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

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

KENNETH GRAHAM
Clerk

Membership

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

Dr Donny Lyons (Chair) and Councillor Jacqueline Cameron (Vice Chair)

Further Information

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

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

For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

Members of the Press and Public

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

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

13 Date of Next Meeting

Note that the next meeting of the IJB will be held at 10.00 am on 26 January 2018 in the Abercorn Conference Centre, Renfrew Road, Paisley.

Minute of Meeting
Renfrewshire Health and Social Care Integration Joint Board

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

PRESENT

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

CHAIR

Councillor Jacqueline Cameron, Chair, presided.

APOLOGY

Dorothy McErlean (Greater Glasgow & Clyde Health Board).

IN ATTENDANCE

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

DECLARATIONS OF INTEREST

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

ORDER OF BUSINESS

In terms of Standing Order 4.1 (iii), the Chair intimated that she proposed to alter the order of business to facilitate the conduct of the meeting by considering item 8 of the agenda after item 2 of the agenda.

1 **MINUTE**

The Minute of meeting of the Integration Joint Board (IJB) held on 23 June 2017 was submitted.

DECIDED: That the Minute be approved.

2 **CHANGES TO IJB VOTING MEMBERSHIP**

The Head of Administration submitted a report advising that Dr Linda de Caestecker had replaced John Legg as a health board voting member on the IJB.

DECIDED: That it be noted that Dr Linda de Caestecker had replaced John Legg as a health board voting member on the IJB.

3 **CAPABILITY SCOTLAND UPDATE**

The Chief Officer submitted a report providing an update on the two day services for adults with learning difficulties operated by Capability Scotland, on behalf of the Renfrewshire Health and Social Care Partnership (HSCP), in Renfrewshire at Whitehaugh and West Lane Gardens, Paisley.

The report intimated that both these services were building-based and remained popular with current service users. In line with the Scottish Government's Learning Disability Strategies 'The Same as You' and 'Keys to Life', Renfrewshire learning disability day provision had over recent years managed a planned move away from these traditional centre-based services towards a more inclusive, community-based services approach. As part of this work, Renfrewshire Council, the former Community Health Partnership (CHP) and the HSCP had worked closely with Capability Scotland, who operated community-based service models elsewhere in Scotland, to explore all options for modernising these two day services.

In July 2017 Capability Scotland served formal notice to the HSCP Chief Officer on their intention to withdraw from their current contract on 20 October 2017, noting that the current service model had accrued significant annual financial deficits and was no longer seen by Capability Scotland to be financially viable going forward.

The Chief Officer had been working with the provider to discuss the continuation of this service within the terms of their contract and to explore a viable longer term alternative service model. Capability Scotland had re-stated their intention to cease provision of this service but had agreed it would continue until 31 January 2018 subject to the IJB meeting the financial shortfall the provider would incur during this period. This arrangement would ensure that the provider met their contractual requirement to minimally provide six months notice and would allow the HSCP sufficient time to ensure a smooth, managed transition for service users.

The report further intimated that the Chief Officer, in liaison with the Chair and Vice Chair of the IJB, would continue discussions with local service users, carers and Renfrewshire Council to quickly explore if Capability Scotland could develop an alternative service model in Renfrewshire which was financially viable in line with national policy direction and in a way that met the needs of our service users; progress planning to extend the existing HSCP community network services that would meet the needs of many of the Capability Scotland day centre users; and ensure smooth, managed transition arrangements were in place in advance of 31 January 2018 to support each service user to decide how they wanted to use their personal directed support budget to secure alternative services.

In light of concerns raised by service users and carers, a special meeting of Renfrewshire Council had been held on 30 August 2017 to discuss Capability Scotland's decision to withdraw from their current contract. The Head of Corporate Governance, Renfrewshire Council, had written to the Chief Officer advising him of the motion approved unanimously at the meeting and asking that he consider the terms of the Council's decision and how this would be taken forward by Renfrewshire HSCP. A copy of this letter formed the appendix to the report.

It was proposed that the Chief Officer and Chief Finance Officer revisit the IJB finances and reserves to ensure individual service users received the maximum level of support they required; that the Chief Officer submit a report to the next meeting of the IJB outlining a strategy for the IJB to have in place a needs-led commissioning plan involving carers and that the strategy used language that was easily understandable to service users and their carers; and that the Chief Officer submit a report to the next meeting of the IJB relative to the future use of West Lane Gardens. This was agreed.

Councillor Kerr being the mover of an amendment which failed to find a seconder requested that his dissent be recorded.

DECIDED:

(a) That Capability Scotland's intention to cease their current contract on 31 January 2018; the local and national factors which had led to Capability Scotland's view that their current service model was no longer proving financially viable, and how this had been received by its service users and carers be noted;

(b) That it be agreed that Renfrewshire IJB would meet the £34,500 cost shortfall identified by Capability Scotland to enable Capability Scotland to continue its current contract with the Council until 31 January 2018;

(c) That it be agreed that the Chief Officer, in consultation with the Chair and Vice Chair of the IJB, would quickly progress discussions to explore if Capability Scotland could develop an alternative community-based service model in Renfrewshire;

(d) That it be agreed that Renfrewshire HSCP would progress plans to extend the existing HSCP Learning Disability Community Network Service should Capability Scotland not be able to provide such a model that was affordable and deliverable by 31 January 2018;

(e) That it be noted that work would continue to ensure planned transition arrangements were in place as soon as possible that were person-centred and which fully reflected the needs of service users;

(f) That Renfrewshire Council's position on Capability Scotland's decision to end their current contract, formally agreed at the special meeting of Renfrewshire Council held on 30 August 2017, be noted;

(g) That it be agreed that the Chief Officer write to Renfrewshire Council on behalf of the IJB to formally note their position and next steps;

(h) That the Chief Officer and Chief Finance Officer revisit the IJB finances and reserves to ensure individual service users received the appropriate level of support they required; and

(i) That the Chief Officer submit a report to the next meeting of the IJB outlining a strategy for the IJB to have in place a needs-led commissioning plan involving carers and that the strategy used language that was easily understandable to service users and their carers and the future use of West Lane Gardens.

ADJOURNMENT

The meeting adjourned at 11.05 am and reconvened at 11.15 am.

4 **FINANCIAL REPORT - 1 APRIL TO 31 JULY 2017**

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April to 21 July 2017 for Social Work and from 1 April to 31 July 2017 for the Health Board, as detailed in appendices 1 and 2 to the report.

The report provided an update in respect of the Health Board contribution to the IJB for 2017/18 and the implementation of the Living Wage for 2017/18.

The overall revenue position for the (HSCP) at 31 July 2017 was a breakeven position as detailed in the report. The achievement of the in-year breakeven position and a year-end breakeven position was dependent on the application of reserves carried forward from 2016/17 for both the adult social care budget and the health services budget and delivery of the delegated health budget savings plans, which had been approved by the IJB at its meeting held on 23 June 2017.

Overall, social work adult services were currently reporting a breakeven position. However this had only been achieved from the application of reserves carried forward from the 2016/17 budget allocation and a proportion of the additional £4.4m of resources made available by the Council as part of their 2017/18 budget allocation to the IJB for adult social care.

The key pressures were highlighted in sections 4 and 5 of the report. Appendices 3 and 4 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 5 to the report detailed the GP prescribing position; Appendix 6 to the report detailed the reserve balances as at 31 July 2017; Appendix 7 to the report detailed the movement from the 2016/17 closing budget to the budget per the allocation letter; and the letter outlining the final settlement from NSHGG&C for 2017/18 formed Appendix 8 to the report.

DECIDED:

(a) That the current revenue budget position as at 31 July 2017 report be noted;

(b) That the progress of the implementation of the Living Wage for 2017/18 be noted;

(c) That the application of the Partnership's reserves, as detailed in paragraphs 4.1 and 5.1 of the report, be approved; and

(d) That the proposal in respect of agreeing the Health Board contribution to the IJB for 2017/18, as detailed in paragraphs 9.2 and 9.6 of the report, be approved.

5 AUDITED ANNUAL ACCOUNTS 2016/17

Under reference to item 5 of the Minute of the meeting of this IJB held on 23 June 2017 the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2016/17, a copy of which formed the appendix to the report.

The report intimated that Audit Scotland had provided an audit opinion which was free from qualification. It was noted that Audit Scotland had also submitted a report to the IJB Audit Committee held earlier in the morning which detailed matters arising over the course of the audit.

The Chair of the IJB Audit Committee advised that the Audit Committee recommended approval of the audited accounts 2016/17 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

It was proposed that the Chief Finance Officer submit a report to a future meeting of the IJB clarifying the position in relation to the IJB's 'general reserves' and 'earmarked reserves' in terms of the IJB Reserves Policy.

DECIDED:

(a) That the audited annual accounts 2016/17 be approved for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014; and

(b) That the Chief Finance Officer submit a report to a future meeting of the IJB clarifying the position in relation to the IJB's 'general reserves' and 'earmarked reserves' in terms of the IJB Reserves Policy.

6 FINANCIAL PLAN 2018/19 TO 2020/21

The Chief Finance Officer submitted a report relative to the Financial Plan 2018/19 to 2020/21 which provided an estimate on the HSCP's projected position moving into 2018/19 and the medium term financial outlook to 2020/2021, a copy of which formed the appendix to the report.

The report detailed the key messages; the current financial position; budget strategy assumptions; projected cost pressures 2018/19 to 2020/21; and the medium term financial strategy.

DECIDED:

(a) That the assumptions and context of the financial plan 2018/19 to 2020/21 and the level of uncertainty that existed in relation to a range of these assumptions be noted;

(b) That the medium term outlook for the IJB in the context of current forecasts and the expectation of further significant reductions for the IJB through to 2020 be noted;

(c) That the medium term financial plan and associated financial planning principles be approved;

(d) That the Financial Plan 2018/19 to 2020/21, as detailed in the appendix to the report, be approved; and

(e) That it be noted that the Chief Officer and Chief Finance Officer would continue to monitor the actual position and update the Financial Plan as assumptions become clear and that the IJB be advised of the updates in due course.

7 PERFORMANCE MANAGEMENT UPDATE 2017/18

The Chief Officer submitted a report updating the HSCP's performance framework for 2017/18.

The report intimated that the indicators in the HSCP Performance Scorecard had been reviewed and included new national indicators where data was available. Targets had also been reviewed and updated to ensure that they were realistic and improvement in the performance could be evidenced.

The first HSCP Annual Performance Report 2016/17 had been finalised and published on the HSCP website. The report summarised what had been achieved in the first year and assessed performance in the context of arrangements set out in the Strategic Plan 2016/19 and Financial Statement and included achievements and challenges throughout the year.

The draft scorecard detailing all proposed national and local indicators for 2017/18, set against the nine national outcomes, formed Appendix 1 to the report. An update on the Podiatry Service, which was hosted in Renfrewshire for all NHSGG&C, formed Appendix 2 to the report and data on teenage pregnancy and sexual health formed Appendix 3 to the report.

DECIDED:

(a) That the indicators and targets set out in the scorecard for 2017/18, as detailed in Appendix 1 to the report, be agreed;

(b) That the Performance Management Framework for 2017/18 for the HSCP be approved; and

(c) That the performance updates for podiatry and teenage pregnancy, as detailed in appendices 2 and 3 to the report, be noted.

8 **PARTICIPATION, ENGAGEMENT AND COMMUNICATION: ANNUAL REVIEW**

Under reference to item 10 of the Minute of the meeting of the IJB held on 18 March 2016 the Chief Officer submitted a report updating progress on Renfrewshire HSCP's Participation, Engagement and Communication Implementation Plan for 2016/19, a copy of which formed the appendix to the report.

The report detailed the proposed actions for 2017/18.

The Head of Strategic Planning & Health Improvement delivered a short presentation which covered the new HSCP branding and logo; information on the effective use of social media; the production of a bi-annual newsletter to update on the work of the HSCP and key priorities for the year ahead; and the launch of the Renfrewshire HSCP website on 28 August 2017

DECIDED:

(a) That the progress made in implementing the Renfrewshire HSCP Participation, Engagement and Communication Strategy in 2016/17 be noted;

(b) That the actions planned for 2017/18 be approved; and

(c) That it be noted that an annual update would be provided to the IJB.

9 **PLANNING AND COMMISSIONING ARRANGEMENTS**

The Chief Officer submitted a report summarising and bringing together the strategic planning and commissioning activity in Renfrewshire HSCP.
The report intimated that planning and commissioning were cross-cutting activities, linking strategic and financial planning with service delivery. The process involved assessing desired outcomes, considering options and planning and implementing the nature, range and quality of future services.

The report detailed how strategic planning and commissioning linked with the wider planning systems and how planning and commissioning would progress over the next year.

In preparation for the pending inspection of Adult Services, a self-evaluation had been carried out covering planning and commissioning. A review of the Strategic Needs Assessment was being undertaken and a market position statement would be developed to direct and influence HSCP and commissioned services.

DECIDED:

(a) That the current planning and commissioning activity be noted; and

(b) That the planned activity in this area over the next 12 months be approved.

SEDERUNT

Councillor Kerr, Stephen Cruickshank and Alan McNiven left the meeting prior to consideration of the following item of business.

ADJOURNMENT

The meeting adjourned at 12.30 pm and reconvened at 12.35 pm.

10 **PLANNING AND DELIVERING CARE AND TREATMENT ACROSS THE WEST OF SCOTLAND**

The Chief Officer submitted a report relative to the requirement for the West of Scotland to produce a first Regional Delivery Plan by March 2018 and seeking the support of IJBs to work collaboratively to achieve the best outcomes delivered sustainably for the citizens across the West.

The report intimated that the Health and Social Care Delivery Plan, published by the Scottish Government in December 2016, set out the importance of delivering better care; better health and better value. It also signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence-based and outcomes focussed.

At a regional level, the Scottish Government had commissioned Regional Delivery Plans to be developed, encompassing a whole-system approach to the delivery of health and social care for each of the three regions, being North, East and West. To take forward the national and regional approach, five NHS Board Chief Executives had been appointed to the role of the National or Regional Implementation Leads.

To progress a Regional Delivery Plan it was essential that this be linked to nation planning for specialist services, local planning within Health Boards and local planning by and within IJBs to ensure that we planned effectively for the wider population. Regional Delivery planning was in its early stages and was an evolving process which would be achieved by working together across the different organisations in a whole systems approach to set out the story for the West of Scotland, describing the current challenges and considering the opportunities to transform care models to meet the future requirements of our population and improve health.

DECIDED:

(a) That it be noted that the Chief Officer would contribute towards and represent Renfrewshire IJB in this collaborative work towards achieving our shared aims for the population we serve; and

(b) That it be noted that further updates on this work would be brought to the IJB.

11 **NEW NATIONAL HEALTH AND SOCIAL CARE STANDARDS**

The Chief Officer submitted a report relative to the new National Health and Social Care Standards introduced by the Cabinet Secretary for Health and Sport, a copy of which formed the appendix to the report.

The report intimated that the new standards set out what people should expect when using health, social care or social work services in Scotland and sought to provide better outcomes for everyone; to ensure that individuals were treated with respect and dignity; and that the basic human rights we are all entitled to were upheld.

The standards did not replace previous standards and outcomes relating to healthcare produced under Section 10H of the National Health Service (Scotland) Act 1978 but would replace the National Care Standards published in 2002 under Section 5 of the Regulation of Care (Scotland) Act 2001.

From 1 April 2018 these standards would be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections and registration of health and care services. The HSCP would undertake a range of activities over the next few months in the lead-up to the new standards being implemented to raise awareness and ensure that services were preparing for the change in focus of inspection and scrutiny activity from April 2018.

DECIDED: That the launch of the new standards and the intentions set out in the report regarding the HSCP's plans to ensure that practitioners, managers and service users were aware of and work to the new standards be noted.

SEDERUNT

Dr Donny Lyons left the meeting during consideration of the following item of business.

12 **AUDIT SCOTLAND REPORT - SELF-DIRECTED SUPPORT**

The Chief Officer submitted a report relative to the second Audit Scotland report on Self-Directed Support (SDS), a copy of which formed Appendix 1 to the report.

SDS described the mechanism by which people could have choice and control over the social care they received. It gave people control over an individual budget and allowed them to choose how it was spent on support which met their agreed social care outcomes. The Social Care (Self-Directed Support) (Scotland) Act 2013 placed a duty on local authorities to offer four options to eligible people, at the point of assessment, to self-direct their support. The Audit Scotland report highlighted 11 recommendations for authorities and detailed local progress in terms of implementing SDS.

The report intimated that in addition to the main report, Audit Scotland had also produced three supplements – a case study, the audit methodology and survey results, and a checklist for councillors and board members. These supplements formed Appendices 2 to 4 of the report.

DECIDED:

(a) That the key recommendations made by Audit Scotland for implementation by HSCPs and/or Councils be noted;

(b) That the local developments in relation to implementing Self-Directed Support and the HSCP's work to develop an improvement plan subsequent to the completion of its current self-evaluation exercise be noted;

(c) That the content of the supplementary "Checklist for councillors and board members" which had been produced by Audit Scotland be noted; and

(d) That it be noted that this report would also be submitted to Renfrewshire Council's Audit, Risk and Scrutiny Board meeting to be held on 26 September 2017.

13 **RENFREWSHIRE IJB DRAFT PROPERTY STRATEGY**

The Chief Officer submitted a report relative to the Renfrewshire IJB Property Strategy, a copy of which formed the appendix to the report.

The report intimated that following the establishment of the IJB and the HSCP there was an opportunity to review the approach taken to strategic planning and utilisation of the estate available to the HSCP to support the aims of integration and delivery of effective, efficient health and social care services in Renfrewshire.

NHSGG&C and Renfrewshire Council collectively owned, leased or otherwise utilised a significant amount of property within the Renfrewshire area where health and social care functions were carried out. Whilst the IJB was not responsible for any properties, decisions on property strategies could impact on our services.

An HSCP Joint Capital Planning Group had been established and the development of a draft Property Strategy had been a key strand of work which, once approved, would inform the work of the group going forward.

DECIDED:

(a) That the Renfrewshire IJB Property Strategy, which formed the appendix to the report be approved; and

(b) That the Chief Officer submit a report to the next meeting of the IJB relative to the implementation of the Property Strategy.

SEDERUNT

Alex Thom left the meeting prior to consideration of the following item of business.

14 **UPDATE ON JOINT INSPECTION FOR ADULT SERVICES**

Under reference to item 13 of the Minute of the meeting of this IJB held on 23 June 2017 the Chief Officer submitted a report outlining the preparation underway for the joint inspection of adult services.

The report intimated that HSCP's position statement was due for submission by 23 October 2017 and the fieldwork would commence on 13 November 2017. The draft inspection report was expected in early February 2018.

DECIDED: That the report be noted.

15 **UPDATE ON PLANNING FOR IMPLEMENTATION OF CARERS ACT**

The Chief Officer submitted a report providing an update on the range and provisions to be delivered under The Carers (Scotland) Act which would commence on 1 April 2018.

The report intimated that the Act related to both adult and young carers and provided information in relation to local governance arrangements and implementation approach; assessment of Renfrewshire HSCP and Renfrewshire Council's readiness for the introduction of the Act; the timeline for approval of local eligibility criteria; and management of the key risks identified.

DECIDED:

(a) That the report be noted; and

(b) That a report be submitted to the next meeting of the IJB providing an update on Renfrewshire's position in terms of the readiness against the key provisions required in advance of the Act's implementation on 1 April 2018.

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

Under reference to item 17 of the Minute of the meeting of the IJB held on 23 June 2017 the Clerk submitted a report relative to proposed dates of meetings of the IJB in 2017/18.

DECIDED:

(a) That meetings of the IJB be held at 10.00 am on 24 November 2017, 26 January and 29 June 2018 and at 9.30 am on 23 March 2018; and

(b) That meetings of the IJB be held in the Abercorn Conference Centre, Renfrew Road, Paisley unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.

To: **Renfrewshire Integration Joint Board**

On: **24 November 2017**

Report by: **Chief Finance Officer**

Heading: **Financial Report 1 April to 30 September 2017**

1. Purpose

1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget current year position as at 15 September 2017 (Social Work) and 30 September 2017 (Health), and to provide an update on the Implementation of the Living Wage for 2017/18.

2. Recommendation

It is recommended that the IJB:

- Note the current Revenue Budget position at 30 September 2017;
- Note the progress of the implementation of the Living Wage for 2017/18;
- Note the current position and application of the Partnership's reserves as detailed in 4.1 and 5.1.

3. Current Financial position at 30 September 2017

3.1 The overall revenue position for Renfrewshire HSCP at 30 September 2017 is a breakeven as detailed in the table below. The achievement of the in-year breakeven position and a year-end breakeven position is dependent on the application of reserves carried forward from 2016/17 for both the Adult Social Care budget and the Health Services budget.

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

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	Breakeven	Breakeven
Renfrewshire Health Services	Breakeven	Breakeven
Total Renfrewshire HSCP	**Breakeven**	**Breakeven**

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

3.3 Appendices 3 and 4 provide a reconciliation of the main budget adjustments applied this current financial year to bring us to the net budget as reported.

4. Social Work – Adult Services

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

4.1 Overall, Social Work Adult Services are currently reporting a breakeven position. However, as previously reported this has been achieved by using a combination of: reserves carried forward from the 2016/17 budget allocation; and, a proportion of the additional £4.4m of resources made available by the Council as part of their 2017/18 budget allocation to the IJB for Adult Social Care. The table below summarises how these budgets have been applied as at 15 September 2017. Members should note that these figures will be subject to change throughout 2017/18 given the volatility of both the Care at Home Service and Adult Placement budget.

Table 1: Additional Allocation 2017/18

Opening Balance		£4,405,675
Pay Award Additional Allocation 17/18		£551,378
Revised Allocation 2017/18		**£4,957,053**
Less: Permanent Budget Adjustments made		
OP Care Home 2017/18 NCHC Impact	-£434,285	
Adult Supported Living Wage 17/18	-£740,629	
External Care at Home 17/18	-£747,498	
	-£1,922,412	
Balances remaining at p6		**£3,034,641**
Less: Non-Recurring Budget Adjustments to deliver breakeven		
Internal Care at Home	-£333,913	
Physical Disabilities Adult Placements	-£83,000	
Learning Disabilities Adult Placements	-£307,000	
Mental Health Adult Placements	-£82,000	
	-£805,913	
Revised Balance as at P6		**£2,228,728**

Table 2: Adult Social Care Reserves

		£1,519,087
External Care at Home	-£953,000	
Internal Care at Home	-£566,087	
	-£1,519,087	
Adult Reserves Balance as at P6		**£0**

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

4.3. **Older People**

Current Position: Net overspend of 26k
Previously Reported: Net overspend of 9k

As reported previously, demand pressures continue to be experienced within the Care at Home Service. As detailed in table 1 (para 4.1) at the start of 2017/18, additional resources of £747k were allocated from the Council's additional budget made available for 2017/18. However, even with these additional monies the Care at Home budget remains under significant pressure (£2.199m overspend) at 15 September July 2017 as summarised in Table 3 below.

This pressure on the overall Older People's budget is partially offset by vacancies within the Local Authority owned HSCP managed care homes, and, through the application of reserves and the use of additional resources from the Council's 2017/18 budget allocation. The overall position within Older People's services is a net overspend of £26k after the application of these resources.

Table 3: Care at Home Service

Full Year Projection at 15 September 2017 (inc. £747k as per table 1)	-£2,119,168
Add: Additional allocation from 17/18 monies (per table 1)	£333,913
Revised position	**-£1,785,255**
Application of reserves (per table 2)	£1,519,087
Revised full year projection at 15 September 2017	**-£266,168**

5. Renfrewshire Health Services

Current Position: Breakeven
Previously Reported: Breakeven

5.1 As previously reported, Renfrewshire Health Services are currently reporting a breakeven position. However, this has only been achieved from the application of reserves carried forward from the 2016/17 budget allocation. The table below summarises how the reserves have been applied as at 30 September 2017. As previously highlighted to members the amount of reserves required to be drawn down in order to deliver a year end breakeven position will be subject to change throughout 2017/18 given the volatility of costs associated with Special Observations within Mental Health in-patients and other pressured budgets.

Table 4: Health General Reserves

Health Services General Reserves Opening Balance 2017/18		**£1,125,000**
Current Full Year Projected overspend	-£16,000	
Share of Pension Liabilities	-£181,200	
Share of Unallocated CHP savings	-£519,000	
	-£716,200	
Reserves Balance as at 30 September 2017		**£408,800**

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

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

Current Position: Net underspend of £267k
Previously Reported: Net underspend of £107k

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

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

Current Position: Net underspend of £239k
Previously Reported: Net underspend of £119k

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

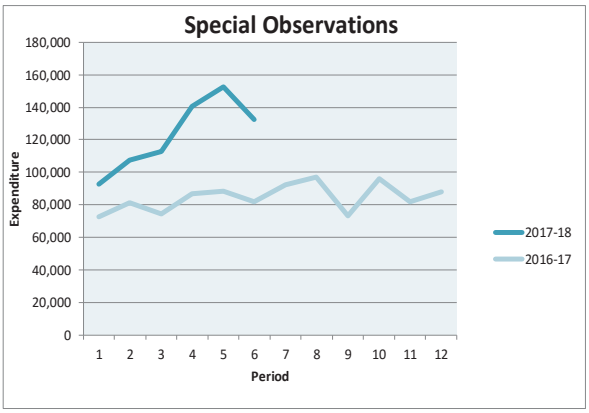
5.5 **Mental Health**

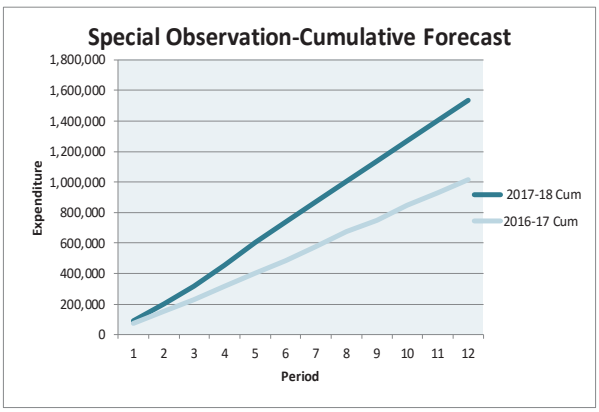
Current Position: Net overspend of £768k
Previously Reported: Net overspend of £429k

Overall, Mental Health services are reporting an over spend of £768k. This overspend is due to a number of contributing factors within both adult and elderly in-patient services.

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

The graphs below summarise the increase in special observation costs over the past 18 months. At month 6, actual spend has increased by £253k from £486k this time last year to £739k, and the current year end projection is £1.533m an increase of £518k on the full year cost of £1.015m in 2016/17.





The main reason for the above increases relates to admissions being more acute in nature such as:

- Increasingly more complex needs that require to be met;
- Increases in the number of crisis admissions and more unpredictable, impulsive behaviour, abscondment and close monitoring of psychotic symptoms;
- In older adult services, the main focus of enhanced observations relates to patient immobility & disorientation.

In order to mitigate the current pressure on the budget, a review of practice within this area is being undertaken. This includes:

- Daily reviews of patients - at the commencement of each duty shift, nursing and, where available, medical staff will carry out clinical reviews of all enhanced observations for their area.
- Establishment of complex case review meetings to discuss the management of challenging behaviours with medical and senior nursing staff to address observations.
- Lead support staff also, on a daily basis, attend the clinical areas to support staff to review and identify suitable alternatives to enhanced observations.

5.6 **Integrated Care Fund**

Current Position: Net underspend of £186k
Previously Reported: Net underspend of £123k

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

5.7 **Prescribing**

Current Position: Breakeven
Previously Reported: Breakeven

5.7.1 The reported GP Prescribing position is based on the actual position for the year to 31 July 2017 (Appendix 5). The overall position across all Partnerships to 31 July 2017 is an overspend of £26k with Renfrewshire HSCP reporting a £113k overspend. However, under the risk sharing arrangement across NHSGGC this has been adjusted to report a cost neutral position.

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

- additional premiums paid for drugs on short supply (There are currently an unprecedented number of drugs on short supply for which significant premium payments are being made)
- fully realising the anticipated benefits of drugs coming off patent (mainly Pregabalin)

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

6. Set Aside Budget

6.1 In March 2017 the IJB approved the HSCP's draft unscheduled care strategic commissioning plan, which included the need to develop a detailed implementation plan to support reductions in admissions, more effective discharge and future reconfiguration of acute activity.

6.2 Since March 2017 significant progress has been made in joining up the HSCP's activity with that of the wider health and care system, including the other 5 NHSGGC HSCPs. A NHSGGC Board wide Unscheduled Care Steering Group, is chaired by the NHS Board Chief Executive and is underpinned by Unscheduled Care Delivery Groups in each of the three Acute sectors.

6.3 These arrangements are bringing together all related activity with the common aim of reducing unscheduled care in the acute system by 10%. It is through these arrangements that local and cross-system reform activity will be agreed and implemented.

6.4 As work continues towards the intended reduction in unscheduled care of 10%, it will inform our future unscheduled care commissioning. However, for the whole system to remain in balance it is imperative that this improvement is realised through a reduction in acute service provision and associated savings to the set aside budget. Any planned efficiencies will therefore assume that the HSCP will realise its share of these in financial terms from our set aside budget. Our aim will be to redirect funding to ensure sustainable HSCP service provision into the future.

7. Other Delegated Services

Description	Full Year Budget	Year to date Budget	Spend to Date	Year-end Projection
Garden Assistance Scheme	£369k	£171k	£171k	£369k
Housing Adaptations	£905k	£432k	£440k	£905k
Women's Aid	£88k	£34k	£35k	£88k
Grant Funding for Women's Aid	£0k	-£13k	-£54k	£0k
Total	**£1,362k**	**£624k**	**£592k**	**£1,362k**

7.1. The table above shows the costs of Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. The HSCP monitor the delivery of these services on behalf of the IJB. The summary position for the period to 15 September 2017 is an overall spend of £592k with an anticipated breakeven at the year end.

8. Living Wage Update 2017/18

8.1 **Care at Home:** As previously reported all seven providers on our Care at Home Framework accepted the offered rate for care at home services which took effect on 1st May 2017. This rate covers the full cost of increasing the Scottish Living Wage from £8.25 per hour to £8.45 per plus on-costs.

8.2 **Supported Living**: All contracted Supported Living providers were offered increases to cover the full cost of the Living Wage increase, including the full

cost of an 8-hour sleepover at £8.45 per hour plus on-costs. Renfrewshire Council currently contract with 11 providers of Supported Living Services to deliver care and support services in Renfrewshire. To date 8 have accepted the whole of the offered agreement and 2 have accepted the offered day rate but cannot accept the offered sleepover rate as they work across multiple authorities and not all other authorities have offered sufficient rates to allow payment of £8.45 per hour for sleepover. One provider has not accepted the rates offered to allow them to pay £8.45 per hour and they continue to pay £8.25 per hour. This provider advised that even with the increased fees offered, the overall impact on their organisation of increasing rates to £8.45 per hour would not be sustainable.

8.3 **Residential Services**: Negotiations have also taken place with providers of residential services who are not on the National Care Home Contract to allow them to pay the Living Wage. Although largely complete further negotiations are required with two providers.

8.4 **Out of Area:** Negotiations with providers located outwith Renfrewshire are also largely complete with the majority confirming that all staff in scope will receive at least the Living Wage from 1st May 2017.

8.5 **National Care Home Contract**: the terms of the contract for 2017/18 were negotiated by COSLA and the Scottish Government with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 2.8% was agreed for 2017/18 which includes an allowance to support delivery of £8.45 per hour to all care staff.

