoped to interview by end of October/beginning of November for a new contractor.

5.3.7 Supported Living Framework: The Council, under the direction of the HSCP are nearing the end of the tender process to update and replace the current Support Living Services Framework - being in the final stages of preparing contracts for the providers of Supported Living Services. A project was established in February 2019, taking a 2-stage approach to managing the provision of Supported Living Services, with stage 1 focusing on the renewal of provider contracts and stage 2 working on the transition from allocating specified care hours to an outcomes-based approach. This will mean that each service user will be given a personalised budget, enabling providers to be more creative and flexible in providing care around an individual's needs.

Interim contracts remain in place for now with providers, however it is expected that new contracts will soon be available and will be backdated to the 1 July 2019 in order to complete stage 1 of the project. Running in conjunction with this, work has now commenced to shape stage 2 of the project and progress is at a very early stage. Providers have been kept updated and workshops will be arranged with The Supported Living Service to plan the transition from allocating specified care hours to an outcomes-based approach.

5.3.8 Extending Free Personal Care to under 65s: The partnership has made system changes to extend free personal care to under 65's, in line with The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 which came into effect on 1 April 2019. Significant progress has been made in reviewing existing care packages in line with the legislative update.

This review work remains a priority for the partnership and resources will continue to be made available to conclude all outstanding reviews. This ensures new and existing personal care services will be reflected within our systems and be exempt from charging. This review work is ongoing with progress updates being provided via the regular Change and Improvement paper.

6. Workstream 3: Service Reviews

6.1 In June the IJB approved 4 Service reviews:

1. Learning Disabilities Services;
2. Older People Services;

3. Charging (on behalf of Renfrewshire Council); and
4. Addictions Services.

6.2 The service reviews all share a common aim which is:

To ensure Services are modern; flexible; outcomes focused; financially efficient and 'fit for the future' and taking account of changing trends; demographics; demands; local and national policy drivers; changing needs; inequalities; good practice and service user and carer views.

6.3 The Learning Disabilities and Older People Reviews are the subject of separate papers to this meeting.

Addictions

6.4 The Whole Systems Review of Addiction Services has been completed and has now reached its implementation phase. To take forward the recommendations from the Review, an Implementation Steering Group has been established, supported by Renfrewshire Alcohol and Drug Partnership, with the following progress achieved to date:

Recovery Hub

6.5 One of the biggest gaps identified within the Review was the lack of recovery opportunities for individuals affected by alcohol and drugs. There is clear evidence that shows that the provision of enhanced recovery opportunities will contribute to better outcomes for individuals. This has led to Renfrewshire HSCP securing premises in partnership with Renfrewshire Council colleagues. This will provide a clear pathway from 'traditional' services and offer a clear exit strategy to access a number of recovery opportunities with the ultimate aim of accessing training, volunteering and employment opportunities. The premises require a significant degree of refurbishment, which the ADP has agreed to fund, and it is hoped that refurbishment of the building will be completed by January 2020. A Recovery Forum has also been established with key stakeholders. The Forum have been tasked with developing a programme of activities which will be provided by the Recovery Hub as part of the recovery orientated system of care.

GP Specialist Shared Care Team

6.6 One of the key recommendations from the Review was to move towards adopting the NHS Greater Glasgow & Clyde Share Care Model to enhance current provision in Renfrewshire. An event was held in June 2019 for local GPs with to hear about the findings from the Whole Systems Review. A Specialist Shared Care Team Leader from Glasgow South attended the event to share their experience of moving towards the new Shared Care model. GPs in attendance agreed that this model would benefit their patients and agreed to adopt this new process. It is expected that the model will be implemented by January/February 2020. It was also agreed that the new model will incorporate a training and development element which will be delivered on a quarterly basis.

An audit of all patients who are supported within GP Shared Care Clinics is also underway and will be concluded at the end of October 2019.

Staff Communication and Engagement

6.7 A staff communication and engagement plan is currently underway. In addition to the staff briefing events organised over the last year, a further two briefing sessions were held recently with all addiction staff. An overview was provided on the status of the implementation phase of the Review and staff were given the opportunity to raise any issues or concerns. A further briefing with staff is planned once HR processes have been agreed.

Service Manager for Alcohol and Drugs

6.8 The post of Service Manager for Addictions has been recruited to and is due to take up post in early October 2019. This post will be instrumental in providing strong leadership in further developing a recovery and outcome focused service to meet the needs of service users supported by a highly developed workforce.

Charging

6.9 The Joint HSCP/Council Charging Steering Group continue to consider the impact and viability of any changes to the existing policy, including looking at the wider landscape across Scotland: to identify best practice and to ensure that any proposed changes would deliver a more transparent and equitable policy for our service users. As previously noted, charging is a Local Authority matter and therefore any change to the current charging policy would be subject to Council approval.

7. Workstream 4: Delivering Safe and Sustainable Services

7.1 As outlined in the Chief Finance Officer's 'Financial Report 1 April 2019 to 31 July 2019', the HSCP Senior Management Team, led by the Chief Finance Officer, has developed a two-tiered financial planning model. This will enable Renfrewshire to address our 2019/20 financial pressures, whilst in parallel introducing a more strategic approach to ensure the financial sustainability of the organisation in the medium term.

7.2 The short-term financial planning work for 2019/20, Tier 1, is being supported by experienced external support to provide independent challenge to SMT thinking. This work is focused on where we can derive benefits from a more integrated organisational structure. Proposals will be presented to the IJB for approval in late 2019 / early 2020.

7.3 The HSCP's medium term approach, Tier 2, to develop a 2022/23 Delivery Plan is the subject of a separate paper to this meeting. This paper recognises the need for a radical programme of financial and service re-modelling which focuses on the way we work and engage with each other, our communities and our partners, all of which will take time. As outlined in the Chief Finance Officer's report to this meeting, supporting governance and resources are being established to ensure the HSCP is equipped to drive this change forward as

part of an expanded Change and Improvement Programme. Subject to IJB approval, a transformation reserve will be created to support this programme

7.4 Members will receive updates on the expanded Change and Improvement Programme at each IJB meeting, and their approval sought where appropriate.

Implications of the Report

1. **Financial –** the Change and Improvement Programme supports the delivery of the 2019/20 Financial Plan.
2. **HR & Organisational Development** – there are implications for NHS and Council posts. HR and OD work in close liaison with the Change and Improvement Programme.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process.
4. **Legal –** supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets –** property remains in the ownership of the parent bodies.
6. **Information Technology –** technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights –** n/a.
8. **Health & Safety –** health and safety processes and procedures are being reviewed in order to support safe and effective joint working.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk –** the report highlights a range of risks associated with the proposals and mitigation treatment where identified.
11. **Privacy Impact –** n/a.

List of Background Papers – None.

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To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Officer**
Heading:	**Strategic Delivery Plan**

1. Summary

1.1. The purpose of this paper is to update the Integration Joint Board (IJB) on how the HSCP intends to deliver our Renfrewshire Health and Social Care 2019 – 2022 Strategic Plan.

1.2. The HSCP, facing similar challenges to other public sector organisations across Scotland and the UK, recognise we must make a step change in the way we work to ensure the sustainability of health and social care services going forward.

2. Recommendation

It is recommended that the IJB:

- Endorse the direction set out in this paper; and
- Note a further update will be brought to the November IJB meeting.

3. Background and Context

3.1. The delivery of the right health and social care services, accessed in the right place and at the right time is core to our 2019 – 2022 Strategic Plan, which was approved by our IJB in March 2019.

3.2. The provision of high-quality health and social care to our population is at the centre of everything the HSCP has undertaken since its establishment in 2015/16, and this will continue to be our focus as we move forward to deliver our new Strategic Plan over the next 3+ years.

3.3. Our new 2019–22 Strategic Plan's principal direction and objective is directly shaped by the themes of the Scottish Government's 2020 Vision (which will continue beyond 2020) and Health and Social Care Delivery Plan. It is also informed by, and complements, our partner organisations response to the current challenges facing public services across Scotland: NHS GGC's transformational change programme 'Moving Forward Together' (MFT) and its Public Health Strategy 'Turning the Tide through Prevention' and

Renfrewshire's Council new transformational change programme 'Right for Renfrewshire'.

3.4. These key national and local strategies and plans all offer a consistent message about the real challenges facing health and social care in Scotland, and a shared recognition that continuing to deliver services in their current form, with growing demand and limited resources, is no longer sustainable:

- Demographic changes are driving a significant increase in demand across health and social care;
- The wider societal, economic and financial environment in which we operate will mean that we must continue to meet these increased demands for health and social care within the resources allocated to us.
- By doing nothing different, it is anticipated we will need more hospital or other building-based care to meet this demand. This type of care is expensive and not in line with national direction – to support people to live in their own homes for as long as possible.
- The explicit recognition that current health and social care service models cannot adequately meet the demand in the future, highlights the importance of prevention and early intervention. There needs to be a focus on the prevention of ill-health and the improvement of well-being in order to address health inequalities and to create more resilient, healthier communities. Over time this will reduce dependency on care services.
- New ways of working and service models should therefore be focused on delivering more care in communities and prevention and early intervention activities, to improve individual's outcomes, whilst at the same time providing care through more cost-effective and sustainable delivery models.

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4. Our Thinking and Aprroach

4.1. Since the IJB agreed our new Strategic Plan, we have already started work to deliver on our priorities for 2019/20. However, the HSCP facing similar challenges to other public sector organisations across Scotland and the UK, recognise we must make a step change in the way we work to ensure the sustainability of health and social care services going forward.

4.2. We know we need to plan and work differently to ensure we use our resources to focus on those with the greatest need and to support people to live independently, wherever possible, in safe, active and connected places and communities. Critical to our success, will be how effectively we engage and work with our service users, staff, partners and wider community to test and develop our approach.

4.3. The HSCP has gained huge insight and learning from the change and improvement activities to date, in particular our recent learning disabilities service and older people reviews. Over the last year these reviews have demonstrated the benefits of continued engagement and involvement of local

people in our planning, and underlined the importance of ensuring that our service transformation considers the wider needs of our service users.

4.4. Emergent thinking on our delivery approach is being informed by learning within our own organisation and the experience of good practice elsewhere. There are number of key principles which we believe must underpin our Delivery Plan:

- **'Social Contract':** developing an informal agreement between the HSCP and public to collectively create a healthier Renfrewshire;
- **Engagement based approach:** building upon how we engage with and involve our service users, patients and carers from the outset to develop a shared understanding and view on how we change;
- **'Asset-based' working:** by supporting local community capacity building. This approach looks to explore how we can collectively achieve more through the effective use of all the skills, knowledge and assets available within communities, individuals and across the public, private and voluntary sectors;
- **Promoting independence:** through an ethos of 'working with' rather than 'doing to' in our approach to: assessment and care; staff training and development; our organisational structure and governance; planning and commissioning; and service delivery models;
- **Shared purpose and consistent messaging:** ensuring there is an emphasis on communication and engagement with staff, services users and partners to create a common language, a strong sense of purpose and collective ownership for creating a healthier Renfrewshire;
- **Workforce engagement and development:** gaining trust; empowering to innovate; and supporting the introduction of new ways of working. We must build on the knowledge and experience of the staff working in our services by engaging, listening and involving them in shaping how we change and adapt;
- **Partnership working:** closer working with our partners, 3rd sector organisations and others to establish a common approach and new ways of working, to grow local capacity and optimise our reach within our communities; and
- **Digital opportunities:** prioritising and embracing technology to: enable improved service delivery; better informed patients / service users; and offer greater self-care and self-management solutions.

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5. Risks and Challenges

5.1. Whilst it is widely accepted that transformational change is required to address the significant demographic and financial pressures we face, there are a range of recognised challenges and risks associated with its delivery:

- Creating the required capacity in our organisation to deliver this change programme, in parallel with continuing to deliver high quality care, will be a

real challenge. Our plans must be realistic in order to ensure the HSCP can still respond to need, and work within the resources available.

- Developing a shared understanding of the socio-economic and financial pressures will be critical to the success of the programme. Communication and engagement with stakeholders will be key in moving forward to different models of service. Pro-active and inclusive change management will be crucial in engaging staff, service users and stakeholders to ensure they are active participants in progressing this agenda; and

- There is a risk we fail to stem demand and deliver a balanced budget. Successful change will require behavioural changes across health and social care services, and this involves challenging engrained ways of working.

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6. Programme Governance and Resources

6.1. The HSCP has a strong track record of planning and delivering change successfully, adopting a structured approach through its Change and Improvement Programme.

6.2. Subject to IJB approval, the HSCP will look to review its supporting resources, such as project management, organisational development and communications expertise, to ensure the HSCP is fully equipped to drive this change forward as part of an expanded Change and Improvement Programme. As outlined in the Chief Finance Officer's report to this meeting, subject to IJB approval, a transformation reserve will be created to support this work.