Implications of the Report

1. **Financial –** Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal –** This is in line with Renfrewshire IJB's Integration Scheme
5. **Property/Assets** – none.
6. **Information Technology –** none
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package**.**
10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services, delivery of 2017/18 agreed savings
11. **Privacy Impact** – none.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

Appendix 1

Social Work Revenue Budget Position
1st April 2016 to 15th September 2017

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	27,855	12,493	11,967	526	4.2%	underspend
Property Costs	383	111	78	33	29.7%	underspend
Supplies and Services	1,558	389	442	(53)	-13.6%	overspend
Contractors	51,592	22,088	22,502	(414)	-1.9%	overspend
Transport	668	264	244	20	7.6%	underspend
Administrative Costs	239	109	91	18	16.5%	underspend
Payments to Other Bodies	5,478	2,182	2,164	18	0.8%	underspend
Capital Charges	-	-	-	-	0.0%	breakeven
Gross Expenditure	**87,773**	**37,636**	**37,488**	**148**	**0.4%**	**underspend**
Income	**(22,280)**	**(12,796)**	**(12,648)**	(148)	1.2%	overspend
NET EXPENDITURE	**65,493**	**24,840**	**24,840**	**-**	**0.00%**	**breakeven**

Position to 15th September is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Older People	43,264	11,462	11,488	(26)	-0.2%	overspend
Physical or Sensory Difficulties	6,187	2,530	2,538	(8)	-0.3%	overspend
Learning Difficulties	13,587	8,591	8,601	(10)	-0.1%	overspend
Mental Health Needs	1,718	1,477	1,477	-	0.0%	breakeven
Addiction Services	737	363	319	44	12.1%	underspend
Integrated Care Fund	-	417	417	-	0.0%	breakeven
NET EXPENDITURE	**65,493**	**24,840**	**24,840**	**-**	**0.00%**	**breakeven**

Position to 15th September is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Appendix 2

Health Revenue Budget Position
1st April 2016 to 30th September 2017

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	43,541	21,662	22,025	(363)	-1.7%	overspend
Property Costs	21	10	26	(16)	-152.4%	overspend
Supplies and Services	9,539	4,815	4,297	518	10.8%	underspend
Purchase of Healthcare	2,433	1,217	1,238	(21)	-1.7%	overspend
Resource Transfer	29,366	14,683	14,684	(1)	0.0%	overspend
Family Health Services	82,431	42,373	42,373	-	0.0%	breakeven
Savings	(236)	(118)	-	(118)	100.0%	overspend
Capital Charges	-	-	-	-	0.0%	breakeven
Gross Expenditure	**167,095**	**84,642**	**84,642**	**(0)**	**0.0%**	**overspend**
Income	(3,996)	(1,960)	(1,961)	1	0.0%	overspend
NET EXPENDITURE	**163,098**	**82,682**	**82,682**	**0**	**0.00%**	**overspend**

Position to 30th September is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Addiction Services	2,574	1,227	1,195	32	2.6%	underspend
Adult Community Services	9,070	4,537	4,270	267	5.9%	underspend
Children's Services	5,261	2,580	2,605	(25)	-1.0%	overspend
Learning Disabilities	1,169	588	579	10	1.6%	underspend
Mental Health	18,847	9,506	10,274	(768)	-8.1%	overspend
Hosted Services	10,442	5,127	4,887	239	4.7%	underspend
Prescribing	35,041	17,824	17,824	(0)	0.0%	overspend
GMS (GP services in Renfrewshire)	24,289	12,902	12,902	-	0.0%	breakeven
FHS (Dentists, Pharmacists, Optometrists)	20,864	10,474	10,474	-	0.0%	breakeven
Planning and Health Improvement	1,200	566	508	58	10.3%	underspend
Business Support and Admin	1,655	1,069	1,069	-	0.0%	breakeven
Resource Transfer	17,041	8,521	8,521	-	0.0%	breakeven
Integrated Care Fund	3,150	1,514	1,328	186	12.3%	underspend
Social Care Fund	12,495	6,248	6,248	-	0.0%	breakeven
NET EXPENDITURE	**163,098**	**82,682**	**82,682**	**(0)**	**0.00%**	**overspend**

Position to 30th September is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

for information:

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

Appendix 3

2017/18 Adult Social Care Financial Allocation to Renfrewshire HSCP	
	£k
2017/18 Renfrewshire HSCP Opening Budget:	60,468.4
	60,468.4
Adjustments to Base Budget:	
Impact of increase in the Living Wage and changes in sleepover costs	1,989.0
Inflationary pressures on commisioned contracts	1,170.0
Impact of demographic and socio-economic demand pressures	1,276.6
Transfers from Corporate	65.4
Adult Social Care Budget as reported @ 26 May 2017	**64,969.4**
Budget Adjustments posted in month 4	
Realignment of Resource Transfer from Child Care Services	-19.2
Sensory Impairment Carry Forward	9.0
Adult Social Care Budget as reported @ 21 July 2017	**64,959.2**
Budget Adjustments posted in month 6	
2017/18 Pay Award	557.9
Realignment of Vehicle Insurance to Corporate	-23.6
Adult Social Care Budget as reported @ 15 September 2017	**65,493.5**

Appendix 4

2017/18 Health Financial Allocation to Renfrewshire HSCP	
	£k
2016/17 Renfrewshire HSCP Closing Budget:	157,676.9
less: non recurring budgets (allocated annually)	-4,021.9
= base budget rolled over	**153,655.0**
Additions:	
Social Care Integration Fund to transfer to Council	3,480.0
Hospice - Transfer of Hospice budget to HSCP 1st April	2,300.1
Hospices - Adjustments to match agreed allocation following reparenting	182.5
	5,962.6
Reductions:	
LD Supplies RAM	-7.9
GMS Budget Adjustment to reflect expenditure	-1,394.3
*GMS = costs associated with GP services in Renfrewshire	
	-1,402.2
Budget allocated as per 2017/18 Financial Allocation 31st May 2017	**158,215.4**
Budget Adjustments posted in month 3	
Additions:	
Finance Staff Transfer-Mgt Transfer to HSCP	80.8
	80.8
Reductions:	
Prescribing Budget Adjustment	-384.5
	-384.5
Non-Recurring:	
CAMHS Mental Health Bundle- Funding for various posts	265.6
Carers/Veterans - Part of Social Care Fund	240.0
Protection Funding due to Service Redesign	3.2
	508.8
Health Budget as reported @ 30th June 17	**158,420.5**
Budget Adjustments posted in month 4	
Additions:	
GMS Budget Adjustment to reflect expenditure	2,220.2
*GMS = costs associated with GP services in Renfrewshire	
	2,220.2
Non-Recurring:	
SESP -Diabetes Funding - Funding Divided between Podiatry, PHI & Adult Comm	343.3
Funding - To fund Infant Feeding Advisor Post	7.1
	350.4
Savings:	
Complex Care savings - Partnerships Share	-91.0
	-91.0
Health Budget as reported @ 31st July 17	**160,900.1**
Budget Adjustments posted in month 5	
Additions:	
Prescribing Spend to Save - Budget Transfer	419.0
Health Visitor Girfec Framework - Budget to Reflect Staff Profile	353.0
	772.0
Non-Recurring:	
Correct Budget Coding Error	-50.0
Carers Information Strategy Funding	140.1
	90.1
Health Budget as reported @ 31st August 17	**161,762.2**
Budget Adjustments posted in month 6	
Non-Recurring:	
GMS Budget Adjustment to reflect expenditure	1,335.8
	1,335.8
Health Budget as reported @ 30th September 17	**163,098.0**

GP Prescribing to July 2017 (£000)

	FY Budget	Budget YTD	Actual YTD	Variance	Var %
Glasgow South	46,275	15,697	15,620	77	0.5%
Glasgow North East	40,056	13,587	13,585	2	0.0%
Glasgow North West	38,950	13,212	13,115	97	0.7%
Glasgow City	**125,281**	**42,496**	**42,320**	**176**	**0.4%**
Renfrewshire	34,622	11,744	11,857	-113	-1.0%
West Dunbartonshire	18,926	6,420	6,470	-50	-0.8%
East Dunbartonshire	18,671	6,333	6,325	8	0.1%
Inverclyde	17,767	6,027	6,075	-48	-0.8%
East Renfrewshire	15,384	5,218	5,331	-113	-2.2%
Total HSCPs	**230,651**	**78,238**	**78,378**	**-140**	**-0.2%**
Central Services	6,371	2,161	2,047	114	5.3%
Total (GIC)	**237,022**	**80,399**	**80,425**	**-26**	**0.0%**

Appendix 6

Reserves Balances at 30th September 2017

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

General Reserves	Adult Social Care £000's	Health £000's	Total £000's	
Opening Balance 1st April 2017	1,519	1,125	2,644	
Less:				
Allocation to External Care at Home	-970		-970	
Allocation to Internal Care at Home	-549		-549	
Share of Pension Liaibilities		-181	-181	
Share of Unallocated CHP savings		-519	-519	
Current Projected Balance required to deliver breakeven at year end		-16	-16	this fig will change each month depending on the projected year end position
Balance as at 30 September 2017	-	409	409	

Overall Position	Ear Marked Reserves	General Reserves	Total	
Opening Balance 1st April 2017	2,850	2,644	5,494	
less:				
Amount drawn down at 30 September 2017	-2,094	-2,219	-4,313	
Current Projected Balance required to deliver breakeven at year end		-16	-16	this fig will change each month depending on the projected year end position
	756	409	1,165	

To: **Renfrewshire Integration Joint Board**

On: **24 November 2017**

Report by: **Chief Finance Officer**

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

1. Summary

1.1 This paper and supporting appendix sets out the proposed revisions to Renfrewshire Integration Joint Board (IJB) Reserves Policy.

1.2 The IJB Reserves Policy was agreed by the IJB on 24 June 2016. The attached appendix is an updated Reserves Policy which reflects requests from IJB members for greater clarity on the level of reserves which can be held by the IJB, including ear marked reserves.

1.3 Members are asked to note that section 6.2 has now been updated to reflect that the level of ear marked reserves which can be held is in addition to general reserves:

"In light of the size and scale of the IJB's responsibilities, over the medium term the level of general reserves proposed is a maximum of 2% of the net budget of the IJB. This will be in addition to any identified ear marked reserves which are excluded from this calculation. The % to be held will be dependent on the year end position and ability at that time to transfer monies into a reserve for future use."

1.4 In addition to the above, Sections 7 and 8 of the Reserves Policy have also been updated to reflect current practice and work required as part of the annual accounts process.

2. Recommendation

It is recommended that the IJB:

- Approve the revised Reserves Policy attached at Appendix 1.

Implications of the Report

1. **Financial –** The Reserves Policy is a key component of the IJB governance arrangements. It sets out the responsibilities of the IJB and senior officers in relation to the use and governance of IJB reserves.
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** The IJB is entitled to hold reserves in order to meet the needs of the Health and Social Care Partnership in line with national guidance

5. **Property/Assets –** None
6. **Information Technology –** Managing information and making information available may require ICT input.
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety –** None
9. **Procurement –** None
10. **Risk –** Approval of the Reserves Policy will ensure the IJB is entitled in line with the legislation, under Section 106 of the Local Government (Scotland) Act 1973 and background papers to hold reserves which should be accounted for in the IJB's financial accounts.
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers:

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

Author: Sarah Lavers, Chief Finance Officer

Appendix 1

Renfrewshire IJB Reserves Policy

CONTENTS

1. Background

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

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

1.3 Reserves can be usable or unusable:

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

1.5 Usable reserves include the following:

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

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

1.7 Unusable reserves include the following:

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

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

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

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

1.10 Budget holders within Renfrewshire Council and NHSGG&C are accountable for all budgets within their control as directed by the IJB in line with the Strategic Plan. The IJB will ensure appropriate arrangements are in place to support good financial management and planning. The IJB must follow the agreed policies, set out in the supporting Financial Governance Manual in relation to reserves. (Renfrewshire IJB Financial Regulations)

1.11 Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the IJB to hold reserves which must be accounted for in the financial accounts and records of the IJB.

1.12 In line with national guidance and good financial governance, this policy establishes a framework within which decisions will be made regarding the level of reserves held by the IJB and the purposes for which they will be maintained and used. Reserves will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan and subject to ongoing review dependent on the financial position of the partnership. (Renfrewshire IJB Financial Governance Manual)

1.13 The purpose of this reserve policy is to:

- explain the purpose of holding a reserve;
- identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
- the role of the Chief Finance Officer with regards to reserves;
- indicate how frequently the reserves will be reviewed; and
- set out arrangements relating to the creation, amendment and use of the reserves and balances.

2. Statutory/Regulatory Framework for Reserves

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

Usable Reserve	Powers
General Reserves	Local Government Scotland Act 1973
Repair and Renewals Reserves	Local Government Scotland Act 1973

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

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

3. Use of Reserves

3.1 Authority for the use of IJB Reserve Funds is delegated to the Chief Finance Officer. The use of each reserve will be reported to the IJB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds and where possible plans for replenishment to restore the level of reserves.

3.2 The Chief Finance Officer is responsible for ensuring that the Reserve Funds is maintained and used only as described in this policy. Upon approval of the use of the funds the Chief Finance Officer will maintain records of the use of funds and plan for replenishment. The Chief Finance

Officer will ensure, where possible, the fund is maintained at a level considered prudent to mitigate financial risk and provide regular reports to the IJB on balances held in the fund.

3.3 The Chief Finance Officer will annually discuss what additional risk factors might be considered for the IJB and the impact of budgeting on general reserve levels.

3.4 This policy will be reviewed by the Chief Finance Officer every financial year or more frequently if warranted by internal or external events or changes. Changes to the policy will be recommended by the Chief Finance Officer to the IJB.

4. Operation of Reserves

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

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

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

- funds that are earmarked or set aside for specific purposes. By definition, these reserves retain approved resources that are intended to fund specific commitments at a relevant point in the future. They remain an important mechanism which will allow the IJB to manage available resources on a flexible basis between financial years and over the medium and longer term, ensuring that the IJB appropriately plans for its financial commitments over the long term and that the application of financial resources are driven by decisions under pinned by best value and which best support the IJB to achieve its strategic objectives. In Scotland, under Local Government rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:

    - future use of funds for a specific purpose, as agreed by the IJB; or
    - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;

- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

5. Role of the Chief Finance Officer

5.1 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold. The IJB, based on this advice, should then approve the appropriate level of reserves as part of the annual budget setting process, depending on the resources available.

5.2 The Chief Finance Officer will also have authority for the use of IJB Reserve Funds up to a maximum of £500,000 in consultation with the Chief Officer, Chair and or vice Chair of the IJB. The use of any reserve monies will be reported to the IJB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds and where possible plans for replenishment to restore the level of reserves.

6. Adequacy of Reserves

6.1 There is no guidance on the minimum level of reserves that should be held. In determining the level of reserves to be held, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.

6.2 In light of the size and scale of the IJB's responsibilities, over the medium term the level of general reserves proposed is a maximum of 2% of the net budget of the IJB. This will be in addition to any identified ear marked reserves which are excluded from this calculation. The % to be held will be dependent on the year end position and ability at that time to transfer monies into a reserve for future use.

6.3 This value of reserves will be reviewed annually as part of the IJB Budget and Strategic Plan; and depending on the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6.4 The proposed 2% is an optimum level of reserves to be built up over time, recognising prudent financial planning and budgetary constraints.

6.5 It is recommended in line with national guidance that if an overspend is forecast on either arm of the operational Integrated Budget, the Chief Officer and the relevant finance officer should agree a recovery plan to balance the overspending budget.

6.6 In addition, the IJB may increase the payment to the affected body, by either:

- Utilising an under spend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or
- Utilising the balance on the general fund, if available, of the IJB in line with the reserves policy.

6.7 If the recovery plan is unsuccessful and there are insufficient reserve funds to meet a year end overspend, then the partners have the option to:

- Make additional one-off payments to the IJB; or
- Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this.

7. Reporting Framework

7.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.

7.2 The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.

7.3 As part of the budget report the Chief Finance Officer should state:

- the current value of the Reserve Funds, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
- the adequacy of general reserves in light of the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term;

8. Accounting and Disclosure

8.1 As part of the Annual Accounts for the IJB a Movement in Reserves Statement and a description of the purpose of the statement, either in the explanatory fore note or on the face of the statement (or both) will be included.

9. Risk Sharing

9.1 It is the responsibility of the IJB to identify and address its operational and financial risks and to develop and implement proper arrangements to manage them, including adequate and effective systems of internal control. The financial risks will be assessed in the context of the IJB's overall approach to risk management.

9.2 Part of the management process involves taking appropriate action to mitigate or remove risks, where this is possible. This in turn may lead to a lower level of reserves being required, and it would be appropriate to reduce the levels of balances held where appropriate action to mitigate or remove risks has been successfully undertaken. (LAAP Bulletin 99)

9.3 The assessment of risks will include external risks, such as a legislative change, as well as internal risks, for example, the ability to deliver planned efficiency savings.

9.4 In line with national guidance, financial risk will be managed through the financial management process and the use of reserves.

9.5 In order to assess the adequacy of reserves when setting the budget, the Chief Finance Officer will take account of the strategic, operational and financial risks facing the IJB.

To: **Renfrewshire Integration Joint Board**

On: **24 November 2017**

Report by: **Chief Officer**

Subject: **Performance Management Mid-Year Report 2017/18**

1. Summary

1.1 Performance information is presented at all Renfrewshire IJB meetings. This is the first performance report for the financial year 2017/18 and covers the period April to September 2017. The performance Dashboard summarises progress against the nine National Outcomes and is attached (Appendix 1) along with the full Scorecard updating all performance measures (Appendix 2).

1.2 While this report is for the period April to September 2017, data is not yet available for all performance measures to September 2017. Information provided in the report is the most up to date available at this point.

1.3 The report provides an update on indicators from the Performance Scorecard 2017/18. There are 91 performance indicators of which 45 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target.

1.4 The Dashboard at Appendix 1 shows that currently 22% of our performance measures have red status, 18% amber status and 60% green status.

2. Recommendation

It is recommended that the IJB:

2.1 Approves the Performance Management Mid-Year Report 2017/18 for Renfrewshire HSCP.

3. Performance Reporting 2017/18

3.1 The Scorecard is structured on the nine National Outcomes. It includes measures from the Core Indicator set, incorporating some high level outcome indicators drawn from the Health and Care Experience Survey, which is carried out every two years. Feedback from our

performance reporting during 2016/17 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures.

3.2 The Scorecard for 2017/18 has 91 indicators:

- 46 data only
- 10 red indicators (target not achieved)
- 8 amber indicators (within 10% of target)
- 27 green indicators (target achieved)

3.3 The national indicators included in the report are those advised by the Scottish Government to enable benchmarking across all HSCPs. The 2016/17 data is not yet available for a number of the national measures, therefore performance will be reported in 2018.

3.4 In National Outcome 1: *People are able to look after and improve their own health and wellbeing and live in good health for longer*, five local indicators are reported from our Adult Health and Wellbeing Survey in Renfrewshire. This survey is carried out every three years. The fieldwork is currently underway and we look forward to reporting the results at a future IJB meeting.

3.5 There has been improved performance on the following indicators from the year end position 2016/17:

- Average number of clients on the Occupational Therapy waiting list (Outcome 2): reduced from 340 to 311
- Percentage of deaths in acute hospitals for those aged 65+ (Outcome 3): reduced from 41.3% to 38.7%
- Emergency admissions from care homes (Outcome 4): 108 at June 2017, below the 121 target at Quarter 1. There were 538 emergency admissions to hospital from care homes in 2016/17 against a target of 480. This is an area identified in our Acute Services Commissioning Intentions, where we want to focus more to support care homes to reduce levels of admission to hospital
- Rate of teenage pregnancies for those under 16 years (Outcome 4): further reduced from 3.9 per 1,000 population to 3.1
- Uptake rate of 30-month assessment (Outcome 4): increased from 82% to 96% of those eligible
- Reduction in the rate of alcohol related hospital admissions per 1,000 population (Outcome 4): reduced from 9.9 per 1,000 population to 9.4
- Percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment

(Outcome 4): increased from 47% to 73%. This target remains challenging and although there has been a substantial increase, performance is still below the 95% target. Performance against the percentage triaged within 8 weeks for paediatric Speech and Language Therapy is 100% and has been consistently for more than two years.

3.6 Performance has deteriorated since the year end position 2016/17 for the number of adults with a new Anticipatory Care Plan (Outcome 2) and the percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3).

3.7 1,847 Anticipatory Care Plans (ACPs) were completed in 2016/17 which was substantially higher than the 440 target. This included 1,307 ACPs completed through the GP incentivised scheme which was funded for one year in 2016/17. At the mid year position 2017/18 performance is 60% below target: 86 carried out against a 220 target. A meeting is being arranged to improve the recording and performance of this indicator.

3.8 Performance has deteriorated since the year end position 2016/17 for the percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3) from 95% to 83%.

There are a number of factors that have influenced performance in this area and reduced capacity to meet the demand on service and the completion of assessments within 28 days:

- Historically there is reduced demand for the service over the summer months, however in 2017 there was a 12% increase in service demand
- Short term sickness absence of staff within the service
- A full time vacant post that has now been recruited to and commenced on 30/10/17.

Recruiting to the vacant post will increase capacity to complete assessments and improve performance over the next few weeks.

99% of patients referred for first treatment appointments were offered appointments within 9 weeks; up from 96% at year end 2016/17.

Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets –** None

6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. The downward trend in teenage pregnancies is welcomed as teenage pregnancy is linked to deprivation and rates are substantially higher in more deprived areas.
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

DASHBOARD: summary of Red, Amber and Green Measures as at September 2017

The summary chart shows 45 measures for information only; there are no specific targets for these measures.

Of the **45** measures that have performance targets, 60% show green (on or above target); 18% show amber (within 10% variance of target); and 22% show red (more than 10% variance of target).

National outcome	Red	Amber	Green	Data Only	Total	Movement
National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	0	2	4	1	7	No change
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	2	2	3	14	21	One  to 
National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	1	2	4	5	12	One  to 
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	3	1	7	5	16	One  to 
National Outcome 5. Health and social care services contribute to reducing health inequalities	2	0	1	4	7	No change
National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being	0	0	1	2	3	One  to 
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	3	5	No change
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	2	1	3	4	10	One  to 
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	2	8	10	No change
Total:	**10**	**8**	**27**	**46**	**91**	
Percentage %:	**22%**	**18%**	**60%**	**-**	**100%**	

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Appendix 2

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Direction of Travel	
	Improvement
	Deterioration
	Same as previous reporting period

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/01 Percentage of adults able to look after their health very well or quite well	93%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	-	-	
Local Indicators						
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks	20.8 %	23.1%	Jun 17: 21.6%	21.4%		
HSCP/HI/LS/01 Increase in the number of people who assessed their health as good or very good	2014 77%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	80%		
HSCP/HI/LS/02 Increase the percentage of people participating in 30 mins of moderate physical activity 5 or more times a week	2014 53%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	32%		

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PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/HI/LS/03 Reduce the percentage of adults who smoke	2014 19%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	23%		
HSCP/HI/LS/04 Reduce the percentage of adults that are overweight or obese	2014 49%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	55%		
HSCP/HI/MH/01 Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	2014 53.4	Survey. Next data expected in 2018	Survey. Next data expected in 2018	57		

Renfrewshire Integration Joint Board Scorecard 2017-2018

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National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	81%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	-	-	
HSCP/CI/HCES/03 Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	81%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	-	-	
HSCP/CI/HCES/15 Proportion of last 6 months of life spent at home or in a community setting	87.5%	87.1%	Annual figure. Not yet available	-	-	
HSCP/CI/HCES/18 Percentage of adults with intensive care needs receiving care at home	63%	-	Data currently only avail to 2015/16	-	-	
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	287	107	Annual figure. Not yet available	-	-	
Local Indicators						
The total number of patients delayed (at census point) (Acute and Mental Health)	-	**Total:** 5 **Acute:** 5 (1<72hrs; 4>72hrs) **MH**: 0	**Sep 17 - Total:** 11 **Acute:** 9 (3<72hrs; 6>72hrs) **MH**: 2 (2>72hrs)	-		
The total number of delayed discharge episodes at month end (Acute and Mental Health)	-	**Total:** 38 **Acute:** 37 **MH**: 1	**Sep 17: Total:** 54 **Acute:** 49 **MH**: 5	-		
The total number of bed days occupied by delayed discharge patients (month end) (Acute and Mental Health)	-	**Total:** 313 **Acute:** 282 **MH**: 31	**Sep 17: Total:** 556 **Acute:** 454 **MH**: 102	-		
HPBS14b1 Number of Private Sector Housing Grants awarded to disabled tenants to adapt private homes	108	2017 data will be available early 2018	2018 data will be available early 2019	-	-	
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	96%	96%	Annual figure. Not yet available	99%	-	

Renfrewshire Integration Joint Board Scorecard 2017-2018

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PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
HPCHARTER23 The average time (in days) to complete medical adaptation applications	44	40	Annual figure. Not yet available	-	-	
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan	977	1,847	Sep 17: 86	220		
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	100%	100%	Sep 17: 100%	100%		
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	87%	89%	88%	85%		
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target: 30%)	31%	27%	27%	30%		
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	501	460	Annual figure. Not yet available	-	-	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	98%	99%	99%	-	-	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	64%	66%	67%	-	-	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	20.71	29.13	Annual figure. Not yet available	-	-	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work Service)	20%	15%	20%	70%		
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	297	340	311	350		

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National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	77%	-	Survey. Next data expected in 2018	-	-	
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	79%	-	Survey. Next data expected in 2018	-	-	
Local Indicators						
HSCP/AS/AE/01 A&E waits less than 4 hours	88.6%	89.5%	Jul 17: 85.9%	95%	-	
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+)	42.8%	41.3%	Jun 17: 38.7%	48.2%	↑	
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	43.0%	40.4%	Jun 17: 40.0%	45%	-	
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%	100%	Jul 17: 100%	100%	-	
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	161	117	Apr-Sep 17: 64	-	-	
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-	71% of an audit of 319 (August and February audits combined.)	95 (59%) from 160 audited records (45/60 Mental Health, 50/100 Children's Services)	-	-	
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	13	16	8	-	-	

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PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	88%	95%	83% (100< 4/52 21> 4/52)	100%		
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	98%	96%	99% (122 < 9/52 1 > 9/52)	100%		
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	99.8%	100%	Sep 17: 100%	90%		

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Appendix 2

National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/06 Percentage of people with positive experience of the care provided by their GP practice	88%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	-	-	
HSCP/CI/HCES/07 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	80%	Survey. Next data expected in 2018	Survey. Next data expected in 2018	-	-	
HSCP/CI/HCES/17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	91%	86%	Annual figure. Not yet available	-	-	
Local Indicators						
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	88.3%	89.6%	Jun 17: 90.2%	80%	-	
HSCP/AS/HA/03 Emergency admissions from care homes	477	538	Jun 17: 108	121	↑	
HSCP/AS/HA/04 Emergency bed days rate 65+	302	297	Aug 17: 107	-	-	
HSCP/HI/ADS/01 Alcohol brief interventions	1,036	761	Sep 17: 218	-	-	
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	-	Data expected in 2018.	Data expected in 2018.	1.86%	↓	
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	154.1	Data expected Dec 2017.	Annual figure. Not yet available	130	-	
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	99.6%	93.3%	Jun 17: 96.9%	91.5%	-	
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.9	3.9	3.1	5	↑	

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PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 1,000 population	9.8	9.9	Jun 17: 9.4	8.9	↑	⚠
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.8%	5.8%	Jun 17: 6%	6%	–	✓
HSCP/CS/AX/01 Uptake rate of 30-month assessment	83%	82%	96%	80%	↑	✓
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%	100%	–	✓
HSCP/CS/SPL/02 Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	67%	47%	73%	95%	↑	●

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National Outcome 5. Health and social care services contribute to reducing health inequalities.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/11 Premature mortality rate. European age-standardised mortality rate per 100,000 for people aged under 75	463	491	Annual figure. Not yet available	-	-	
Local Indicators						
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	254	197	Jun 17: 45	57		
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	12.9%	13.6%	Jun 17: 14.5%	19.9%		
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	1,997	935	Sep 17: 356 (Employability: 172; Healthier Wealthier Children: 184)	-	-	
HSCP/HI/EQIA/03 Number of quality assured EQIAs carried out	1	6	20 rapid EQIAs carried out on finance and service redesign	-	-	
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	63	38	Sep 17: 92	-	-	
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	14.8	14.8	7.1*	15.3		

* This figure relates to new geographic boundaries and cannot now be compared to the previous figure of 14.8 years.

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National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)	39%	Survey. Next data available 2018	Survey. Next data available 2018	-	-	
Local Indicators						
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	80	64	36	70		
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	56	29	4	-	-	

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National Outcome 7. People who use health and social care services are safe from harm.						
PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	84%	Information available late 2017	Information available late 2018	-	-	
HSCP/CI/HCES/16 Falls rate per 1,000 population aged 65+	21	18	Annual figure. Not yet available	-	-	
HSCP/CI/SR/24 Suicide rate	21	Information available late 2017	Information available late 2018	-	-	
Local Indicators						
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	6.4%	5.8%	6.2%	12%		
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	2%	3%	5%	6%		

Renfrewshire Integration Joint Board Scorecard 2017-2018

Appendix 2

National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.						
PI code & name	2015/16	2016/17	Latest 2017/18	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	-	Survey. Information available late 2017	-	-	
Local Indicators						
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	1	0	Annual figure. Not yet available	-	-	
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	609	493+50 on new pilot IDP = 543	Annual figure. Not yet available	-	-	
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	61.1%	68.9%	75.8%	80%		
HSCP/CS/H&S/02 Health sickness absence rate	7.0%	5.6%	Sep 17: 5.1%	4%		
HSCP/AS/SW/01 Absence and sickness rates for Social Work Adult Services Staff (work days lost per FTE)	3.68	3.65	3.06	2.36 days		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	-	Jan 17: 100% Feb & Mar 17:N/A	Aug 17: 100% Sep 17: N/A	100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	100%	100%	100%	100%		
HSCP/CS/H&S/05 Improve the overall iMatter Employee Engagement Index rating and staff response rate.	-	65%	Survey. Information available mid 2018	70%	-	
HSCP/CORP/CMP/01 % of complaints within HSCP responded to within 20 days	-	-	76%	70%		

Renfrewshire Integration Joint Board Scorecard 2017-2018

Appendix 2

National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.						
PI code & name	2015/16 Value	2016/17 Value	Latest 2017/18 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/12 Emergency admission rate (per 100,000 population)	14,413	14,025	Annual figure. Not yet available	-	-	
HSCP/CI/HCES/13 Emergency bed day rate (per 100,000 population)	128,020	129,063	Annual figure. Not yet available	-	-	
HSCP/CI/HCES/14 Readmission to an acute hospital within 28 days of discharge per 1,000 admissions	104	99	Annual figure. Not yet available	-	-	
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	23%	24%	Annual figure. Not yet available	-	-	
Local Indicators						
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£15.47	2016/17 information available early 2018	2017/18 information available early 2019	-	-	
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	2%	2016/17 information available early 2018	2017/18 information available early 2019	-	-	
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	£369	2016/17 information available early 2018	2017/18 information available early 2019	-	-	
HSCP/AC/PHA/01 Prescribing variance from budget	1.07% over budget	0.83% underspent	Jul 17: 0.76 over budget	-	-	
HSCP/AC/PHA/02 Formulary compliance	79.1%	79.5%	June 17: 79.35%	78%		
HSCP/AC/PHA/03 Prescribing cost per treated patient	New indicator	New indicator	Jun 17: £85.80	£86.63		

To: **Renfrewshire Integration Joint Board**

On: **24 November 2017**

Report by: **Chief Officer**

Heading: **Change and Improvement Programme Update**

1. Summary

1.1. At its meeting on 23 June 2017 the IJB approved the initial draft of the 2017/18 Change and Improvement Programme and agreed to bring regular updates to the IJB.

1.2. This report and attached appendix seeks members continued support for this evolving Change and Improvement Programme, including approval of a number of savings and efficiencies.

2. Recommendation

It is recommended that the IJB:

- Note the scope and progress of the 2017/18 Change and Improvement Programme to date;
- Consider and approve the saving proposals set out in Section 6; and
- Note that regular updates will continue to be brought to the IJB to report on Programme progress and to seek approval for any new change and improvement work, including further savings proposals identified, to be included within this evolving programme.

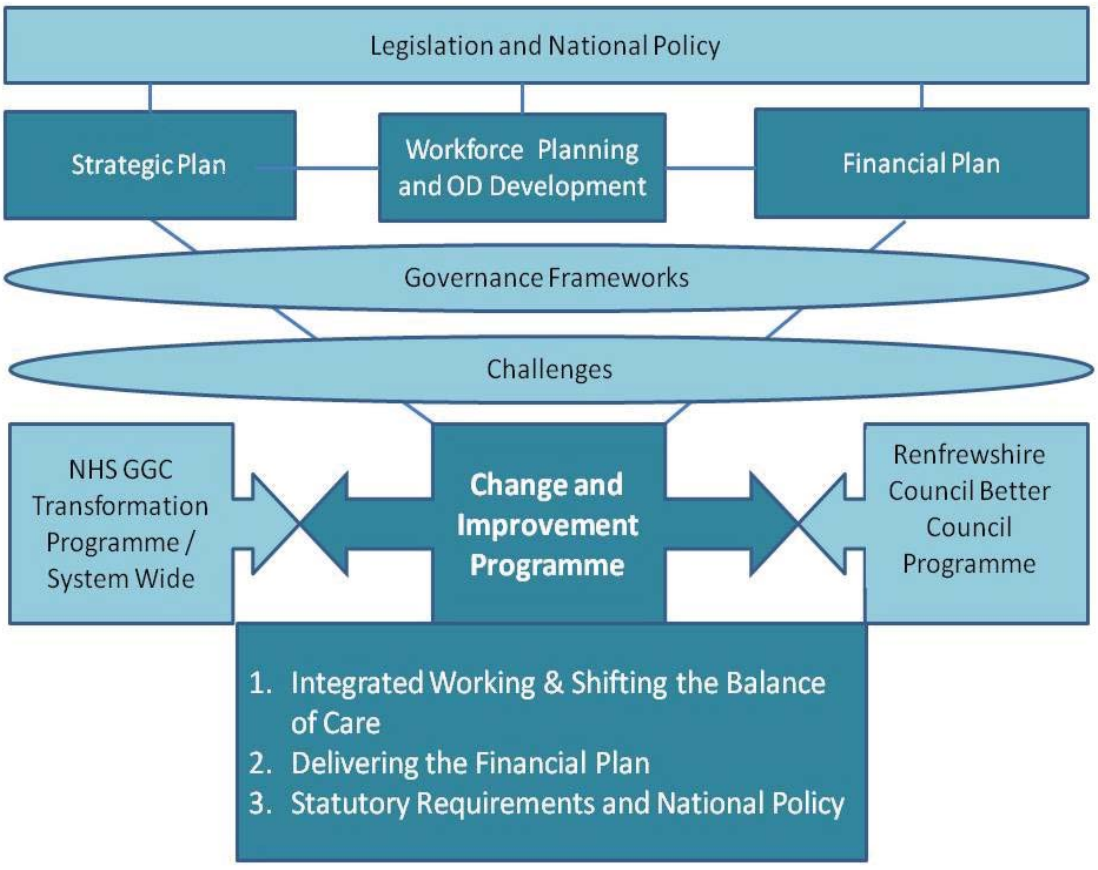
3. Background

3.1. Due to growing demand on our resources, we know that more of the same is often not an option. If we continue to deliver services only in their current form, the health and social care system will be unable to deliver the high-quality services the people of Renfrewshire need. Since its establishment the HSCP has been focused on planning, commissioning and delivering services that are focused on the outcomes we must achieve and making the best use of the resources available. It is an established feature of both national and local policy

that more joined up care, along-with targeted anticipatory and preventative approaches, must be prioritised and shape our planning to manage the growing demands we face. Linked to this, we have a clear and consistent focus in our resource prioritisation on home and community based care reducing demands on hospital and other more specialist services where appropriate. Adult and child protection remain significant features of what we do and how we work.

3.2. As an HSCP we are ambitious about what we want to achieve. The Change and Improvement Programme has been established in support of the HSCP'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 – see diagram 1. This Programme provides a structured approach to manage change, optimise the use of change and improvement approaches and develop and share best practice throughout the HSCP to deliver on this vision.

Diagram 1: Change and Improvement Programme



3.3. As illustrated above, the Change and Improvement Programme is being delivered through 3 work streams:

1. **Optimising Joint and Integrated Working and Shifting the Balance of Care -** to proactively develop our health and social

care services, exploiting the opportunities joint and integrated working offers and with service redesign being informed by a strategic commissioning approach. This in turn will support the financial sustainability of the Partnership and deliver the savings required to address the IJB's budget shortfall.

2. **Delivery of the Financial Plan** – to deliver approved health and social savings plans in line with the HSCP's established financial planning process.

3. **Statutory Requirements, National Policy and Compliance** – to ensure the timely delivery of legislative requirements and national policy, whilst managing the wider service, financial and workforce planning implications these can often present.

3.4. Appendix 1 provides an overview of the supporting projects which are being delivered by each Workstream and progress to date.

4. Optimising Joint and Integrated Working and Shifting the Balance of Care

4.1. Our aim is to proactively develop our health and social care services, exploiting the opportunities integrated working offers and with service redesign being informed by a strategic commissioning approach.

4.2. Members will note in Appendix 1 \ Workstream 1 the range of service reviews and improvement work which are being successfully progressed to mitigate a number of key demographic and financial pressures and contribute to addressing capacity issues. These include:

Primary Care

4.3. The HSCP is working closely with Renfrewshire GPs to support the establishment of GP Clusters and the development of Cluster Quality Improvement Plans; workforce capacity and recruitment solutions, more integrated community working models which alleviate pressure on GP resources.

Localities

4.4. A range of workstreams are underway to embed geographical locality services and optimise the benefits of integrated, multidisciplinary working. Recent improvements include:

- Scoping our Vision for Community Nursing to ensure we have a service fit for the future and in line with local, NHS Board and national direction.

- Continual professional development approaches for existing staff to enhance knowledge and skills, and address resource and capacity challenges across the system i.e. Care Home Liaison Nurses related to advancing nursing practice (Advanced Clinical Assessment and Decision Making and V300 Independent Prescribing). This is an evolving development programme which will allow ongoing opportunities for clinical staff.
- A successful pilot that provides a more centralised homebound flu vaccinations model enabling a more joined up and efficient approach to a critical public health initiative.
- The HSCP is committed to tackling the recognised system wide capacity issues across District Nursing. Over 2016/17 our Professional Nurse Advisor worked with the Chief Finance Officer to identify earmarked reserves to support District Nursing succession planning and the Scottish Executive Nurse Director's Transforming Roles Agenda.

Care at Home

4.5. The Care at Home service is pivotal to shifting the balance of care; enabling many people to live in their own homes as safely and independently as possible. However due to increasing demographic pressure along with the need to reduce hospital admissions and timely discharge from hospital, the consequential impact for the HSCP is despite significant investment from Renfrewshire Council over the past two years this service continues to face financial pressures. The Chief Officer has established a team and process to undertake an objective and focused review to identify service pressures and to determine root causes of the challenges and concerns which impact on delivery of Care at Home Services. The progress of this review is the subject to a separate IJB paper.

Mental Health and Addictions

4.6. One of the key aims of Health and Social Care Integration is to provide joined-up high quality health and social care services to better support the needs of patients, services users and carers to achieve positive and sustainable outcomes. The 5 year Mental Health Strategy is an ongoing review process which has been examining evidence and data relating to our current service models and reviewing options for future service provision.

4.7. Following an initial scoping exercise, the HSCP Head of Mental Health and Addictions has commissioned a more in depth review of our Addictions Services which will help inform the overall change programme over the next three years that will support clients in line

with the Scottish Government's National Frameworks "The road to recovery" and the 2009, "Changing Scotland's Relationship with Alcohol: A Framework for Action". This model ensures clients and services are person-centred, recovery and outcome focused when meeting future care needs.

Unscheduled Care

4.8. In March 2017 the IJB approved the HSCP's draft unscheduled care strategic commissioning plan which included the need to develop a detailed implementation plan to support reductions in bed days consumed due to unscheduled admissions, enable effective discharge and inform future configuration of acute activity and services.

4.9. Since March 2017 significant progress has been made in joining up the HSCP's activity with that of the wider health and care system, including the other 5 NHSGGC HSCPs. A NHSGGC Board wide Unscheduled Care Steering Group is chaired by the NHS Board Chief Executive and is underpinned by Unscheduled Care Delivery Groups in each of the three Acute sectors (one of which is Clyde).

4.10. These arrangements are bringing together all related activity with the common aim of reducing unscheduled care related bed days in the acute system by 10%. It is through these arrangements that local and cross-system reform activity will be agreed and implemented.

4.11. As work continues towards this target, we will review our future unscheduled care commissioning. However, for the whole system to remain in balance it is imperative that this improvement is realised through a reduction in acute service provision and associated savings to the set aside budget. Any planned efficiencies will therefore assume that the HSCP will realise its share of these in financial terms from our set aside budget. Our aim will be to redirect funding to ensure sustainable HSCP service provision into the future.

4.12. In addition, section 6 of this report seeks IJB approval for a number of strategic opportunities, identified through these change programmes, which can help address the IJB's budget shortfall.

5. Financial Planning Process

5.1. After many years of budget reductions it is reasonable to state that the dual objective facing the IJB - to deliver a balanced budget whilst continuing to deliver accessible, high quality and safe services - is challenging to realise. It is increasingly difficult to identify low to medium risk financial efficiencies within an organisation faced with

growing and more complex demand, reduced resources and growing policy demands and greater service user expectation.

5.2. Subject to certainty emerging over the coming months and in future years, the Chief Finance Officer recommends that the IJB adopts a financial planning assumption to deliver health and social care savings of circa £6m per annum in the years 2018/19-2020/21 to fund new rising demand and cost pressures, assuming that no additional funding is received from our partner organisations or the Scottish Government to fund these pressures. This savings requirement is needed to at best retain similar levels of service currently delivered by the HSCP. An on-going assessment and update of key financial planning assumptions will ensure the IJB is kept aware of this evolving situation and the assumed impact that changes to our funding will have on services.

5.3. In light of this, the Chief Officer has established a structured and robust financial planning process and this was approved by the IJB in September 2017 as part of the HSCP 3 Year Financial Plan. This process ensures a robust approach is being taken to assess the impact reduced resource could have on service capacity, delivery and performance in the context of the aspirations set out in the HSCP Strategic Plan, and delivery of health and social savings plans in line with the HSCP's established financial planning process.

5.4. This report presents the first phase of savings identified through our ongoing change and improvement work. In line with this agreed process, our Finance and Planning Forum have assessed each of these saving proposals to ensure they align with our Strategic and Financial Plans, and are deliverable and viable within the next three years.

5.5. Our newly established Professional Advisory Group have also reviewed and risk assessed each proposal to provide an independent view on whether these efficiencies can be delivered safely, are in line with agreed clinical, quality and care standards and have identified mitigation where risks have been highlighted.

5.6. Based on these reviews, the Chief Officer and his SMT are confident that these initial set of savings can be delivered with minimal impact to current service delivery levels and service user outcomes. .

5.7. Each proposal has also been subject to an initial Equality Impact Assessment Screening, which recommends any mitigating action and also highlights where a full Equality Impact Assessment will be required.

5.8. Some initial engagement has taken place with stakeholders to develop and impact assess these proposals. Subject to IJB approval, wider consultation and engagement activities are planned where appropriate.

6. Delivering the Financial Plan

Mental Health and Addictions Change Programme (Year 1)

6.1. Through the initial reviews of Mental Health and Addictions outlined earlier in this report, service efficiencies can be realised through:

- The in-depth review of Addictions Services which has been commissioned by the Head of Mental Health, Addictions and Learning Disability Services. This is expected to introduce new service models and pathways across Addictions, including staff learning/education and quality improvements, to deliver service improvements and efficiencies of £286,000; and
- As detailed in previous Financial Reports to the IJB, a 'Prescribing Efficiency Group' has been established, consisting of cross party representation across HSCPs, GP practices and the NHS Board's Lead Pharmacists. The Group's overarching theme is to appropriately contain and/or reduce volumes and costs and influence current prescribing practice across both Acute and Community through tightened application of ScriptSwitch, and refreshed approaches to polypharmacy reviews, repeat prescribing, serial dispensing and care home patient reviews. Linked to this work, the Group has estimated it can deliver a saving of £40,000. Most savings identified will be created in primary care through Mental Health Teams.

6.2. The HSCP believe these saving, totalling **£326,000**, can be realised without detriment to Mental Health and Addictions services and their users. It is envisaged further savings will be identified through the system wide review of Mental Health which is underway.

Integrated, Multidisciplinary Locality Working

6.3. This saving proposal is based on realising a locality / neighbourhood leadership model to deliver community based nursing, rehabilitation and reablement services. Since the establishment of the HSCP we have been continuing to review and design our locality services providing the opportunity to review our leadership structure across all professionals. The current proposal realises the ambitions of integrated leadership and allows for a review of skill mix. This ensures the most appropriate professionals deliver interventions to the right person, right place at the right time.

6.4. It is recognised that the impact of external policies (e.g. new GP Contract, Unscheduled Care Acute) and population changes, may increase demand for locality services. To mitigate this we will continue to assess and monitor demand, capacity and service responsiveness. It is considered achievable to safely realise **£185,000** through vacancy management and recruiting to posts consistent with our planned model

Podiatry Transformation Programme

6.5. This is the final tranche of planned savings resulting from a 5 year service transformation programme which commenced prior to the establishment of the IJB. This includes delivery of recurrent savings from the current workforce plan and a reduction of supplies expenditure by improving stock controls and practices which will realise a **£60,000** saving over 2018/19. A further saving of **£100,000** will be delivered by 2020/21 through the planned redesign of the podiatry management structure.

Vacancy Management

6.6. Due to the ongoing progress in integrating teams throughout the HSCP, a number of staff changes are proposed. These can be realised from a combination of long standing vacancies and retirements. Each proposal has been subject to operational and professional review, with no risks to service user outcomes identified. In planning and delivering these changes we will also ensure that we are reviewing staff workload and ways of working. These staff changes will realise **£311,000** over the next 3 years. Members should note that further staff changes are anticipated through our review work and these will be brought to the IJB as opportunities arise which are deemed safe and viable.

6.7. Workstream 2: delivering the Financial Plan summarises the proposed savings and efficiency proposal described above.

7. Statutory Requirements, National Policy and Compliance

7.1. Workstream 3 has been established to manage the HSCPs implementation preparations for a range of statutory and national policy requirements being introduced over 2017/18, and to ensure timely compliance. These include:

- The Carers (Scotland) Act which largely commences from 1 April 2018;
- The new (3rd) Dementia Strategy launched in June 2017; and
- The new GP Contract the proposed new contract for GPs was unveiled on 13th November 2017

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

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

7.3. Whilst Renfrewshire HSCP is supportive in principle to the broad direction set out by the Scottish Government, it is anticipated that these new statutory and policy changes will bring new and significant resource demands in an already challenging financial environment. The HSCP is currently not in a position to fully determine the financial and resource impact as this is subject to the detail in pending national guidance and Scottish Government funding allocations. The HSCP will, through the Chief Officer and Chief Finance Officer, keep this under review.

8. Alignment with Parent Organisation Transformation Programmes

8.1. Renfrewshire Council's 'Better Council' Change Programme is entering its third phase. This programme is designed to identify and deliver service redesign and transformational change at both a service and organisational level; to deliver financial efficiencies and service improvements. The HSCP Chief Officer sits on the 'Better Council' Change Programme Board and works closely with Council senior officers to evaluate opportunities potential benefits and/or any impact, and to ensure continual alignment with the IJB's Strategic and Financial Plans.

8.2. NHS Greater Glasgow and Clyde have initiated work to develop a Board-wide Transformation Strategy. The aim of this work is be to develop a medium term (5-10 year) transformational plan for NHS Greater Glasgow and Clyde. The scope of this work will include development of a system wide strategic framework, with associated implementation plans for acute, primary care and community health services. The Chief Officer will be one of two Chief Officers on the Transformational Programme Governance Board. The Transformation Strategy is also subject of a separate paper to this meeting.

8.3. The Chief Officer will ensure that the IJB are kept sighted on the work of these programmes, and briefed on any plans which directly impact the HSCP.

9. Reporting

9.1. Regular updates will be brought to the IJB to report on progress delivering this work programme, and also to seek approval for any new projects, including savings proposals, to be included within the 2017/18 Programme.

10. Delivery and Support Model

10.1. The Change and Improvement Team is responsible for managing the timely delivery of the Change and Improvement Programme, providing a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP.

10.2. The Team work closely with the HSCP's Workforce, People and Change Group to ensure staff and managers are supported through the change process, building greater capability for change, and ensuring staff are appropriately equipped to carry out the requirements of their job roles. This approach is fully shaped by the Organisational Development and Service Improvement Strategy and the Workforce Plan which have both recently been approved by the IJB.

Implications of the Report

1. **Financial –** the Change and Improvement Programme will support the delivery of the 2017/18 Financial Plan. The proposals contained in this report release £1,172k savings.
2. **HR & Organisational Development** – HR and OD resources will be aligned to the new Change and Improvement Team. There are implications for NHS and Council posts.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
4. **Legal –** supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets –** property remains in the ownership of the parent bodies.
6. **Information Technology –** technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights –** the proposal contained in this report place due regard on equality requirements
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.

Author: Frances Burns, Change and Improvement Manager, Renfrewshire Health and Social Care Partnership

2017/18 Change and Improvement Programme

The 2017/18 Change and Improvement Programme is managed in 3 workstreams:

1. Optimising Integrated Working and shifting the balance of care
2. Delivery of the Financial Plan
3. Statutory Requirements, National Policy and Compliance

<table>
<tr><th>Workstream</th><th>Driver</th><th>Proposed projects</th></tr>
<tr><td>1. Optimising Integrated Working and shifting the balance of care</td><td>Effective use of resources / Demand mitigation / Financial</td><td>
1.1. Primary Care (inc GPs)

Below provides a summary of the key areas of work that our Clinical Director, Heads of Health & Social Care and Change & Improvement Officer are working closely with our independent contractor colleagues to optimise integrated working and shift the balance of care:
<table>
<tr><th>Workstream</th><th>Progress</th></tr>
<tr><td>Development of Cluster Quality Improvement Plans which set out the key areas each cluster will work on collaboratively to improve outcomes, pathways and services for patients, each GP Cluster will be allocated £5,000 to fund a test of change</td><td>Renfrewshire GP Clusters (x6) now have a Cluster Quality Improvement Plan in place. Each cluster will review practice level quality in a peer based manner on quality improvement issues of mutual interest.</td></tr>
<tr><td>Workforce Planning - explore possible solutions and support for primary care capacity challenges</td><td>The HSCP undertook a local GP workforce survey and held a GP workforce event earlier in May 2017. Following on from this, the HSCP has since developed links between the local GP training scheme, NES and practices seeking to recruit GPs in an effort to boost retention. The</td></tr>
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</table>

				Clinical Director is also working with NHS GGC primary care colleagues to develop innovative new roles to attract GPs to the local area.	
			Work along with Acute Services colleagues, as part of the wider Unscheduled Care Programme, to: • develop a sustained communication plan, and supporting / accessible information to raise awareness of the alternatives to hospital admission available to GPs into a single website • increasing access to consultant advice to GPs should be in there too.	Work has commenced to develop accessible information, raise awareness of the alternatives to hospital admission available to GPs into a bespoke area of the HSCP website, including access to consultant advice via email and telephone.	
			Working with Children's Services childhood immunisations and developing children's clinics with the Health Visitor team and possibly the pilot work around flu immunisations	Following a successful pilot, Renfrewshire has now moved from a GP practice based pre-school immunisation model to a community model, delivered within Health Centres. This approach has enabled a more effective use of staff resources whilst maintaining high uptake rates. The Community Clinics now offer 350 immunisation appointments each week, higher than the national average. The service has also been well received by families.	
			Agree and establish a more structured joint working approach between optometrists and GPs	Work has commenced to agree and establish a more structured joint working approach between	

		and acute	optometrists and GPs and acute to improve communication and ways of working. A multi-disciplinary meeting is being planned for the evening of 10th January 2018.	

1.2. Localities

Below provides a summary of the key workstreams that our Heads of Health & Social Care, Professional Nurse Advisor and Change & Improvement Officer are working closely with our senior nursing staff and other key stakeholders to enable geographical working and to optimise the benefits of integrated multidisciplinary working:

Vision for Community Nursing: Scoping work with Specialist Nurses and the potential to maximise safe, effective and person centred care, including scoping feasibility of creating Advance Nurse Practitioners. Work has commenced with senior nurses to scope out the vision for Community Nursing in Renfrewshire, to maximise effectiveness, resources and deliver efficiencies. Through a series of facilitated discussions this work is looking at designing the safest, most effective and person centred model and considering additional skills and knowledge that may be required for the future.

Phlebotomy: A Short Life working group has been established to develop implementation plan around actions required to develop a Phlebotomy Service within Renfrewshire.

Flu Vaccinations: A pilot has been undertaken to allow all housebound vaccinations for flu to be completed within a six week period. The pilot was successful delivered ahead of schedule. Actual outcomes will become explicit after flu season where the DN service will be able to compare flu admission rates against previous year's performance.

Diabetic Patients: Through the work of Renfrewshire Integrated Diabetes Group joint working is taking place in Diabetes Care to maximise outcomes and impact on self-management and the efficient use of resource.

Continual professional development approaches: are being sought for existing staff to enhance knowledge and skills, and address resource and capacity challenges across the system i.e. Care Home Liaison Nurses

		related to advancing nursing practice (Advanced Clinical Assessment and Decision Making and V300 Independent Prescribing). This is an evolving development programme which will allow ongoing opportunities for clinical staff. **System wide capacity issues across District Nursing:** Our Professional Nurse Advisor has worked with the Chief Finance Officer to identify earmarked reserves, to support District Nursing succession planning and the Scottish Executive Nurse Director's Transforming Roles Agenda.
		1.3. Care at Home Transformation Programme (Year 2) **Independent Strategic Service Review within the Care at Home Service** In June 2017, the HSCP Chief Officer commissioned a review of the Care at Home Service, in light of the current financial position and a growing trajectory in spend in spite of static implementation of packages. To do this, the Chief Officer requested that a review team be established led by the Professional Nurse Advisor and our Change and Improvement Officer within Renfrewshire HSCP, to undertake an objective and focused review to identify service pressures and to determine root causes of the challenges and concerns which impact on delivery of Care at Home Services. From this, four emerging themes were identified: Improving ways of working, productivity and overall service governance, Improving data collection, Improving referral process & service user pathways and Assessment and review. A number of subsequent workshops with Care at Home Team Leaders, Adult Service Coordinators, Service Coordinators and Managers have taken place to identify how the HSCP can overcome the challenges identified and accelerate some of the work that is already underway within the service. The Senior Management Team are receiving fortnightly updates on the review progress and the financial position. The Care at Home Review is the subject of a separate report to this meeting. **Electronic Scheduling and Monitoring System** The Specification to Tender for the Scheduling and Monitoring system has now been published and this will close at the end of November 2017 when Renfrewshire HSCP will review and evaluate the tenders submitted

		from potential suppliers. The evaluation process will allow Renfrewshire HSCP to identify a preferred system supplier and will then seek authorisation of the finalised tender process at the Finance, Resources and Customer Services Policy Board on 31st January 2018.
		1.4. Mental Health and Addictions One of the key aims of Health and Social Care Integration is to provide joined-up quality health and social care services in order to better support the needs of patients, services users and carers to achieve positive and sustainable outcomes. The 5 year Mental Health Strategy is an ongoing review process which has been examining evidence and data relating to our current service models and reviewing options for consideration for future service provision. It is proposed that the unscheduled care should be standardised across the Board to provide a consistent model of service provision with equality of access. It will consider Bed remodelling, Liaison Services, Crisis Services and Out of Hours Service. Following an initial scoping exercise, the Head of Mental Health and Addictions has also commissioned a more in depth review of Addictions Services which will help inform the overall change programme over the next three years. This review will aim to support clients in line with the Scottish Government's National Frameworks "The road to recovery" and in 2009, "Changing Scotland's Relationship with Alcohol: A Framework for Action". This model ensures clients and services are person-centred, recovery and outcome focused when meeting future care needs.
		1.5. Unscheduled Care (Acute) During 2016/17, work commenced with the Acute sector and colleagues from other NHS Greater Glasgow and Clyde HSCPs to develop a set of Acute Commissioning Intentions for Unscheduled Care. These were approved by the IJB in March 2017. Since then, the HSCP and RAH Acute Services have held two workshops, and have successfully developed a joint set of matrices and targets, and shared action plan, to support the commissioning intentions which will be progressed over 2017/18. This work will link into the wider NHS GGC system wide Unscheduled Care Programme. It is intended that this work will demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.

<table>
<tr>
<td>2. Delivery of the Financial Plan</td>
<td>Financial</td>
<td>Initial saving proposals for IJB consideration and approval:

<table>
<tr><th rowspan="2">Saving Programme</th><th colspan="3">Amount</th><th rowspan="2">Total</th></tr>
<tr><th>2018/19</th><th>2019/20</th><th>2020/21</th></tr>
<tr><td>MH & Addictions Change Programme</td><td>£176k</td><td>£150k</td><td>-</td><td>£326k</td></tr>
<tr><td>Integrated, Multidisciplinary Locality Work</td><td>£135k</td><td>£50k</td><td>-</td><td>£185k</td></tr>
<tr><td>Podiatry Service Change Programme</td><td>£60k</td><td>£49k</td><td>£51k</td><td>£160k</td></tr>
<tr><td>Vacancy Management</td><td>£376K</td><td>£75k</td><td>£50k</td><td>£501k</td></tr>
<tr><td>TOTAL</td><td>£611k</td><td>£324k</td><td>£101k</td><td>£1,172k</td></tr>
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</tr>
<tr>
<td>3. Statutory Requirements, National Policy and Compliance</td>
<td>Compliance</td>
<td>3.1. Implementation of the Carers Act

The Carers (Scotland) Act will commence on 1 April, 2018. The Act will introduce a package of provisions in the Act is designed to support carers' health and wellbeing.

Renfrewshire HSCP and Renfrewshire Council Children's Services have undertaken a desktop exercise to determine their readiness against the Act's provisons to fully determine the work that needs to be done in advance of 1 April 2018. This exercise has highlighted that the HSCP and Council are in a good position of readiness and, subject to outstanding national guidance being made available as a priority; the Carers Act Strategic Steering Group is satisfied that all outstanding provisions will be in place in advance of the Act.

A detailed update on preparations of the Carers Act is the subject of a separate paper to this meeting.

3.2. Joint Inspection of Adult Services

The Advanced Evidence was submitted to the Care Inspectorate and Healthcare Improvement Scotland on 25 October 2017, followed by the Position Statement and report on 27 October 2017. As part of the self-evaluation process the HSCP Senior Management Team scored each of the three Quality Indicators at level 4, Good.

On 10 November 2017 the HSCP gave a presentation for the Inspectors setting out our 5 year plan and providing assurance of the work being planned and progressed to ensure we deliver on this.</td>
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As part of the inspection process, staff were asked to complete a survey however the response rate and findings have not been shared with the HSCP to date.

The Renfrewshire inspection team are now ensuring preparations are in place for the Inspectors fieldwork which is scheduled for November and December.

Inspection Timeline	
13-17th November	Fieldwork
4-6th December	Fieldwork
8th January	Interim feedback
9th February	Final feedback

3.3. Dementia Strategy

Scotland's third national dementia strategy was launched in June 2017. The new strategy's vision describes 'a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them'.

A work plan will be developed in November, which will detail the actions, responsibilities and timescales required to achieve the 21 commitments within the strategy. The new strategy is the Scottish Government's most ambitious, with resource and cost implications connected to several of the commitments. The commitments which will have the largest impact on HSCP services relates to Post Diagnostic Support (PDS). To date there is a commitment that every person that receives a new diagnosis of dementia will receive 1 year's post diagnostic support from a named link worker. The new commitment offers PDS without a time limit and until the person moves into the care coordination phase.

The Renfrewshire Dementia Strategy Group (RDSG), with representatives from across the HSCP and third sector organisations, is tasked with leading this work and reports into the Mental Health, Addictions & Learning Disabilities Operational Governance meeting. The Renfrewshire Dementia Strategy Lead also sits on the Focus on Dementia National Advisory Group, which is part of Healthcare Improvement Scotland's IHUB. Similar to the previous strategies, an evaluation report will be completed at 18 months and on completion of the strategy, which will be presented to the SMT for consideration. A more detailed paper will be presented to the IJB in

		January 2018.
		3.4. GP Contract The proposed new contract for GPs was unveiled on 13th November 2017 representing the biggest reform of GP services in more than a decade. GPs have between December 7 2017 and January 4 2018 to take part in a poll on whether to accept the new contract, which will come into effect on 1 April 2018. A more detailed report will be brought to the IJB setting out any governance arrangements required; to ensure we effectively manage its implementation and to manage any potential impacts the new Contract may have on current HSCP service delivery models and resources.
		3.5. Duty of Candour The new duty of candour regulations will commence from 1st April 2018. The duty will create a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received. The principles of disclosure of the adverse event include: Open & timely communication, Acknowledgement of harm, Apology/expression of regret and Supporting the needs & expectations of patients/family. Guidance to support implementation is being developed nationally and is awaited. This will inform planning and governance arrangements.
		3.6. Telecare: Analogue to Digital The current community alarm system operates over the old Analogue phone line system known as (PSTN) Public Switched Telephone Network. These systems are becoming obsolete and OFCOM have advised that the PSTN will be decommissioned with works starting to reduce analogue lines from 2018 and to be concluded by 2025. In Renfrewshire 3000 basic alarms will need replaced with digital models. Replacement costs are estimated at £480,000.00 for basic boxes and buttons without the cost of the SIM. Telecare peripherals will be an additional cost, with approx. 500 telecare packages in place.

		To date, there has been no suggestion that national funding will be available to assist HSCPs. This may mean the HSCP will need to approach the Council for capital funding in order to take this forward. Renfrewshire HSCP are represented on the national Specification, Standards and Processes Group which is in its infancy and looking at establishing standards around the new Digital Telecare we will require to use. This will inform local planning and governance arrangements to ensure appropriate preparations and funding are in place to enable this transition.

To:	**Renfrewshire Integration Joint Board**
On:	**24 November 2017**
Report by:	**Chief Officer**
Heading:	**Update on Capability Scotland**

1. Summary

1.1 The purpose of this paper is to provide an updated position, following the Integration Joint Board (IJB) Meeting on 15 September 2017 on Capability Scotland day care services for adults with learning disabilities in Renfrewshire.

2. Recommendation

It is recommended that the IJB:

- Note the current position regarding the Capability Scotland as outlined within Section 4 of this report; and
- Note the planned next steps detailed in Section 5 of the report.

3. Background

3.1 Capability Scotland operates two day services in Renfrewshire for adults with a learning disability, Whitehaugh and West Lane Gardens, on behalf of the Health and Social Care Partnership (HSCP). These services are building based and remain popular with current service users.

3.2 In July 2017, Capability Scotland served formal notice to the HSCP Chief Officer on their intention to withdraw from their current contract on 20 October 2017, noting the current service model has accrued significant annual financial deficits and no longer is seen by Capability Scotland to be financially viable going forward. The timescale for closure was then extended to 31st Jan 2018 following agreement between the Chief Officer and Capability Scotland to meet any financial shortfall that the provider may incur and to allow sufficient time to manage a smooth transition for service users. This decision was in keeping with the contractual obligations to provide a 6 month notice period and was endorsed at the IJB meeting on 15 September 2017. The additional financial cost is £11K per month.

3.3 Although Capability Scotland have re-stated their intention to cease provision of this service a further agreement has now been reached to extend the timescale until 30 April 2017 to allow further time to plan the transition arrangements for each of the 47 service users. This was communicated to all service users and their respective families on 10 October 2017.

4. Current Position

4.1 43 service users/families have now had meetings with staff from Renfrewshire Learning Disability Service (RLDS) and Locality Team staff to discuss service user preferences about services they wish to benefit from, Self-Directed Support (SDS)

budgets, and begin to plan for agreed outcomes. This process has been supported by Capability Scotland staff using a bespoke user friendly questionnaire based around the four main themes of the National Strategy "Keys to Life". You First Advocacy have been involved as and when required to support service users with the process.

4.2 As part of the discussions with families there has initial liaison work with the Community Link Team within Renfrewshire HSCP to map out and identify what mainstream community opportunities may be appropriate for some of the service users attending Capability Scotland Day Services. This would be an opportunity for some people to utilise their SDS budgets to access community based activities (with support) across Renfrewshire. In addition to this a small number of service users have expressed an interest in the Community Networks Service currently based in Spinners Gate, Paisley. Staff have been encouraged to support an early transition into alternative provision where possible and to consider any requirement for a parallel process (short term double funding) to facilitate the transition. Although further discussions need to take place to, it is clear that for most service users the friendships and peer support is what they value the most within each of the two centres.

4.3 Initial discussions have taken place with Capability Scotland regarding an alternative service model in Renfrewshire and an outline plan has been submitted to the Chief Officer, however further discussions will take place test if this option is both financially viable and in keeping with national policy direction. We are also progressing plans to extend capacity in our own Community Networks service including exploring this service operating within the Johnstone area.

4.4 A market testing exercise also took place on 23 October 2017 with the Chief Officer, the Councils Procurement Unit and a number of third sector organisations. This was an invitation via Public Contracts Scotland to external providers to gauge interest in a provider taking on the 2 day services.

4.5 It was proposed that a market testing exercise should be undertaken to ascertain the level of interest from providers in delivering these services, based on the existing model of service delivery. Seven providers attended a facilitation session and three of the providers have since signalled an interest to participate in the next stage of the process. This will include being provided with more detailed information relating to the provision of the existing service. This would include detailed information on cost, staffing and the buildings from which the service is provided.

4.6 In taking this forward, discussions with potential providers have been clear that the current service provided by Capability will close on 30 April 2018, that a continuation of the existing service will be subject to ongoing discussions to ensure the service has an agreed approach to modernising consistent with the National Keys to Life Strategy and that our commitment is to ensure service users have an up-to-date assessment, access to an SDS budget and are supported and guided to access modern services that reflect assessed need.

5. Next Steps

5.1. Key next steps include:

- Progressing discussions with all services users and family members/carers regarding assessed needs, SDS budgets, individual preferences and progressing towards having clear individual care plans based on agreed service choices;

- Progressing our plans to extend our Community Networks service and working with capability Scotland to consider their proposed community service model
- Progressing the market testing process with any provider interested in taking on the existing service as set out above

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Implications of the Report

1. **Financial –** notes that the existing contract has been extended until April 2018.
2. **HR & Organisational Development** – Nil.
3. **Community Planning – Nil**
4. **Legal –** proposes the continuation the existing contract to allow the required six month notice to be given
5. **Property/Assets –** the report notes that Capability Scotland currently lease two buildings from the Council to deliver services in Renfrewshire
6. **Information Technology –** Nil.
7. **Equality & Human Rights –** this report relates to social care services provided for one care group - Learning Disabilities service users and their carers
8. **Health & Safety – Nil**
9. **Procurement** – proposes the continuation the existing contract to allow the required six month notice to be given.
10. **Risk –** as highlighted within the report.
11. **Privacy Impact – Nil**

List of Background Papers - None.

Author: David Leese, Chief Officer

To: **Renfrewshire Integration Joint Board**

On: **24 November 2017**

Report by: **Chief Officer**

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

1. Summary

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

1.2 A previous report to the IJB on 15 September 2017 updated members on local governance arrangements, and the preparations underway to ensure all required provisions are in place prior to the Act's implementation.

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

- Renfrewshire's position in terms of readiness against the key provisions required under the Act;
- The formal consultation process on the draft local Eligibility Criteria for Young Carers and Adults Carers which is currently underway;
- Scottish Government funding to support preparations for the Act over the coming year and beyond; and
- An update on the management of the key risks identified by the Carers Act Strategic Steering Group.

2. Recommendation

2.1 It is recommended that the IJB:

- Note the content of the report; and
- Agree a further report is brought to the IJB in January 2018 to note the findings of the consultation and seek approval of the final drafts of the Adult and Children's Eligibilty Criteria, and to provide a further update on Renfrewshire's readiness for the Act's implementation on 1 April 2018.

3. Readiness for Implementation

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

3.2 Renfrewshire HSCP and Renfrewshire Council Children's Services have undertaken a desktop exercise to determine their readiness against the Act's provisons to fully determine the work that needs to be done in advance of 1 April 2018. The full assessment can be found in Appendix 1: Joint Readiness Toolkit Assessment.

3.3 This exercise has highlighted that the HSCP and Council are in a good position of readiness. Subject to national guidance and regulations awaited from the Scottish Government being made available , the Carers Act Strategic Steering Group is satisfied that all outstanding provisions will be in place in advance of the Act, and have supporting delivery plans in place.

3.4 A high level implementation plan and timeline can be found in Appendix 2.

4. Eligibility Criteria

4.1 Eligibility Criteria is an important aspect in the work required for the Act's commencement on 1 April 2018.

4.2 Eligibility Criteria are to be set locally to enable local authorities and IJBs toprovide support to carers in different caring situations across a whole range of life circumstances.

4.3 Local Eligibility Criteria will help local authorities and IJBs to prioritise support and to target resources as effectively and efficiently as possible. This recognises that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring. Demand can vary across different local authority areas. Preventative support to carers also has a role in helping manage future demand where it prevents needs from escalating.

4.4 While the Scottish Government has decided against setting national Eligibility Criteria, it issued statutory guidance to support local authorities in setting local Eligibility Criteria. This proposes that all authority areas use the same suite of indicators but have local discretion to establish the threshold for support. To date, the Steering Group has been working with the draft guidance issued. The final guidance has just been issued on 10th November 2017. This guidance now takes account of the Carers (Scotland) Act 2016 (Prescribed Days) Regulations 2017 which sets the commencement date. Otherwise, it has not substantively changed from the draft circulated on 24 August but has been edited and reordered in places to imrove clarity and flow.

4.5 Before setting Eligibility Criteria, the HSCP and Council's Children's Services must consult persons and bodies representative of carers and must take steps it considers appropriate to involve carers.

4.6 There are three aspects to setting an eligibility framework

- the criteria that determine it;
- the thresholds that must be passed to trigger it; and
- the services that follow it.