6.3. A formal Programme Board will be established, chaired by the Chief Officer as the owner of this transformation. The Chief Officer will provide a key leadership role and will also be accountable for the successful delivery and drive of the change programme.

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7. Next Steps

7.1. Our approach and Delivery Plan will be further developed over the coming months, working with a range of key stakeholders such as our managers, service users, carers and partners, to further refine our approach and the development of a Strategic Delivery Plan.

7.2. Our priorities for the next reporting period are to:

- Review and expand the current Change and Improvement Programme governance and resources to reflect the ambition and scale of our Delivery Plan, and to ensure there is the appropriate capacity, capability and leadership to drive this vision forward;

- Develop a Communication Plan which will adopt creative and effective ways to share our vision across Renfrewshire, to clearly set out what we

believe we can achieve working together as a community, and to create a joint sense of purpose;

- Involve others to design a Programme Engagement Model, founded on collaboration and partnership working, with our service users, staff, partners and the wider community;

- Assess our organisational readiness and capacity for change, and to consider how we can best support our workforce through effective communication and engagement, collaborative planning, organisational development, leadership training etc; and

- Identify the priority areas in our emerging Programme for 2019/20, building on our change and improvement work to date.

7.3. A further update will be brought to the November 2019 IJB meeting.

Implications of the Report

1. **Financial –** the Strategic Delivery Plan is viewed central to deliver the IJB's Financial Plan.
2. **HR & Organisational Development –** there are likely to be workforce considerations identified in relation to the delivery of this Plan.
3. **Community Planning –** the HSCP will ensure there are appropriate links into the wider community planning process and with partners.
4. **Legal –** any changes emerging from this programme will be consistent with the HSCP's statutory duties.
5. **Property/Assets –** there are likely to be property / asset considerations identified in relation to the delivery of this Plan.
6. **Information Technology –** technology enabled solutions are expected to be identified to support the delivery of the Strategic Delivery Plan.
7. **Equality & Human Rights –** an EQIA will be undertaken as part of the programme associated with the delivery of the Strategic Delivery Plan
8. **Health & Safety –** no specific implications.
9. **Procurement** – there are likely to be procurement activities associated with the delivery of the Strategic Delivery Plan
10. **Risk –** the report highlights some high level risks.
11. **Privacy Impact –** n/a.

List of Background Papers – None.

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To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Officer**
Heading:	**Review of Learning Disability Day and Respite Services Action Plan**

1. Introduction

1.1 In June 2018, the IJB agreed that to commence a review of our Learning Disability Services. This review has been taken forward as part of the Renfrewshire Health and Social Care Partnership (HSCP) Change and Improvement Programme.

1.2 Paradigm were commissioned in August 2018 to support the review. The purpose of the review was to assess all aspects of Renfrewshire's Learning Disability Day and Respite Services to ensure they are modern, flexible, outcome focused, financially efficient and 'fit for the future'.

1.3 Members of the IJB were updated at the March 2019 IJB on the progress with the review and the planned next steps.

1.4 It was agreed at the March IJB that consultation with people who use our services, families and carers and staff would continue to help us to develop an Action Plan.

2. Recommendations

It is recommended that the IJB:

- Agree the content of the Action Plan;
- Note the HSCP's progress in strengthening communication and engagement with families and carers; and
- Note next steps and the HSCP's commitment to continue to work together with families and carers.

3. Summary

3.1 In August 2018 Renfrewshire HSCP commissioned Paradigm to support the review of our earning Disability Day and Respite Services.

3.2 Over the course of the review, Paradigm engaged with over 300 people and undertook research to support recommendations across 4 broad themes. These include:

- Strategic Direction and Relationships
- Day Opportunities
- Respite and Short Breaks
- People and Processes

4. Consultation

4.1 The initial consultation launch took place on Thursday 21 February 2019 at an extended Learning Disability Planning Group Meeting. Prior to the review getting underway, the HSCP had agreed that Paradigm would present the review findings and recommendations to the Learning Disability Planning Group before wider consultation. This initial consultation was attended by over 50 people, including families and carers, people with a learning disability, support staff and management, together with the IJB Chair and Vice Chair. All attendees had contributed to the review in some way and they were invited to the session on 21 February 2019 via their membership of two key groups:

- Learning Disability Planning Group
- Review Reference Group

4.2 The HSCP have been consistent and clear through the review process that we were committed to meaningful engagement with key stakeholders on the review findings and recommendations.

Type	Summary	Reach
Launch - Feb 19	Paradigm presented report and recommendations to extended LD Planning Group and Review Reference Group IJB Chair & Vice Chair attended	50 people
Families & Carers – Mar and April 19	Head of Service, Service Manager and Operational Manager presented to Families & Carers who self-nominated to attend	3 events 62 people
Core Staff Teams – Mar and April 19	Head of Service, Service Manager and Operational Manager presented to core staff teams	3 events 72 staff
Service Users – May 19	Operational Manager & Participation Officer presented to people with a learning disability and staff	1 event 45 people who use our services
6-week consultation	Report on HSCP website for consultation Printed copies left at key locations and available upon request	Accessed over 400 times 2 formal responses
Action Plan consultation – Aug 19	Head of Service, Service Manager and Operational Manager presented draft Action Plan to extended LD Planning Group to agree priority actions based on Paradigm's recommendations	42 people

4.3 One of Paradigm's recommendations was for a Learning Disability Strategy to be developed for Renfrewshire. There were mixed views expressed about this as many felt that there were enough strategies and a Plan of Action was preferred. Since the Spring we have therefore been working to establish an Action Plan.

4.4 Through the consultation, there was broad agreement with the recommendations of the Paradigm Report and it was agreed that the HSCP would build on these to establish proposed actions and further consult on these.

4.5 Families, carers and staff felt strongly that the Paradigm Review did not highlight the range of activities and developments that are delivered routinely within our services and were keen to address this gap. Attached, at Appendix 1, is a range of service practice highlights for information.

5. Action Plan

5.1 Appendix 2 contains the action statements developed through consultation with people with people with a learning disability, their families and carers, our staff, senior management team and stakeholders from across Renfrewshire.

5.2 All recommendations of the Paradigm Review have been considered and discussed. Those shown with a 'ladybird' (*) are HSCP priority action areas. The action statements have been considered and agreed by the extended Learning Disability Planning Group at the consultation session on 7 August 2019.

* Ladybird symbol shown below highlights priority areas of focus and action statement

A = Action R = Recommendation

6. Next Steps

6.1 One of our priorities is to ensure we have the best network of communication and meetings to provide opportunity for the diverse range of views to be captured.

6.2 The Learning Disability Planning Group will meet to agree the structure, membership and frequency of future meetings to ensure they are fully inclusive.

6.3 The Action Plan will become our LD Planning Group Work Plan and future progress updates to the IJB will be provided as part of our regular IJB Change & Improvement reports.

7. Conclusion

7.1 Although the review was initially met with an understandable anxiety and suspicion from some families and carers, we have continued to work in a positive and proactive way to engage service users, families and carers in this work; the involvement of Paradigm has undoubtedly helped in ensuring the review was seen as independently informed and assured. Paradigm engaged with over 300 people over the course of the review.

7.2 The HSCP led consultation and engagement over the last six months has been significant, working hard to ensure that the people who use our services could contribute in a range of ways. Through this work, we have gained a greater insight into the needs of the people we support, their aspirations and wishes for the future.

7.3 Listening to our staff has also been a central feature of this consultation. Their views have been fully reflected in the Action Plan.

7.4 Throughout work, it has been a real positive that families and carers have been keen to express the confidence they have in our staff. They have highlighted the commitment staff have and the kindness and compassion they show in supporting the people who use our services. This has been a recurring feature throughout this process.

7.5 Although challenging at times, this review has provided a platform for meaningful and sustained engagement and communication between the HSCP, staff, service users, families and carers and we believe we have made real improvement

7.6 The HSCP will move forward on a positive footing, working closely with families, carers and staff to ensure that people with a learning disability can live their best life in Renfrewshire.

Implications of the Report

1. **Financial –** None. There are no financial savings associated with the Review.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None
4. **Legal –** None
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** None. On conclusion of consultation, RHSCP will put forward proposals in response to Paradigms recommendations these proposals will be subject to EQIA screening.
8. **Health & Safety** – None.
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact –** N/A

List of Background Papers – None.

Author: Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services

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RLDS

Good Practice Highlights

Appendix 1

Community Networks supports people to undertake voluntary work on a group basis as part of their programme.
8 service users, supported by 2 members of staff, do voluntary conservation work for 3- 4 hours each Thursday. They work with a range of local and national conservation agencies such as RSPB, Glennifer Rangers, Whitelees Wind Farm, Marine Conservation Society, Sustran. The group carries out maintenance and development work in green spaces for the benefit of the wider community and takes part in national initiatives such as beach clean surveys which inform reports conservation agencies.

RLDS

Good Practice Highlights

Day Opportunities

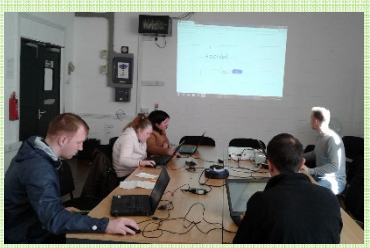
Flexicare support young people from age 14 upwards. Transitioning to adult services can be an uncertain time for young people with autism. One approach taken by Flexicare to ease the transition, is to make sure that the young people work with a volunteer who knows them well.

The volunteer will have built a good relationship with the young people and can identify their needs and support them in taking part in new, age appropriate, social activities in the community. The volunteer will help them to manage their finances in relation to outings, help to guide them on social boundaries and behaviours when accessing community activities and ultimately, help them to form friendships and to benefit from peer support.

Gateway supports people with a diagnosis of autism, learning disability and complex needs. They encourage and support people to access wider community groups and activities in a way that takes account of their individual needs. Some popular activities include an additional needs karate class, online safety workshops, visits to the local race track who open their doors early for them, going to the cinema on a sunny day when its quieter, and a hillwalking group.

The unpredictability of community settings can be a major challenge. Over-stimulation, noise, difference in routine and general confusion are just some of the daily challenges faced

To prepare for unpredictable situations planning ahead is essential. Starting the day with meditation can help people to feel calm. On a daily basis staff carry out risk checks to determine the appropriateness of the planned outing and to determine if a building-based activity is better option . The people at Gateway face a plethora of issues that affect their ability to cope, and these can change on an hourly /daily basis, however, working together barriers are broken down enabling individuals to be active participants within their local communities

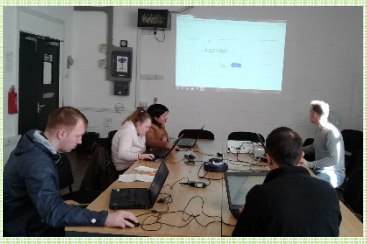


RLDS

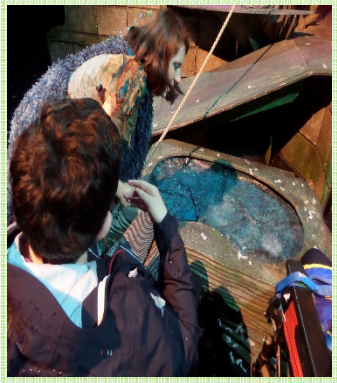
Good Practice Highlights

Day Opportunities

Community Networks works with community partners such as I Am Me, Keep Safe, Common Knowledge UK (CKUK) who deliver workshops and information session to our service users. Staff support communication and reinforce learning to enable service users to maintain and develop skills in keeping themselves safe at home, in the community and on-line



people from the **Anchor Day Service** enjoyed an unique theatre experience performed by the Frozen Light Theatre Company. The Company made up university students, created a sensory show using sounds, music, singing, lights and Makaton, helping to bring an inclusive theatre experience to people with profound and multiple learning disabilities



Anchor use bike ability at Glasgow Green in the summer months. There is a great relationship with the staff who make sure that we always have the correct bikes to use. The bikes are adapted to also support people who use a wheelchair, and they can choose from different bikes or go-karts.

We know the area well and access the local park and bike pathways. It's a great community link and the people we support really enjoy the experience. Not only is it fun but keeps us fit and healthy.

RLDS

Good Practice Highlights

Respite & Short Breaks

Weaver's have established strong links with local primary schools to raise awareness of issues which affect people with a learning disability. As part of "Learning Disability Awareness Week" 40 pupils from Langcraigs Primary where invited to take part in various activities within Weavers Linn.

The pupils used moving and assisting equipment, experienced what it is like have a sensory impairment and what it was like to be supported to eat/drink. They were also introduced to Makaton, a simple for of sign language, and rounded their day of by performing a song using Makaton.

The event was a big success, enjoyed by the pupils and the people we support. This yearly event helps build and cement excellent local links and promotes Weavers Linn's presence in the local area as an inclusive and welcoming service of the community.