4.7 The Scottish Government's guidance also summarises the different ways of supporting carers if the carers' needs do not meet the local Eligibility Criteria.

4.8 The formal consultation on the Adult Carers and Young Carers Eligibility Criteria is currently underway and will run until the end of November 2017.

Adult Carers' Eligibility Criteria

4.9 In line with Scottish Government Guidance, the HSCP is currently consulting with local adult carers on the national Eligibility Criteria. An abbreviated version of this can be found in Appendix 3.

4.10 Following the consultation process, the HSCP will develop local Eligibility Criteria taking account of stakeholder feedback to determine levels of impact/risk and need which are appropriate to trigger the duty to provide support.

4.11 The consultation process involves meeting with established carer representative groups in Renfrewshire across different client groups, providing carers with a copy of the national Eligibility Criteria, and providing an opportunity for them to give their views in writing by completing a consultation questionnaire.

Young Carer Statement (YCS) and Eligibility Criteria

4.12 The responsible authority where a carer lives has a duty to prepare a Young Carer Statement (YCS) for anyone identified, or identifying themselves, as a carer and willing and able to undertake the role. This duty is irrespective of whether they are deemed eligible for support.

4.13 The YCS must identify personal outcomes and detail any support to be provided in order to meet needs in accordance with local Eligibility Criteria. It must also assess the young person's personal circumstances and the extent to which the caring role is appropriate having regard to the young person's age and maturity.

4.14 When a young carer does not meet the Eligibility Criteria, the local authority must detail in the YCS the child or young person's needs and how the outcomes will be met. In these circumstances, the young carer

should be signposted to information and advice services and universal and community-based resources. Local authorities have a power to provide support below the threshold set in the Eligibility Criteria.

4.15 Renfrewshire has developed separate Young Carers Eligibility Criteria which aligns with the Scottish Government's Getting It Right For Every Child and young person (GIRFEC) approach. The GIRFEC approach is embedded across Renfrewshire and itspartner agencies. A copy the draft Young Carers Eligibility Criteria can be found in Appendix 4.

4.16 As a part of the current consultation process, young carers are being consulted about:

- the accessibility of the criteria (i.e. do they understand it ?)
- whether it makes clear the difference between ordinary 'helping out' within families and being a 'carer';
- the suitability of using the GIRFEC approach and the eight wellbeing indicators, commonly referred to by their initial letters SHANARRI (**S**afe, **H**ealthy, **A**chieving **N**urtured, **A**ctive, **R**espected, **R**esponsible and **I**ncluded) to assess the impact of the caring role; and
- whether further explanation is needed to make clear how inappropriate or excessive caring responsibilities might impact wellbeing.

Eligibility Criteria Consultation Process

4.17 The Strategic Steering Group has worked with Renfrewshire Carers Centre to develop a comprehensive consultation plan to ensure all the key adult and young carer groups and forums have an opportunity to participate in this process. The key carer representatives, groups and forums are identified below, with a summary of how the Council, HSCP and Carers Centre are engaging with each of these stakeholders:

Key Carer Stakeholders Identified
The Renfrewshire Carers Centre
Carers Centre support groups - • Paisley • Mental Health • ADHD/ADD • Parkinson's • Parent • Alzheimer's • Male • ASD • Stroke • Linwood • Former Carer • Kinship • Bridge of Weir

Carers Centre Forum
Learning Disability Group.
Young Carers Forum
Multi-agency Young Carers Working Group
Groups of Young Carers
Children's Services Partnership
IJB Carer Representive
SPG Carer Representative
Learning Disability Carers Forum
Internal Care Homes
External Care Homes
Greenside Carers Group
Autism Carers Group

4.18 A targeted approach will be used to consult with the groups above and individual carers in November, with officers from the HSCP and Council and staff from the Carers Centre facilitating discussion. This approach will give carers the opportunity to consider the Eligibility Criteria and ask any questions they may have; the survey will be available to complete as a paper document and online.

4.19 In addition to this targeted approach, the HSCP, Council and Carers Centre are also working together to try to reach those carers who may feel more marginalised and not always included within consultation exercises.

4.20 A range of wider communications methods are being used to raise awareness of the new Carers Act and offer as many carers as possible an opportunity to participare in the consultation:

- A feature on the HSCP, Carers Centre and Renfrewshire Council's Website
- Use of Social Media including Facebook and Twitter

4.21 In line with Scottish Government guidance the findings of the consultation and final drafts of the Adult and Children's Eligibilty Criteria will be presented to both the IJB and Renfrewshire Council's Education Policy Board for approval at their meetings on 26 January 2018 and 18 January 2018 respectively.

4.22 Subject to approval, the Adult and Young Carers local Eligibility Criteria will be published, and subject to regular review, as required under Section 22 of the Act.

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

5.1 The transition between children and adult services is recognised as a particularly important and stressful issue for young people in transition and their carers. For this reason, a transition planning agreement is in

place which clearly describes the steps to be taken towards transition to adult services. This is currently being updated to reflect new developments such as the Carers Act.

6. Scottish Government Funding

6.1 The Financial Memorandum to the Carers Bill sets out the Scottish Government's original estimated costs of implementing the Carers Act in Scotland. It is estimated that total costs will rise from £19.4m in year 1 (2018-19) to a recurring level of £88.521m by year 5 (2022-23).

6.2 Concerns about possible under-funding of the Carers Bill were expressed in submissions to the Scottish Parliament Finance Committee in 2015, by COSLA, Social Work Scotland, some individual local authorities and partnerships, and by leading Carers organisations. The position of the Scottish Government has been that the sums set out in the Financial Memorandum represent significant additional funding to assist carers, recognising the immense contribution carers make to the health and wellbeing of Scotland's people. The additional demand over the five years following the implementation of the Act from April 2018 has been very difficult to predict with certainty, and the calculations in the Finance Memorandum have necessarily been based on many assumptions. The main financial risks identified by the national Finance Advisory Group are outlined in Section 8: Risks.

2017/18 Funding

6.3 Renfrewshire has been allocated £69.6k funding for 2017/18 by the Scottish Government to support implementation preparations for the commencement of the Act. The Strategic Steering Group recently agreed this funding would be allocated equally between the Adult and Young Carers service areas.

6.4 Children's Services are using their one off funding allocation towards creating a dedicated Young Carer Resource Worker (YCRW) to work across Renfrewshire Children's Services as well as the Carers Centre.

6.5 The HSCP has still to agree the best use of their 2017/18 funding allocation. This will be determined once it has received all outstanding national guidance, and the financial and capacity implications associated with Act are clearer.

7. Risks

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

Risk	Identified mitigation
1 Delays in the issuing of regulations and in receiving guidance could negatively impact on planning activity. In particular, there are a number of points which Renfrewshire require clarification i.e. where responsibility lies when a cared for person lives in Renfrewshire however the carer lives in another local authority area	Renfrewshire has representation on national groups and has an early indication on direction of travel, in advance of regulations/ formal guidance being issued.
2 The development of local eligibility criteria could lead to inconsistency in support levels across Scotland, and even within the Greater Glasgow and Clyde area.	This risk will highlighted through our representative on national groups.
3 The main financial risks, as identified by the national Financial Advisory Group, are: • Inability to build capacity prior to commencement date resulting in the HSCP and Council being unable to cope with potential demand in year 1. • Insufficient funding as outlined in the Financial Memorandum to the Carers Bill to cover full costs of implementation, in particular for the earlier financial years; • Unit cost of providing an Adult Carer Support Plan / Young Carer Statement or duty to support (including replacement care) is higher than estimated in the Financial Memorandum (which is at 2013-14 prices); • Demand, for assessments and/or support, is significantly higher than outlined in Financial Memorandum; • Insufficient funding to cover full cost of Waiving of Charges as estimated at £16m per annum (nationally). • Insufficient funding to cover replacement care.	A new national Finance Group is being established to take forward outstanding issues relating to the financing of the Carers Act. This new group will focus on establishing, collecting and monitoring data, the identification and monitoring of key financial risks, and the formal process for addressing any significant financial gaps arising from the implementation of the Act.

8. Next Steps

8.1 A further report will be brought to the IJB in January 2018 to note the findings of the consultation and seek approval of the final drafts of the Adult Carer and Young Carer Eligibilty Criteria and to provide a further update on Renfrewshire's readiness for the Act's implementation on 1 April 2018.

Implications of the Report

1. **Financial –** Scottish Government has indicated that this will be the final year of Carer Information Strategy Fund to be replaced by Financial Framework of Carer Scotland Act
2. **HR & Organisational Development** – additional staff training planned to support staff through change.
3. **Community Planning – Nil**
4. **Legal – Nil**
5. **Property/Assets – Nil**
6. **Information Technology –** managing information and making information available may require ICT input.
7. **Equality & Human Rights –** Specific investment to reach hard to reach carers. Carers Strategy requirement of Carers (Scotland) Act will require full EQIA.
8. **Health & Safety – Nil**
9. **Procurement – Nil**
10. **Risk –** as highlighted within the report
11. **Privacy Impact – Nil**

List of Background Papers:

Preparation for Implementation of the Carers (Scotland) Act, Renfrewshire Integration Joint Board, 15th September 2017

Carers (Scotland) Act 2016 – Implementation of Young Carers Requirements, Education and Children's Services Policy Board, 2 November 2017

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Appendix 2 - Carers Act Implementation Plan

Carers Act Implementation Plan	
November 2017	• Publish draft Young Carers and Adult Carers eligibility criteria • Consultation process underway • Updated Direction approved by the IJB, for issue to the Council and NHS GGC Board • Report on the implications of the Act for Renfrewshire Children's services presented to the Education and Children's Policy Board
December 2017	• Closure date for consultation responses • Complete analysis of consultation responses and meetings
January 2018	• Report to IJB and Council on consultation responses and proposed final Adult and Young Carers eligibility criteria • IJB and Council agree the first Adult Carers and Young Carers eligibility criteria, taking into account consultation responses.
February – March 2018	Based on guidance yet to be received from the Scottish Government, systems, paperwork, training and infrastructure to support implementation of the Act will be put in place: • Arrangements for Support Plans and Young Person Statements in place • Short breaks statement prepared and published • Deliver any required changes to information systems • Operational Guidance • Plan and deliver communications and training to staff • Develop public information including FAQs • Council agrees 2018-19 budget, including available IJB budget to support the implementation of the Act and this will agreed by NHS Board. • Draft Young Carers Strategy presented to the IJB and Council for approval • Draft Adult Carers Strategic Objectives presented to the IJB and Council for approval
April 2018	• Draft Young Carers Strategy and Draft Adult Carers Strategic Objectives finalised and published • Commence Act in line with eligibility criteria

Appendix 1: Joint Carers Act Readiness

Part of Act	Summary	Key Points	Renfrewshire Position October 2017
PART 1 - KEY DEFINITIONS			
Sections 1,2,3	Sets out meaning of: - carer - young carer - adult carer	The meaning of "carer" includes an individual "who intends to provide care" as well as an individual who provides care. Individuals are not carers if the cared-for person under the age of 18 only needs care because of their age. This now brings within scope of the meaning of carer those individuals caring for children with conditions such as autism and Attention Deficit Hyperactivity Disorder (ADHD). Therefore, with regard to cared-for people who are children, the terminology, "disabled child" is not used. Young carers are aged under 18 or age 18 or over if they are still at school.	**Agreed** Relevant paperwork and information will be updated to reflect the meaning of carer as defined in the Act. In Renfrewshire we recognise that young carers are children and young people first. We will take a holistic, GIRFEC approach to meeting their needs which will protect children and young people from undertaking caring responsibilities and tasks which are inappropriate in terms of their age and maturity.
Sections 4,5	Sets out meaning of: - personal outcomes - identified personal outcomes - identified needs	Personal outcomes will, if achieved, enable carers to provide or continue to provide care for the cared-for person. Amongst other things, this aims to stop carers who already provide care from reaching breaking point. It is about sustaining and supporting the carer in the caring role. In order to achieve this, the carer will have a life alongside caring.	**Agreed** Outcomes focussed work is current practice.
PART 2 - ADULT CARER SUPPORT PLANS AND YOUNG CARER STATEMENTS			
Section 6	Duty to prepare adult carer support plan	The section provides for the offering of an Adult Carer Support Plan (ACSP) by the responsible local authority and the requesting of an ACSP by an individual carer.	**Underway as part of the Carers Act Implementation Plan – on track for 1 April 2018**

		This means there are now two ways in which an individual can access an ACSP. An ACSP must be prepared, even if the carer is not deemed eligible for support (according to local eligibility criteria). In these circumstances, the ACSP should include signposting and access to any relevant supports, for example, universal or community-based services. The responsible local authority must exercise its functions under this section in a manner which encourages equal opportunities.	Current assessment process will be reviewed to ensure compliance with the Act.
	Duty to prepare young carer statement	This section provides for two ways for a Young Carer Statement (YCS) to be provided: (i)the offering of a YCS by the responsible authority; and (ii) the requesting by an individual young carer for a YCS. A YCS must be prepared even if the young carer is not eligible for support (according to local eligibility criteria). In these circumstances, the YCS should include signposting and access to any relevant supports, for example, universal or community-based services. The responsible authority must exercise its functions under this section in a manner which encourages equal opportunities.	**In place and compliant – no further action required** Process for the identification of young carers and the provision of YCS developed. We will use a GIRFEC based self-assessment approach to identify young carers at the earliest possible stage and to provide preventative support which feels most joined-up from the point of view of the young carer. Consultation with young carers and partner agencies completed.
Section 7	Adult carers of terminally ill cared-for persons	Scottish Ministers must prescribe timescales in regulations for the preparation of the ACSP in relation to adult carers of terminally ill cared-for persons. This regulation-making power is unlikely to be	**In place and compliant – no further action required** It is current practice to ensure that assessment and support relating to terminally ill cases is progresses in a timeous manner.

		introduced now but there will be guidance.	
Section 8	Adult carers: identification of outcomes and needs for support	This section contains a regulation-making power to define personal outcomes which is not being used. In identifying an adult carer's personal outcomes and needs for support, the responsible local authority must take into account any impact that having one or more protected characteristics has on the adult carer.	**Compliance unknown at this stage as awaiting Regulations from the Scottish Government – this has been raised through National Groups** Current practice ensures that protected characteristics are taken into account when identifying personal outcomes and needs for support.
Section 9	Content of adult carer support plan	This sets out, amongst other things, the range of information that the ACSP must contain. It includes information on the impact of caring on wellbeing and day-to-day life, and matters including, for example: • the adult carer has arrangements in place for the provision of care in an emergency; • the adult carer has arrangements in place for the future care of the cared-for person; and • the carer is, or wishes to be, in employment or education. This section contains a regulation-making power to further prescribe the content of an ACSP. This power is not being used.	**Compliance unknown at this stage as awaiting Regulations from the Scottish Government – this has been raised through National Groups** Current assessment tool will be reviewed to ensure full compliance.
Section 10	Review of adult carer support plans	This section contains a regulation-making power about the review of adult carer support plans. There may be regulations under section 10(a) setting out the circumstances in which the ACSP is to be reviewed but there are unlikely to be regulations under section 10 (b), (c) and (d).	**In place and compliant – no further action required** Reviews are carried out on an annual basis or following a change in circumstances
Section 11	Adult carer support plan: provision of	This section places a duty on the responsible local authority to provide the adult carer with the	**In place and compliant – no further action required**

	information to carer etc.	information contained in the ACSP. The information may also be provided to any other person the adult carer requests. The section does not apply if the responsible local authority does not consider the sharing of the information appropriate.	Current practice to provide carer with information and to share information as requested and appropriate.
Section 14	Content of a Young Carer Statement.	YCS must contain information about the extent to which the responsible authority considers the nature and extent of the care provided by the young carer is appropriate.	**Compliance unknown at this stage as awaiting Regulations from the Scottish Government – this has been raised through National Groups** YCS assessment process is aligned to GIRFEC and will identify and respond appropriately to those children and young people whose caring responsibilities and family circumstances are, or are likely to be, a risk to their wellbeing. Wellbeing will be conceptualised in terms of our system-wide GIRFEC approach.
Section 15	Identification of young carer's personal outcomes and identified needs	Personal outcomes will, if achieved, enable carers to provide or continue to provide, care for the cared-for person. As such, personal outcomes are aimed at sustaining the caring role. The Act contains regulation-making power to define personal outcomes which is not being used at this stage. In identifying a young carer's personal outcomes and needs for support, the responsible authority must take into account any impact upon the young carer of one or more protected characteristics.	**Compliance unknown at this stage as awaiting Regulations from the Scottish Government – this has been raised through National Groups** We will align young carer personal outcomes with the GIRFEC approach embedded across children's services. We will use the SHANARRI indicators to identify needs and develop personal outcomes – Safe, Healthy, Active, Nurtured, Achieving, respected, Responsible and Included. In the event of regulations re personal outcomes we will review and amend our approach accordingly. Young carers will use the 'Viewpoint' tool to self-evaluate the achievement of their personal outcomes.
Section 16	Review of Young	This section contains regulation-making power about	**Underway – on track to be in place and compliant by 1**

	Carer Statements	the review of YCS. There may be regulations under section 16 (a) setting out the circumstances in which the YCS is to be reviewed but there are unlikely to be regulations under section 16 (b) the frequency of review, (c) the procedure of review and (d) arrangements for obtaining the views of young carers and cared-for persons.	**April 2018** Review process developed and is currently out for consultation.
Section 17	Young Carer Statement – provision of information to the carer etc.	Information contained in the YCS can be provided to the child or young person's Named Person. However, there is no duty in the Carers (Scotland) Act 2016 to do so. Instead, provision for the sharing of information by the responsible authority for a YCS with the Named Person Service provider exists in section 26 of the Children and Young people (Scotland) Act 2014. This section sets out the framework under which information requires to be shared between service providers and the Named Person Service provider. The views of the young carer would be ascertained and had regard to if reasonably practicable and in having regard to the views of the young carer an important consideration would be the young carer's age and maturity.	**In place and compliant – no further action required** Current information sharing procedures are aligned to best practice guidance issued by the Information Commissioner. Practice guidance on information sharing provided by legal services is in use across Children's Services. Procedures for sharing of YCS information with the Named Person will be developed as and when Named Person provision of the Children and Young People (Scotland) Act 2014 is enacted and in accordance with related information sharing statutory guidance.
Section 18	Continuation of YCS	If a young carer reaches the age of 18 years, the YCS for that carer continues to have effect until an Adult Carer Support Plan (ACSP) is provided.	**In place and compliant however further improvement work being progressed in anticipation of the Act** Renfrewshire has integrated adult and young carer services and there is a process to enable young carers to transition to adult carer services and an adult carer support plan. However, we require to develop a robust protocol to minimise delay in transition and manage expectations about ongoing support provision.
Section 19	Responsible	This section sets out who the responsible authority is	**In place and compliant – no further action required**

	authority: general	in relation to a young carer. Where the young carer is a per-school child, the responsible authority will be the health board for the area in which the child resides. In any other case, the responsible authority will be the local authority for the area in which the young carer resides.	In Renfrewshire, pre-school children identified as having caring responsibilities will be referred to social work for assessment.
PART 3 - DUTY TO PROVIDE SUPPORT TO CARERS			
Section 21,22,23	Duty to set local eligibility criteria; Publication and review of criteria; National eligibility criteria	Each local authority is to set local eligibility criteria. Before setting eligibility criteria, each local authority must consult persons and bodies representative of carers and it must take steps it considers appropriate to involve carers. A local authority must have regard to such matters as the Scottish Ministers may by regulations specify when setting its local eligibility criteria. However, this regulation-making power is not being used at present and the matters will be set out in guidance. Each local authority is required to publish and review its eligibility criteria. There is a regulation-making power which will be used regarding review of the local eligibility criteria. This section contains a further power for Scottish Ministers to make regulations setting out national eligibility criteria. This is a reserve power to be used at a later date if necessary. The eligibility criteria must be published and reviewed at intervals established my regulation. The Act does not preclude the use of different criteria for adult and young carers.	**Underway – on track to be in place and compliant by 1 April 2018** A consultation exercise involving relevant stakeholders including carers and young carers is underway using the eligibility criteria in the guidance. Based on consultation feedback, draft eligibility criteria for both Adult Carers and Young Carers will be submitted to the IJB in January 2018 for approval. Eligibility criteria will be published no later than 1st April 2021 to comply with the Act.

Section 24	Duty to provide support	This section provides for a duty on the responsible local authority to support carers who have eligible needs. There is also a power to support carers to meet needs which do not meet the eligibility criteria. A carer's needs for support must be assessed within the framework of the ACSP/YCS scheme. The Act defines eligible needs for support as those which cannot be met through the provision of services available generally and/or by information and advice services, and/or by services provided to the cared-for person (with the exception of replacement care). The local authority must also deem eligible needs according to local eligibility criteria. Where a carer is deemed eligible for support, this may take the form of a personal budget and offer of self-directed support options.	**Compliance unknown as this is subject to the Scottish Government issuing Regulations.** Carers currently receive support either following a statutory assessment of their needs. Carers also receive support from non statutory services, e.g. Carers Centre. Following consultation updated eligibility criteria will be agreed by the IJB. SDS processes to be reviewed to comply with Act.
Section 25	Provision of support to carers: breaks from caring	A local authority is required to consider whether any support provided should include or take the form of a break from caring. Each local authority must have regard to the desirability of breaks from caring being provided on a planned basis. The 'market sufficiency' duty in the Social Care (Self-directed Support) Scotland Act 2013 applies in relation to support provided as a break from caring. This means that a local authority must, in so far as is reasonably practicable, promote short break providers and a variety of short breaks.	**This is currently in place however will be reviewed and updated to reflect national guidance. On track to be in place and compliant by 1 April 2018** Short breaks are currently provided to carers following an assessment. Breaks are available for a range of 'outcomes' including a break from caring, attending training, appointments etc. Following guidance from the Government, a short breaks services statement will be developed. Renfrewshire Carers' Centre currently provides a range of opportunities for breaks from caring. The new Young Carer Strategy will describe activities across Renfrewshire Children's Services Partnership to

			provide a suite of additional breaks from caring which meet with the aspirations and preferences of our local young carer population. The strategic aim will be to engage young carers in local community-based activities and to support them to develop a life outside of caring.
Section 26	Charging for support provided to carers	Regulations are already in place to waive charges for support to carers. These will be amended to reflect the Carers Act provisions but will not change policy. Guidance will be issued.	**Under review** Once national guidance has been received, financial impact of the Act will be considered as part of the implementation work.
PART 4 – CARER INVOLVEMENT			
Sections 27,28,29,30	Duty to involve carers in carer services; Carer involvement in hospital discharge of cared-for persons; Involvement of, assistance to and collaboration with carers; Care assessments: duty to take account of care and views of carers	A number of different provisions about carer involvement and taking into account the views of carers. The duty to involve carers in carer services complements what exists in the CYP Act and the Public Bodies (Joint Working) (Scotland) Act 2014. Health boards must involve carers in the planning of discharge from hospital of cared-for persons. Guidance will be issued.	**In place and compliant – no further action required** Carers are currently involved in the planning of carers services (IJB, CAIG) and the discharge process.
PART 5 - LOCAL CARER STRATEGIES			

Section 31,32,33	Duty to prepare local carer strategy; Preparation of local carer strategy; Publication and review of local carer strategy	Each local authority and relevant health board must jointly prepare a local carer strategy. It must contain, amongst other things, plans for identifying relevant carers; and plans for helping relevant carers put arrangements in place for the provision of care in emergencies. There are consultation requirements. There are factors which must be taken into account in preparing the local carer strategy. These include the national health and wellbeing outcomes. The local carer strategy must be published.	**<u>Adult Carers</u>** **Underway, high level strategic objectives will be in place by 1 April 2018** In line with the Act and subsequent guidance, a full strategy will be published in 2019, to bring it in line with the strategic planning cycle. A Carers Act Implementation Plan is being prepared for agreement by the IJB. **<u>Young Carers</u>** **Underway – on track to be in place and compliant by 1 April 2018** The Young Carer Strategy will be developed within the framework and timescales set by the Act. The Young Carer Strategy will be integrated within the wider Renfrewshire H&SCP Carer Strategy document. The Young Carer Strategy will also be embedded within the Renfrewshire Children's Services Partnership Plan and will be developed, published and reviewed within concomitant processes.
PART 6 – INFORMATION AND ADVICE FOR CARERS			
Section 34	Information and advice service for carers	Each local authority must establish and maintain, or ensure the establishment and maintenance of an information and advice service in its area.	**Underway – on track to be in place and compliant by 1 April 2018** Renfrewshire Carers Centre is funded to provide

		The service must provide information and advice for carers in particular about: • carers' rights, including those set out in the carers' charter (when it is published), • income maximisation, • education and training, • advocacy, • health and wellbeing (including counselling), • bereavement support services following the death of a cared-for person, • emergency and future care planning. Each local authority must identify information and advice that is likely to be of particular relevance to persons who have one or more protected characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.	information and advice services. Relevant information sources e.g. RHSCP and Council website will be updated with information relating to the Act. DEAR group to be consulted.
Chapter 35	Short breaks services statements	Each local authority is required to prepare and publish a short breaks services statement. This document will describe the short-breaks services available in Scotland for carers and cared-for persons. Local authorities will be encouraged to identify gaps and plan and commission new shirt breaks provision to meet the needs of carers in their areas. Scottish Ministers are expected to use the regulation-making power to make further provision about the preparation, publication and review of short breaks services statements.	**Planned as part of the current Carers Act Implementation Plan, to be in place by 1 April 2018, subject to Scottish Government guidance** Once available, a mapping exercise will be undertaken to identify local services and any gaps.
Section 36	Carers Charter	Section 36 requires, amongst other things, that Scottish Ministers must prepare a carers' charter and may from time to time revise the charter.	**Under review to establish local requirement for 1 April 2018**

			Awaiting detail from Scottish Government. The Scottish Government is consulting on a draft charter and a response has been submitted.

Appendix 2 - Carers Act Implementation Plan

Carers Act Implementation Plan	
November 2017	• Publish draft Young Carers and Adult Carers eligibility criteria • Consultation process underway • Updated Direction approved by the IJB, for issue to the Council and NHS GGC Board • Report on the implications of the Act for Renfrewshire Children's services presented to the Education and Children's Policy Board
December 2017	• Closure date for consultation responses • Complete analysis of consultation responses and meetings
January 2018	• Report to IJB and Council on consultation responses and proposed final Adult and Young Carers eligibility criteria • IJB and Council agree the first Adult Carers and Young Carers eligibility criteria, taking into account consultation responses.
February – March 2018	Based on guidance yet to be received from the Scottish Government, systems, paperwork, training and infrastructure to support implementation of the Act will be put in place: • Arrangements for Support Plans and Young Person Statements in place • Short breaks statement prepared and published • Deliver any required changes to information systems • Operational Guidance • Plan and deliver communications and training to staff • Develop public information including FAQs • Council agrees 2018-19 budget, including available IJB budget to support the implementation of the Act and this will agreed by NHS Board. • Draft Young Carers Strategy presented to the IJB and Council for approval • Draft Adult Carers Strategic Objectives presented to the IJB and Council for approval
April 2018	• Draft Young Carers Strategy and Draft Adult Carers Strategic Objectives finalised and published • Commence Act in line with eligibility criteria

Appendix 3 – Draft Adult Carer Eligibility Criteria

1. Illustrative threshold for carer support

2. Table of Indicators

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

	Carer does not want to be in paid work or education.	sustaining employment and/or education in the long term. Carer is not in paid work or education but would like to be in the long term.	in the medium term. Carer is not in paid work or education but would like to be in the medium term.	employment and/or education in the short term. Carer is not in paid work or education but would like to be soon.	imminent risk of giving up work or education. Carer is not in paid work or education but would like to be now.
Finance	Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.	Caring is causing severe financial hardship e.g. carer cannot afford household essential sand utilities, not meeting housing payments.
Life balance	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing.	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has no opportunities to achieve the balance they want in their life. They have no access to breaks and activities which promote physical, mental, emotional wellbeing.
Future Planning	Carer is confident about planning for the future and has no concerns about managing caring.	Carer is largely confident about planning for the future but has minor concerns about managing caring.	Carer is not confident about planning for the future and has some concerns about managing caring.	Carer is anxious about planning for the future and has significant concerns about managing caring.	Carer is very anxious about planning for the future and has severe concerns about managing caring.

Appendix 4 - Draft Young Carers Eligibility Criteria

The Carers' (Scotland) Act 2016 places a number on duties upon local authorities to respond to the needs of young carers. Local authorities must offer a Young Carer Statement to children and young people who are identified as young carers. Children and young people who request a Young Carer Statement must also have one provided.

Local authorities must maintain a carer advice service which provides information and signposting to young carers.

The Act places a duty on local authorities to set local eligibility criteria for access to services. The criteria must be developed in consultation with carers and carer representatives and it must be published before 1 April 2018.

In Renfrewshire, we propose that children and young people will be deemed to meet the threshold for support if they satisfy the following criteria:

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

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

   …"young carer" means a carer who –is under 18 years old, or

   has attained the age of 18 years while a pupil at a school, and has since attaining that age remained a pupil at that or another school. Part 2 (a) & (b).

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

To: **Renfrewshire Integration Joint Board**

On: **24 November 2017**

Report by: **Chief Social Work Officer**

Heading: **Annual Report of the Chief Social Work Officer 2016/17**

1. Summary

1.1. The Chief Social Work Officer provides an annual update report to Council in Autumn each year. The requirement for every local authority in Scotland to appoint a professionally qualified Chief Social Work Officer (CSWO) is set out within Section 3 of the Social Work (Scotland) Act 1968. The particular qualifications are set down in regulations and this is one of a number of statutory requirements which local authorities must comply with. In Renfrewshire Council the role of the Chief Social Work Officer is held by the Director of Children's Services.

1.2. The annual reports of all CSWOs are submitted to the Office of the Chief Social Work Advisor at the Scottish Government in order that a national overview report can be produced.

1.3. The report provides a summary of activity relating to the role of the Chief Social Work Officer during 2016/17.

2. Recommendations

It is recommended that the IJB:

- Note the key activities outlined in this report;
- Note that the annual report has been submitted to the Office of the Chief Social Work Officer at the Scottish Government; and
- Agree that annual reports will continue to be provided to this Board.

3. Background

The Chief Social Work Officer

3.1 The principal role and purpose of the Social Work service is contained within the Social Work (Scotland) Act 1968, which gave local authorities the responsibility of "promoting social welfare". The Social Work Service has a statutory duty to provide care and protection to the most vulnerable people across Renfrewshire, often meaning that many of our service users do not engage with us on a voluntary basis. The role of

the Chief Social Work Officer (CSWO) is critical in terms of achieving this purpose.

3.2 The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder.

3.3 The qualifications of the CSWO are set down in regulations and stipulate that the post holder must be a qualified social worker registered with the Scottish Social Services Council. The CSWO must be able to demonstrate extensive experience of operational and strategic management at a senior level within social work or social care services.

3.4 The overall objective of the CSWO is to provide professional advice on the provision of social work services to elected members and officers; advice which assists authorities in understanding many of the complexities which are inherent across social work services. The CSWO should also assist authorities in understanding the key role that social work plays in contributing to the achievement of national and local outcomes, to improving local performance and in terms of the management of corporate risk. The key aspect of this locally has been the provision of an annual report to Council, and these, along with CSWO reports from other local authorities, are now being used nationally to create an overview report.

3.5 The scope of the CSWO role covers all social work and social care services, whether provided directly by the local authority, or in partnership with others. Where these services are purchased or commissioned from external providers, the CSWO has responsibility to advise on the specification, quality and standards of services commissioned. The revised guidance notes the role of the CSWO in providing professional advice and guidance to the Integration Joint Board (IJB) on social work matters which have been delegated to that IJB, and reflects the changed environment in which social work services are now delivered.

3.6 The CSWO has a range of other responsibilities relating to the promotion of values and standards and leadership.

3.7 Social work services have a statutory duty to provide care and protection to the most vulnerable people across their local authority area. A significant proportion of service users do not engage with the service on a voluntary basis. Access to the majority of services is assessed on the basis of need, and social work staff work in partnership with individuals, carers, families and communities to meet this need within the resources available to the service and partner agencies.

Local Governance Arrangements

4.1 In 2015/16, new structures for social work services in Renfrewshire were implemented as a result of the integration of adult health and social care.

Social work services for adults transferred to the newly established Renfrewshire Health and Social Care Partnership under the management of a Chief Officer. Criminal Justice Social Work and social work services sit alongside statutory education services in a Children's Services Directorate.

4.2 Within Renfrewshire Council the Director of Children's Services acts as Chief Social Work Officer. As well as the responsibilities associated with the directorship, as CSWO he retains professional leadership for adult social care services delivered by the HSCP. The post has a number of general and specific duties, including:

(i) Providing regular reports to elected members on the key activities and role of the Chief Social Work Officer.

(ii) Leading for Social Work on the Renfrewshire HSCP Executive Governance Group and the Integration Joint Board

(iii) Reporting directly to the Education and Children's Services Policy Board and Renfrewshire Council.

(iv) Being a member of the Council's Corporate Management Team and the Chief Officer's Group and reporting directly to the Chief Executive and senior elected members.

(v) Representing services and the council more widely, at a local, regional and national level.

(vi) Chairing the Senior Leadership Team of Children's Services and the twice-yearly meeting of all social work managers from both Children's Services and the HSCP.

(vii) Provides advice on social work issues to the Chief Officers' Group

(viii) Specific Duties

In relation to specific duties associated with the position, the CSWO within Renfrewshire Council acts as:

- Final point of appeal in relation to Adoption and Fostering decisions
- Recipient of all Mental Health and Adults with Incapacity Orders
- Decision maker in relation to Secure Care applications for Children

(ix) Management of Risk

The Chief Social Work Officer is accountable to the Chief Executive, the Corporate Management Team and the Council as part of the Chief Officers' Group which manages public protection risks on a partnership

basis. Heads of Service have responsibility for the management of risk within their respective service areas.

5. Activities of the Chief Social Work Officer 2015/16

5.1 The report attached as Appendix 1 summarises the key activities of the Director of Children's Services in his capacity as Chief Social Work Officer in Renfrewshire. It does not provide an exhaustive description of the full range of duties and responsibilities undertaken by the Director, but seeks to provide a broad overview of the CSWO role. This report and its appendices will be submitted to the Office of the Chief Social Work Officer to inform a national overview report.