This year the Milldale Band have played at the Anchor Centre, Erskine Hospital, Jenny's Well and Apple Cross Care home's. The Band are now regular guests at Jenny's Well care home, and residents look forward to their visits.

The Band are proud to showcase their musical talent and like to learn requested songs to play at future performances.

They are looking for a name and have asked the people supported at Milldale for suggestions. The winners will be announced soon before the band go on their next tour.

RLDS

Good Practice Highlights

Milldale have many community skills groups travelling around Renfrewshire and beyond and often found certain venues were not always accessible. A dedicated “Café Spy” group was established to review accessibility of local venues. The group share their feedback with the Euan’s Guide team who provide a free online guide to accessible venues.

When out and about the group also make sure that the sign that is attached to emergency cords in disabled toilets is on display correctly.

This group continues to review various venues and people can also review places they visit at weekends or on holiday logging it with Euan’s Guide when they return.

The Day Services are working in partnership with Values into Action Scotland (VIAS) to support people to learn to travel independently.

VIAS guide staff on practical ways to provide support to people who wish to learn the skills to travel independently.

Journeys are broken down to learning step, using verbal and visual prompts and reminders to help individuals learn journeys important to them as a pace and time that meets their needs.

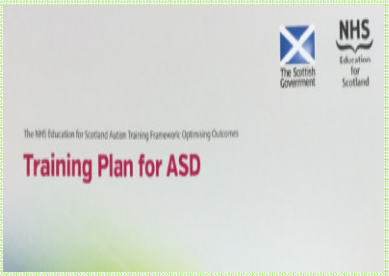
Outcomes for individuals include increase in confidence, greater independence and more opportunity to widen friendships and engage in community activities.

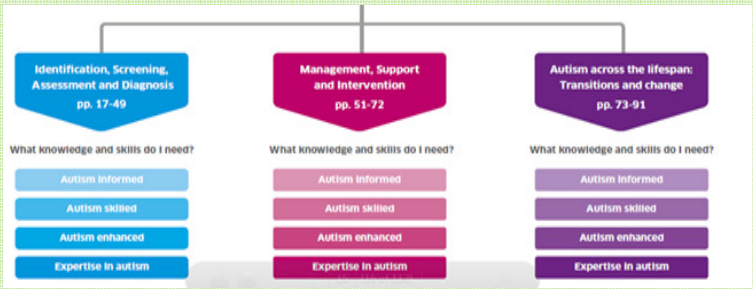
RLDS

Good Practice Highlights

People & Processes

Autism Connections have developed basic autism awareness training, now available through CPD throughout the HSCP. The team worked with NHS Education for Scotland and Autism Network Scotland to utilise the National Autism Training Framework as directed by the National Autism Strategy for Scotland.





The team have trained all Learning Disability Staff at the Informed Level of the National Strategy. This has developed confidence and practice within the workforce. The team has also utilised the National Training Framework to develop a very specific training plan for any of the Learning Disability Day Services & Respite services staff, to help develop their skill set through the national framework in relation to autism.

Autism Connections have developed a referral form for all Learning Disability Day Services, Respite and Community Team to access support. The team can be referred for support to help the service in several ways. Support can be sought for transitions, communication, developing support strategies, raising awareness, developing tailored training, developing resources and or anything related to good autism practice.

Once a referral has been received a worker(s) will be allocated to help the service meet a better outcome for the autistic person involved. Examples of this approach has helped with autistic people transitioning into current services, develop confidence of autism practice within staff, promote better autism supports within family homes, support people into a new home, developed specific communication tools for people, and be an all-round general point of contact when people need support.

Review of Learning Disability Day & Respite Services

Recommendations with Health & Social Partnership Action Statements

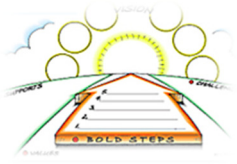
This document contains the action statements developed through consultation with people with a learning disability, their families and carers, our staff, senior management team and stakeholders from across Renfrewshire.

All recommendations of the Paradigm Review have been considered and discussed, those with a ladybird as shown below are HSCP priority areas of focus, subsequently the action statements beneath have been considered and agreed by the extended Learning Disability Planning Group which took place on the 7th August 2019.

Ladybird symbol highlights priority areas of focus and action statement

R - recommendation

Theme 1: Strategic Direction and Relationships



R	*Co-produce a Learning Disability Strategy, which encourages people with a learning disability to live an active life as part of an inclusive Renfrewshire.*
	▪ ***We will create a strategic action plan in partnership with all stakeholders***

R	*Continue to build positive relationships between family and carers and Renfrewshire Health and Social Care Partnership. Ensure current forums for family and carers have opportunities to share their diverse range of views.*
	▪ ***We will review the structures that are in place to ensure they allow opportunities for all (interested) people to engage*** ▪ ***We will explore a range of communication mediums to enhance communication with families and carers at all levels***

R	Increase partnership working and commissioning of services delivered by the third sector and community partners.
A	▪ ***We will work with HSCP Strategic Planning & Health Improvement Team to inform and represent the needs of people with a learning disability*** ▪ ***We will encourage ideas and suggestions within the staff teams including exploring the possibility of a community hub*** ▪ ***We will further explore opportunities for collaboration***

R	Publish the cost of attending Health and Social Care Partnership services, to enable people to make better informed choices for their care and support
	▪ ***We will work with HSCP Finance Team to publish the unit costs for all of our services.***

R	Learn from other areas and support tests of change to translate creative ideas and potential into practical initiatives. This will enable new ways of working to be tested on a small scale and expanded thereafter as determined by their success.

- ***We will establish a service user, staff and carers group which will research and explore other areas' initiatives.***
- ***We will take forward test of change via the strategic action plan***

Theme 2: Day Opportunities

R	*Continue to improve the existing day opportunities in Renfrewshire, moving closer to a more flexible community-based model which increasingly works with the third sector and community partners.*
	▪ ***We will showcase the current community-based aspects of our services*** ▪ ***We will develop a community focused action plan for our service to further develop the community-based aspects of our services***

R	*Move towards a service model which includes evening and weekends where possible.*
A	▪ ***We will consider this as part of actions within the strategic action plan, and taken forward by the group considering test of change***

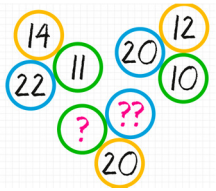
R	Work to improve access to a wide range of travel options for people with a learning disability, enabling greater choice and independence in their day-to-day lives.
	▪ ***We will continue to support people to gain the skills to travel more independently*** ▪ ***We will continue to contribute to the 'Values Into Action' travel training initiative*** ▪ ***We will work with Renfrewshire Council to review our current transport arrangements within our services***

R	Work with partners to further develop programmes to support people with a learning disability into sustainable paid and voluntary work.

A	▪ ***We will work with Strategic Planning and Health Improvement Team to engage with Renfrewshire Council and wider partners to identify opportunities to improve employability opportunities for people with a learning disability***

R	Work with educational establishments to further develop the post school education opportunities available to people with a learning disability and the support systems required to enable success.
	▪ ***We will work with Strategic Planning and Health Improvement Team to engage with Renfrewshire Council and wider partners to identify opportunities to improve employability opportunities for people with a learning disability***

Theme 3: Respite & Short Breaks



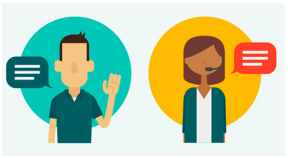
R	*Review the allocation policy and its application for residential respite at Weavers Linn, to ensure fairness and equity for all those accessing the service.*
	▪ ***We will review our allocation policy to ensure it is fair and equitable***

R	*Explore alternative models of respite, for example 'Shared Lives', whereby an approved carer opens their home to share family and community life with a person with a learning disability.*
	▪ ***We will explore and consider alternative models as part of our review and take forward agreed actions***

R	Explore ways in which the Health and Social Care Partnership may support people to consider wider alternatives to respite, for example, people going on holiday together or pooling budgets.
	▪ ***We will explore and consider alternative models as part of our review and take forward agreed actions***

Theme 4: People and Process

R	*Further invest in the development of support staff to continually improve their skills, enabling them to deliver increased person-centred planning and practice across all services*
	▪ ***We will recognise and continue to develop the specialist knowledge and skills of the workforce.*** ▪ ***We will work with partners to create learning opportunities and share best practice.***



R	*Support guardians to fully understand and carry out their role in line with the principles underpinning the Adults with Incapacity (Scotland) Act 2000.*
A	▪ ***We will deliver the support to Welfare Guardians as part of a wider HSCP piece of work on Welfare Guardianship.***

R	Further improve the individual planning with people with a learning disability to explore the full range of opportunities, particularly at key transition stages: • moving into adulthood • leaving home • gaining employment • retirement • future planning
	▪ ***We will review and improve our approach to individual planning at key transition stages and existing transition working group.*** ▪ ***We will take forward our identified actions to improve via our strategic action plan, linking with key partners as appropriate.***

p	Develop information, advice and guidance resources for people with a learning disability, their families and carers to navigate options and opportunities available to them, for example Self-directed Support.

A	▪ ***We will review and improve our approach to individual planning at key transition stages and existing transition working group.*** ▪ ***We will take forward our identified actions to improve via our strategic action plan, linking with key partners as appropriate***

To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Officer**
Heading:	**Update on Review of Older People's Services in Renfrewshire**

1. Summary

1.1 This report seeks to outline Phase 2 of the review of Older People's Services in Renfrewshire.

1.2 The review of Older People Services is part of the overall transformation programme being progressed by the HSCP. The driving principles for the programme signal a clear intention to shift the focus to enabling and supporting those that require assistance to enjoy the best quality of life possible, informed by individual choices.

1.3 The intention of Phase 2 of the review is to build upon the momentum already established in Phase 1, ensuring that our focus is on delivering the best possible outcomes and quality of life to all older people in Renfrewshire, with a clear emphasis on supporting greater numbers of older people to remain living in the community for as long as possible.

2. Recommendations

It is recommended that the IJB:

- Note the contents of this report and the planned approach for Phase 2; and
- That IJB members attend the presentation sessions of the co-design workshops, to hear the discussions and suggestions coming from our older citizens, staff and partner organisations.

3. Background – Phase 1 Overview

3.1. A summary of the progress in relation to Phase 1 was presented in a report to the March 2019 IJB.

3.2. The core purpose of phase 1 of the review was to establish a clear service user view of older people's service provision across Renfrewshire and to encourage aspirational thinking with regards to; 'how good could we be when we work together.'

3.3. In phase 1, eight emerging themes were identified:

1. Place (where do we provide services to enable connected communities)
2. Health and Wellbeing (supporting people to live as healthily as possible)
3. Early Intervention and Prevention (responding quickly and seeking to slow, delay or avoid care needs arising)
4. Partnership Working (services working together and working with citizens)
5. Information and Communication
6. Range of Services and Supports (optimising what is available)
7. People and Community (safe communities that place the need of people at the centre of what we do to connect services, people and communities)
8. Enablers (e.g. technology to optimise care arrangements)

3.4. The recommendations from this phase will build on the understanding developed in phase 1, evaluate the need to further test and verify the themes, facilitate the development of a shared vision clear direction promote a partnership model of working that supports older peoples' aspirations for their future.

Phase 2 Overview

3.5. Building on the themes from phase 1, Phase 2 takes a more user-centred, cooperative approach to refining the themes into tangible deliverable actions. The outputs will include a series of prioritised proposals/actions aimed at transforming, improving and remodelling our services.

3.6. Phase 2 will therefore see further and targetted engagement with a broader range of stakeholders, so that a deeper understanding of user needs enables meaningful insights to emerge and help shape the direction of services to meet older people's needs in the future.

3.7. Over 2019/20, the HSCP will work with service users, stakeholders and partners to:

- define Older People's priorities based on the feedback from phase 1;
- understand what needs to change in our current service models to deliver on these priorities – assets-based approach / what gaps we have across Renfrewshire – not just within the HSCP range of services and ways of working;
- articulate how we know that we are doing the right thing – understand how the changes we make will deliver the right impact; and
- develop a programme that enables these changes in an inclusive, engagement based way.

Based on this work, the HSCP will present a draft delivery plan to the IJB for Renfrewshire Older People's services by March 2020.

4. Summary of Actions Since Phase 1

4.1. In preparation for Phase 2, a series of actions have already been progressed:

- **Reinvigoration of the Older People's Steering Group –** The membership, role and function of the Steering Group has been revisited to ensure that it provides project governance, ensures national and regional strategic alignment as well as overseeing the implementation of the transformational change required to ensure success. We have expanded the membership to include voluntary and service user representation, Renfrewshire Council's Head of Policy and Commissioning, the Chief Social Work Officer (CSWO) and Chief Executive of Engage Renfrewshire, underlining the importance of the collective partnership.

- **Formation of an Older People's Reference Group –** A Reference Group has been developed and includes members of the shortlife working group (SLWG), with additional members representing the various stakeholders, including older Renfrewshire Citizens, Services Users and Carers. The purpose of the reference group is to provide the driving force underpinning the review, guided and governed by the Steering Group, and working under its direction.

- **Review of best practice** – Recent initiatives in the exploration of dementia villages, benchmarking with our neighbouring local authority areas and reviewing published reports on reshaping services has enabled us to consider what is working well, and what lessons can we learn from what hasn't worked. We have actively engaged with Wigan Council to consider their initiative, The Wigan Deal, engages the wider community in creating a better borough, leading to better services and a positive change to internal culture.

- **Workforce Capability** – Key to the success of the older people's review will be active and effective participation of stakeholders - structured and comprehensive communication with staff to enable them to effectively embrace new ways of working to facilitate a move to a more enabling 'do for themselves' model of care, and aspects of this work are already underway as we explore with staff and service users our approach to self-directed support and refocus to the personalisation agenda.

- **Locus for activity** – The programme team are considering several options to help Phase 2 build momentum and gain traction. We are currently looking into the possibility of a demonstration area for new ways of working.

- **Increasing Resources** – We have increased resources to allow for more in-depth interviews with a wider range of older people and to

run service-user workshops. These were recognised as both insightful in phase 1 and critical to testing our thinking going forward.

- **Reframing of the eight themes from Phase 1** – a review of the Phase 1 themes has resulted in two broad categories: **Service Themes** (Health & Wellbeing / Early Intervention & Prevention / Services & Supports / People & Community) and **Cross-Cutting Themes** (Place / Partnership Working / Information & Communication / Enablers). These will be tested with the project Steering Group and Reference Group before being explored in detail during the co-design workshops. This will help us work through phase 2 with a clearer focus on how these themes will shape the discussion to inform change.

Theme 1: Services Provided by HSCP			
Assumptions	***Considerations***	***Focus Group***	***Who might be involved?***
Use Standard Assessment Tool + Frailty Tool in a consistent way There is a need to optimise independence	Clarity needed on application of the tool for staff to support consistency in application Workforce planning and capability/confidence building to embrace new ways of working (AD Report) Increasing use of SDS though currently relatively low (20%)	Staff	• Proposed Need — SDS • Day Centres • Care Homes • Care at Home • Meals • Telecare • GP • DN • Rehab (A+P) • Communication based 3rd sector service
Theme 2: Health and Wellbeing			
Assumptions	***Considerations***	***Focus Group***	***Who might be involved?***
Assessments need to be aligned, standardised with a clear focus on Outcomes. Promote independent and active living wherever possible	Focus needed on Active Living A new narrative is needed on people being responsible for their own health + wellbeing underpinned by an independent philosophy/model	Assessment + case management staff	• Citizens • Staff • 3rd Sector Partners

Theme 3: Early Intervention (Prevention)			
Assumptions	***Considerations***	***Focus Group***	***Who might be involved?***
• Need to enhance speed of response / crisis for concern • Minimise Admission to hospital • Appropriately speed up discharge from hospital • Responsive Rehabilitation • Reducing Falls	<u>Prevention</u> What can we do to stop this happening or re-occurring? Life transition management to help people to plan for older, independent and active living wherever possible	People at risk of admission, at risk of falling AI people to be better aware of transitions into older years	• Service Users • Carers • Staff • 3rd Sector Partners
Theme 4: Living in our community			
Assumptions	***Considerations***	***Focus Group***	***Who might be involved?***
Greater of self-care/self-management, where do-able, leads to the best outcomes	• Access to/ provision of housing • Access to transport • Access to public services *- Leisure* *- Libraries* *- Social activities* Need to respond to: - Society views - Culture - Neighbourhood - Safety	Service Users	• Service Users • Carers • Staff • 3rd Sector Partners

5. Phase 2 Approach

5.1. Phase 2 will progress the findings from Phase 1. The outputs include a number of proposals and actions identifying, defining and prioritising both challenges and opportunities to enhancing community-based older people's services through a partnership approach. Outline proposals to enhance services will be developed with reference to the cross-cutting themes.

5.2. This approach enables innovative, co-created solutions through active participation based on real and lived experiences.

5.3. The Phase 2 activities are summarised in the table below.

Activity	Purpose	Detail
Steering Group	Governance and strategic alignment	Meeting monthly
Reference Group	Subject matter experts across the multi-stakeholder group will develop a shared purpose and evolve true partnership working	Three 'invited to attend' co-design workshops. Inaugural workshop to be held on 4th September
User Research	Face-to-face interviews with users to gain a deep and insightful understanding of needs and opportunities for service provision.	10 interviews (starting 28th August) with service users and non-service users, with a number of follow-up interviews (quantity to be confirmed).
Public Events	Events in public spaces to share, test, develop outputs and to generate PR and awareness.	2 public events in November – dates not yet confirmed.
Staff Engagement Workshops	These will build capacity by exploring opportunities to enhance and standardise the assessment process and empower staff to make informed choices to support outcomes-related services.	3 staff workshops with up to 21 staff at each, the initial one planned for the 1st October.
Co-design Workshops	User-focused, participatory workshops exploring the themes and actions to enhance services. This inclusive approach will involve multi-stakeholders (older people, third sector representatives and Reference Group members.	6 Workshops with up to 24 people at each (4 groups of up to 6 participants including: 3-4 older people, 1-2 third sector/community group and one Reference Group member. IJB members will be invited to presentation session at the end of workshops. These will run between October and December

5.4 By utilising an engagement-based participaptive approach, the review will seek opportunities to increase community capacity ensuing that older people's services are characterised by a continuing focus on delivering the best possible outcomes and quality of life to all. This is underpinned by a clear intention to shift the focus from 'doing for' to enabling and supporting those that require assistance to enjoy life to the best of their abilities and potential.

6. Next Steps

- Final agreement on the Terms of Reference for both the Steering Group and Reference Group (expected 3rd September),
- Arrange and conduct user interviews – the first tranche of interviewees have been identified and face-to-face interviews are being scheduled. This information will facilitate deep insights into the needs of service users.

- Series of staff workshops – three staff workshops are scheduled for October, to identify opportunities to enhance assessment and identify measures to support staff to deliver flexible, outcomes-focused services.
- Recruiting service users – we will be working with the Reference Group and other partners to identify and recruit participants to the Co-design workshops which will run from October to December.

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** – None

List of Background Papers – None

Author: Carron O'Byrne, Head of Health and Social Care Services (Paisley)

Any enquiries regarding this paper should be directed to Carron O'Byrne, Head of Health and Social Care Services (Paisley) (Carron.OByrne@renfrewshire.gov.uk / 0141 618 8955)

To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Officer**
Subject:	**Memorandum of Understanding between Integration Joint Boards and Independent Hospices**

1. Summary

1.1 The purpose of this paper is to inform the IJB of the development of a Memorandum of Understanding (MoU) between Integration Joint Boards and independent hospices. The MoU builds on the arrangements set out in CEL 12 and represents a wider statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) of integration joint boards in commissioning palliative care services.

1.2 The aim of the Memorandum of Understanding is to provide a strategic and financial framework for integration authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnerships that should apply in the development of Service Level Agreements, contracts or commissioning plans developed in a local context.

1.3 To ensure the successful delivery of the MoU at a local level, there are a number of responsibilities for both the IJB and the two hospices in Renfrewshire, Accord and St. Vincent's. This includes the joint planning, design and commissioning of the palliative care functions based on an assessment of local population needs, in line with the HSCP's Strategic Plan 2019-22. The responsibilities are detailed in sections 4.2 and 4.3 of this paper.

1.4 The MoU has been jointly signed by the Chair of the Health and Social Care Scotland (HSCPs) Chief Officers' Group and the Chair of the Hospices' Leadership Group. IJBs are encouraged to adopt and apply this within their local context to create a framework within which HSCPs and hospices can collaborate to provide effective support to people with palliative care needs.

2. Recommendations

It is recommended the IJB:

- Adopt the national Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices for local delivery in Renfrewshire; and

- Note that an update on local delivery in Renfrewshire will be reported to the IJB at a future meeting.

3. Background

3.1 Hospices play an important role in the provision of local palliative care services. They work in partnership with Primary Care, District Nurses and other Third Sector organisations. There are two hospices in Renfrewshire, where services were previously planned and commissioned through the NHS Greater Glasgow and Clyde Health Board. From 1st April 2016, this responsibility lies with Renfrewshire HSCP.

3.2 Accord Hospice in Paisley has 8 beds and provides 15 day places over 4 days. St Vincent's Hospice in Howwood also has 8 beds and provides 10 day places over 3 days. The hospices also provide a range of other related services (outpatients, community nurse specialists, AHP services, complementary therapies, bereavement services, training and education).

4. Memorandum of Understanding (MoU) – IJBs and Hospices

4.1 Over the last 12 months, Ron Culley (Chief Officer, Western Isles) led a short term working group with representatives from partnerships, the Scottish Hospices Leadership Group and the Scottish Government to develop a memorandum of understanding (MoU). The parties have agreed on the content of the MoU and the intention is that this will cover an initial two year period.

4.2 IJBs are asked to adopt the MoU in order to create a framework within which IJBs and hospices can collaborate to provide effective support to people with palliative care needs. The letter dated 15/07/19 to IJB Chairs from Vicky Irons, Chair Health and Social Care Scotland Chief Officers Group is attached as Appendix 1 and the Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices is attached as Appendix 2.

4.3 Responsibilities for Integration Joint Boards in the MoU include:

- Planning, design and commissioning of the palliative care functions delegated to them under the 2014 Act based on an assessment of local population needs, in line with the IJB Strategic Plan
- The development of a local commissioning plan, in partnership with independent hospices and collaborating with other key stakeholders
- Ensuring that all statutory obligations to people with palliative and end of life care needs are met
- Ensuring that local SLAs are established and maintained which provide financial stability and which operate on the basis of full cost transparency across both parties
- Decisions need to be taken in line with all relevant procurement law and strategy

Responsibilities for Independent Hospices in the MoU include:

- Contribute to the development of local commissioning strategies

4.4 underpinning effective palliative and end of life care

- Work with IJBs to ensure that the hospice's total operating costs are understood within local SLAs
- Continue to deliver high quality service arrangements, which align with the referral mechanisms and operating systems of local HSCPs

5. Next Steps

5.1 The HSCP currently works closely with the hospices through our Palliative Care Joint Planning, Performance and Implementation Group which is co-chaired by Renfrewshire's Palliative Care Lead, (Paisley District Nursing and RES Locality Manager) and the Chief Executive from Accord Hospice in Paisley. This group will have responsibility for the local delivery of the Memorandum of Understanding (MoU) in Renfrewshire.

5.2 Work has already commenced on a new Palliative Care Strategy and this will be reviewed to take account of the responsibilities for the IJB and both hospices in Renfrewshire as detailed at sections 4.2 and 4.3.

5.3 Subject to approval from the IJB on the national Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices an update on local delivery in Renfrewshire will be reported to the IJB at a future meeting.

Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning -** None
4. **Legal –** Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety –** None
9. **Procurement –** None
10. **Risk –** None
11. **Privacy Impact –** None

List of Background Papers – None.

Author: Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk / 0141 618 7656)

HEALTH AND SOCIAL CARE
SCOTLAND

Vicky Irons
Chair, Health and Social Care Scotland Chief Officer Group
St Margaret's House
Orchardbank Business Park
Forfar
DD8 1WS

Date: 15 July 2019

Dear IJB chair

Over the last 12 months, Ron Culley (Chief Officer, Western Isles) has led a short term working group with representatives from partnerships, the Scottish Hospices Leadership Group and the Scottish Government to develop a memorandum of understanding (MoU). The parties have now agreed on the content of the MoU and the intention is that this will cover an initial two year period.

This MoU between integration joint boards and independent hospices builds on the arrangements set out in CEL 12 and represents a wider statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) of integration joint boards in commissioning palliative care services.

The aim of the MoU is to provide a strategic and financial framework for integration authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnerships that should apply in the development of SLAs, contracts or commissioning plans developed in a local context.

The MoU has been jointly signed by the Chair of the Chief Officers Group and the Chair of the Hospices Leadership Group.

We are writing to you to make you aware of the national MoU and to encourage you to adopt and apply this within your local context by putting it to your members for agreement. As you might imagine, the wording and framing of the MoU was carefully negotiated over a number of months, so we are asking partnerships to adopt it as it is. As indicated above, it serves to create a framework within which IJBs and hospices can collaborate to provide effective support to people with palliative care needs.

If you have any questions, please don't hesitate to contact us or our colleague Ron Culley (ron.culley@nhs.net).