5.2 The next report on the activities of the Chief Social Work Officer will be submitted to the Council in Autumn 2018 and thereafter to the Scottish Government and the Integration Joint Board.

6. Overview of activities within Social Work services

6.1 Services continue to experience high demand in a number of areas, which is being managed in a financially prudent manner and during a period of significant structural change for social care and the wider Council. The management of significant levels of risk to vulnerable children and adults continues to be significant for the service and for partner agencies. Many of those pressures are related to deprivation and to high levels of alcohol and drug misuse in Renfrewshire. The service works as part of a multi-agency partnership to co-ordinate the provision of services which aim to protect vulnerable people locally and continues to deliver high-quality services to vulnerable people in Renfrewshire and to innovate and improve through a programme of continuous development and improvement.

6.2 The CSWO has a range of statutory duties which are detailed in Appendix 1 to this report; that appendix also includes more detail of demand and provision in those areas.

6.3 Statutory functions in respect of children encompass looked after and accommodated children, child protection, work with the Scottish Children's Reporter Administration and work with young people who offend and are subject to secure orders. In recent years, the service, in partnership with others, has developed a strong focus on early intervention and prevention, on the use of evidence-based programmes to support families, on the use of intensive support in complex cases, and on focusing on permanence including looked after and accommodated children who are not able to return to the care of their parent(s). The impact of this approach is considered in more detail in Appendix 1.

6.4 Adult social work and social care services will be part of a joint inspection of Renfrewshire Health and Social Care Partnership in the second half of 2017/18. This will be carried out by the Care Inspectorate and Healthcare Improvement Scotland.

6.5 Day to day management of adult social work services is delegated to Renfrewshire Health and Social Care Partnership. The CSWO retains a professional advisory role in relation to these services and continues to have statutory duties within adult social work. The Renfrewshire Adult Protection Committee is responsible for developing, implementing and monitoring the strategic approach to the management of the protection of vulnerable adults in Renfrewshire in terms of the Adult Support & Protection (Scotland) Act 2007. There continues to be increasing demand for work related to the Adults with Incapacity (Scotland) Act 2000. More detail is included in Appendix 1.

6.6 The Criminal Justice Service supervises a range of community-based requirements on offenders, provides reports to Courts and the Parole Board, manages the inter-authority service for sexual offenders, and operates a range of statutory and voluntary services to support female offenders. A number of services which previously operated on a shared basis with neighbouring authorities have now been brought in-house. Multi-agency arrangements are in place to manage high-risk offenders, violent and sexual offenders and to tackle domestic abuse. The service is also working closely with community planning partners to deliver on community justice responsibilities.

Key Priorities in 2017/18

6.7 Based on an assessment of internal and external factors the CSWO has identified key priorities for the year ahead:

- Supporting the wider Council to deliver on the priorities set out in the Council Plan
- Effectively discharging our public protection role and working with partners to ensure that vulnerable children and adults live as safely as possible within local communities
- Continuing to ensure strong and positive links between Children's Services and Renfrewshire Health and Social Care Partnership.
- Continuing to deliver high quality services in a period of financial constraint
- Improving outcomes for children living in Renfrewshire through evidence-based early intervention and preventative programmes and other initiatives which will aim to transform services for children
- Wider partnership working
- Tackling inequality in Renfrewshire

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning –** The report details the progress made by the service to protect vulnerable children and adults, reduce offending behaviour, increase community safety, and promote early intervention, independent living and wider health improvement. It highlights partnership working, details the measures which ensure the workforce is skilled and effective and highlights achievements in relation to support to communities, customer service and consultation.
4. **Legal - None**
5. **Property/Assets – None**
6. **Information Technology – None**
7. **Equality & Human Rights –** The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** –None
10. **Risk** - Risks related to the management and delivery of social work services within Renfrewshire Health and Social Care Partnership are closely monitored and are included within both the RHSCP Risk Register which follows the same format as the Children's Services Risk Register which includes Children's Social Work and Criminal Justice – the latter is reported into Renfrewshire Council's Corporate and Strategic Risk Registers.
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers – Chief Social Work Officer Report

Author: Lisa Fingland, Service Planning & Policy Development Manager (Children's Services)

Appendix 1

Renfrewshire Council

Annual Report of the Chief Social Work Officer

2017/18

1. Summary of Performance

Social work services continue to face the dual challenges of growing demand for services and continued financial pressures. These challenges are being met in the context of the significant structural change which has taken place since 2015.

Needs-driven early intervention and preventative work is a priority for Renfrewshire Council. During 2016/17, Children's Services undertook their second large scale study of children and young people, garnering survey responses from more than 10,000 young people aged 9-16. This will inform service development and evaluation not only within Children and Families social work but across the wider Renfrewshire Children's Services Partnership. The embedding of improved permanency planning within Children and Families social work is already contributing to a steady reduction in the overall number of looked after children in Renfrewshire, the rate of which is consistently above the national average.

Service improvements and innovation are key to meeting the demographic challenges faced by the local authority. In Care at Home, a new Out of Hours service has been implemented and tendering is underway for an electronic scheduling system which will enhance the efficiency of the service.

Adult protection and the management of welfare guardianships continue to be a growing area of work for the local authority. Renfrewshire also continues to have areas of significant deprivation and relative poverty, and above average levels of alcohol and drug misuse and this impacts on child protection work and contributes to higher than average rates of looked after children. Despite the challenges, external scrutiny indicates that services in Renfrewshire remain of high quality.

During 2017/18, adult services will be subject to the new model of joint inspection by the Care Inspectorate and Healthcare Improvement Scotland. Criminal justice services are in the first year of new partnership arrangements based on community planning arrangements, following the disbandment of community justice authorities.

This report provides details of the achievements within Renfrewshire's social work services during 2016/17 as well as the challenges. Case studies are used throughout to highlight some of the year's key developments.

2. Partnership Working

The role of CSWO was originally designed to provide professional advice on social work services to elected members and council officers, in order to assist local authorities in understanding the complexities inherent in social work and social care services. The growing incidence of strategic partnerships across the public sector,

whether legislated for or developed through good local joint working, adds a level of complexity to the role of Chief Social Work Officer.

In Renfrewshire Council, social work services for children and families and criminal justice social work services are delivered by Children's Services whilst social care and social work services for adults are delivered by the Health and Social Care Partnership. As such, the CSWO fulfils the role for both the Council and the HSCP. The post is held by Peter MacLeod, who also serves as Director of Children's Services. In Renfrewshire, Children's Services also includes all local authority education services.

As a Director, the CSWO sits on the Council's Corporate Management Team. He reports to elected members principally through the Education and Children Policy Board but also through the Council's other Boards and Committees as required. Heads of Service from both Children's Services and the Health and Social Care Partnership meet regularly to discuss practice issues and policy matters of shared interest. Co-location of both organisations also contributes to strong and positive working relationships.

The CSWO has a key role in relation to local multi-agency public protection arrangements and sits on the Renfrewshire Child Protection Committee, Renfrewshire Adult Protection Committee, Renfrewshire Alcohol and Drugs Partnership and the Chief Officers Group.

At a national level, the CSWO has Co-Chair of the National Steering Group on Joint Commissioning and Chair of the Institute for Research and Innovation in Social Services (IRISS). He is also on the boards of Technology-Enabled Care, Macmillan Cancer Support, and Realigning Children's Services, and on the Widening Access Delivery Group.

Service users are also key partners in planning and delivery, and are supported to make their views known in a number of ways. The self-directed support ethos continues to be embedded in care planning, supporting the delivery of more personalised care packages to individuals. Renfrewshire's children and young people can share their views and experiences through the Youth Commission, through the Children's Champions Board, through the use of Viewpoint in the 5 children's houses, and through advocacy services provided by Who Cares Scotland and Barnardo's Hear4U. Adult service users and carers are represented on the HSCP's Strategic Planning Group. The case study on page 5 provides more detail on the Children's Champions Board.

Figure 1 below shows some of the key decision-making groups on which the CSWO sits as the representative of social work professionals.

3. Social Services Delivery Landscape

Renfrewshire Council retains a significant proportion of the local market in social care and social work provision, with 25 registered services including 3 care homes and 5 day centres for older adults, 5 children's houses, 3 centres providing day opportunities for adults with learning disabilities and a Care at Home service.

The standard of these registered services is high, with 80% graded as Very Good or Excellent for Quality of Care and Support, 76% Very Good or Excellent for Quality of Management and Leadership, and 80% Very Good or Excellent for Quality of Staffing. Most services are not routinely assessed on Quality of Environment but of those which were, 71% were Very Good or Excellent.

Case Study: Service User Engagement - The Children's Champions Board

Renfrewshire has one of Scotland's 8 Children's Champions Board and in 2016 was awarded almost a quarter of a million pounds over several years from the Life Changes Trust to develop further.

The purpose of the Board is to enhance the voice of care experienced young people, to allow more meaningful dialogue between these young people and their corporate parents, and as a consequence, give care experienced young people an opportunity to influence policy and practice.

The young people involved have worked with Children's Panel members to provide other care experienced young people and professionals with information about the rights of young people in relation to hearings. Following this, they also worked with the Scottish Children's Reporter Administration (SCRA) to redesign one of their hearing rooms and make it less formal. Young people have had social media training to support engagement with a wider group and have been involved in mentoring.

"Coming to the Champions Board has made me more confident with myself and not afraid to stand up for what I believe." (Care experienced young person, Renfrewshire Champions Board)

"I come along to the Champions Board because we get to put our views across about different issues and that we have our own voices instead of adults speaking for us. Also, we get to play lots of different games and we build trust with one another, it feels like a second family." (Care experienced young person, Renfrewshire Champions Board)

"I come to the Champions Board because I want to make a difference in the care system for other young people coming in. I also like to share my opinions." (Care experienced young person, Renfrewshire Champions Board)

The Champion's Board gives care experienced children and young people access to policy makers and influencers within children's services and provides an opportunity for them to discuss the particular challenges they face and how these can be overcome. This is of considerable benefit not just to the young people involved but to the agencies that support them.

The Renfrewshire local authority area also has a well-developed independent and third sector social care market. This includes more than 20 nursing and residential homes for older people, some specialist day provision run by Alzheimer's Scotland, the Erskine Home and Erskine hospital which offers a range of supports and services, and two secure units (Cora Good Shepherd and Kibble).

There are a number of independent and relatively large care at home providers on the local authority framework and a growing number of smaller providers who are meeting some of the needs identified through the self-directed support process which may not fit with traditional care at home services.

Figure 2: A typical week in service delivery

Local Authority Provision	Independent and Third Sector Provision
Between 80 and 100 children on the Child Protection Register in any given week	17 children and young people living in independent residential schools or homes
131 children and young people living with local authority foster carers	85 children and young people living with externally provided foster carers
102 children and young people placed with kinship carers	1 young person placed in a secure unit
171 care leavers receiving aftercare services	An average of 31 nights of residential respite care provided for children with disabilities and their families. Loom Walk provided a total of 1590 overnight stays for 82 children in 2016/17.
645 adults with learning disabilities making use of day opportunities at 1 of 2 local authority hubs integrated into leisure centres	65 adults with a learning disability attending further education
248 adults with severe and profound learning disabilities attending a local authority day centre at least once a week	17 adults with a learning disability in employment
144 older people living in local authority residential homes	295 adults with a learning disability leaving in supported accommodation
912 older people receiving Care at Home services from the in-house	28 adults with a mental health issue and 22 adults with a physical disability

teams	or sensory impairment living in supported accommodation
110 adults with a physical disability attending the Disability Resource Centre	755 older people receiving Care at Home services from independent providers
538 older people attending a local authority day centre at least once a week	651 older people living in independent nursing homes and 57 older people living in independent residential homes
68 older people living in extra care housing	
22 Criminal Justice Social Work reports prepared for court	
9 new Community Payback Orders made by the court to be supervised by the Criminal Justice Social Work service	

Social work services in Renfrewshire aim to be responsive to changing needs and demands and to address gaps in provisions or make improvements to existing services. The Children and Young People Wellbeing Survey undertaken in 2016 is one of the ways in which services identify needs and gaps. The case study on page 8 provides more detail on the survey.

As part of an ongoing commitment to early intervention and preventative work, Renfrewshire Council is currently developing an intensive service to support a small group of young people whose needs cannot be met within mainstream residential provision.

One of the Council's partners in the local Children's Services Partnership, Barnardo's, is developing a 'gap housing' project within Paisley which will provide sustainable accommodation for two young people as part of a support package which will help previously accommodated young people move towards independent living.

The Care at Home service is currently tendering for a new electronic scheduling system which will significantly reduce paperwork and improve the efficiency of rota planning, as well as allow for greater real-time monitoring of staff and service users, thus improving safety.

4. Resources

Renfrewshire Council's expenditure on social work in 2016/17 was just over £94 million. Services for older people make up the largest share at 42% and services for

children and families account for a further 32%. Criminal Justice Social Work services are directly funded by Scottish Government grant.

Case Study: Identifying Need through the Children and Young People Wellbeing Study

In 2011, in partnership with the Dartington Social Research Unit, Renfrewshire Children's Services Partnership undertook a large-scale survey of local children and young people, with all those aged 9-17 invited to take part. Over 12,500 responses were received.

The survey identified several areas which partners wanted to focus interventions on: behaviour, emotional wellbeing, social relationships, educational skills and attainment, and physical health. This led to the implementation of a number of evidence-based programmes, including:

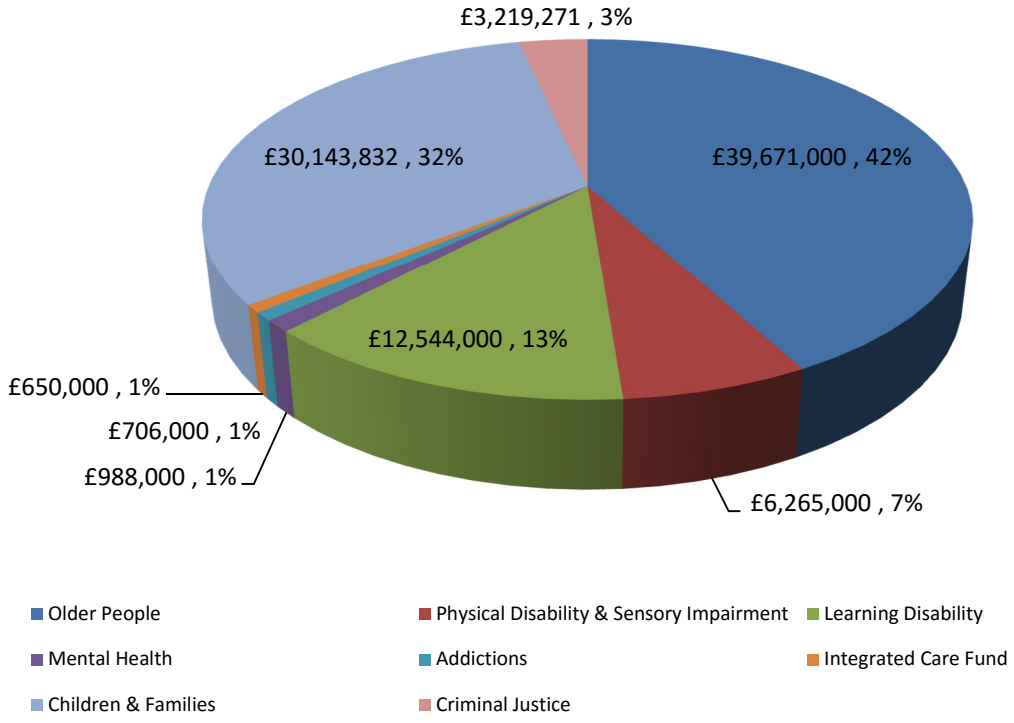
Triple P (Positive Parenting Programme)
Family Nurse Partnership
Incredible Years
Functional Family Therapy
Promoting Alternative Thinking Strategies

In 2016, Renfrewshire became the first local authority area to repeat the study, this time targeting 9-16 year olds. The survey was delivered through schools over several weeks in November and December 2016. There were 10,099 responses received; 4375 from primary schools and 5724 from secondary schools.

The 2016 survey was informed by the learning from Renfrewshire's earlier work and from those other local authorities who worked with Dartington. There were some changes to the question set for 2016, including a reflection of the social media environment which was in its infancy during the 2010 study.

The data is now being analysed and key themes identified. These will inform service and partnership plans for 2017/18 and beyond.

Figure 3: Expenditure on social work services, 2016/17



In adult social care, there are significant demand and financial pressures in Care at Home, in Adult Placements and in the Care and Repair service. Renfrewshire's continuing strong performance in relation to minimising delays from hospital has driven demand for community-based services, particularly Care at Home.

There are significant pressures in criminal justice social work arising from increasing demand and the issues associated with the new funding formula, which reduces the available resource.

The adoption of a Living Wage by Renfrewshire Council in 2012 had implications for all council services, partly due to the need to increase the wages of the lowest-paid staff but also the need then to maintain distinctions between the salaries paid to those undertaking more complex duties, for example. Providers have also sought financial support from the local authority to allow them to implement the Living Wage in line with the council policy which expects all contracted providers to be paying their staff that as a minimum.

Demand pressures continue to generate financial challenges for social work services. These include continuing high numbers of looked after children (which is partly related to levels of deprivation, parental neglect and drug and alcohol misuse); increasing use of community sentences by courts rather than short prison sentences; the impact of longer life expectancy and a greater proportion of the population being

aged 65 and over; the increasing diversity of our communities and the need to provide specialised support to, for example, refugees and unaccompanied asylum seeking children. Throughcare (that is, the support offered to care experienced young people) is an area where we will continue to see rising demand due to the ongoing implementation of the Children and Young People (Scotland) Act 2014In common with other Scottish local authorities, Renfrewshire Council is trying to meet growing demand at a time of financial austerity. In its risk management plan, the Council considers financial challenges to be the greatest risk to the ongoing delivery of local services.

Early intervention and preventative work not only supports improved outcomes for the people of Renfrewshire but can also support a sustainable financial position. Examples of local work include the embedding of early permanency planning for looked after children where appropriate; a shift in the balance of care of older people towards community settings which means people go into residential or nursing care much later in life than they might have done in the past; evidence based programmes delivered by the council and partners in order to promote improved parenting; a service for female offenders which provides support with the issues which may have contributed to offending.

5. Service Quality and Performance including delivery of statutory functions

During 2016/17, social work services in Renfrewshire continued to deliver high quality and often innovative services to our communities and families. Some of these are outlined below and two approaches are considered in more detail on pages 13 and 14.

Understanding our communities	
We completed our second Children and Young People Wellbeing survey in partnership with the Dartington Social Research Unit. Renfrewshire is the first local authority in Scotland to undertake a second survey. Over 10,000 children and young people responded and the data will be used not only to measure the impact of existing services and supports but to help inform future plans and identify priorities.	We continue to support the participation of children and young people in decision making. We do this through our Children Champion's Board, through the Barnardo's Hear4U advocacy service and through the local work of Who Cares Scotland.
Targeting specific needs	
We have completed a redesign of children's social work services to enable a strong focus on pre- and post-birth	We have created a specialist team to meet the particular needs and challenges facing our small population of

services, on kinship care and on our throughcare service.	unaccompanied asylum seeking children.
Children's Services is developing an intensive support service for young people with high levels of need which would benefit from more individual support.	
Reducing reoffending and focusing on rehabilitation	
Delivered, as a proof of concept, a pilot of the Penal Policy Improvement Programme, which has contributed to a reduction in the number of women on remand.	We have led on the development of a Community Justice plan for Renfrewshire, which has a strong focus on helping people with convictions address the issues which led to their offending.
Working more efficiently	
The Self-Directed Support team have streamlined the budget approval process so that frontline staff can arrange support plans more quickly. The time to approve a budget for a service user has fallen from 16 days in 2014 to 4 days in 2016.	The Care at Home Service is in the process of procuring an electronic scheduling and monitoring system which will make the process of scheduling visits by staff much simpler and much more efficient.
New approaches to care	
Our 5 children's houses have adopted the 'Philosophy of Care' model of care, a trauma-informed approach. Young people report a positive shift in their experience of living in the houses, with a greater emphasis on discussing and resolving problems, and more respectful engagement with staff.	With wider partners, the local authority has invested in training in the 'Safe and Together' approach to working with perpetrators and victims of gender-based violence. One area of focus for the model is working with the perpetrator in order to reduce the risk to children.

Current Service Delivery: Statutory Services

The focus on early intervention and strengthened permanency planning is contributing to a steady reduction in the overall number of looked after children in Renfrewshire. At 31 March 2017, there were 673 LAC in Renfrewshire of whom 269 were looked after and accommodated; this represents a fall of 4% and 10% respectively on the previous year. Of the accommodated placements, 80% are with foster carers and a further 4% are pre-adoptive placements. The Fostering and Adoption team have been very successful in recruiting and retaining local authority foster carers and in securing adoptive placements – 18 adoptions were secured in 2016/17.

Eight young people from Renfrewshire spent some time in a secure placement during 2016/17. Secure orders continue to be used infrequently and intensive

intervention and community based support packages are considered a better approach with complex cases. The Whole Systems Approach is supporting a reduction in secure placements. Renfrewshire Council is currently developing a new service to facilitate much more intensive work with the intention of further reducing such placements.

During 2016/17, 24 children were the subject of a Child Protection Order under Section 57 of the Children (Scotland) Act 1995. This compares to 18 in the previous year. The number of children on the Child Protection Register at any one time varies depending on the circumstances and nature of risk attending to the children and families that are being supported. As at 31 March 2017, there were 111 children on the Child Protection Register, compared with 79 at the end of 2015/16 and 83 at the end of 2014/15; as a snapshot, the number is subject to considerable variation throughout the year.

Adult protection continues to see a high volume of contacts. During 2016/17, 1569 adult welfare concerns and 953 adult protection contacts were received by Renfrewshire Council. In the same period, 90 adult protection investigations were initiated and a total of 125 initial or review case conferences took place. These resulted in 17 individuals being subject of an Adult Support and Protection Plan. Renfrewshire HSCP now has a dedicated Adult Support and Protection Team to deal with the increased workload in this area.

The management of welfare guardianships is another area of increasing volumes. As of 31 March 2017, the Chief Social Work Officer had responsibility for 110 Welfare Guardianships, including 25 new orders granted during 2016/17. Where the CSWO acts as Welfare Guardian, the day to day management of each case is delegated to a 'nominated officer'. These are reviewed regularly by the CSWO with relevant managers.

The local authority also applied for an Intervention Order in 25 cases during 2016/17, up from 9 in 2015/16. These are in addition to the Welfare Guardianships, many of which also include an application for financial guardianship where an independent solicitor is appointed to act as Financial Guardian. The MHO Team Manager now has the authority to act as a Financial Intervener and manages these cases directly. The local authority also has a duty to supervise all private welfare guardianships, of which there are currently in excess of 450. The management of this activity is a significant challenge for the Authority given the number of private welfare guardianship orders being made.

The Mental Health (Care & Treatment) (Scotland) Act 2003 authorises a range of requirements for individuals with mental disorders, including detention in hospital, authorisation of the administering of particular treatments, and community-based orders which specify where a person lives. These are known as Compulsory Treatment Orders (CTOs); in 2016/17, the MHO team applied for 44 new CTOs.

They also dealt with 16 emergency detentions (72 hour detentions for assessment) and 117 short-term detentions (up to 28 days). The service also manages restricted patients.

Case Study: Spinner's Gate – From the Ground to the Plate

The Spinner's Gate Resource Centre in Paisley is the base for several support services for adults with learning disabilities and/or autistic spectrum disorders. Part of the garden area has recently been transformed into an outdoor growing space so that people who attend services at the centre will have the opportunity to grow their own food and learn more about healthy eating, all whilst being more physically active.

Grant funding has enabled the construction of a greenhouse and the employment of a horticulturist for six months to help kick-start the initiative.

The aim of the project is ultimately to improve the self-esteem and self-confidence of participants. Along the way, people taking part in the project will develop skills in growing and cooking, and in teamwork, and learn more about how what we eat can contribute to a healthier lifestyle.

In addition to developing growing skills, the project will also support the development of cookery skills and team working.

The volume of work delivered by the Criminal Justice Social Work service continues to grow, with increasing numbers of Community Payback Orders made each year. During 2016/17 the Criminal Justice Social Work team worked with 475 individuals on 524 Community Payback Orders, including 227 with an unpaid work requirement. The timescales for completion can be challenging for the service, partly as a result of the challenge in finding sufficient suitable work placements but also due to the difficulties in ensuring client compliance. The service also worked with 22 new individuals given Drug Treatment and Testing Orders, while 34 Fiscal Work Orders commenced. These new orders create additional demand for unpaid work placements. At the end of 2016/17, 82 individuals were on licence in the community, including 15 individuals on a life licence, while there were 44 individuals newly released from custody on licence.

Case Study: Up2U

Up2U is an innovative cognitive behavioural programme designed for people who engage in domestically abusive behaviours. It engages perpetrators through individualised work whilst also supporting victims and promoting positive parenting. The programme was developed in an English local authority and Renfrewshire's Criminal Justice Team recognised the benefits of the programme and worked with the programme's developer to redesign it for a Scottish criminal justice context.

All our Criminal Justice staff have undergone training to deliver the programme on a one-to-one basis and our female staff have also achieved the award in Domestic Abuse Advocacy to enhance their support to high-risk victims of domestic abuse.

Staff are at various stages of work with services users and delivery is very promising which is reflected in the fact there has been an extremely low attrition rate, which research shows has been hugely problematic in the delivery of previous domestic abuse programmes.

Between July 2016 and February 2017, the team received and screened 68 court report requests where domestic abuse was a feature. Following on from the screening, 26 individuals have community payback orders which include Up2U. The first completions are now taking place and this has provided an opportunity to analyse risk reduction and key outcomes. The feedback from men completing the programme demonstrates its impact:

"It makes you think more about yourself and how you behave. It highlights your failings, I don't mean that in a negative sense, as I now know that I have jealousy and insecurity difficulties and I can now work towards addressing them. I benefitted from the discussion but also feel that the visual learning (flip charts etc) helped me understand and process things better. It is different when you see things written down and are able to make the connections."

"In future relationships, I am going to slow down and build trust. I also saw in the media recently about men controlling their partner's phones, social media. That was who I was; I don't want to be that man anymore."

The Renfrewshire approach was recognised nationally when the team won the SSSC award for Making Research Real in June 2017.

The day to day management of addictions services falls within the purview of the HSCP. Nonetheless, strong joint working remains a key feature of addictions services within Renfrewshire and the impact of substance misuse on children is a continued focus and this is reflected in the range of early intervention and preventative approaches taken in Renfrewshire. At the end of 2016/17, Renfrewshire Drugs Service had 711 open cases whilst the alcohol service had 280 open cases.

The specialist RADAR service, which works with children and young people, remains within the Council as part of Children's Services and had 140 open cases at the end of 2016/17.

6. Workforce Planning and Development

In common with other local authorities, the recruitment and retention of a social work and social care workforce remains challenging. In adult services, almost half of the HSCP workforce is aged over 50 and there is competition from staff from other sectors of the economy where the work is seen as less physically and emotionally demanding. An intensive recruitment drive during 2016/17 in the Care at Home service has resulted in 68 new staff joining the service, which should alleviate some of the pressures.

The in-house Social Work Professional Training Service continues to operate across Children's Services and the HSCP and offers a broad range of training and development opportunites for practitioners. Staff also have access to more generic training offered by the Council, including opportunities for management training. The team also delivers multi-agency training in child and adult protection.

A new supervision policy for social workers and senior social workers has been rolled out. Based on professional competencies, it reflects the 'fitness to practice' ethos.

The Training Service continues to provide support to ensure that Care at Home staff are able to meet the registration requirements which will apply to them from October 2017. A new supervision policy for social workers and senior social workers has been implemented during 2016/17.

To:	**Renfrewshire Integration Joint Board**
On:	**24 November 2017**
Report by:	**Chief Officer**
Heading:	**Transformational Strategy Programme**

1. Summary

1.1 The purpose of this report is to advise the Integration Joint Board of work being carried out by NHS Greater Glasgow and Clyde to develop a Transformation Strategy for NHS services within the Health Board area.

1.2 The NHS Greater Glasgow and Clyde's transformation plan Moving Forward Together is attached at Appendix 1.

2. Recommendation

It is recommended that the IJB:

- Note this report;
- Agree to ongoing involvement of officers from the HSCP in work to develop the Moving Forward Together Strategy; and
- Delegate authority to the Chief Officer to identify an appropriate member(s) to represent the IJB and HSCP on the Stakeholder Reference Group.

3. Background

3.1 The IJB's Strategic Plan 2016-19 outlines the need to deliver significant transformation across the health and social care system.

3.2 There are a number of local, regional and national drivers around development of a transformation strategy for NHS Greater Glasgow and Clyde. These include:

- Conclusion of the acute services review for NHSGG&C in May 2015, with the opening of the new Queen Elizabeth University Hospital
- The clinical services strategy for NHS Greater Glasgow and Clyde (2015).
- National strategies published by the Scottish Government, including the National Clinical Strategy, strategies for mental health, major

trauma services, cancer services and the Health and Social Care Delivery Plan.
- Emerging work around regional planning across NHS Boards in the West of Scotland
- The Public Bodies (Joint Working) (Scotland) Act 2014, and the establishment of 6 Integration Joint Boards within the NHS Greater Glasgow and Clyde area, with responsibility for the strategic planning of, as a minimum, social care, primary and community healthcare and unscheduled hospital care for adults.

3.3 In 2016, the Audit Scotland report 'NHS in Scotland' identified a set of key messages for the NHS in Scotland, as outlined below:

- There have been significant improvements both in population health and healthcare over the last decade.
- The demands on health and social care services are escalating and NHS funding is not keeping pace.
- NHS Boards are struggling to meet the majority of national standards and it is increasingly difficult to balance the demands of hospital care alongside providing more care in the community.
- There are significant workforce pressures due to an ageing profile and difficulties in recruitment and retention.

3.4 The report went on to recommend that NHS Boards should '*take ownership of changing and improving services in their local area and, working with partner agencies, develop long term workforce plans and work with the public about the need for change'*

3.5 The Scottish Government published a response to this report with 3 main aims: reducing inappropriate use of hospital services; shifting resources to primary and community care; and supporting capacity of community care.

4. NHSGG&C Transformation Strategy

4.1 In response to the drivers outlined in section 2, NHS Greater Glasgow and Clyde have initiated work to develop a health-board wide Transformation Strategy. A paper considered by the NHS Board on 17 October 2017 is appended to this report.

4.2 The aim of this work is to develop a medium term transformational plan for NHS Greater Glasgow and Clyde (to be known as the 'Moving Forward Together' Strategy). The scope of this work will include development of a system wide strategic framework, with associated implementation plans for acute, primary care and community health services.

4.3 It is anticipated that this work will be carried out in 4 phases, with completion expected in mid-2018:

- Phase 1 - Establishing baseline position, and mapping against current strategy / work streams and gap analysis.
- Phase 2 – Establishing gaps and commissioning work streams to inform those gaps. Clinical discussion on principles leading to the development of plans to implement new models of care and the quantification of the impact of those changes
- Phase 3 - Drawing together and quantifying the impact of predicted demand changes and new models of care to describe options for a new service configuration across primary, community, secondary and tertiary care
- Phase 4 - Engagement, consultation and revision

4.4 Governance arrangements are currently under discussion, however it is expected that Executive-level governance will be through a Programme Board, chaired by the Chief Executive and with membership comprising Executive Directors, Chief Officers, Acute Services, clinical leads and Regional Planning representation.

4.5 The Programme Board will review outputs and provide guidance to the Programme Team and will report to the NHS Greater Glasgow and Clyde Senior Management Team, NHS Board and to the 6 Integration Joint Boards.

4.6 Programme activity will be undertaken by a system wide representative Team comprising cross system clinical, managerial, HSCP, planning, public health, communications and public engagement, data analysis, finance and estates. This team will be responsible for developing the programme plan and taking forward the 4 phases of the programme.

4.7 This core team had their first meeting in early September 2017 and have started initial activity to take forward Phase 1. Further updates will be provided to the Integration Joint Board in due course.

5. IJB / HSCP Involvement

5.1 A range of individuals have been co-opted to the core team on a temporary basis, including officers from HSCPs representing primary and community care. It is also expected that two Chief Officers will be appointed to the Programme Board, representing the six IJBs in the NHS Greater Glasgow and Clyde area.

5.2 The role of HSCP officers on the core team and of Chief Officers on the Programme Board, will be to provide support, advice and scrutiny of development of the programme from an HSCP perspective. This will include, for example, articulating the aims of the strategic plans of the 6 IJBs and how the Moving Forward Together Strategy can align with

these, and describing the scale of the financial challenge facing IJBs and the extent of the transformation work already underway or planned within Partnerships.

5.3 To support wider engagement in development of the Moving Forward Together Strategy, a Stakeholder Reference Group will be established. The purpose of this group will be to:

- Provide a sounding board for emerging plans and materials;
- Advise on the development of information for wider public use;
- Communicate back to stakeholder groups;
- Strengthen and play a significant role in wider public communication.

5.4 Membership of the Stakeholder Reference Group is currently under consideration by the core team, however it is expected that representation from each of the six IJBs in the NHS Greater Glasgow and Clyde area will be sought. The IJB is therefore asked to delegate authority to the Chief Officer to identify an appropriate member(s) to represent the IJB and HSCP on the Stakeholder Reference Group.

Implications of the Report

1. **Financial -** An outline of the 2018/19 budget position presented to the IJB in September 2017 indicated that within both the Council and the Health Board there will be significant financial challenges for 2018-19 and beyond. The focus of the transformational programme is to develop future services which are optimised for safe and effective, person centred care that meets the current and future needs of our population, but is sustainable and deliverable within the allocated resource envelope. As with previous years the transformation programme will ensure that the quality of service is maximised in process for the delivery of future savings and efficiencies.
2. **HR & Organisational Development –** No immediate impacts, however the outcome of the completed programme could recommend changes to the workforce. Some HSCP officer time is currently being utilised to support development of the Moving Forward Together Strategy.
3. **Community Planning – None**
4. **Legal –** A number of functions which may be considered 'in scope' for the Moving Forward Together Strategy are delegated to the IJB, therefore statutory responsibilities for decision making in relation to the Strategy may rest with both the IJB and Health Board.
5. **Property/Assets – None**
6. **Information Technology – None**
7. **Equality & Human Rights –** No immediate impacts arising from this paper. It is expected that the final draft Moving Forward Together Strategy will be subject to a full Equality Impact Assessment by the Health Board.
8. **Health & Safety – None**

9. **Procurement – None**
10. **Risk –** Failure to deliver the scale of transformation required across the health and social care system would present a significant risk to the IJB discharging its statutory duty of delivering the Strategic Plan within available budget.
11. **Privacy Impact – None.**

List of Background Papers – None.

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

NHS Greater Glasgow & Clyde

NHS Board Meeting

Chief Executive and Medical Director **17 October 2017** **Paper No: 17/52**

MOVING FORWARD TOGETHER: NHS GGC'S HEALTH AND SOCIAL CARE TRANSFORMATIONAL STRATEGY PROGRAMME

Recommendation:-

The Board is asked to approve the plan and associated timescales set out below to develop a Transformational Strategic Programme for NHSGGC Health and Social Care Services; Moving Forward Together, in line with Scottish Government national and regional strategies and requirements and the projected needs of the NHSGGC population.

Purpose of Paper:-

To seek Board support for and approval of the development of a Transformational Strategic Programme for NHSGGC Health and Social Care Services: Moving Forward Together.

The paper also includes an Annex which highlights areas of transformational change already delivered across health and social care in NHSGGC.

Key Issues to be considered:-

The requirement for NHSGGC to develop an implementation plan, for the National Clinical Strategy and the National Health and Social Care Delivery Plan.

Any Patient Safety /Patient Experience Issues:-

No issues in the immediate term, however the outcome of the completed Programme will contribute to NHSGGC's delivery of the Scottish Government aim of Better Care.

Any Financial Implications from this Paper:-

No issues in the immediate term, however the outcome of the completed Programme will contribute to NHSGGC's delivery of the Scottish Government aim of Better Value.

Any Staffing Implications from this Paper:-

No issues in the immediate term, however the outcome of the completed Programme could recommend changes to our workforce.

Any Equality Implications from this Paper:-

No issues.

Any Health Inequalities Implications from this Paper:-

No issues in the immediate term, however the outcome of the completed Programme will contribute to NHSGGC's delivery of improved heath equality.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

No.

Highlight the Corporate Plan priorities to which your paper relates:-

Develop a new five year Transformational Plan for the NHS Board working in partnership with other key stakeholders and taking cognisance of the key local and national strategies, including the Health and Social Care Delivery Plan

Author – Transformational Team

Tel No – 0141 201 4611

Date – 10 October 2017

MOVING FORWARD TOGETHER: NHS GGC'S HEALTH AND SOCIAL CARE TRANSFORMATIONAL STRATEGY PROGRAMME

PART ONE: NHSGGC Strategic Background and National Strategies/Plans and Requirements

NHSGGC strategic background

NHS services in general and NHSGGC acute services in particular have gone through a period of ongoing change since the millennium. The delivery of the Glasgow Acute Services Review first approved in 2002 and the South Clyde Strategy (2006) and the North Clyde Strategy (2009) have seen changes across services in what is now Greater Glasgow and Clyde. The achievement of the various infrastructure and service improvements embedded within these strategies culminated in the opening of the new Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children in May 2015.

In addition, in 2012 the NHSGGC Board commissioned a strategic review of clinical services to ensure their fitness for future demands. This work was completed and approved by the NHSGGC Board as the Clinical Services Strategy in January 2015. This Clinical Services Strategy was also adopted by the emergent Health and Social Care Partnerships as a framework for planning clinical services. That position remains extant.

National and regional strategic background

Since 2015 there have been a number of National Strategies published by the Scottish Government, including the National Clinical Strategy and Health and Social Care Delivery Plan as well as strategies for mental health, major trauma, cancer services, maternity and neonatal care, primary care, intermediate care and realistic medicine.

The Scottish Government have confirmed that by 2021 there will be Diagnostic and Treatment Centres (DTC) across the country, in addition to the enhancements to the current Golden Jubilee National Hospital. This investment is to build capacity for diagnostics and planned surgery away on dedicated sites away from the emergency and trauma centres and units. The precise configuration of these centres is yet to be fully defined but in planning for the future, it is essential that NHSGGC and West of Scotland plans influence and take account of this development.

The Health & Social Care Delivery Plan (HSCDP) reaffirms the need for planning regionally a range of clinical services on a population (cross geographical boundaries) basis. The West of Scotland Regional Planning Group is therefore developing its strategic planning programme in line with these requirements, with all component NHS Boards, including therefore, NHSGGC. This too must include forward planning towards establishment of the DTCs as well as within estates, capital and revenue planning.

Under the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Authorities are responsible for the planning, commissioning and delivery of a range of services across the boundaries of primary, community and secondary care. There are six Integration Joint Boards within the NHSGGC Board area and each has in place a strategic plan and supporting commissioning intentions.

In its first report on Health and Social Care Integration in 2015, Audit Scotland emphasised the significant opportunities associated with integration for improving outcomes for individuals and communities and argued that a measure of success would be the extent to

which integration provides a vehicle for Health Boards, Councils and IJBs to move to a more sustainable health and social care service, with a greater emphasis on anticipatory care and less reliance on emergency care.

In 2016, Audit Scotland set out a range of findings and recommendations for Scottish Government and for NHS Boards and Health and Social Care Integration Joint Boards, summarised (by Audit Scotland) as below.

"The NHS is going through a period of major reform. A number of wide ranging strategies propose significant change, including the National Clinical Strategy, integration of health and social care services and a new GP contract. These need to be underpinned by a clear plan for change. Some progress is being made in developing new models of care, but this has yet to translate to widespread change in local areas and major health inequalities remain.

Recommendations

The Scottish Government should:

• provide a clear written plan for implementing the 2020 Vision and National Clinical Strategy, including: – immediate and longer-term priorities, including a public health strategy to help NHS boards focus on preventing ill health and tackle health inequalities – support for new ways of working and learning at a national level – long-term funding plans for implementing the policies – a workforce plan outlining the workforce required, and how it will be developed – ongoing discussion with the public about the way services will be provided in the future to manage expectations

• set measures of success by which progress in delivering its national strategies can be monitored, including its overall aim to shift from hospital to more community-based care. These should link with the review of national targets and align with the outcomes and indicators for health and social care integration

• consider providing NHS boards with more financial flexibility, such as three-year rolling budgets rather than annual financial targets, to allow better longer-term planning

The Scottish Government, in partnership with NHS boards and integration authorities, should:

• model the cost of implementing its National Clinical Strategy and how this will be funded, including the capital investment required

• share good practice about health and social care integration, including effective governance arrangements, budget-setting, and strategic and workforce planning

• in line with the national policy on realistic medicine: – work to reduce over-investigation and variation in treatment – ensure patients are involved in making decisions and receive better information about potential treatments

NHS boards, in partnership with integration authorities, should:

• take ownership of changing and improving services in their local area, working with all relevant partner organisations

In response the Scottish Government published the Health and Social Care Delivery Plan (HSCDP) which is predicated on a "Triple Aim" of Better Health, Better Care and Better Value. It also described these aims in terms of reducing inappropriate use of hospital services**;** shifting resources to primary and community care and supporting capacity of community care.

It is against this national strategic background that this Programme – Moving Forward Together - is proposed so as to ensure NHSGGC health and social care services keep pace with best available evidence and ongoing transformational change nationally and regionally to meet the needs of the people of Scotland, ultimately delivering the Triple Aim set out in the HSCDP – Better Health, Better Care, Better Value.

The Aim and Objectives of the Moving Forward Together Programme

The aim of this transformational strategic programme is:

- to develop and deliver a transformational change programme, aligned to National and Regional policies and strategies that describes NHSGGC's delivery plan across the health and social care services provided by our staff, which is optimised for safe, effective, person centred and sustainable care to meet the current and future needs of our population.

The objectives are:

- to update the projections and predictions for the future health and social care needs of our population
- to produce a clinical case for change
- to review existing National, Regional and NHSGGC published strategies and model the impact of their delivery on our population
- taking the information above, to develop new models of care delivery which provide safe, effective and person centred care which maximises our available resource, provides care in the most efficient and effective way and makes the best use of innovation and the opportunities presented by new technology and the digital age
- to support the subsequent development of delivery plans for these new models of care, which describe the required changes in workforce, capital infrastructure and procedures and processes which ensure the intended and projected benefits are realised.

A detailed description of the programme is set out in the accompanying paper. The Board is invited to consider and confirm its approval to proceed to develop Moving Forward Together as outlined. This will see the delivery of a comprehensive transformational change plan to come forward to the Board by June 2018.

MOVING FORWARD TOGETHER: A TRANSFORMATIONAL STRATEGY FOR HEALTH AND SOCIAL CARE SERVICES ACROSS NHS GREATER GLASGOW AND CLYDE

PART ONE: National Policy Strategic Context

The strategic landscape set for NHS Scotland in which NHSGGC must operate can best be described as an agreed and supported direction of travel which is founded on evidence based good practice and sound principles. Audit Scotland highlighted both the imperative to continue to pursue this direction of travel, but also recognised the challenges which face us in delivering the changes which are required to move us forward together.

The high level picture for our nation is one of changes to the demographic composition of our population and the challenges which that brings. It is to be celebrated that our people are generally living longer and healthier lives due to the range and quality of past and present prevention programmes and the care services that the NHS in Scotland has and is delivering.

It is also recognised, however, that these positive changes place increasing demands on health and social care services, who in turn work within allocated resources to provide the care needed for local residents. This has resulted in the need to look at the future needs of our population and to develop and support the changes needed to keep pace with demand now and over the coming years. Modern health and social care practice is developing through the growing evidence base which describes what best meets those future needs through new and developing technological advances, but also in terms of what our population expect of their health and social care services in the modern world.

This changing and challenging environment drives a requirement to review and where necessary redesign our health and social care services for the future.

2020 Vision

The 2020 Vision remains the pinnacle of NHS Scotland Heath and Social Care policy and it clearly has relevance beyond 2020.

The Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self management
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Quality Strategy

If the 2020 Vision is the pinnacle of the policy frameworks then the Quality Strategy is what underpins the frameworks.

The Quality Strategy (2010) is the approach and shared focus for all work to realise the 2020 Vision.

The Quality Strategy aims to deliver the highest quality health and social care to the people of Scotland, to ensure that the NHS, Local Authorities and the Third Sector work together and with patients, carers and the public, towards a shared goal of world leading healthcare.

The Quality Strategy is based on the Institute of Medicine's six dimensions of Quality.

It is also shaped by the patient engagement feedback received from the people of Scotland when asked what they wanted from their healthcare system.

This is summarised as a system which is caring and compassionate and has good communication and collaboration. A system where care is delivered in a clean environment and that gives continuity of care and achieves clinical excellence.

Out of these criteria three Quality Ambitions were developed:

- **Safe**
  There will be no avoidable injury or harm to people from healthcare and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all time
- **Person Centred**
  Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision making
- **Effective**
  The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variation will be eradicated.

Integration and the National Health and Social Care Outcomes

Legislation requiring the integration of Health and Social care came into effect in April 2016 and the new Integration Authorities now have responsibility for over £8 billion of funding across Scotland for the delivery of services which was previously managed separately by NHS Boards and Local Authorities. The Scottish Government considers this to be the most significant change to the way care is provided for people in their communities since the creation of the NHS.

In addition to the Public Bodies (Joint Working) Act, Health and Social Care Services are required to develop in response to other legislation, including:

- The Social Care (Self Directed Support) Act 2013, which makes legislative provisions relating to the arranging of care and support, community care services and children's services to provide a range of choices to people for how they are provided with support.
- The Children and Young People (Scotland) Act 2014, which reinforces the United Nations Convention on the Rights of the Child; and the principles of Getting It Right For Every Child.

- The Community Empowerment (Scotland) Act 2015, which provides a legal framework that promotes and encourages community empowerment and participation; and outlines how public bodies will work together and with the local community to plan for, resource and provides services which improve outcomes in the local authority area.
- The Carers (Scotland) Act 2016, which aims to ensure better and more consistent support for both adult and young carers so that they can continue to care in better health and to have a life alongside caring.

The measure of success in integration is making the necessary changes which put people at the centre of decisions about their care and improves and brings closer together the range of services available to make them near seamless and more responsive to the people who use them.

Hospitals should and will provide clinical care that cannot be provided anywhere else, but most people need care that can be provided in settings other than hospitals which are more appropriate to the specific individual needs and are better placed to support health and wellbeing. This thinking meets the expectation that people would rather receive support and care at home or in a homely setting when they do not require the acute care that can only be delivered in a hospital.

Integration aims to provide care built around the needs of the person, which can support them to remain at home or closer to home, connected to their families and their communities. At a strategic level the benefits of Integration are founded on delivery of 9 outcomes, which are monitored through a range of measureable indicators. These are:

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

What does this mean for NHSGGC?

Metrics to monitor the delivery and impact of these nine outcomes have been described separately by Scottish Government. In terms of impact for NHSGGC, taking outcome 5 as an example, the Board will wish, in due course, to be able to define its contribution to reducing health inequalities across its population, particularly as there is continuing evidence of a widening gap in health inequalities within the City of Glasgow.

We will

- ensure that appropriate health inequalities impact assessments are a core component of the Moving Forward Together programme proposals for change

The National Clinical Strategy

The National Clinical Strategy (NCS) was published in February 2016. It is evidence based and sets out the drivers for the required transformational change in the delivery of clinical services. It follows an approach that looks across the whole patient pathway from primary care, community care, to secondary/tertiary care and includes palliative and end of life care and the approach to Realistic Medicine. It uses the known projections and predictions in terms of changes in demographic profile, technological advances available resource to consider the wider implications of those changes for NHS Scotland for the next 10 to 15 years and beyond.

The NCS lists the key drivers for transformational change as:

- demographic changes in Scotland's population
- the changing patterns of illness and disability
- the relatively poor health of the population and persisting inequalities in health
- the need to balance health and social care according to need
- workforce issues
- financial considerations
- changes in the range of possible medical treatments
- remote and rural challenges to high quality healthcare
- opportunities from increasing information technology (e-health)
- a need to reduce waste, harm and variation in treatment

The NCS uses national and worldwide evidence of successful change to indicate the potential impact of such changes in terms of improved outcomes and better experiences for individuals.

The NCS recognises the current challenges to the delivery of these changes in NHS Scotland which are reflective of those facing NHSGGC:

- increasing need for support for an ageing population with increasing levels of multi-morbidity
- multi-morbidity arising approximately a decade earlier in areas of deprivation

- A need to
    - improve care and outcomes via an expanded, multidisciplinary and integrated primary and community care sector, despite current workforce constraints
    - to increase co-production with patients and carers, create high quality anticipatory care plans and to support people in health improvement and self management
    - embrace the changes required for effective integration of health and social care and ensure that it makes a transformational change in the management of patients despite the current demand and supply challenges also faced by social services
    - reduce the avoidable admission of patients to hospital whenever alternatives could provide better outcomes and experiences
    - dramatically reduce the problem of discharge delay and thereby the risk of avoidable harm and adverse impact on the maintenance, or re-establishment of independent living
    - make better use of information and make better informed decisions about both individual and collective care
    - ensure that services become sustainable in the face of considerable workforce and financial constraints by giving careful consideration to planning of more highly specialist provision
    - provide healthcare that is proportionate to people's needs and where possible their preferences, avoiding overtreatment and over medicalisation and at the same time prevent undertreatment and improving access to services in others
    - provide services of greater individual value to patients
    - move to sustainable expenditure so that we maintain high quality services and can also avail ourselves of medical advances as they arise, and
    - integrate the use of technology into service redesign and to consider how IT could transform service delivery and help meet future challenges.

The potential impact for the delivery of health and social care services provided by NHSGGC will cut across the whole range of services from primary through community, acute care and beyond. This programme – Moving Forward Together – is aimed looking forward to the transformational changes that will be required for meeting the assessed future needs of our people. Taking as an example the principles of service planning, these will potentially significantly change in terms of both the "Once for Scotland" approach in, for example, shared diagnostic services and also the changes in planning regionally for populations, across board and geographical boundaries.

In planning regionally for the West of Scotland population of 2.7 million people this will likely lead to changes in the organisation of our hospitals. There will be a need in future to work as joined up networks providing the full range of planned care needed across specialist services, linking to and working alongside, primary care clusters and community care services to ensure a coordinated, seamless experience for those individuals who cannot be cared for at home or in a homely setting.

The NCS sets out evidence based examples of those services best provided locally, regionally and nationally. This evidence based configuration linked to population size will be a foundation principle for both WoS regional planning and Moving Forward Together.

We will

- maintain open dialogue with delivery partners, e.g. HSCPs, National Services Division, WoS Regional Planning leads and our workforce across all services and service sectors to ensure planning is joined up and cohesive across all relevant NHS Boards and partners.
- bring forward a forward plan that is developed together with all such partners and is agreed by them as a sustainable way forward.

Health and Social Care Delivery Plan

The Health and Social Delivery Plan (HSCDP) sets out in greater detail the outcomes required in the delivery of integrated health and social care services. It represents what Scottish Government expects NHS Boards, Local Authorities and IJBs to deliver in partnership with the voluntary sector, patients, carers, families and our wider population.

The HSCDP focuses on three areas, which are referred to as the "Triple Aim" -

Better Care

- To improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all

Better Health

- To improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self management

Better Value

- To increase the value from and financial sustainability of care, by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention.

The HSCDP goes on to describe how transformed Health and Social Care services will benefit individuals and communities and will impact on regional and national services.

National and Regional Approach to Service Planning

The National Clinical Strategy introduced the requirement to plan services on a population basis whether regionally or nationally (Once for Scotland) determined by evidence of thsope services that can best be delivered at local, regional or national level.

The West of Scotland (WOS) now has a nominated Chief Executive lead and the Director of WOS Regional Planning is building a team of co-opted senior executives from NHSGGC and other boards and seconded managers to take forward the WOS regional planning agenda.

The stated requirement is to develop a regional transformation plan by September 2017 which sets out how the region will support delivering the HSCDP with board local development plans setting out their contribution both to the regional and national plans.

By March 2018 each region is expected to have a plan setting out how services will evolve to deliver the NCS and further develop the efficiency of secondary care.

NHSGGC plays a full part in the leadership of and support to various work streams in the development of the West of Scotland planning process.

The plans will need to consider how services will be evolved over the next 15-20 years to support the transformation of health and social care and ensure the longer term investment in services and estate is committed to the right areas to deliver the aims of the national clinical strategy and HSCDP.

This WOS planning will run alongside the NHSGGC Moving Forward Together Programme and as it develops the interdependency and alignment will be continually monitored and necessary adjustments made through the maintenance of a close working relationship between the two teams.

Primary Care

The national Primary Care Outcomes Framework sets out a clear vision for the future primary care at the heart of the healthcare system, linking to the 2020 Vision, Health and Social Care Integration, the National Clinical Strategy and Health and Social Care Delivery Plan.

This vision applies across the four primary care contractor groups and the wider multi-disciplinary team working in primary care.

General practices are central to this vision for primary care with Scotland's GPs as the *Expert Medical Generalist in the community; focussed on complex care, undifferentiated presentation and local clinical leadership.*

A new GP contract is under development with changes expected from April 2018. The contract, alongside additional focus and investment in the wider context of primary care, is expected to achieve a move towards that vision and the creation of extended multi-disciplinary teams in every locality.

A key part of the vision is the establishment of clusters of GP practices. These are now in place across Scotland with a clear remit to provide leadership on quality improvement across practices and with wider services.

The Scottish Government review of Out of Hours primary care services was published in February 2017. It seeks to ensure that services are

- Person centred, sustainable, high quality, safe and effective
- provide access to relevant urgent care when needed
- deliver the right skill mix of professional support for patients during the out of hours period

Four theme based task groups were set up to examine workforce matters; how data and technology can enable improvements; explore new models of care and explore what a quality out of hours service would look like.

The Scottish Government also committed £1m to testing the Review Chair's recommended new model of urgent care with seven pilot sites throughout Scotland testing various aspects of this model.

The results of this Initial Testing Programme will inform the National Delivery Plan for the Transformation of Urgent Care, for which £10 million is committed in 2017. It is intended that this will deliver both national and local initiatives over the immediate and longer term towards enabling improvements in urgent care services.

We will

- continue to support the 39 clusters across NHSGGC as a cornerstone of future developments in primary care.
- work together with primary, community and secondary care partners to drive and support action to put in place the Review recommendations for urgent/out of hours care.

The vision for Pharmaceutical services in Scotland includes a commitment to increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions, in-hours and out-of-hours, and to increasing access to GP practice based pharmacy, integrating pharmacists with advanced clinical skills and pharmacy technicians in GP practices to improve pharmaceutical care and contribute to the multidisciplinary team.

The Community Eyecare Services Review sets out a clear role for Community Optometrists in the transformation of primary care and ongoing development of community based care; ensuring that patients see the most appropriate professional and further developing eyecare in the community.

The Oral Health Improvement Plan currently under development will set out the steps to support NHS dental services to have an increasing focus on prevention.

Mental Health

The Scottish Government published a ten year strategy for mental health in March 2017. It is wide ranging and cross cutting across, for example, education, prison, secure care, children, young people and adults, including also measurement and data requirements to fulfil the 40 actions set out. It will be reviewed at the halfway stage – in 2022 – to assess its delivery and impact.

In terms of NHSGGC, it is not the purpose of this document to set out a range of specific actions required. That will take time given the complexity of the overall actions required, but it is vital that this programme considers and sets out the needs for people who need mental health and associated support services, whether provided by the statutory or the voluntary sector.

We will

- Work with health and social care partnerships and relevant sectors, including education and secure sector as required, to ensure that NHSGGC is prepared for and will deliver a range of services necessary to meet the needs of our population both in Greater Glasgow and across the WoS as required. These plans will be an important part of the final proposals to be brought forward to the Board in June 2018.

Maternity and Neonatal

The Review of Maternity and Neonatal Services in Scotland was published by Scottish Government in January 2017. Its aim was to ensure that every mother and baby continues to get the best possible care from Scotland's health service, giving all children the best start in life. The Review examined choice, quality and safety of maternity and neonatal services, in consultation with the workforce, NHS Boards and service users.

A summary of the recommendations:

- Continuity of Carer: all women will have continuity of carer from a primary midwife, and midwives and obstetric teams will be aligned with a caseload of women and co-located for the provision of community and hospital based services.
- Mother and baby at the centre of care: Maternity and Neonatal care should be co-designed with women and families from the outset, and put mother and baby together at the centre of service planning and delivery as one entity.
- Multi-professional working: Improved and seamless multi-professional working.
- Safe, high quality, accessible care, including local delivery of services, availability of choice, high quality postnatal care, colocation of specialist maternity and neonatal care, services for vulnerable women and perinatal mental health services.
- Neonatal Services: proposes a move to a new model of neonatal intensive care services in Scotland in the short and long term.
- Supporting the service changes: recommendations about transport services, remote and rural care, telehealth and telemedicine, workforce, education and training, quality improvement and data and IT.

Implementation of these recommendations is overseen by a national Implementation Group chaired by Jane Grant, Chief Executive, NHSGGC.

As is the case with mental health services, the NHSGGC plans for the future in this area are being developed and it is intended that the Moving Forward Together Programme assesses the impact of these recommendations and necessary changes and brings forward appropriate actions to address any changes required in line with the national requirements both in terms of the women and babies within NHSGGC but also as required across WoS as well as any actions taken so far and their impact.

Major Trauma Services

In January 2017 a new National Trauma Network was launched which sees four major trauma centres backed up by a range of co-ordinated trauma units across Scotland. One of these major trauma centres is based in Glasgow, at the QEUH. The national trauma network is commissioned and run by National Services Division while the local configuration of hospitals and, vitally, the clinical pathways for people suffering trauma are determined regionally and locally to best support and meet need. NHSGGC and WoS planning leads are working together to ensure the most appropriate configuration of trauma units and, along with Scottish Ambulance Service (SAS) and NHS 24, among others, to see necessary changes made so as to save more lives.

This work will continue to be driven by the Major Trauma Network and associated partners, however it is essential that the clinical needs of people with trauma are taken into account in determining the future patterns and pathways of care across NHSGGC.

We will

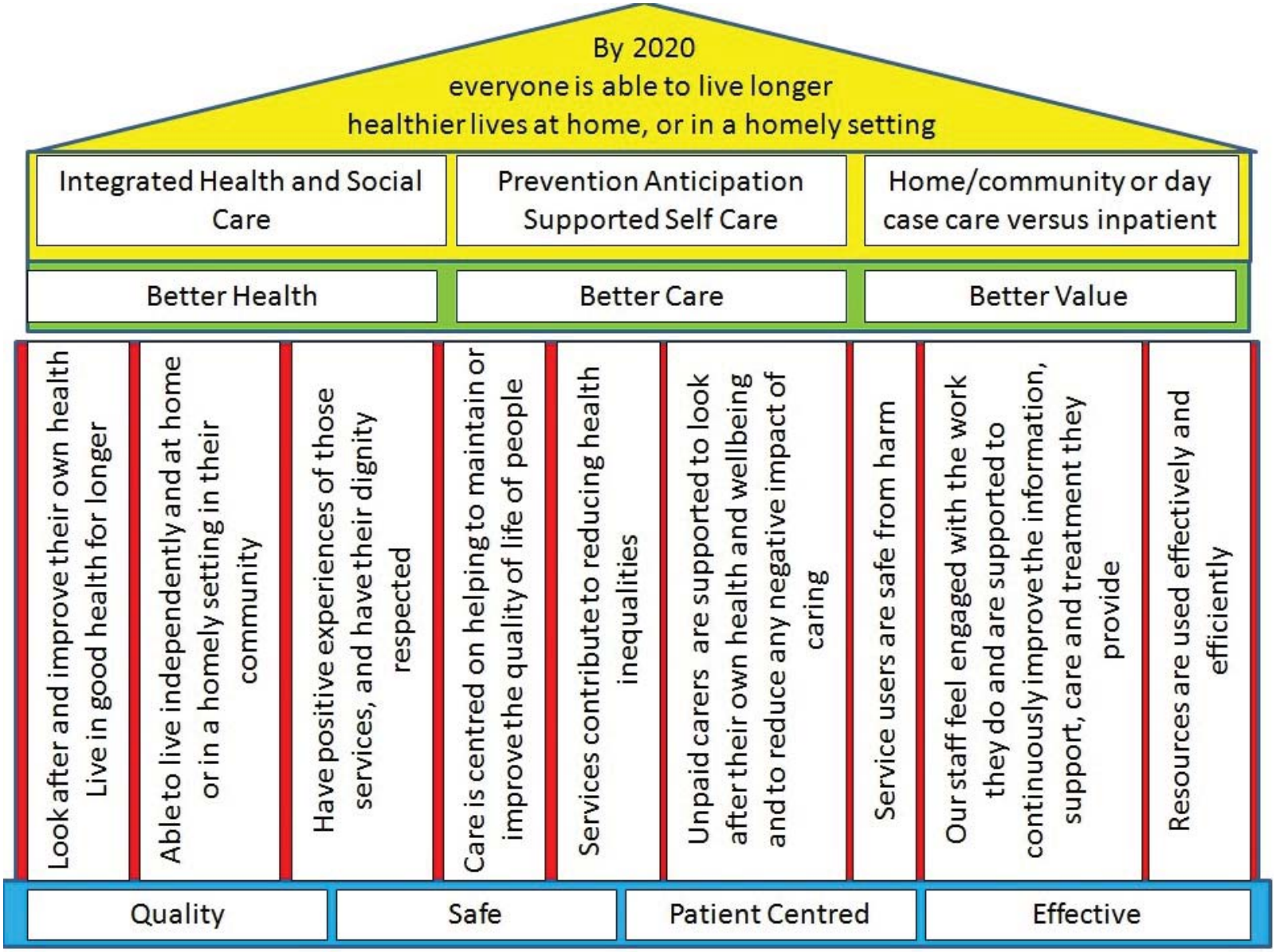
- ensure that the Major Trauma Network and planning for the appropriate configuration of Trauma Units is taken into account in planning for the future needs of our population.

Summary of the National Strategic Context

As highlighted in this section there are a number of national and regional policies, strategies and influences which will shape the NHSGGC Health and Social Care Transformational Strategy. However there is a coherent and clear direction set out across the documents. The diagram below seeks to summarise this direction.

The 2020 Vision is the pinnacle of the strategic framework. Its delivery for our population rests on the triple aim and the success of the integration agenda which is supported by the 9 pillars of the National Health and Social care outcomes and the Primary Care outcomes. Everything is underpinned by the Quality Strategy. Clinical services will be developed in line with the National Clinical Strategy and other relevant Scottish Government strategies.

Pictorially we are representing this as a “Cathedral of Care” – set out below.


By 2020
everyone is able to live longer
healthier lives at home, or in a homely setting
Integrated Health and Social Care
Prevention Anticipation Supported Self Care
Home/community or day case care versus inpatient
Better Health
Better Care
Better Value
Look after and improve their own health Live in good health for longer
Able to live independently and at home or in a homely setting in their community
Have positive experiences of those services, and have their dignity respected
Care is centred on helping to maintain or improve the quality of life of people
Services contribute to reducing health inequalities
Unpaid carers are supported to look after their own health and wellbeing and to reduce any negative impact of caring
Service users are safe from harm
Our staff feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Resources are used effectively and efficiently
Quality
Safe
Patient Centred
Effective

PART TWO: NHSGGC Strategic Background and the Clinical Services Strategy (CSS)

NHSGGC Clinical Services Strategy

The 2015 CSS provides the extant framework within which NHSGGC plans and delivers health and social care.

Although it predates the National Clinical Strategy the two documents are coherent in terms of the overall principles and the direction of travel across primary, secondary and tertiary care and the shift in care from an emphasis on hospital care towards care provided at home or in a homely setting via primary and community care planned and delivered via health and social care partnerships and, for example, clusters of GP practices working cohesively as a multi-disciplinary team to meet the needs of patients.

The CSS Case for Change

As with the NCS the CSS first identified the case for change based on an evidential review and predictions of our future population needs.

The summary of the final case for change is described by 9 key themes shown below.

- The health needs of our population are significant and changing;
- We need to do more to support people to manage their own health and prevent crisis;
- Our services are not always organised in the best way for patients;
- We need to do more to make sure that care is always provided in the most appropriate setting;
- There is growing pressure on primary care and community services;
- We need to provide the highest quality specialist care;
- Increasing specialisation needs to be balanced with the need for coordinated care which takes an overview of the patient;
- Healthcare is changing and we need to keep pace with best practice and standards;
- We need to support our workforce to meet future changes.

CSS System Wide Challenge

The CSS recognised the challenging demand pressures across a system in which 'hospital' and 'community' services were largely seen as separate, with often poor communication and lack of joint planning across the system. It was recognised that the future demand pressures could not be met by continuing to work in that way.

The CSS proposed a new system of care showed a significant change focusing on providing care where it is most appropriate for the patient. This was based on strengthened 24/7 community services, acute services focused on assessment and management of acute episodes, and a range of services being developed at the interface including shared management of high risk patients and a range of alternatives to face to face hospital visits.

The CSS proposed working differently at the interface between community and hospital which may involve new services, extending existing services, creating new ways of working through in-reach, outreach and shared care, as well as changes to the way we communicate and share information across the system.

Enablers

The CSS identified that changing the system at scale would require a series of enabling changes to support delivery of the new health care system.

- supported leadership and strong clinical engagement across the system to develop and implement the new models.
- building on the clinical portal to enable shared IT systems and records which are accessible to different professionals across the care system.
- jointly agreed protocols and care pathways, supported by IT tools.
- stratification of the patient population to ensure that care is targeted at the appropriate level with supporting anticipatory care plans in place.
- ensuring that access arrangements enable all patients to access and benefit from services.
- increasing the education and information shared with patients and the public to support people to take more responsibility for their own care.
- involvement of patients and carers in care planning and self management.
- shared learning and education across primary, community and acute services.
- governance and performance systems which support new ways of working.
- information systems which enable us to gather the information we need to monitor whether the changes are working, including disaggregated data on activity and outcomes for equality groups.
- integrated planning of services and resources.
- ensuring that contractual arrangements with independent contractors support the changes required.

CSS projected benefits

It was anticipated that the successful achievement of the new system of health care would result in:

- Patients being in control of their care and empowered to share decisions about it;
- A system of care which is easier to navigate for patients and professionals.
- Clinicians and other staff at all stages having the necessary information about the patient, with care better tailored to the patient's needs.
- Better patient experience and patient safety, and improved health outcomes with a particular improvement for patients with multi-morbidity.
- A reduction in health inequalities as the most vulnerable patients receive better access to holistic person centred care.
- Care which is provided in the most appropriate setting, relative to the patients needs.
- More cost effective use of resources with care focused on early intervention, better management of complex multi morbidity and a reduction in duplication of care.

Moving Forward Together – making it happen

The Moving Forward Together Programme will be delivered by a central hub of a core project team from across NHSGGC and with skills and experience coving all aspects of health and social care. The core team will work using the spokes of their various clinical and managerial networks in order to fully utilise the experience innovation and drive of the full range of staff who deliver health and social care services. The core team report into a cross system programme board populated by our most senior executives.

The Moving Forward Together Programme is not starting from first principles. Rather it builds on and drives forward known actions and commitments already recognised as necessary – but it will also update and supplement these in light of more recent evidence and national strategic needs.

The CSS Future Health System described a series of key characteristics of clinical services. These are also key features of the future for NHS Scotland and NHSGGC in particular in terms of the national strategic picture.

Much of the proposed change in the CSS remains what needs to be and must be done to deliver sustainable high quality health and social care which meets the future needs of our population.