Best wishes

Vicky Irons

Vicky Irons
Chair, Chief Officer Group
Health and Social Care Scotland

Rhona M Baillie

Rhona Baillie
Deputy Chair
Scottish Hospices Leadership Group

Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices

Introduction

Across Scotland, Health and Social Care Partnerships and independent hospices are committed to a future which will ensure the provision of high quality and person-centred palliative and end of life care, made available to all who need it, when they need it. This ambition is founded on the following over-arching principles:

- A partnership based on parity of esteem and a commitment to shape palliative care services together;
- A recognition of the importance of financial stability, both within the partnership as a whole and for each independent hospice;
- A commitment to operate openly and transparently, cultivating a position of trust, building strong relationships which are resilient to disagreement and financial pressures;
- A recognition that hospices are autonomous organisations with considerable skills, expertise and charitable income, who nevertheless operate within local health and social care systems and whose aims are aligned to local commissioning strategies.

In approving this Memorandum of Understanding, all parties agree to abide by these principles.

Scope of the Memorandum of Understanding

The principles underpinning the commissioning relationship between NHS Boards and independent hospices specialising in palliative and end of life care in Scotland were set out in a Scottish Government letter to NHS Chief Executives in 2012,[1] commonly referred to as CEL 12. This document has since governed the commissioning relationship between Health Boards and independent hospices.

However, following the Public Bodies (Joint Working) (Scotland) Act 2014, all Health Boards have been required to establish Integration Authorities with their Local Authority partners. Within this context, the functions and resources associated with the provision of palliative and end of life care are now the preserve of Scotland's Integration Authorities.

The terms of CEL 12 do not apply to those Integration Authorities who have established Integration Joint Boards, since in these circumstances the Health Board is no longer the commissioner of palliative and end of life care. By contrast, CEL 12 continues to apply to those Integration Authorities which have elected to establish the NHS Board as a Lead Agency under the 2014 Act. The collaborative commissioning process as set out in CEL 12 has come to fuller fruition in the commissioning process set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

In order to clarify any ambiguities in understanding in the national policy framework, a working group was established to develop a Memorandum of Understanding between Scotland's Integration Joint Boards and Independent Hospices. The Working Group involved representatives of senior management within Integration Authorities, independent hospices, the Scottish Partnership for Palliative Care, Healthcare Improvement Scotland and the Scottish Government. Scotland's independent hospices are represented by the Scottish Hospice Leadership Group, which has formed to represent the interests of independent hospices at a national level.

[1] *A Partnership For Better Palliative And End Of Life Care: Creating A New Relationship Between Independent Adult Hospices And NHS Boards In Scotland*

This Memorandum of Understanding ("MOU") between Integration Joint Boards and independent hospices builds on the arrangements set out in CEL 12 and represents a wider statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) ("the Act") of Integration Joint Boards in commissioning palliative care services.

For the purposes of this MOU, we refer to Integration Joint Boards (IJBs) as the responsible party for the planning and commissioning of palliative care services. When the document refers to independent hospices, this also includes Marie Curie, a UK-wide organisation, which currently runs two hospices in Scotland as part of its wider provision of specialist palliative care services. The MOU does not include provisions made to secure specialist palliative care for children, which is provided by CHAS, and which is subject to separate financial governance arrangements.

The MOU will cover an initial two year period (1 April 2019 to 31 March 2021) and is structured to set out the key aspects relevant to facilitating the delivery of effective joint commissioning. It does not impinge on the autonomy of independent hospices as charitable organisations, although it does encourage the establishment and maintenance of Service Level Agreements (SLAs) to govern the relationship between independent hospices and Integration Joint Boards within local systems. SLAs will define mutual expectations and place rights and responsibilities on both parties.

The aim of the MOU is to provide a strategic and financial framework for Integration Authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnership that should apply in the development of SLAs, contracts or commissioning plans developed in a local context.

This MOU will be reviewed and updated by the Scottish Hospice Leadership Group and the IJB Chief Officers parties before 31 March 2021.

Policy Context

The Strategic Framework for Action on Palliative and End of Life Care is Scotland's national policy and is a direct response to the resolution passed in 2014 by the World Health Assembly, requiring all governments to recognise palliative care and to make provision for it in their national health policies.

Launched by Cabinet Secretary for Health, Wellbeing and Sport in December 2015, it outlines the key actions to be taken that will allow everyone in Scotland to receive services that respond to their individual palliative and end of life care needs. The Framework seeks to drive a new culture of openness about death, dying and improvement and sets out to achieve the following outcomes:

- People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death.
- People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.
- People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.
- People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care.

The national policy is currently being implemented via a National Implementation and Advisory Group, comprised of representatives of the Scottish Government, Integration Authorities, independent hospices, community care bodies and a range of other stakeholders.

Following the establishment of Integration Authorities, the Scottish Government has also published guidance on a range of subjects, including on strategic commissioning. This was followed up by a specific publication on the commissioning of palliative and end of life care in April 2018.

The guidance describes the key considerations when planning, designing and commissioning palliative and end of life care, including understanding local data and trends around mortality; activity levels and any variation within those; service and support arrangements across the local health and social care system, including any gaps; a map of the total resources available to the partnership - the analysis of which will underpin the key reforms that emerge from local commissioning plans. It will be important that once the total resource is understood (including the total capacity of the hospices), opportunities are taken to reimagine how it can be invested to improve outcomes.

Effective commissioning will result in a comprehensive and cohesive approach to the planning and improvement of palliative and end of life care. It will situate palliative and end of life care as integral aspects of the care delivered by any health or social care professional, focusing on the person, not the disease, and applying a holistic approach to meet the physical, practical, functional, social, emotional and spiritual needs of patients and carers facing progressive illness and bereavement.

The following principles should underpin the approach to commissioning:

- transparency and openness
- a focus on system outcomes
- clinical effectiveness
- cost effectiveness
- value for money

It is important that local commissioning plans also consider national priorities. The Scottish Government's national delivery plan sets out a number of high level ambitions to ensure that the right supports and services are in place for people at the end of life. By 2021, we should seek to ensure that:

- Everyone who needs palliative care will get the right care, in the right setting to meet their needs;
- All who would benefit from a 'Key Information Summary' will have access to it;
- The availability of care options will be improved by doubling palliative end of life provision in the community, which will result in fewer people dying in a hospital setting.

Partnerships should consider these priorities within the context of local commissioning plans.

HSCPs should collaborate with independent hospices as *equal partners*, and both parties will actively contribute to the development and delivery of local commissioning strategies. Independent hospices bring considerable expertise, capacity and resource to the commissioning table and this should be recognised in the commissioning relationship. Through their volunteering capacity, charitable income sources, clinical and strategic leadership, hospices have a strong track record of developing personalised, responsive and imaginative palliative care, which will be important to build upon as part of the commissioning process.

Responsibilities (of parties to the MOU)
The respective responsibilities of the parties to this MOU are:

Integration Joint Board responsibilities:

- Planning, design and commissioning of the palliative care functions delegated to them under the 2014 Act based on an assessment of local population needs, in line with the IJB Strategic Plan.
- The development of a local commissioning plan, in partnership with independent hospices and collaborating with other key stakeholders.
- Where there is an independent hospice providing services to more than one IJB, the IJBs will collaborate under Section 22 of the 2014 Act in relation to the effective and efficient use of resources (e.g. buildings, staff and equipment) to achieve coherence and equity across service planning, design and commissioning.
- Ensuring that all statutory obligations to people with palliative and end of life care needs are met.
- Ensuring that local SLAs are established and maintained which provide financial stability and which operate on the basis of full cost transparency across both parties.
- Decisions need to be taken in line with all relevant procurement law and strategy.

Independent Hospice responsibilities:

- Contribute to the development of local commissioning strategies underpinning effective palliative and end of life care.
- Work with IJBs to ensure that the hospice's total operating costs are understood within local SLAs.
- Continue to deliver high quality service arrangements, which align with the referral mechanisms and operating systems of local Health and Social Care Partnerships.

Wider Engagement
IJBs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their local strategies and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users.

In relation to the development of local commissioning plans, that would include (but not be limited to): patients, their families and carers; local communities; health and social care professionals; hospices (both NHS and independent); social care providers

In order to ensure that the provision of any new or reconfigured service has a patient-centred approach to care based on an understanding of patients' needs, life circumstances and experiences, it is important that patients, carers and communities are engaged as key stakeholders in the planning and delivery of new services. HSCPs should ensure that this engagement is a key part of their local commissioning plans.

Resources
Integration Joint Boards and Scottish Hospices invest millions of pounds annually in the provision of palliative and end of life care. Independent hospices in particular make a significant contribution to Scotland's health economy, generating over £50 million in charitable donations from the public, which supplements core statutory funding. In service to their overall mission, independent hospices will continue to bring these charitable resources to the table.

One of the primary functions of CEL 12 was to outline the financial contribution that Health Boards should make to the running costs of independent hospices. Specifically, it was proposed that 50% of agreed running costs be met by Health Boards, and the CEL 12 letter defined the parameters of what could fall within the scope of agreed costs.

However, this led in some instances to a transactional relationship developing between Health Boards and hospices, which focused on how the agreed costs should be understood. The Scottish Hospice Leadership Group has also produced evidence that the gap between actual and agreed costs has grown over time, thereby eroding the worth of the original commitment.

Within this context, this MOU does not prescribe the proportion of agreed costs to be met by Integration Joint Boards. Rather, it envisages a new relationship developing, based on the following principles:

- A transparent assessment of the *total* resource both parties bring to the table, including charitable income sources;
- A transparent assessment of the *total* costs of service provision, analysed through an "open book" approach between Integration Joint Boards and independent adult hospices
- Value for money and efficiency
- Benchmarking of costs, activity and quality
- Quality outcome measures

This process should avoid the need to debate what counts as *agreed* costs in favour of a relationship that looks at the *total* operating costs of independent hospices, which will include back office costs associated with fundraising, corporate functions, marketing and promotion, volunteering, and management. Within this context it will be important to describe existing patterns of expenditure and impending pressures. National organisations should be transparent in allocating overheads against local hospice running costs. Likewise, there is an expectation that IJBs will provide transparency in respect of their financial position, including the impact of any budgetary adjustments on the palliative care agenda.

In particular, the need for independent hospices to provide pay increases in line with NHS arrangements should be recognised. This further assumes that independent hospices will want to move towards the Agenda for Change pay model. Hospices, IJBs and, where relevant, the Scottish Government, will consider how best to fund any pay increases. These arrangements should be set out within local Service Level Agreements.

There should be a commitment to agree and sign-off Service Level Agreements in a timely fashion, as part of the overall commissioning cycle. A three year agreement is preferred as a means of delivering financial stability, which is especially important during times of service redesign. In the absence of redesign, it is important to note that while this MoU moves away from a specific agreement to meet 50% of agreed costs, individual hospices should not receive a *reduction* in financial support from IJBs against 2018/19 levels, for this could foment the very financial instability that the MoU seeks to protect against. In circumstances where services are being redesigned, overall financial contributions will necessarily be reconsidered, and in these cases, it is important that funding levels are commensurate with the new service provided.

It is also important to note that IJBs do not hold capital budgets and so if hospices want to enter into discussion about accessing capital investment for health and social care buildings, this will require the Health Board and/or Local Authority's participation.

Conflict Resolution

It is important that local provision is made for conflict resolution. Given that the parties to this MoU consistently operate under financial pressure, mechanisms should be in place to remedy disputes. Such disputes may emerge out of the financial or wider commissioning relationship. In the event of any disagreement or dispute between the parties, they will use their best endeavours to reach a resolution without resort to conciliation or mediation. If conciliation or mediation becomes required

an independent third party will be sought as deemed acceptable to the NHS Board/HSCP and Partner/Provider.

Oversight

The national working group will monitor the development of local commissioning plans and associated SLA's to consider whether the terms of the MOU are applied consistently and abide by the spirit of partnership.

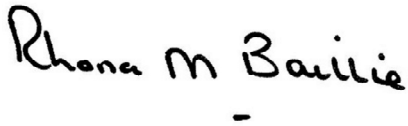
The benchmarking of the cost, activity and quality of independent adult hospice services should be done at local level but the national working group may also consider this benchmarking to support local partnerships.

Healthcare Improvement Scotland is available to partnerships to support quality and service improvement.

Signatories

Signed on behalf of IJB Chief Officers

Name: Vicki Irons, Chief Officer, Angus HSCP and Chair, Chief Officers, Health and Social Care Scotland



Signed on behalf of the Scottish Hospice Leadership Group
Name: Rhona Baillie, the Prince & Princess of Wales Hospice and Deputy Chair, Scottish Hospices Leadership Group

Integration Joint Boards	Independent Hospices
Aberdeen City	ACCORD Hospice
Aberdeenshire	
Angus	Ardgowan Hospice
Argyll and Bute	
Clackmannanshire and Stirling	Ayrshire Hospice
Dumfries and Galloway	
Dundee City	Bethesda Hospice
East Ayrshire	
East Dunbartonshire	Highland Hospice

East Lothian East Renfrewshire Edinburgh City Falkirk Fife Glasgow City Highland Inverclyde Midlothian Moray North Ayrshire North Lanarkshire Orkney Islands Perth and Kinross Renfrewshire Scottish Borders Shetland Islands South Ayrshire South Lanarkshire West Dunbartonshire Western Isles West Lothian	Kilbryde Hospice Marie Curie Hospice Prince and Princess of Wales Hospice St Andrew's Hospice St Columba's Hospice St Vincent's Hospice Strathcarron Hospice

Annex A: Palliative Care

Palliative Care
Palliative care is defined by the World Health Organisation as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual".

Specialist Palliative Care
Specialist Palliative Care is the active total care of patients with progressive, advanced disease and their families. Care is provided by a multi-professional team who have undergone recognised specialist palliative care training. The aim of the care is to provide physical, psychological, social and spiritual support, and it will involve practitioners with a broad mix of skills. (Tebbit, 1999)
Specialist Palliative Care requires effective multi-professional working within specialist teams and co-ordination across a wide range of professions to ensure that all appropriate patients, including those with non-malignant disease, can access the appropriate service and achieve the best quality of life possible.

These teams work in partnership with those who provide generalist palliative care, to ensure that patients' and families' complex needs are met.
Complex needs are identified as needs that cannot be addressed through simple or routine interventions/care.

Specialist Palliative Care seeks to:

- meet complex needs through a multi-professional team that meets regularly, and where individual team members understand and respect each other's roles and specialist expertise;
- enable team members to be proactive in their contact, assessment and treatment of patients and their families/carers;
- discern, respect and meet the cultural, spiritual and religious needs, traditions and practices of patients and their families/carers;
- recognise the importance of including the needs of families in the patient's care, since good family care improves patients' quality of life and contributes positively to the bereavement process;
- share knowledge and expertise as widely as possible;
- promote and participate in research in order to advance the speciality's knowledge base for the benefit of patients and carers.

A number of essential components make up a specialist palliative care service and the lists below are not exhaustive. These include:

- effective communication
- symptom control
- rehabilitation
- education and training
- research and audit
- continuity of care
- terminal care
- bereavement support for adults, young people and children

The core clinical specialist palliative care services comprise:

- In-Patient care facilities for the purposes of symptom management, rehabilitation and terminal care
- 24 hour access to the In- Patient service which includes specialist medical and adequate specialist nursing cover
- 24 hour telephone advice service for healthcare professionals
- 24 hour telephone support service for known out-patients and their carers

- Day services provided by an out-patient model or day hospice model where patients attend for a determined part of the day (e.g. from 11-3)
- Education programme
- Research and audit undertaken within a framework of clinical governance
- Formalised arrangements for specialist input to local and community hospitals
- Spiritual and psychological/counselling support services'

Key Elements of Specialist Palliative Care within a Specialist Palliative Care Unit

The core team comprises dedicated sessional input from

- Chaplain
- Doctors
- Nurses
- Occupational therapist
- Pharmacist
- Physiotherapist
- Social worker
- Counsellor

The range of integrated service components which can meet patients' needs at different stages of the disease process will include written referral guidelines to;

- Bereavement services
- Community specialist palliative care services
- Complementary therapies
- Counselling services
- Day services
- Hospital specialist palliative care services
- Lymphoedema services
- Patient transport services
- Psychological support services
- Social services
- Spiritual support services

ANNEX B: MEMBERSHIP OF SHORT LIFE WORKING GROUP

- Rhona Baillie, The Prince and Princess of Wales Hospice
- Helen Simpson, Accord Hospice
- Jackie Stone, St Columba's Hospice
- Craig Cunningham, South Lanarkshire HSPC
- Steven Fitzpatrick, Glasgow City HSPC
- Karen Jarvis, Renfrewshire HSPC
- Michael Kellet, Fife HSPC
- Pam Gowans, Moray HSCP
- Ron Culley, Western Isles HSPC (Chair)
- Mark Hazelwood, Scottish Partnership for Palliative Care
- Tim Warren, Scottish Government
- Christina Naismith, Scottish Government
- Diana Hekerem, Healthcare Improvement Scotland

To: **Renfrewshire Integration Joint Board**

On: **20 September 2019**

Report by: **Chief Officer**

Subject: **Drug Related Deaths Update**

1. Summary

1.1. The purpose of this paper is to advise the Integration Joint Board (IJB) of the drug related deaths in Renfrewshire in 2018. The National Records of Scotland published these figures in July 2019.

1.2 Early discussions at the Renfrewshire Alcohol and Drug Partnership (ADP) have identified a range of actions with partners, to prevent and reduce drug related deaths in Renfrewshire.

1.3 The ADP will continue to work to further develop and refresh our Drug Death Prevention Action Plan.

2. Recommendations

The Integration Joint Board is asked to:

- Note the content of the briefing, detailed in Appendix 1;
- Support the further development and refresh of the ADP Drug Death Prevention Action Plan; and
- Note the complex nature of drug related deaths and the need for a multi-agency response.

3. Background

3.1 In Renfrewshire there were 50 drug-related deaths in 2018, an increase of 31.6% on the 38 drug-related deaths in 2017. Greater analysis is provided in the attached briefing from Dr Tony Martin, Drug Deaths Research Associate, NHS Greater Glasgow & Clyde.

4. Renfrewshire Profile

4.1 People who died of a drug-related death in Renfrewshire were most likely to be:

- Male
- Living alone
- Using 3 or more drugs
- Have an underlying health condition.

4.2 The most common cause of death was Methadone and Etizolam intoxication. A more detailed analysis is available at Appendix 1.

5. ADP Drug Deaths Action Plan

5.1 Early discussions at the Renfrewshire Alcohol and Drug Partnership (ADP) have identified a range of activity and developments already underway. A number of actions have been identified with partners to prevent and reduce drug related deaths in Renfrewshire. Areas of priority agreed so far include:

- Naloxone supply
- Optimal methadone maintenance dose
- People who have multiple and complex needs
- Non-fatal overdose assertive outreach
- Gabapentin prescribing audit

6. Next Steps & Progress Update

6.1 We will further develop and refresh our Drug Deaths Action Plan which will be a working document, with actions, timescales and leads identified. This will be coordinated by the ADP Co-ordinator and will report through Renfrewshire's ADP Delivery Group.

6.2 The implementation stage of the Whole System Review of Alcohol & Drug Services is currently underway. Progress to date includes:

- Latest staff briefings held in August with further briefings planned for November in relation to new staffing model;
- Service Manager for the new integrated Renfrewshire Alcohol & Drug Recovery Service has been recruited to with an expected start date of October 2019;
- Recovery Hub premises has been secured and currently being renovated with a completion date early 2020;
- Recruitment to the Recovery Hub Manager will commence November 2019;
- Funding has been secured to recruit a further 2 peer support workers with lived experience. Recruitment will commence October 2019;
- Provision of a more robust Shared Care service has been agreed with GPs – due to commence early 2020;
- Home Alcohol Detoxification to be available in Renfrewshire early 2020;
- ADP funded Navigator posts to be established in Emergency Department at RAH and recruitment is underway with Police Scotland's Violence Reduction Unit;

- Drug Death Partnership Group (DDPAG) will continue. This Group was set up locally in 2018 in response to the concerning rise of Etizolam use and associated deaths within Renfrewshire. Police Scotland are the lead partner in this development with our HSCP Drug Treatment Services. This development has improved information sharing across agencies to ensure effective communication to the people who use our services - most vulnerable to risk, as part of the Early Warning System process. The work of the DDPAG will be reported through the Drug Deaths Action Plan process;
- Exploring the potential of Operation Threshold with Police Scotland which will focus on disrupting the drugs trade whilst directing vulnerable individuals to engage with local services in the hope of preventing and reducing drug and alcohol related deaths in the future;
- Exploring the potential for an Advocacy Worker with lived experience specifically for Alcohol & Drugs, in partnership with the Scottish Recovery Forum; and
- Continue to participate in and support the Renfrewshire Alcohol & Drug Commission.

6.3 All drug related deaths are tragedies. Renfrewshire HSCP are committed to continue to work in partnership to reduce the harm caused by alcohol and drugs, to stop drug related deaths and support more people to recover in Renfrewshire.

Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety –** None
9. **Procurement –** None
10. **Risk –** None
11. **Privacy Impact –** None

List of Background Papers – None.

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Appendix 1

Drug-Related Deaths in Renfrewshire-2018 NRS Briefing

1. Introduction

The "Drug related deaths in Scotland in 2018" was published on July 16th, by the National Records of Scotland (NRS). This continues the long-standing drug related death (DRD) reporting framework of those vulnerable individuals who sadly lose their lives to controlled drugs within the previous year.

In addition, as part of the Scottish Governments drug strategy "Rights, Respect and Recovery", the National Drug-related Death Database (NDRDD) report published by NHS-National Services Scotland-Public Health Intelligence (PHI) division, provides more detailed information on a wider variety of data specific to each death. This report provides a summary of the key characteristics of those who died in 2018 within Renfrewshire.

2a. Results (Summary)

In Scotland in 2018 there were 1,187 Drug-related deaths, an increase of 27.1% and the highest number of deaths ever recorded.

In NHS Greater Glasgow and Clyde there were 394 drug-related deaths, an increase of 40.7% on 2017 and in Renfrewshire there were 50 drug-related deaths, an increase of 31.6% on 2017. Again, for both areas this is the highest number of deaths ever recorded in each area. Whilst the increase within NHS GG&C is throughout each local Alcohol and Drug Partnership (ADP), the rate of change varies a great deal from one area to another and caution should be used when interpreting percentage changes especially for areas with smaller numbers

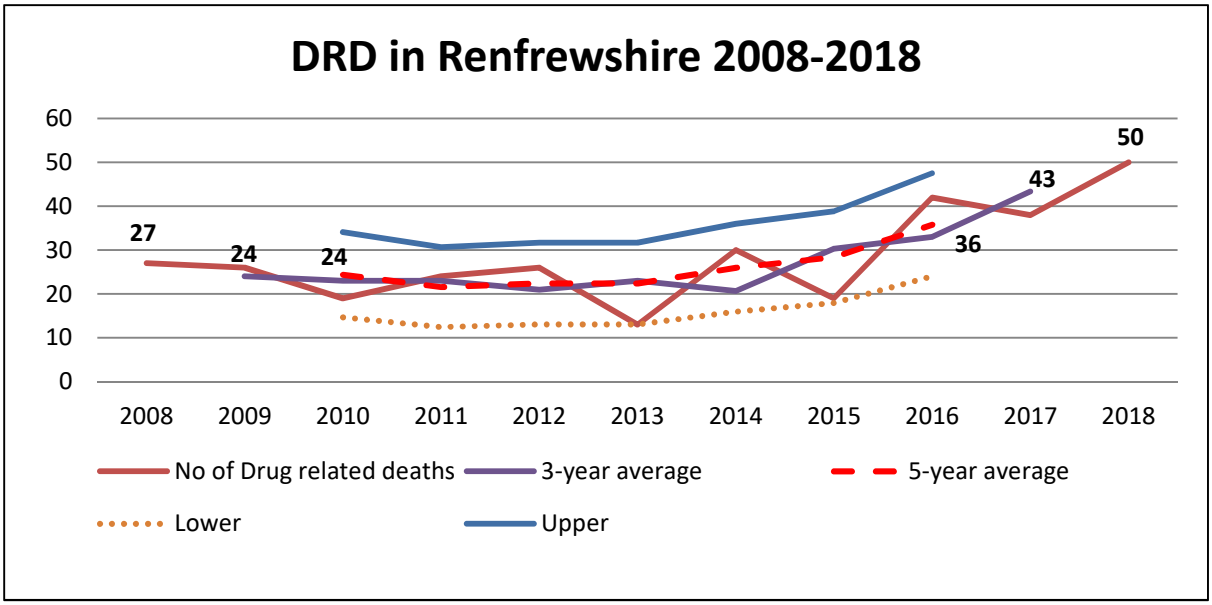
Key points

- Those who died of a Drug-related Death in Renfrewshire were most likely to be: -
- Male (72.0%), Aged between 35-44 (46.0%; Median = 41, Range 22-61).
- Most commonly lived in their own home (owned or rented) (89.4%), alone (74.5%), with nearly two-thirds (64.0%) living in the 20% most deprived communities.
- There is continuing evidence of a high degree of polypharmacy. It was most common for 3 or more drugs to be implied in the cause of death (36.0%). There continues to be a similar proportion of individuals who also had an underlying health condition such as COPD or Ischaemic heart disease which contributed to their death (26.0%)
- There were reductions in the proportion of deaths which contained Heroin/ Morphine (42.0%), Tramadol (6.0%), Diazepam (0.0%), Gabapentin (20.0%), Cocaine (16.0%), Ecstasy (0.0%) and Amphetamine (6.0%).
- In contrast there were increases in the proportion of deaths where Methadone (54.0%), Buprenorphine (6.0%), atypical Benzodiazepines (68.0%), Pregabalin (4.0%) and Alcohol (14.0%) were implied in the cause of death.
- The most common cause of death was Methadone and Etizolam intoxication.
- In contrast to recent years, there was a decrease in the proportion of individuals who died whilst on opioid replacement therapy, despite low threshold access (44.0% compared with 47.4% in 2017)

2b) Results (Details)

i) Number of Drug-related deaths and Trend over time.