However, if NHSGGC is to continue to meet the needs of our population, this Transformational Programme needs to take the CSS principles and the national context requirements on to a transformational delivery platform . It needs to describe transformational change in the context of integration and bring together health and social care to deliver a new health and social care system that not only provides the best quality of care possible but also supports people to manage their own care where appropriate, through maximising the use of digital technology and community support to improve access for advice and support, such as through community pharmacists. We need to develop the actions which will deliver the changes described in the National context but delivered locally, regionally and nationally for our population.

The actions that this programme recommends will need to:

- Support and empower people to improve their own health
- Support people to live independently at home for longer
- Empower and support people to manage their own long term conditions
- Enable people to stay in their communities accessing the care they need
- Enable people to access high quality primary and community care services close to home
- Provide access to world class hospital based care when the required level of care or treatment cannot be provided in the community
- Deliver hospital care on an ambulatory or day case basis whenever possible
- Provide highly specialist hospital services for the people of Greater Glasgow and Clyde and for some services, the West of Scotland

Delivery of the Moving Forward Together Programme will see improvements in care and outcomes for everyone.

What does the future look like?

- **In Primary Care**

A system underpinned by timely access to high quality primary care both in and out of hours, providing a comprehensive service that deals with the whole person in the context of their socio-economic environment:

- building on universal access to primary care.
- focal point for prevention, anticipatory care and early intervention.
- management where possible within a primary care setting.
- focus for continuity of care, and co-ordination of care for multiple conditions.

- **In Community Care**

A comprehensive range of community services, integrated across health and social care and working with the third sector to provide increased support at home as well as support for self management:

- single point of access, accessible 24/7 from acute and community settings.
- focused on preventing deterioration and supporting independence.
- multi-disciplinary care plans in place to respond in a timely way to crisis.
- working as part of a team with primary care providers for a defined patient population.

- **In Unscheduled Care**

Co-ordinated care at crisis/transition points, and for those most at risk:

- access to specialist advice by phone, in community settings or through rapid access to outpatients.
- jointly agreed care plans with input from GPs, community teams, specialist nurses and consultants, with shared responsibility for implementation.
- rapid escalation of support, on a 24 / 7 basis.

Hospital assessment which focuses on early comprehensive assessment driving care in the right setting:

- senior clinical decision makers at the front door.
- specialist care available 24/7 where required.
- rapid transfer to appropriate place of care, following assessment.
- In-patient stay for the acute period of care only
- early supported discharge to home or step down care.
- early involvement of primary and community care team in planning for discharge.

- **In Scheduled (Planned) Care**

Planned care which is locally accessible on an outpatient and ambulatory care or day case basis where possible, with:

- wider range of specialist clinics in the community, working as part of a team with primary care and community services.
- appropriate follow up.
- diagnostic services organised around assessed individual needs.
- interventions provided as day case where possible.
- rapid access as an alternative to emergency admission or to facilitate discharge.

Aligned with regional and national direction our service planning will cater for the needs of our population, as well as for the wider regional or national population as required. In this planning highly specialised and complex care will be provided in relevant properly equipped specialised units with an appropriately skilled workforce. These services will be designed to meet the current and projected needs based on population and the planning will be shaped by clear evidence on the relationship between outcomes for patients and activity volume when delivered by collocated multi disciplinary teams.

- **In e-Health**

Since 2012 when the Clinical Services Strategic review was commissioned NHSGGC has already achieved considerable benefit from e-Health investment which has transformed many aspects of healthcare already. The main themes in the past five years have been:

- implementing board-wide cornerstone electronic health record systems (Trakcare, Clinical Portal and EMISWeb), including a single patient index across the Health Board using CHI as the main identifier.
- making a wide range of clinical and care information available for clinicians and social care practitioners at the point of need within and increasingly across social care and Health Board boundaries
- digitising incoming hospital and community referrals with SCI Gateway and sending return correspondence with EDT, replacing postal letters (2.5 million items annually)
- centralising laboratory and radiology information systems
- replacing paper notes in outpatient clinics with access to digital patient information
- digitising in-patient workflow and support services

NHSGGC eHealth has an ambitious work plan for the next 12 months which is focussed on patient safety and care integration.

- finalise Full Business Case and, subject to approval, begin implementation planning for a Board-wide Hospital Electronic Prescribing and Medicines Administration system
- implement a new medicines reconciliation system and discharge letter process, creating a single patient-centred medication list
- complete roll out of a single Board-wide maternity electronic record system
- complete data sharing in Portal between all HSCPs and health board
- improve interoperability between key EPR systems such as document sharing from EMISWeb into portal and GP data summary into Portal
- develop a Patient Portal proof of concept digital platform and associated business case that will inform national strategy

Strategic aims of e-health that will help transform care by 2025 include

- Improved healthcare safety for medicines and deteriorating patients giving better situational awareness for clinicians
- Better interoperability of and workflow between cornerstone systems right across community and primary care helping break down professional and organisational silos
- Support for virtual consultations and care coordination reducing need for patients to travel, improving oversight of long term conditions and maximising clinic utilisation
- Digital patient engagement including patient portals to help self care, multimodal access for patients with text or webchat
- Better use of smart informatics at the clinical front line to help decision making by summarising the large amount of health and care data that now exists on individuals
- Providing technology such as the Microsoft Office 365 collaboration suite that will enable more agile and flexible working

Our Starting Point and Transformation in Action

Although there has not been the transformational change since 2015 that would have seen the full implementation of the CSS new health care system, NHSGGC has not stood still.

There are a number of service reviews currently under way which will produce transformational change proposals which may be delivered during this programme or will be incorporated into the final change proposals in the new clinical and service models coming out of this programme and the wider West of Scotland regional approach to planning.

These reviews include:

GP Contract Arrangements
Out of Hours Services
Mental Health Services
Unscheduled Care
Older People's Services
Planned Care Capacity
Beatson West of Scotland Cancer Centre
Modern Outpatient Programme
Stroke Services
Orthopaedic Services
Breast Services
Urology Services
Gynaecology Services

There are also a great number of changes which showcase the opportunities and benefits that can be realised if transformational change is achieved at scale across our health and social care services.

Annex A to this paper highlights small scale but transformational change that has been achieved and which clearly aligns to the direction set out by the CSS.

The challenge of the Moving Forward Together Programme is to take these advances from isolated demonstrations of success on to where they become common practice and then on to become business as usual across NHSGGC.

PART THREE: Proposed Approach: Moving Forward Together

Our Approach

The Moving Forward Together Programme takes a phased approach to delivery.

There is a central Core Team who have dedicated time each week to take forward the work of the Programme. It is composed of senior managers and clinicians from across the HSCPs and Acute Sectors.

The Programme plan has been divided into 4 phases which are described below.

Phase 1 – October to November 2017 - Establishing baseline and modelling known changes

The Core Team members reach back to their base networks to ensure engagement and to use the knowledge and experience base of those networks in a hub and spoke methodology.

We will

- Review the current range of relevant National and Regional Strategic Documents;
    - eg National Clinical Strategy , Health and Social Care Delivery Plan (2016) Cancer and Mental Health Strategies
- Review the outputs of the GGC Clinical Services Strategy for comparison with National and Regional Guidance to create and amalgamated set of principles on which Transformation Strategy will be based
- Update the predictions on population changes to develop a demand picture up to 2025
    - Using the same methodology as WOS work with ISD to ensure alignment
    - Work at a specialty and condition level using population based approach
    - Include primary and community care demand
- Review and quantify the impact of the delivery of the IJB strategic plans and commissioning intentions
- Carry out a stakeholder analysis and develop engagement plan
- Highlight the gaps where further work should be commissioned.

Phase 2 – December 2017 to February 2018 - Clinical discussion on principles leading to the development of plans to implement new models of care and the quantification of the impact of those changes

We will

- Prepare the Phase 1 principles framework, case for change, care stratification model and evidence base to enable a structured discussion with small clinical groups from and then across primary community secondary and tertiary care
- Prepare a review of all local and regional work on clinical services, as well as the GGC Clinical Services Review (CSR) and national strategies and model the predicted impact on the current services in GGC for discussion in clinical groups
- Commission either SLWG or current groups to review Phase 1 predicted service demand and produce proposals for future service requirements, the impact of which can be modelled.
- With clinical groups produce a matrix of stratified clinical interdependencies for each service which will inform options development and a plan for enabling changes and/or supporting services which are required to sustain the new service models
- Model the impact of these proposed changes on the demand and activity profile to inform the options development
- Commission further evidence base reviews and review other service models as required to support the development of options

Phase 3 – March to April 2018 - Drawing together and quantifying the impact of predicted demand changes and new models of care to describe options for a new service configuration across primary community secondary and tertiary care

The Core Team will draw together all of the various pieces of work from Phase 1 and 2 and analyse the outputs of the commissioned work streams.

We will

- review current WOS planning, GJNH and other Health Board strategic intentions and assess the impact on GGC options
- describe the required changes, supporting and enabling work and outline delivery plans with options where relevant
- use this basis to prepare an outline of the strategic delivery plan with options to be discussed during the wider clinical and public engagement programme through an open and transparent effective dialogue process supported by a series of wide ranging conversations

Phase 4 – May to June 2018) Amendments following engagement and Approval

The outcomes of the engagement process following the initial options proposal at the end of Phase 3 will be used to finalise proposals. The details of this Phase will be determined by the guidance given by the NHSGGC Board, IJBs and Scottish Government.

We will

- bring forward finalised proposals for the future of health and social care services delivered by NHSGGC for their population to the Board for approval in June 2018.

Communication and Engagement

It is proposed that during the programme there is a comprehensive and transparent engagement process with the widest possible range of stakeholders.

This will include wide spread staff and partnership engagement and inclusion through the hub and spoke methodology for clinical engagement following the principles of Facing the Future Together.

We will

- engage with and take advice from all the various Board advisory groups and committees
- work together with the WOS Regional Planning Team.
- engage with neighbouring health boards and national partner Boards including the Scottish Ambulance Service, NHS24 and the Golden Jubilee Foundation
- engage with patients and carers at the earliest opportunity and throughout the process by establishing a Stakeholder Reference Group with wide representation across the demography and the geography of our population.
- produce and implement an inward and outward facing communications programme which supports the delivery of our key messages to our staff, partners and population using the range of available effective means.

SUMMARY

The Moving Forward Together Programme is NHSGGC's seminal transformational programme to deliver the National Clinical Strategy, Health and Social Care Delivery Plan and other associated National Strategies.

The Programme will describe a new health and social care system that is optimised for safe, effective, person centred and sustainable care to meet the current and future needs of our population.

The Programme will develop in cooperation and cohesion with the developing work in the West of Scotland for planning of a Regional basis.

The Programme will provide an overarching framework for change across primary, community and secondary care both in the short term during the conduct of the programme and thereafter as a result of it's recommendations.

The Programme will support the subsequent development of delivery plans for the developed new models of care, which describe the required changes in workforce, capital infrastructure and procedures and processes which ensure the intended and projected benefits are realised.

NHSGGC Examples of Transformation in Action

The following section highlights small scale but transformational change that has been achieved and which clearly aligns to the direction set out by the NCS HSCDP and CSS.

The challenge of the Moving Forward Together Programme is to take these advances from isolated demonstrations of success on to where they become common practice and then on to become business as usual across NHSGGC.

Primary Care: Transformation in Action

<table>
<tr><th colspan="2">House of Care
CSS New System Characteristic</th></tr>
<tr><td colspan="2">Building on universal access to primary care.
Focal point for prevention, anticipatory care and early intervention.
Management where possible within a primary care setting.
Focus for continuity of care, and co-ordination of care for multiple conditions.</td></tr>
<tr><td>Previous State:
Disease specific task based review in primary care for patients with Long Term Conditions guided by former Quality and Outcomes Framework; limited patient empowerment.</td><td>Transformed State:
Participating GP practices use the ‘House of Care’ process and framework when recalling patients for their annual review. The House of Care (HoC) ethos places the person at the centre of their care supporting a collaborative conversation between the individual and the professional. Changes in the process include a two-step review:
• The first is to gather information and carry out disease specific surveillance and to prepare the patient for the second appointment (carried out by the HCSW where possible).
• The second, a longer time with the clinician to have a conversation about the impact of the condition and reflect on what matters to the individual (carried out by the Practice Nurse in most cases).

A further change is that the patient receives the results from their tests in between the two appointments. They also receive information and are asked to think about/note what matters to them and given prompts
for discussion. The second appointment is then intended as a meeting of equals and experts to review how things are going; consider what's important; share ideas; discuss options; set goals; develop a care and support plan. A ‘More than Medicine’ approach is considered and local services to support this are identified.</td></tr>
<tr><td colspan="2">Benefit Realised
Patients being in control of their care and empowered to share decisions about it. The person is more likely to act upon the decisions they make themselves, rather than those made for them by a professional. Clinicians and other staff at all stages having the necessary information about the patient, with care better tailored to the patient’s needs.

Biomedical impact - in 19 trials involving 10,856 participants, care planning has led to:
• Better physical health (blood glucose, blood pressure)
• Better emotional health (depression)
• Better capabilities for self-management (self-efficacy)</td></tr>
</table>

New Ways Inverclyde – Transforming Primary Care Programme

CSS New System Characteristic

Building on universal access to primary care.
Focal point for prevention, anticipatory care and early intervention.
Management where possible within a primary care setting.
Focus for continuity of care, and co-ordination of care for multiple conditions.

Previous State	Transformed State
16 practices in Inverclyde working to standard national GMS contract within a context of significant pressures on primary care, including rising workload and complexity.	In September 2015, Inverclyde HSCP was approached to consider the opportunity to work in partnership with NHSGGC, Scottish Government and the British Medical Association (BMA) to explore new ways of working and inform the development of the new GP contract; and devise the future role of the GP, envisaged to be that of a senior clinical decision-maker in the community who will focus upon: • Complex Care in the Community. • Undifferentiated Presentations. • Whole System Quality Improvement and Clinical Leadership. Following initial engagement sessions led by Inverclyde HSCP, NHSGGC, Scottish Government and the BMA, all 16 Practices in Inverclyde (at that time) signed up to participate in the pilot. A number of tests of change were developed: • Aiming to reduce musculoskeletal presentations to the GP by making an advanced physiotherapist practitioner available. • Introduced a Drop-In Community Phlebotomy (drawing blood for testing) clinic. • Introduced Advanced Nurse Practitioners (ANP) working within the Community Nursing Service and responding to exacerbations of chronic illness and minor illness/injuries as well as undertaking Home visits. • Having Specialist Paramedics to reduce home visits for GPs by using this role to deal with unscheduled requests. • Piloting an extension of the Prescribing Team's clinical and medicines management activities to embed Pharmacists and technicians in GP practices doing pharmacist led clinics, the authorisation of special requests for prescribed medicines and review of immediate discharge letters from acute hospital and outpatient letters. • Pharmacy First Pilot - Inverclyde Pharmacy First Service is a test service that extends the Minor Ailments Service (MAS) to all patients and adds a small range of common clinical conditions. The objective is to provide timely and appropriate assessment and treatment of these common conditions and identify patients who require onward referral to other services.

Benefit Realised

There is now an expanded multi-disciplinary team in primary care; conditions for further change, due to development of relationships and new ways of working; and increased resilience.

<table>
<tr><td colspan="2">GP Cluster working
CSS New System Characteristic
Building on universal access to primary care.
Focal point for prevention, anticipatory care and early intervention.
Management where possible within a primary care setting.
Focus for continuity of care, and co-ordination of care for multiple conditions.</td></tr>
<tr><td>Previous State:
238 individual GP practices across NHSGGC area, often working in isolation. Quality improvement approaches focused on contractual mechanisms e.g quality and outcomes framework and enhanced services.</td><td>Transformed State:
238 GP practices across NHSGGC area now grouped into 39 clusters each with a cluster quality lead. Clusters have a role in identifying and driving quality improvement both within clusters and practices and in the wider system. The roles are defined as:

<u>Intrinsic</u>
Learning network, local solutions, peer support.
Consider clinical priorities for collective population.
Transparent use of data, techniques and tools to drive quality improvement - will, ideas, execution.
Improve wellbeing, health and reduce health inequalities.

<u>Extrinsic</u>

Collaboration and practice systems working with Community MDT and third sector partners.
Participate in and influence priorities and strategic plans of IJBs.
Provide critical opinion to aid transparency and oversight of managed services.
Ensure relentless focus on improving clinical outcomes and addressing health inequalities.

HSCPs have aligned several existing and new teams to clusters to improve co-ordination of care and multi-disciplinary working: for example neighbourhood older people’s teams.
Clusters are at an early stage of development and there is significant further potential.</td></tr>
<tr><td colspan="2">Benefit Realised
Supports better joint working between practices and with wider community services.
Has enabled alignment of community teams to groups of practices.</td></tr>
</table>

Optometry First Port of Call and Acute Referral Centre **CSS New System Characteristic** Building on universal access to primary care. Focal point for prevention, anticipatory care and early intervention. Management where possible within a primary care setting. Focus for continuity of care, and co-ordination of care for multiple conditions.	
Previous State: Patient with eye problems routinely attending GP practices. For urgent care patients went to eye casualty and waited to be seen by ophthalmology staff.	**Transformed State:** Optometry practices now first port of call for eye problems including urgent issues. GPs signposting to optometrists, and optometrists can refer to secondary care using SCI gateway if required. Urgent care now triaged first by optometrist in the community and then by telephone triage by a specialist nurse at the hospital. The patient is then given a next day planned appointment or advised to attend the hospital immediately if triaged as urgent
Benefit Realised Patients going to the service with the most appropriate skills and equipment directly, resulting in a reduction in steps in the pathway and unnecessary referral though GP practice; faster appropriate response and treatment. Patients access care according to urgency on a semi planned basis. Optometrists are able to ascertain the status of electronic SCI Gateway referrals. Utilisation of existing systems (SCI Gateway) maximises benefit of previous investment in people, systems and equipment.	

Enhanced Anticipatory Care Planning **CSS New System Characteristic** Comprehensive Primary Care Service Community Services and care planning in place to respond to crisis	
Previous State: Anticipatory Care Plans should be in place for 30% of GP patients at highest risk of emergency admission.	**Transformed State:** Extension of anticipatory care planning to a larger number of patients than that required within target groups. Practices were paid an item of service for each ACP completed or updated. Additional work was undertaken to improve awareness and use of eKIS among health care colleagues involved in emergency care and home care, for example training junior hospital doctors and extending access to eKIS to Community Nurses
Benefits Realised • 700+ new KIS and 400+ updates performed on vulnerable groups. • Care homes, dementia and learning disabilities targeted. • Information in ACP supported decision making for patients admitted as an emergency	

<table>
<tr><td colspan="2">Revised Heart Failure Diagnostic including direct access for GPs to BNP blood tests
CSS New System Characteristic
High Quality Primary Care
Management where possible within a primary care setting
Diagnostic services organised around patient needs</td></tr>
<tr><td>Previous State:
Patients with suspected Heart Failure were referred to the Heart Failure diagnostic pathway where they went through a serious of investigations. Over 90% of patients referred were found not to have HF. The volume of patients referred into secondary care drove delays in patients with confirmed HF going through the diagnostic pathway and being given an appropriate treatment plan</td><td>Transformed State:
There was a successful pilot, in the Renfrewshire area, in which GPs were given direct access to BNP blood tests for patients with suspected Heart Failure. It is now planned to roll out this access to all GP practices in the Greater Glasgow and Clyde NHS board area from September 2017. This will mean a change in the Heart Failure diagnostic Pathway that before referring a patient with suspected heart failure a GP will be able to request the relevant blood test from primary care</td></tr>
<tr><td colspan="2">Benefit Realised
Providing access to BNP blood testing in primary care improves the patient journey, immediately reduces delays in excluding HF as a diagnosis and reduces referrals and the number of secondary care attendances for these patients. It reduces waiting times for echo, cardiology diagnosis, improves the diagnosis of heart failure and other cardiac pathology for these patients and reduces the risk of emergency admission prior to commencing treatment</td></tr>
</table>

Community Care: Transformation in Action

<table>
<tr><td colspan="2">West Dunbartonshire Care at Home
CSS New System Characteristic:
Single point of access, accessible 24/7 from acute and community settings.
Focused on preventing deterioration and supporting independence.
Multi-disciplinary care plans in place to respond in a timely way to crisis.
Working as part of a team with primary care providers for a defined patient population.</td></tr>
<tr><td>Previous State

The traditional model of care at involved separate referral routes and care planning, contributing to unnecessary delays in the right assessment and service being provided, with a propensity for duplication of service provision.</td><td>Transformed State

West Dunbartonshire HSCP has established an integrated care at home service, bringing together the co-ordinated provision of Care at Home and District Nursing services to more timeously and effectively identify and respond to risk and avoid unnecessary admissions to hospital, both “in” and out-of-hours. This community service links directly to out-of-hours GP services and all HSCP-managed and independent sector care homes.

The multi-disciplinary work together to ensure improved shared information and communication at an earlier stage. Single sharable assessments and information sharing leads to better targeting of resources, more skilled and confident staff working towards shared objectives.

In addition, the innovative use of Technology Enable Care (TEC) and dedicated reablement services support better outcomes, by maximising the individual’s long term independence and quality of life; and appropriately minimising structured supports.

The team consistently receives unsolicited excellent feedback from services users; and encourages a culture where all feedback is used to - including challenge - provides an opportunity to critically review and improve services.</td></tr>
<tr><td colspan="2">Benefit Realised

People living in West Dunbartonshire are better able to live independently at home, recover well from hospital stay or injury and are safer and more independent through the dedicated work of West Dunbartonshire’s Care at Home Team.

The West Dunbartonshire HSCP Care at Home Service was awarded the Scottish Association of Social Work (SASW) Award 2017 for the ‘Best example of collaboration in an integrated setting’.</td></tr>
</table>

Reconfiguration of rehabilitation services in North East Glasgow CSS New System Characteristic Rapid transfer to appropriate place of care, following assessment. In-patient stay for the acute period of care only Early supported discharge to home or step down care.	
Previous State:	**Transformed State:**
Older people had extended stays in acute hospitals which were not seen as a homely setting. Patients attended day hospital for regular but infrequent appointments over long periods Patients attended for clinic appointments on sites without access to the full range of supporting services	Early intervention from specialists in the acute care of older people focussed on immediate multidisciplinary assessment of frailty and clinical need; Rapid commencement of multidisciplinary rehabilitation within acute facilities for patients who require immediate access to the full range of investigations and specialist advice; New HSCP inpatient and community services to enable patients who do not require care in a full acute hospital to:- Be discharged directly home after assessment or a short stay in a full acute hospital; Access local intermediate care in community rehabilitation beds provided in a homely local setting; Have rehabilitation at home with support from additional community rehabilitation services; Acute day hospital services, which deliver assessment and intervention on a more focussed and intense one stop basis, to enable the discharge of patients home or to the ongoing care of local HSCP services; Outpatient services in a setting where there is access to other clinical services enabling a one stop approach.
Benefit Realised	
Patients benefit from shorter periods in acute hospitals and a more focussed period of rehabilitation and re-ablement with a focus on returning them to their home. When they are not ready to return home but do not require acute care they can access community based intermediate care nearer to home and family	

Hepatitis C Outreach CSS New System Characteristic Planned Care Locally Accessible; Hospital Assessment – Right Time Right Place; Coordinated Care at Time of Crisis	
Previous State:	**Transformed State:**
Patients with Hep C Infection have high rates of non-attendance at hospital clinics	Community outreach clinic established at Bridgeton Health Centre combining Liver Clinics with Community Addiction Services and Opiate Substitution Therapy Prescription Management
Benefit Realised	
Better access to services, promoting better health through a joined up approach across relevant acute and community services supporting the patient. Higher levels of attendance at new patient appointments. Reduces barriers to healthcare for historically hard to engage patients	

East Renfrewshire Medicines Reconciliation and Support Service

CSS New System Characteristic:

Focused on preventing deterioration and supporting independence.
Working as part of a team with primary care providers for a defined patient population.

Previous State	**Transformed State**
Individuals and families/carers unclear about medicine failure to comply, leading to exacerbation of condition and re-admission to hospital.	The East Renfrewshire HSCP's Medicines Reconciliation and Support Service is a pharmacy technician led service which: • Provides medication advice and support for patients and carers upon return home after hospital discharge to ensure any medication changes are understood and actioned. • Assessed compliance with medication and offers support where compliance issues are known. • Completes an enhanced medicines reconciliation liaising with relevant members of the multi-disciplinary team to ensure current medication is correct. • Rationalises dosing times to minimise need for unnecessary homecare input for medicines prompts. .

Benefit Realised

By understanding their medication better and by having interventions such as compliance aids and inhaler technique provided, patients have been able to get better results from their prescribed medication.

Reduction in additional medication prompts also supports other HSCP community services, as reduced homecare prompts consequently reduces pressure on the homecare service. The Medicines Reconciliation and Support Service has improved patients' healthcare journeys; promoted a joined up approach to patient care; and by close working with the voluntary sector, provided links to local community supports and opportunities.

East Dunbartonshire Health and Social Care
Intermediate Care Unit (ICU)
CSS New System Characteristic:
Focused on preventing deterioration and supporting independence.
Working as part of a team with primary care providers for a defined patient population.

Previous State	Transformed State
No opportunity for services users to have additional assessment and rehabilitation post discharge from hospital.	East Dunbartonshire HSCP commissioned a pilot step down intermediate care unit within Westerton Care Home in November 2016. The pilot incorporated a model of GP provision, care management and rehabilitation. Eight beds were planned to allow service users to transition from the hospital setting when medically fit for discharge to a homely environment, allowing them time for additional recovery; rehabilitation; and to enable a comprehensive assessment of their longer term health and social care support needs. The skill mix for the unit comprised: • Social workers from the Hospital Assessment Team (HAT) and Allied Health Professionals from the Rehabilitation Assessment Link Service (RAL) who are part of the Community Rehabilitation Team employed from the HSCP. • A nursing/support worker component from the care home. • GP contracted to do 2-3 clinical sessions weekly.

Benefit Realised

There was improvement in delayed discharge figures against heavy demographic demands for admissions to hospital. The unit offered a new service for East Dunbartonshire HSCP's portfolio of services for people who had complex needs who required an opportunity for further interventions and time to reflect on future plans. The pilot consolidated the essential role of rehabilitation in the interface between the acute and the community.

The unit has been very beneficial to clients and their families as it provides opportunities for further assessment and rehabilitation. The service helped to get people out of hospital whilst also giving them breathing space to make decisions for the longer term.

<table>
<tr><td colspan="2">Out of Hours Community In-reach Service:
CSS New System Characteristic
A comprehensive range of community services, integrated across health and social care
Early supported discharge to home or step down care.
Early involvement of primary and community care team in planning for discharge</td></tr>
<tr><td>Previous State:
The Rapid Response team of the Renfrewshire Rehabilitation and Enablement Service (RES) offered access to Physiotherapy Occupational therapy, nursing, dietetic and technical assessment and support to patients referred urgently by their GP or hospital. It operated 0830-1900 Mon-Fri.</td><td>Transformed State:
The Out of Hours Community Inreach Service aimed to support key points of transition both in and out of hours. Community social workers coordinated a range of supports to prevent admission and support discharge, working alongside the Rapid Response team. Key additions were the provision of a transport and resettlement service (including transport of equipment) and the extension of hours of working (1330-2000 Mon-Fri and 0900-1700 weekends). The team worked within the multi-agency discharge hub following its establishment in Feb 2015.</td></tr>
<tr><td colspan="2">Benefit Realised
Provided assistance to Older Adults Assessment Unit, Emergency complex and wards with discharges. This was an essential component for OAAU in terms of facilitating early discharge and reducing length of stay. Consultant estimated reduction to length of stay for patients discharged from OAAU is 1.75 days.
Delivered benefits of joint working between health and social care and co-location</td></tr>
</table>

<table>
<tr><td colspan="2">Renfrewshire Development Programme
CSS New System Characteristic:
Single point of access, accessible 24/7 from acute and community settings.
Focused on preventing deterioration and supporting independence.
Multi-disciplinary care plans in place to respond in a timely way to crisis.
Working as part of a team with primary care providers for a defined patient population.</td></tr>
<tr><td>Previous State:
Traditional models of working and relationships between acute, primary and community care in Renfrewshire.</td><td>Transformed State:
The purpose of the Renfrewshire Development Programme (RDP) was to develop and test new service models proposed by the NHSGGC Clinical Services Strategy. It involved Renfrewshire HSCP, the 13 GP practices in Paisley and the Royal Alexandria Hospital. Its aims were to:
• Improve quality, including patient experience.
• Improve care at interface between hospital and community.
• Reduce avoidable admissions.
• Maintain/improve re-admission rates.

There were six component parts:
• Chest Pain Assessment Unit.
• Older Adults Assessment Unit.
• Out of Hours Community Inreach Services.
• Enhanced Pharmacy Service.
• Enhanced Anticipatory Care Planning.</td></tr>
<tr><td colspan="2">Benefit Realised
There were reduced lengths of stay associated with Chest Pain Assessment Unit and Older Adults Assessment Unit, with fewer patients requiring overnight stay and high patient satisfaction.

There were Increased numbers of Anticipatory Care Plans completed for patients in target groups.</td></tr>
</table>

<table>
<tr><td colspan="2">Glasgow City Home is Best
CSS New System Characteristic:
Focused on preventing deterioration and supporting independence.
Multi-disciplinary care plans in place to respond in a timely way to crisis.
Working as part of a team with primary care providers for a defined patient population</td></tr>
<tr><td>Previous State
Hospital facing social work and community health resources organised and managed separately across the NHS and Social Work and the 3 geographical localities within the city.</td><td>Transformed State
Development of a singularly managed, multi-disciplinary hospital facing community health and social work team for the whole city, with separate hubs facing into north and south acute sectors.

This team will have an unequivocal responsibility for improving HSCP performance in relation to diversion from admission (front door focus), delayed discharges (back door focus) and utilisation of HSCP beds management (e.g. intermediate care, former HBCC, and AWI). The team will co-ordinate activity across all relevant HSCP teams/ disciplines, including social work, rehabilitation and occupational therapy. Essential to its success will be effective interfaces with the Acute system at both front door and discharge points. It will also work closely with Cordia, HSCP integrated neighbourhood teams (as above) and independent service providers (such as care homes).</td></tr>
<tr><td colspan="2">Benefit Realised
More coherent and efficient deployment of hospital facing HSCP resources. A singular community health and social work team, managed by one Service Manager across the city (rather than multiple managers as at present). Simplified accountability and system performance management arrangements. Simplified interface with the HSCP for the acute system. Ultimately the intention is that this team will perform a key role in meeting whole system unscheduled care performance targets and further improvement in Glasgow’s delayed discharge performance. It is also expected to lead to more efficient utilisation of expensive HSCP resources such as intermediate care.</td></tr>
</table>

Unscheduled Care: Transformation in Action

Dedicated Frailty Units and Comprehensive Geriatric Assessment **CSS New System Characteristic** In-patient stay for the acute period of care only	
Previous State:	**Transformed State:**
Elderly patients were admitted to emergency medical wards without routine access to geriatric assessment of their rehabilitation needs.	Dedicated frailty units have been established to deliver a consistent Comprehensive Geriatric Assessment to patients who have been identified as frailty positive using the standard ED Frailty triage tool. Early identification for appropriate patients provides fast track access to elderly care assessment nurses and geriatricians. With targeted specialist resource provided by the frailty team, which consists of Acute Community and Social Care services, can ensure that wherever possible the patients needs can be met and are returned home or to their place of care within 24-48 hours and avoid extended periods of inpatient care that can result in further deterioration for frail elderly patients.
Benefit Realised	
Patients gain rapid access to an integrated multi skilled specialist team focussed on supporting the patients safe return to home or a homely setting as soon as possible, thus avoiding unnecessary extended hospital stays	

Ambulatory Emergency Care Pathways **CSS New System Characteristic** In-patient stay for the acute period of care only	
Previous State:	**Transformed State:**
Patients presenting with conditions which did not require an extended stay were admitted in order to assess and access diagnostic tests as there was no appropriate alternative to admission. This resulted in short stays which took bed capacity and prevented patient flow through the emergency receiving beds.	A number of high volume pathways have now been established for ambulatory care pathways. For COPD the community respiratory team provides support at home to manage and respond to exacerbations and provide alternatives to hospital care. For chest pain there is now a consistent pathway which has been adopted by both EDs and AUs across all sites and enables streaming of patients based on clinical scoring algorithm to avoid unnecessary admission. There is a DVT clinic delivered by specialist nurses via an appointment based system triggered after first referral to complete the treatment plan and educate of condition management There is now a cellulitis pathway that reviews patients after first episode of admission and identifies those suitable to have their treatment converted to planned care delivered by the medical day units
Benefit Realised	
Patients avoid admission to hospital and are treated either on a planned basis or on an ambulatory basis through the hospital or in a day hospital or community based service	

Acute Assessment Units CSS New System Characteristic Senior clinical decision makers at the front door In-patient stay for the acute period of care only	
Previous State: Acute departments were not routinely manned by specialty consultants. These senior decision makers were available but on request and decisions were routed through junior staff.	**Transformed State:** The establishment of Assessment Units with access to professional advice either via senior nurse or specialty specific telephone systems. Work undertaken to improve access to specialty advice with the option to review management plan and/or defer patient attendance to the following day to a hot clinic.
Benefit Realised More rapid access to senior specialist opinion allows treatment plans to be established more rapidly	

Discharge Flow Hubs CSS New System Characteristic Better coordination of patient flow	
Previous State: The elements which are required for discharge; medicines, transport and care packages were not well coordinated and put pressure on ward staff	**Transformed State:** The Flow Hub concept brings together the combination of discharge lounges and transport hubs. The most advanced version of this is in the RAH with HALO (hospital ambulance liaison officer) supporting patient transport management and discharges, working alongside pharmacy service provision for patients awaiting medication/scripts which are provided in the hub rather than the ward areas. These hubs also manage outpatient transport services Pharmacy provision to the hub is being rolled out across sites.
Benefit Realised Discharge is better coordinated and is earlier in the day, improving patient flow and bed availability	

Exemplar Wards CSS New System Characteristic Better coordination of discharge planning	
Previous State: Patient discharge planning dependent on senior medical review. Decisions often taken later in the day resulted in delays.	**Transformed State:** More frequent and earlier decision making with the use of daily 'board rounds'. Discharge decisions delegated to nursing staff where appropriate. Better systems for coordination of Immediate Discharge Letters and Pharmacy.
Benefit Realised More patients discharged earlier in the day allowing beds to be available when needed for acute admissions	

Planned Care: Transformation in Action

Ortho Opt-in **CSS New System Characteristic** Hospital Assessment – Right Time Right Place	
Previous State: All patients referred by their GP with a specific range of joint related conditions would be sent a hospital outpatient appointment and seen in a consultant clinic.	**Transformed State:** Patients referred by their GP with that specific range of conditions go through an extended triage carried out by Specialist Nurses and Physiotherapists/ Podiatrists. Patients are sent information about their condition and asked to phone in for advice or to opt-into an outpatient appointment.
Benefit Realised To date 156 patients have been through this opt-in process. 67% made no contact with the department following the information being sent out. 30% requested a face to face clinic appointment and 3% called for advice in self care. This system reduces unnecessary outpatient appointments and empowers the individual to make a more informed decision about their referral into the department	

Virtual Lung Cancer Clinic **CSS New System Characteristic** Hospital Assessment – Right Time Right Place	
Previous State: All patients referred by their GP with Urgent Suspicion of Cancer (USOC) would be sent a hospital outpatient appointment for a fast track consultant clinic. A significant proportion of patients attending fast track clinic appointments were found to not have a diagnosis of cancer.	**Transformed State:** USOC referrals are now vetted by a Respiratory Consultant and directed to either a fast track outpatient clinic or to a Virtual Lung Cancer Clinic. In the Virtual Lung Cancer clinic referral information, lung functions test results and CT results are reviewed by two Respiratory Consultants resulting in either a routine clinic appointment or a fast track appointment, referral to another specialty or discharge. Written communication is provided to the patient after the virtual clinic.
Benefit Realised Of 354 patients referred for a USOC appointment, 144 were seen by Virtreduced clinic times, or required no physical appointment and were given early reassurance and discharge, allowing resource to be focused on the management of cancer cases. 81% of patients who responded to a questionnaire evaluation of the Virtual Lung Clinic were satisfied with receiving their results by letter. Benefits – timely reassurance of results; improved time to first face to face appointment for those needing one; better use of fast track USOC appointments for patients needing this type of service.	