Graph 1 Drug-related deaths in Renfrewshire 2008-2018



The graph above indicates the continuing rise in the number of drug-related deaths in Renfrewshire in the 5-year average from 2013 till 2018. The 3-year average indicates that the trend is set to continue to increase based on the data in 2018. It should be noted that the rate of rise in Renfrewshire compared with the rest of Scotland is not uniform as indicated in the table below. The increase in the 5-year running average from 1996—2000 to 2014-2018 indicates that deaths have risen 300% over the past 18 years.

Table 1 Year on year percentage change within NHS GG&C

Area	2017	2018	%age change
E DUN	8	9	12.5 inc
E REN	4	11	175.0 inc
GLA	192	280	45.8 inc
INV	23	24	4.3 inc
REN	38	50	31.6 inc
W DUN	15	20	33.3 inc
NHS GG&C	280	394	40.7 inc
DUN	57	66	15.8 inc
SCO	934	1187	27.1 inc

ii) Mortality rates

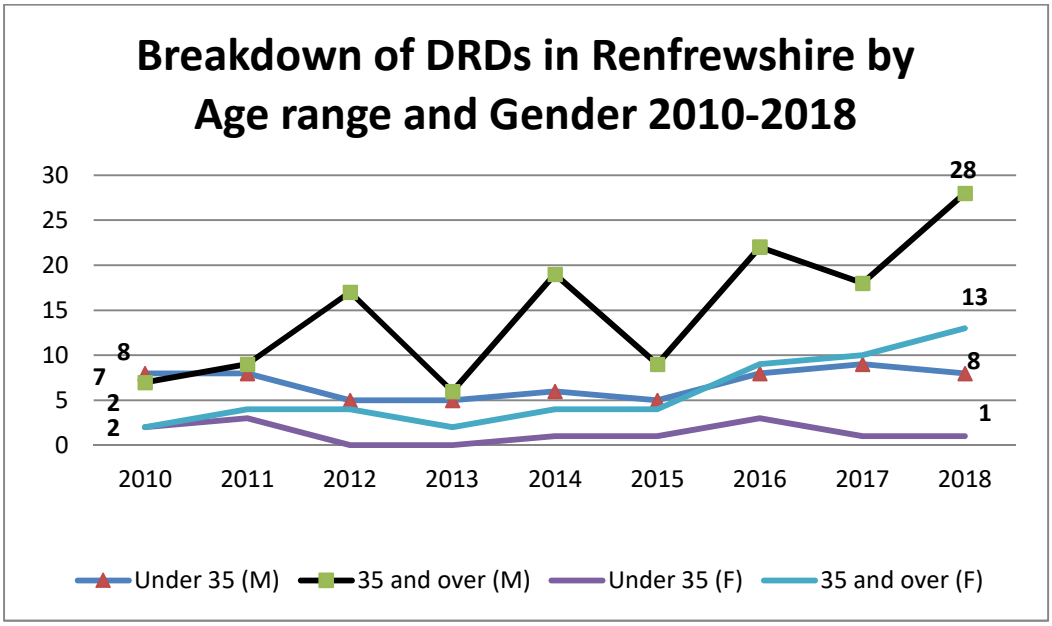
Table 2 Mortality rates per population and prevalence of problem drug use in Scotland.

Area	2014-2018 average deaths	Mid 2016 pop estimate	2014-2018 average deaths per 1000 population (2016)	Prevalence of Problem Drug Use in Scotland: 2015/16 Estimates	Annual average drug-deaths: 2014-2018 per 1,000 problem drug users in 2015/16
E DUN	7	107,540	0.07	710	10.4
E REN	7	93,810	0.07	800	8.3
GLA CITY	183	615,070	0.30	11,900	15.3
INV	20	79,160	0.25	1,500	13.3
REN	36	175,930	0.20	2,700	13.3
W DUN	16	89,860	0.18	1,100	14.4
NHS GG&C	268	1,161,370	0.23	18,700	14.3
SCO	862	5,424,800	0.16	57,300	15.0

The population mortality rate of Renfrewshire is above the national average but is below the board average and below that of Glasgow City & Inverclyde ADP. Comparison of the mortality rate per prevalence of drug uses indicates that Renfrewshire has a slightly lower rate than the national average and that of NHS GG&C too.

iii) Age Range & Gender

Graph 2 Breakdown of DRDs in Renfrewshire by Age Range & Gender 2010-2018

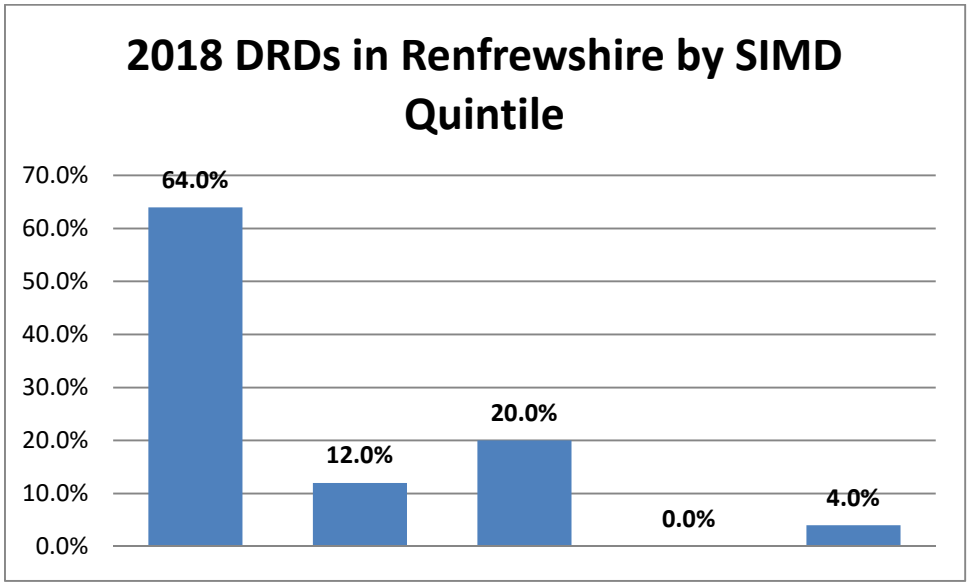


In 2018 72% of those who died were male, with just under half (46.0%) of all deaths in those aged 35-44. The median age at death was 41 whilst the range was 22-61. Consistent with previous years males aged over 35 are the most common individuals who have died and this upward trend is now clearer in females.

iv) Scottish Index of Multiple Deprivation (SIMD)

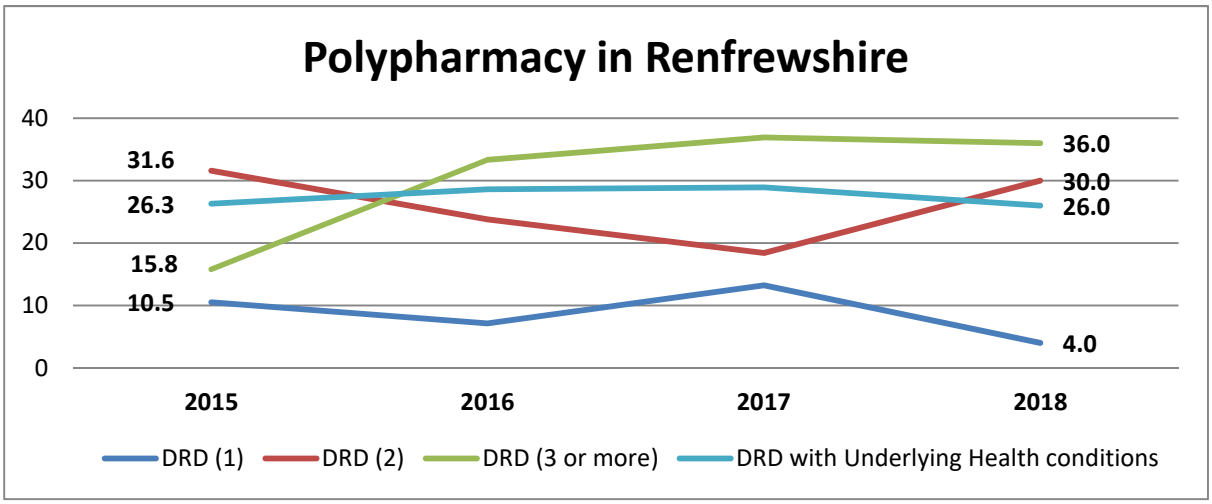
As in previous years, those who died most likely lived in the 20% poorest communities within the (64.0%). One fifth (20.0%), of individuals lived in the 5% poorest communities of Renfrewshire. This continues the strong links between deprivation and drug-related deaths, as seen in the graph below.

Graph 3 2018 DRDs in Renfrewshire by SIMD Quintile



v) Toxicology

Graph 4 Polypharmacy



As is evident from graph 4 above, in 2016 there was a steep rise in the number of cases where 3 or more drugs and/or alcohol were implied in the cause of death, which has continued in 2018. In addition, there was an increase in 2017 in the incidence of cases where 2 drugs and/or alcohol were implied in the cause of death. This corresponds to the decrease in the number of cases where only one drug and/or alcohol was implied in the cause of death. There continues to be just over one-quarter of deaths where an underlying health condition has also contributed to the cause of death. Typically this would be chronic obstructive pulmonary disease or ischaemic heart disease.

Specific Drugs

It should be taken into consideration that due to smaller numbers there could be a wide variation in proportion despite only a small numerical change.

Opiates

Graph 5a indicates that there has been a reduction in the proportion of cases which contain Heroin/Morphine (42.0%) although it is still the third most common drug found in toxicology. In 2018, there continues to be a slight increase in the proportion of cases involving Methadone (54.0%). Like the increase in Methadone there has been a slight increase in deaths in which Buprenorphine has been implied in the cause of death, although below the 2015 peak of 11.9% There were fewer cases involving Tramadol in 2018 (6.0%) compared with 2017.

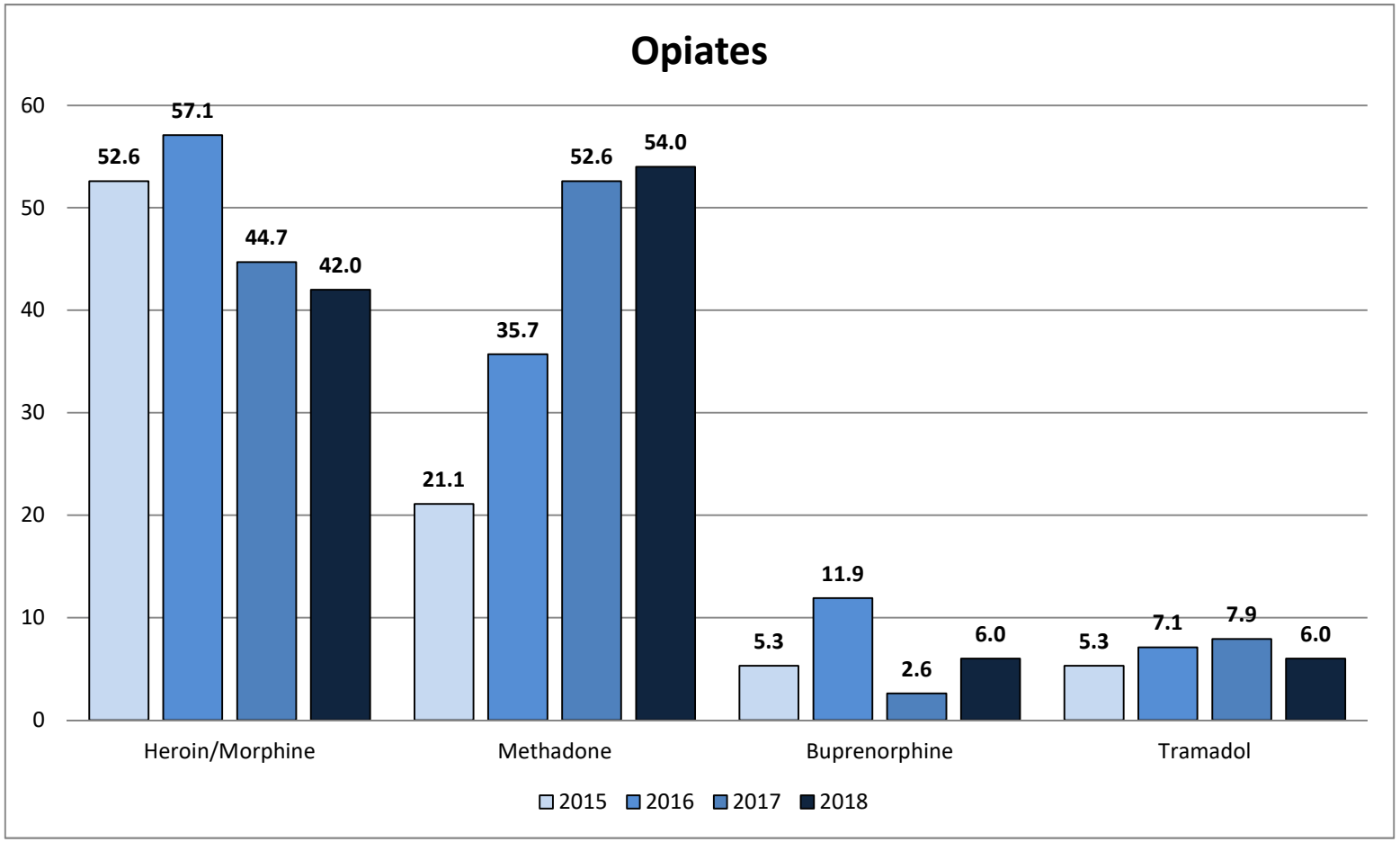
Benzodiazepines, Gabapentinoids & Alcohol

Graph 5b reveals the extent to which the family of drugs known as benzodiazepines has become the most common drug found at toxicology with 68.0% of all cases having one of the drugs implied in the cause of death. It is clear that this is not due to prescribed forms of the drug family e.g. Diazepam, as the proportion of deaths containing this drug implied in the cause of death has decreased in 2018 to a low of 0.0%. The main reason for the rise in benzodiazepine deaths is due to the increased use of the drugs atypical benzodiazepines principally Etizolam as found in 68.0% of the deaths. In 2018 Gabapentin and Pregabalin, collectively known as Gabapentinoids, featured in around one quarter of the deaths (Gabapentin-20.0%; Pregabalin 4.0%) which were small rises compared with 2017 (23.7%). DRDs where alcohol is also implied in the cause of death continue to rise steadily from a low in 2013 but still low compared to a peak of 31.6% in 2015.

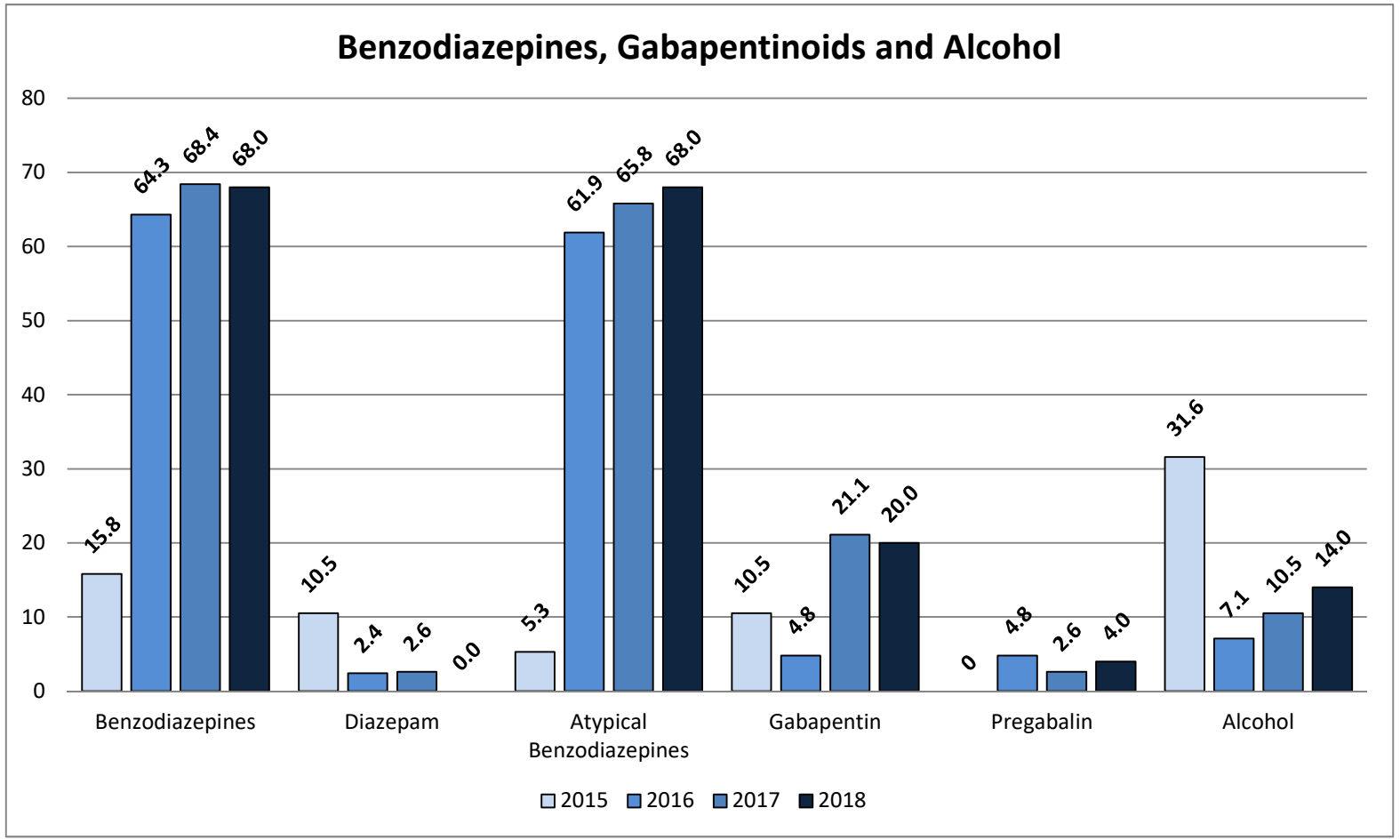
Stimulants

Graph 5c indicates that there continues to be no deaths which have occurred in 2018 in which a stimulant-type novel psychoactive substance (NPS) was implied in the cause of death. The overall proportion of deaths involving cocaine has decreased quite remarkably in 2018 compared with 2017, however as defined above caution should be exercised as this is only a difference of 3 cases. There were no cases in 2018 in Renfrewshire in which Ecstasy /MDMA played any role and there was a reduction in the incidence of Amphetamines (6.0%) implied in the cause of death of those who died.

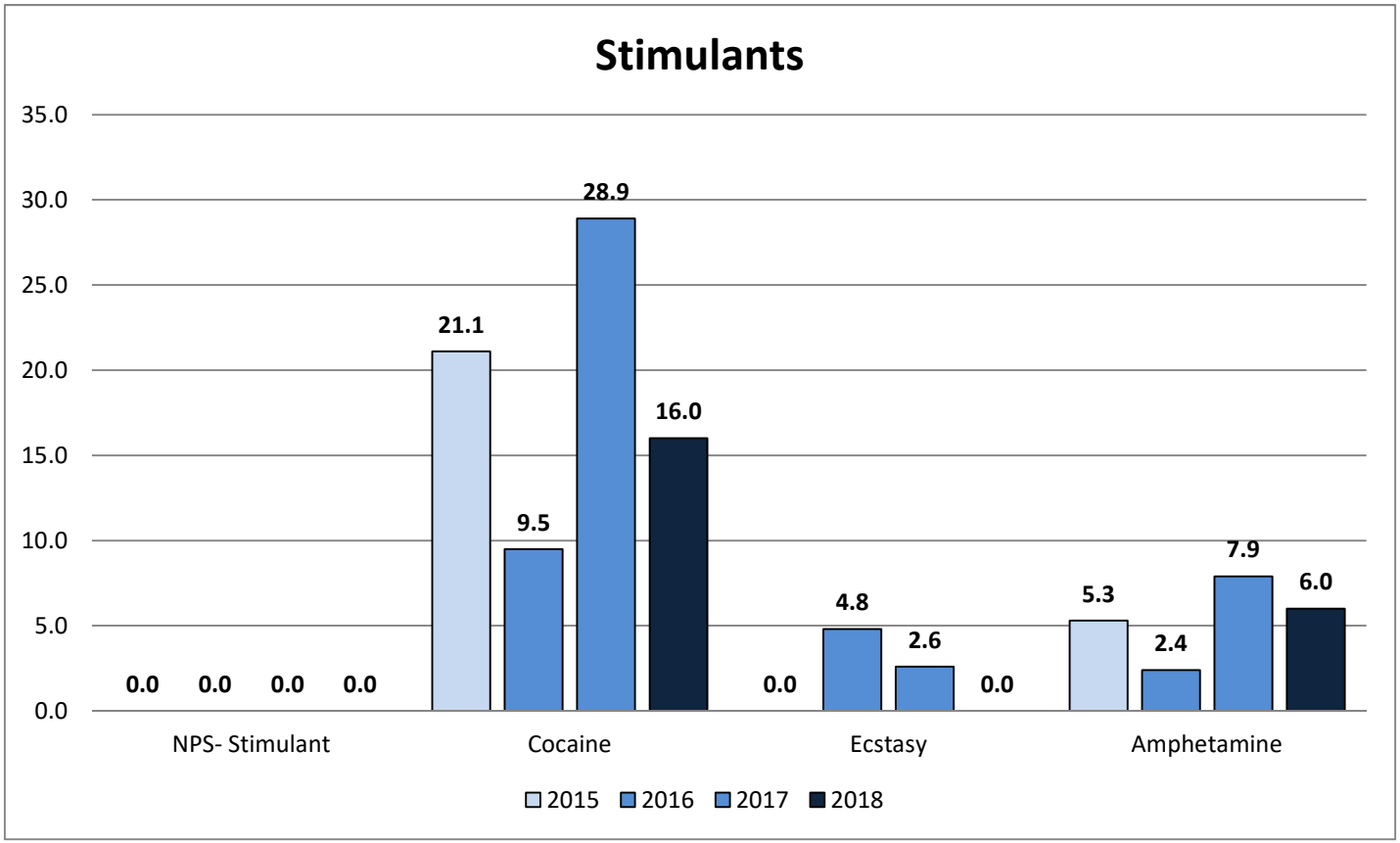
Graph 5a) opiates implied in the cause of death



Graph 5b) Benzodiazepines, Gabapentinoids and Alcohol implied in the cause of death

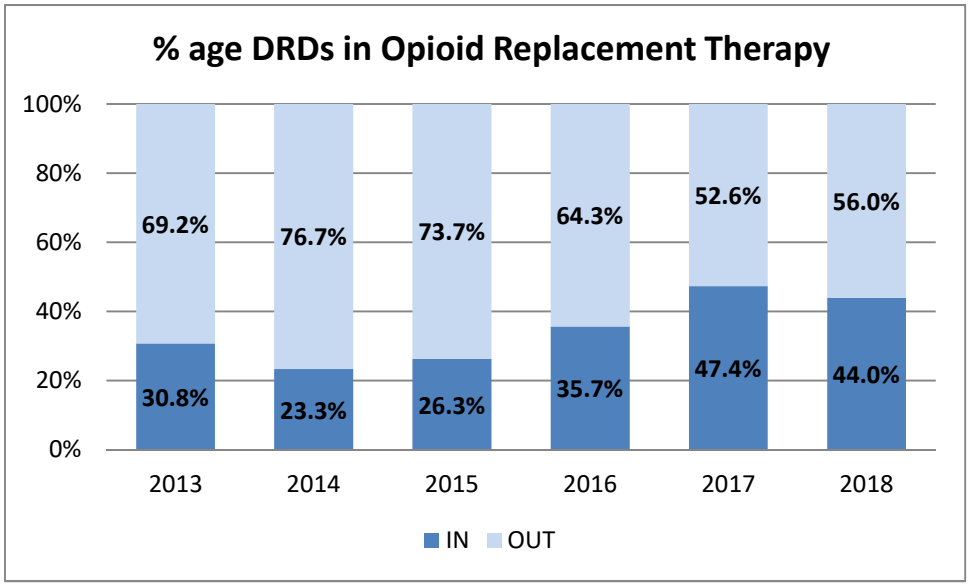


Graph 5c) Stimulants implied in the cause of death



vi) Opioid Replacement Therapy

Graph 6 Opioid Replacement Therapy



Graph 6 indicates that in contrast to the rising trend in those who have died in opioid replacement therapy from 2014-2017, there was a reduction in those who died whilst part of treatment in 2018 (44.0%).