Virtual clinics in Clyde Gastroenterology CSS New System Characteristic Coordinated care at crisis/transition points and for those most at risk	
Previous State: Inflammatory Bowel Disease Patients attended at regular interviews for Consultant Return appointment putting pressure on the return demand of the service	**Transformed State:** Virtual consultations - review of all 174 IBD patients on Biologics undertaken with Gastro Consultant, IBD Specialist Nurses over 3 x weeks resulted in an individual care plan in place for each patient on a Biologic drug
Benefits Realised No longer required to attend secondary care for appointment Individual care plan in place – shared with IBD specialist nurse team and General Practice Suite of patient self management support materials developed for use Biologic tapering / withdrawal – medicines review – not taking medicines unnecessarily IBD patients and relatives have telephone / email access to IBD Clinical Nurse Specialist Advice in event of a flare Protocols defined for CNS use – Nurse Led Return Clinics established for IBD IBD Consultant – aim is to see patient once then discharge with a clear care plan Reduced unnecessary OP returns to clinic Some require 2 or 5 Yearly scans – discharged in between Detailed Plan provided to GP for each patient Agreed pathway to enable quick access back into service if necessary	

Redesign of Bowel Screening Processes CSS New System Characteristic Diagnostic services organised around patient needs	
Previous State: Bowel screening (national programme) 3 samples required limited uptake	**Transformed State:** Introduction of more specific test requiring only 1 sample anticipated increased uptake (starting Oct 2017)
Benefit Realised Improved update for bowel screening therefore earlier diagnosis and better outcomes in bowel cancer treatment	

Access to Stroke Diagnostics CSS New System Characteristic Diagnostic services organised around patient needs	
Previous State: Limited ability/delay in patients receiving Imaging whilst attending a TIA clinic	**Transformed State:** Ring fenced slots for CT/MR where possible for patients attending TIA clinics
Benefit Realised Patients receive a diagnosis as part of a one stop clinic	

Primary Care Access to Lab Testing CSS New System Characteristic Diagnostic services organised around patient needs	
Previous State: Primary care did not order or receive test results electronically	**Transformed State:** Introduction of GP ordercoms (ICE) for Laboratory Medicine
Benefit Realised All Lab tests ordered electronically and reports available directly to GPs, faster response and more robust system.	

GP direct access to MRI CSS New System Characteristic Diagnostic services organised around patient needs	
Previous State: GP could not refer patients directly for MRI	**Transformed State:** GPs can now refer patients for MRI knee following the approved protocol
Benefit Realised Reduced need for patients to be referred to secondary care	

Mental Health: Transformation in Action

Redesign of Matched Care in Primary Care MH Teams **CSS New System Characteristic** Routine Patient Outcomes Monitoring	
Previous State: Primary Care Mental Health Teams are designed to provide brief, prompt care for people with common mental health problems. Patient "flow" in such systems is critical, but there was no agreed system for tracking care which patients required.	**Transformed State:** CORE-Net (Clinical Outcomes in Routine Evaluation) is an electronic patient outcome measure suitable for PCMHT use, and is completed electronically. Scores are entered by patients or their clinicians and the system visualises progress over time.
Benefit Realised Outcomes for patients, clinicians and teams can now be readily visualised, and support not only individual care plans, but also assist teams in managing overall demand, and team capacity. CORE-net is being rolled out to other community teams in MH.	

Redesign of provision of Cognitive Behavioural Therapy (CBT) **CSS New System Characteristic** Introduction of Computerised CBT (cCBT) across NHS GGC & Partnerships from Nov 2017	
Previous State: CBT is a fundamental mode of evidence-based psychological treatment in MH, but typically requires intensive therapist input. cCBT is recommended by NICE and SIGN and the program used (*Beating the Blues*) has a strong evidence base and has been proven to work in Scotland.	**Transformed State:** cCBT is used for the treatment of patients suffering from mild to moderate depression and/or anxiety. Treatment consists of 8 x 1 hour sessions completed weekly via the internet either in the patient's home or at a community location such as a library.
Benefit Realised Referrals can be made via SCI Gateway from primary care with only minimal contact information required. Patients will typically be provided with access to the cCBT program within 5 working days from receipt of referral. NHS GGC/Partnerships has a target of 980 referrals in the first year, and this will increase treatment options for GPs, reduce referrals to secondary care MH services and support continued delivery of the Psychological Therapies HEAT target.	

E-health: Transformation in Action

<table>
<tr><th colspan="2">West of Scotland Portal to Portal Development</th></tr>
<tr><td colspan="2">The West of Scotland portal to portal project has provided a technical solution built in Clinical Portal to enable boards to launch their respective portal systems seamlessly without requirement to enter an additional username and password.</td></tr>
<tr><td>Previous State:

Patient care is increasingly being delivered in regional models across the West of Scotland. This is due to large populations located across NHS Board boundaries

The viewing of patient records and clinical information across Health Boards within the West of Scotland involved accessing multiple sources of information from different systems, may have required telephone contact or even the transfer of paper case notes between Boards.</td><td>Transformed State:

The project set out to make it simple for clinicians to find the information they wanted, while also addressing security and confidentiality issues.

NHSGGC now has 2 way portal to portal with the following boards:

NHS Lanarkshire

Golden Jubilee National Hospital

NHS Ayrshire & Arran

NHS Dumfries and Galloway

This functionality is available to all clinical staff in GGC and the participating boards. It will be extended to GGC administrative staff in November 2017

Information governance and other key documentation was created once and then agreed by each of the heath boards. A minimum data set was agreed that included demographics, GP details, lab results, encounter history and clinical documentation. A full audit trail is available of all user activity in each portal system.</td></tr>
<tr><td colspan="2">Benefit Realised

Data sharing is immediate and safe using the patient CHI number to identify and match the patient. Clinical risk is reduced significantly as up to date information can now be queried at source which further assists decision making.

Obtaining patient information is efficient and simple, which is a significant time saving for clinical staff. Baseline analysis completed ahead of the project underlines this point. It found that doctors could spend 70 minutes per day looking for information about patients

Feedback from clinicians is overwhelmingly positive, the regional portal is being well-used; already, clinicians are accessing 3-4,000 cross board records every week, and there have been more than 50,000 log-ons so far this year.</td></tr>
</table>

Community Nursing System Integration

Ability to view the following data sets from the community nursing information system (CNIS and EmisWeb) within Clinical Portal.

- Risks
- Allergies
- Open Referral Information
- Associated Professionals (GP, named nurse)
- Associated People (Next of Kin, Carer)
- Malnutrition Universal Screening Tool (MUST) data
- Summary of last 10 Visits
- Care Plans

The Community Nursing service will move to EMIS Web in 2018/19 this data will transfer from being viewed from CNIS to EMIS Web, further consultation will be undertaken to look at sharing additional fields.

Previous State:	**Transformed State:**
District Nurses have regular contact with patients often seeing them on a daily basis this means the data they record in the electronic patient record is the most up to date. Previously this was not viewable to anyone other than Community Nurses. When a patient was admitted to hospital there was a lack of information on any community care they were receiving. These patients are often elderly and may be confused at the time of admission restricting their ability to provide accurate medical information.	With the above data fields now being viewed in Clinical Portal other directorates can view important data relating to community nursing patients. The ability to see contact details for patient's district nurse and next of kin is particularly useful when patients cannot provide this information themselves or for when a patient being discharged from hospital and will require district nursing care. GP's can view when the patient was last visited by a district nurse rather than contacting the district nurse in person. Other Specialist Nurses, eg Tissue Viability nurses can see view care plan data relating to any pressure ulcers the patient may have.

Benefit Realised

Improved sharing of patient information and more effective communication between primary, secondary and community care staff leading to patient safety benefits and improved care.

Community Care HSCP Partnership Information Access across partner agencies to patient/client information via an adapted version of Clinical Portal.	
Previous State: No electronic means for two-way sharing of shared patient/client information between social work and NHS staff. Their only option was to phone round/message often multiple partnership colleagues to get what they needed. Clear impact on efficiency, and potential impact on patient/client safety.	**Transformed State:** Portal links created for each of the two social work IT systems in use. Depending on the access rights of a user, information accessible can include demographics, key contact details, alerts/ concerns, encounter summary and a variety of assessments. Piloted and now live between NHSGGC and West Dunbartonshire. Good early reviews from users. Feedback is that they want to implement wider. Roll-out now underway, plus planning for possible future extension.
Benefit Realised Availability and sharing of information between partner agencies leading to improved patient safety and quality of care benefiting patients and carers. More efficiency for staff involved in patient's care as information is available and relevant.	

Neurology Advice Only Headache Pilot Pilot of advice referral using SCI Gateway from Primary to Secondary care.	
Previous State: Patients presenting to GP's with symptoms routinely referred to Neurology and placed on waiting list until seen by the Service.	**Transformed State:** Early intervention with the service via the Advice referral highlighted 25% of the pilot referrals were dealt appropriately through this process which negated the need for the patient to attend an outpatient appointment. 16% of referrals resulted in an urgent referral being made to the patient. While the project was taken forward as a pilot, the system and process has been left on, with wider communication to GP practices due to the potential benefits to patients and to the service. Further work will be undertaken to assess what developments are required to support a full scale implementation for other services.
Benefit Realised Primary care clinicians in requesting advice for patients to decide on best treatment plan, and if a referral is required to secondary care. Secondary care clinicians in being able to vet an advice only referral and upgrade this to an outpatient appointment if appropriate, therefore reducing the number of appointments required. Copy of advice message placed into the EPR to form part of the patient record. Structured advice message within SCI Gateway utilising agreed terminology, allowing appropriate triage. Patient benefits from triaged advise and avoiding an unnecessary appointment.	

To: **Renfrewshire Integration Joint Board**

On: **24 November 2017**

Report by: **Chief Officer**

Heading: **Care at Home Service Review**

1. Summary

1.1. This report provides members of the Integration Joint Board (IJB) with a position statement on the Care at Home Service. The report highlights the key challenges being faced by the service and outlines work currently underway through a review to mitigate risk and to continue to develop the service to be fit for the future.

1.2. The review aims:

- Firstly, to support the three year transformational programme already underway within the service, which seeks to modernise and improve the service to enable it to respond to increasing demands, growing complexity of needs and ensure the service works as efficiently and effectively as possible.
- Secondly, to examine service systems, processes and practice to identify service pressures and to determine root causes of any challenges and concerns which impact on delivery of Care at Home Services.

2. Recommendation

It is recommended that the IJB:

- Note the contents of this report and work underway through the review process.

3. Background

3.1. The Care at Home service represents one of the largest services provided by Renfrewshire Health and Social Care Partnership. The service is pivotal to what the HSCP does, given its critical role to enable many older people to live in their own homes as safely and independently as possible, in alignment with the 9 Health and Wellbeing Outcomes.

3.2. Service users and carers can contact the service to alert on immediate changes or difficulties in their situation, such as admission to hospital or changes to service required, thereby being responsive to need.

3.3. The Care at Home service delivers a number of functions, e.g. providing meals, personal care and support to maximise independence, each of which are delivered through specific services including:

- Reablement
- In-house care at home
- Commissioned care at home
- Community meals
- Extra care housing and
- Technology enabled care.

The service also provides an Out of Hours Service to support individuals outside normal working hours, including weekends and Public Holidays, to support service users consistently and responsively.

4. Current Position

4.1. The Care at Home service has continued to receive year on year investment. Notwithstanding this, financial pressures remain as a result of increasing demands for service in order to impact upon admission avoidance and timely discharge from hospital. The financial spend has increased by £1m since 2016/17. The full financial position for Care at Homes Service is set out in the Finance Report by the Chief Finance Officer, which is subject to a separate report at this meeting.

4.2. The Chief Officer previously agreed that the service receive additional investment from the Integrated Care Fund (ICF). This was used to pilot changes and shape developments in the service in order to establish improved ways of working.

Examples of work progressed as a result of ICF investment includes:

- **Establishment of a dedicated Out of Hours service**: The Out of Hours service was established in November 2016, to provide dedicated support to care at home services. The 7 posts: 1 Lead Officer, 3 Service Coordinators and 3 Team leaders are funded on a temporary basis from Integrated Care Fund monies. This funding has been approved until March 2018.
- **Enhancement of community meals services to support capacity within Care at Home**: The Community Meals Service supports individuals every week through the provision of a meals delivery service. This service delivers 2,075 lunches and 3,473 evening meals.

- **Establishment of a Service Development Team to progress the modernisation agenda for the service**: The Service Improvement Team have been looking at a number of areas for improvement and continue to work collaboratively with colleagues across the service(s) to develop new policies, procedures and practices in a move towards improving the service experience not just for service users but for the wider staff group too. This work involves looking at ways to improve communication across the service(s) and to encourage staff and service user participation. For example, initiating focused service group meetings and service user experience consultations.

5. Service Review

5.1. In June 2017, the HSCP Chief Officer commissioned a review of the Care at Home Service. To do this, the Chief Officer requested that a review team be established led by the Professional Nurse Advisor and our Change and Improvement Officer within Renfrewshire HSCP, to undertake an objective and focused review to identify service pressures and to determine root causes of the challenges and concerns which impact on delivery of Care at Home Services.

5.2. In July 2017, the Chief Officer also brought on board 'Rocket Science' to support aspects of the work of the review. Rocket Science is an independent research and consultancy organisation who has helped health and social care services across the UK.

5.3. The review has involved dedicated sessions with staff, issue specific workshops and targeted shadowing of staff/services in order to:

- Outline the purpose of the review, determine roles and responsibilities in relation to areas of accountability and obtain feedback on what's working well and areas of suggested improvement.
- Form an objective view of the assessment and review process, gain informal feedback from service users regarding their care and expectations of the service, overview of service demand and examine the service user journey.

5.4. From this a summary of the emerging themes from the review were presented to the Chief Officer on 7th August 2017.

Main themes comprise:

- Improving ways of working, workforce productivity and overall service governance
- Improving data collection

- Improving referral process & service user pathways
- Assessment and review.

5.5. Building on the initial engagement with staff, the Chief Officer and the review team subsequently facilitated two workshops on 14th and 31st August 2017, to highlight the financial position and pressures within the service and to introduce the four key emerging themes from the review. In addition, a workshop was also held on 14th September 2017 to discuss in more detail what needed to be done as a service to begin to address the challenges identified, which resulted in the identification of four workstreams, aligned with the emerging themes.

6. Implementation of the review themes

6.1. A whole service improvement plan has been developed to capture and monitor actions from the four workstreams. This is facilitated by the review team to monitor and sustain momentum and to impact upon efficiency, effectiveness and productivity. Written and verbal reports on the plan are communicated to the Renfrewshire HSCP Senior Management Team as a standing agenda item for their two weekly meetings. The plan will continue to be developed and refined to support the service going forward.

6.2. Some examples of work being undertaken under each of the themes include:

Ways of Working, Workforce efficiency and governance:

- Development of a digital Care Plan Funding Request Form has been designed and implemented, early indicators are demonstrating the benefits of this process for centralisation of data input and monitoring, a defined workflow that reduces errors and provides the opportunity to link costs data with operational demand.
- Administration of medication: to address pressures due to the volume of medication prompts and/or administration, an initial exercise was undertaken in conjunction with the pharmacy technician and service managers. Since 21st September 2017, the Medication Compliance Service pilot within Care at Home have had 29 referrals and so far have managed to reduce prompts for 8 service users, with some service users being reduced by more than 1 prompt. This has been achieved by pharmacy review of clients within a week of discharge from hospital, to determine alternative measures to ensure efficient medication administration, for example medication compliance charts. This has also had the initial benefit of enhanced collaboration with GP colleagues in relation to potential self-management approaches.
- Six weekly absence meetings are taking place with Human Resources/Service Managers/Co-ordinators to ensure a consistent process in application of the attendance management policy.

- Local process for both decrease and increase of service provision has been developed to enable appropriate and cost effective service delivery (to step up or down the level of service required).

Improving Data Collection:

- An increased focus on Record Keeping to enhance good practice in record keeping, aligning with policy and guidance.

Improving Referral Process & Pathways

- Review of business processes and service pathways: Work is being undertaken to look at the Care at Home referral process to streamline this for usability, risk, transactional information being easily transferred between areas and to ensure the correct information is provided at the point of referral.

- Consultation and engagement with Acute Ward staff and Managers to change how services are commissioned to facilitate discharge from hospital, impact upon potential improvements and efficiency in referral pathways (short, medium, longer term).

Assessment and review

- We now have an Adult Service Coordinator based at the RAH (pilot) until December 2017. The main focus of this role is to strengthen relationships and impact on the service user journey and experience. This role will attend the ward multidisciplinary meetings, speak to families/wards and ensure that the appropriate referral is sent to the Adult Services Response Team (ASeRT), prompted by initial assessment.

6.3. Work is also progressing to introduce an Electronic Scheduling and Monitoring system to support the management and delivery of both internal and external Care at Home services. A number of Health and Social Care Partnerships are now operating an Electronic Scheduling and Monitoring service and are reporting significant benefits in using this type of system. The specification to tender for the Scheduling and Monitoring system has now been published and this process will close at the end of November 2017.

7. Next Steps

7.1. Although the work of the review has impacted positively on improved communication and engagement with the workforce and service users and improvements in efficient and effective service delivery, expectations in relation to slowing spend have yet to be realised. This may be due to increasing demand on the service in order to impact upon admission avoidance and timely discharge from hospital. We remain focused on both improving all aspects of the service but also containing and where we can reducing costs given the current financial position in this service. The Senior Management Team will continue to

receive fortnightly updates on the review progress and the financial position. A further update will be provided on progress to the IJB in March 2018.

Implications of the Report

1. **Financial Implications –** Financial implications are outlined within the report above.
2. **HR & Organisational Development Implications**– HR Involvement is already ongoing in relation to staff governance actions.
3. **Community Planning/Council Plan Implications – none.**
4. **Legal Implications – none.**
5. **Property/Assets Implications – none.**
6. **Information Technology Implications –** Consider implications in relation to alignment with GG&C and Renfrewshire Council Developments.
7. **Equality & Human Rights Implications –** The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only.
8. **Health & Safety Implications – none.**
9. **Procurement Implications – none.**
10. **Risk Implications – none.**
11. **Privacy Impact Implications – none.**

List of Background Papers – None.

Authors: Karen Jarvis, Professional Nurse Advisor
Angela Riddell, Change & Improvement Officer.

To:	**Renfrewshire Integration Joint Board**
On:	**24 November 2017**
Report by:	**Chief Officer**
Heading:	**Climate Change**

1. Purpose

1.1. To advise the IJB of their responsibility to complying with the 'Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015'.

2. Recommendation

It is recommended that:

- To ensure the IJB meets its requirements under the Climate Change (Scotland) Act 2009, it is recommended that the IJB note the content and approve the submission of the Renfrewshire Integration Joint Board Climate Change Report 2016/2017 to Sustainable Scotland Network (Appendix 1).

3. Background

3.1 The *Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015* came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 (c)'.

3.2 The three elements of the public bodies climate change duties are:

- **Mitigation – Reducing Greenhouse Gas Emissions**
    - The first element of the duties is that, in exercising their functions, public bodies must act in the way best calculated to contribute to delivery of the Act's greenhouse gas emissions reduction targets. Reducing emissions is referred to as climate change mitigation.
    - The Act has set an interim target of 42% reduction in greenhouse gas emissions by 2020 and an 80% reduction in greenhouse gas emissions by 2050, on a 1990 baseline. The long-term targets will be complemented by annual targets, set in secondary legislation.
- **Adaptation – adapting to the Impacts of a Changing Climate**
    - The second element of the duties is that public bodies must, in exercising their functions, act in the way best calculated to deliver any statury adaptation programme. The first statutory adaptation programme – Scotland's Climate Change Adaptation Programme (SCCAP) – was published in 2014. While public sector bodies will

have varying degrees of influence in relation to adaptation, all public bodies need to be relilient to the future climate and to plan for business continuity in relation to delivery of their functions and the services they deliver.

- **Acting Sustainably – Sustainable Development as a Core Value**
    - The third element of the duties places a requirement on public bodies to act in a way considered most sustainable. This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account, and that these aspects are viewed over the short and long term.

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4. Current Climate Change Reports

4.1 NHS Greater Glasgow & Clyde and Renfrewshire Council submit reports to the Sustainable Scotland Network (SSN) and these are published (https://www.keepscotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/climate-change-reports/). Links to these individual plans are available in sections 4.2 and 4.3 below.

4.2 Renfrewshire Council

https://www.keepscotlandbeautiful.org/media/1558046/renfrewshire-council-ccr-2016.pdf

4.3 NHS Greater Glasgow & Clyde

https://www.keepscotlandbeautiful.org/media/1558092/nhs-greater-glasgow-and-clyde-ccr-2016.pdf

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5. Integration Authority Climate Change Report 2016/2017

5.1 As Renfrewshire Integration Joint Board has no responsibility for staff, buildings or fleet cars the report does not contain a great deal of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports, readers are directed to read the NHS Greater Glasgow & Clyde and Renfrewshire Council Climate Change Reports.

Implications of the Report

1. **Financial –** n/a
2. **HR & Organisational Development –** n/a
3. **Community Planning –** n/a
4. **Legal –** Legal duty to comply with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.
5. **Property/Assets –** property remains in the ownership of NHS Greater Glasgow & Clyde and Renfrewshire Council.
6. **Information Technology –** n/a
7. **Equality & Human Rights –** n/a
8. **Health & Safety –** n/a

9. **Procurement –** procurement activity will remain within the operational arrangements of NHS Greater Glasgow & Clyde and Renfrewshire Council.
10. **Risk –** n/a
11. **Privacy Impact** – n/a.

List of Background Papers – n/a

Author: Jean Still, Head of Administration

Appendix 1

RENFREWSHIRE REPORT ON PUBLIC BODIES CLIMATE CHANGE DUTIES REPORT: 2016-17

The following information is an extract from the online Climate Change submission and has been developed following discussion with Keep Scotland Beautiful and liaison with Renfrewshire Council, NHS Greater Glasgow & Clyde Health Board and the other 5 HSCPs across NHSGGC.

Part 1: Profile of reporting body

1a	**Name of reporting body**
	Renfrewshire Integration Joint Board (IJB)
1b	**Type of body**
	Integrated Joint Board
1c	**Highest number of full-time equivalent staff in the body during the report year.**
	0
1d	**Metrics used by the body**
	0
1e	**Overall budget of the body**
	£243million. This is an approximate figure for the financial year (April 2016-March 2017). Renfrewshire IJB budget consists of financial allocations and budgets delegated from Renfrewshire Council and NHS Greater Glasgow and Clyde, which the IJB then delegates back to the Council and the Health Board with directions for them to deliver health and social care services.
1f	**Report Year**
	Financial (April to March) 2017/18
1g	**Context**
	The Public Bodies (Joint Working) (Scotland) Act (2014) sets out a framework within which Local Authorities, NHS Boards and Integration Joint Boards integrate health and social care service planning and provision within a Health & Social Care Partnership construct. Under these integrated arrangements, there are separate but inter-related responsibilities and accountabilities for the planning and delivery of health and social care services. Integrated Joint Boards have responsibility for the strategic planning, directions to the Council and Health Board and operational oversight of a range of health and social care services whilst Local Authorities and NHS Boards retain responsibility for direct service delivery of social work and delegated health services respectively, as well as remaining the employer of health and social care employees.

	Renfrewshire Council (RC) and NHS Greater Glasgow and Clyde (NHSGGC) agreed to integrate adult health and social care services, as well as NHS Community Children's services. The IJB strategically plans for these services and provides directions to the Council and Health Board to deliver these services in line with its Strategic Plan and defined level of financial resources.

Part 2: Governance, Management and Strategy

2a	**How is climate change governed in the body?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde. Both organisations have established infrastructures that govern sustainability planning, climate change adaptation and service improvement, including risk management, communications with staff and public, monitoring performance reporting and scrutiny. Renfrewshire Council and NHS Greater Glasgow & Clyde submit a Public Bodies Climate Change Duties Report that will detail these aspects.
2b	**How is climate change action managed and embedded in the body?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde. **Renfrewshire Council Arrangements** The Council's Corporate Management Team (CMT) is comprised of senior staff from all services and meets on a regular basis. Although matters relating to climate change adaptation and mitigation are not the sole remit of this group, issues such as performance in relation to the Community Plan and Local Outcome Improvement Plan and Sustainable Procurement are considered by the CMT. Specific officer groups whose remit includes Climate Change adaptation and mitigation are outlined below. 1. Strategic Asset Management Group: High level group that meets to discuss and progress corporate asset performance, including energy management. Other projects are discussed including the Carbon Management Plan as well as Capital expenditure projects. 2. Carbon Management Plan Working Group: A group that meets quarterly to monitor the consumption of energy, water, street lighting, waste and transport fleet for the Council's estate and to implement reduction targets. Twice a year the focus of the group is the Carbon Management Plan and where the Group Monitors progress towards the target of a 36% reduction in CO_2 emissions by 2019/20 based on 2012/13 baseline. Updates from this group are reported to the Property Services Senior Management Team convened by the Director of Development and Housing. 3. Fuel Poverty Steering Group: A group that meets regularly to discuss ways in which fuel poverty can be reduced. Membership is cross service and includes representatives from other agencies such as the Citizens' Advice

	Bureau and the Home Energy Scotland (HES). Climate Change considerations are embedded throughout the Council through the following: • The Council has used the CCAT (Climate Change Assessment Tool) which will help to foster cross-organisational engagement and assessment. • The Carbon Management Plan contains specific objectives to reduce emissions that are included in the Council's other corporate and strategic documents, including the Council's Plan - 'A Better Council, A Better Future 2014 -2017' (Council plan was refreshed in September 2017). • Through the Council's procurement service, sustainability and community benefits are considered in the development of all contract strategies. The Sustainability Test has been designed to identify and prioritise the impacts of your procurement across the 3 strands of Sustainable Procurement – Social, Economic & Environmental which climate change considerations. • The Council's Energy Management Team organise a range of events and awareness raising activities for staff relating to emissions reduction and energy saving throughout the year and across Council services. **NHS Greater Glasgow & Clyde Arrangements** NHSGGC Sustainability Manager is responsible for sustainability and environmental issues and provides professional support (including technical and managerial advice) to the Health Board to identify, plan develop and implement strategies and policies.
2c	**Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?**
	N/A
2d	**Does the body have a climate change plan or strategy?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
2e	**Does the body have any plans or strategies covering the following areas that include climate change?**
	N/A
2f	**What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

2g	**Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability/performance?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
2h	**Supporting information and best practice.**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

Part 3: Emissions, Targets and Projects

3a	**Emissions from start of the baseline year (for body's carbon footprint) to end of the reporting year.**
	N/A
3b	**Breakdown of emission sources.**
	N/A
3c	**Generation, consumption and export of renewable energy.**
	N/A
3d	**Targets.**
	N/A
3e	**Estimated total annual carbon savings from all projects implemented by the body in the report year.**
	N/A
3f	**Detail the top 10 carbon reduction projects implemented by the body in the report year.**
	N/A
3g	**Estimated decrease or increase in emissions from other sources in the report year.**
	N/A
3h	**Anticipated annual carbon savings from all projects implemented by the body in the year ahead.**
	N/A
3i	**Estimated decrease or increase in emissions from other sources in the year ahead.**
	N/A
3j	**Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint.**
	N/A

3k	**Further information**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

Part 4: Adaptation

4a	**Has the body assessed current and future climate-related risks?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
4b	**What arrangements does the body have in place to manage climate-related risks?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
4c	**What action has the body taken to adapt to climate change?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
4d	**Where applicable, what progress has the body made in delivering the policies and proposals included in the Scottish Climate Change Adaptation Programme (a) ("the Programme")?**
	N/A
4e	**What arrangements does the body have in place to review current and future climate risks?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
4f	**What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
4g	**Future priorities for adaptation**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
4h	**Further information - Supporting information and best practice.**
	N/A

Part 5: Procurement

5a	**How have procurement policies contributed to compliance with climate change duties?**
	Renfrewshire IJB has no legal basis on which to procure community health and social care services.
5b	**How has procurement activity contributed to compliance with climate change duties?**
	Renfrewshire IJB has no legal basis on which to procure community health and social care services.
5c	**Supporting information and best practice**
	Renfrewshire IJB has no legal basis on which to procure community health and social care services.

Part 6: Validation & Declaration

6a	**Internal validation process**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
6b	**Peer validation process**
	N/A
6c	**External validation process**
	N/A
6d	**No Validation undertaken**
	N/A
6e	**Declaration**
	Jean Still, Head of Administration

Part 7: Recommended Reporting: Reporting on Wider Influence

1	**Wider Influence on GHG emissions**
	N/A
2a	**Targets**
	N/A
2b	**Does your body have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

3	**Policies and Actions to reduce Emissions**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.
4	**Partnership Working, Communications and Capacity Building**
	N/A
5	**Other Notable Reportable Activity**
	N/A
6	**Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template.**
	The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

To:	**Renfrewshire Integration Joint Board**
On:	**24 November 2017**
Report by:	**Chief Officer**
Heading:	**Renfrewshire Community Plan 2017 - 2027**

1. Purpose

1.1. The purpose of this paper is to share a copy of the Renfrewshire Community Plan (2017 - 2027) with members of the Integration Joint Board (IJB).

1.2. The Plan, attached at Appendix 1, sets out the key priorities for Renfrewshire which will be targeted by Community Planning partners with local communities over a 10-year period. Renfrewshire HSCP is a key Community Planning partner and plays an active role in working in partnership with colleagues to deliver the outcomes in the Plan.

2. Recommendation

It is recommended that the IJB:

- Note the Renfrewshire Community Plan which was recently approved by Renfrewshire Council on 28 September 2017; and
- Note that updates on this will be brought back to the IJB to keep members sighted on progress of delivery against the measures contained within the Plan.

3. Background

3.1. The Community Empowerment Act 2015 has introduced a statutory requirement for community planning partners to publish a new ten year Local Outcomes Improvement Plan by 1 October 2017 (hereafter referred to as the "Community Plan").

3.2. The development of a new Community Plan is a shared responsibility between the statutory Community Planning Partners across Renfrewshire. It has been developed in partnership, and will be delivered through the Community Planning governance arrangements which were reviewed and refreshed in late 2016.

3.3. Renfrewshire HSCP's Strategic Planning Group (SPG) is part of the planning structure for Community Planning, leading the health and wellbeing aspects of the partnership arrangements.

4. Development of the Community Plan

4.1. A significant body of work has been undertaken across the partnership to inform the development of the Community Plan. The approach taken has adopted the following key themes:

4.2. Theme 1 – Using the information the Council and its partners have about local people, businesses, communities and services, to identify potential challenges and opportunities for Renfrewshire.

Work has been undertaken with partners to gather and analyse data jointly. Existing data sources have been considered together for the first time in this way, which has included analysis of rich sources of data such as the All Children's Study which represents the voice of 10,000 children and young people in Renfrewshire. In addition, all thematic boards within the previous Community Planning Governance arrangements participated in workshops to consider evidence and set joint priorities.

4.3. Theme 2 – Consultation and engagement with communities

This process has involved engaging with communities and with different partner organisation across sectors. Officers have used the Place Standard tool to consult on what it's like to live and work in local communities. Consultation sessions have also allowed officers to test some of the findings from the data analysis and check whether the findings resonate with local people. Engagement has been undertaken with Community Councils and Local Area Committees.

4.4. Theme 3 – Identifying common themes and priorities

Following collation of the strategic needs assessment and consultation response, work has been underway to identify common themes and priorities. These have been tested with senior representatives from Community Planning partners and with senior Council officers. The emerging themes and strategic priorities of the Community Plan have been discussed at both the Cross Party Sounding Board and the Community Planning Partnership Group, offering insight from elected members from across the spectrum of political groups across Renfrewshire.

Implications of the Report

1. **Financial –** n/a
2. **HR & Organisational Development –** n/a
3. **Community Planning –** n/a
4. **Legal –** The publication of the Community Plan meets the statutory requirements of the Community Empowerment (Scotland) Act 2015.
5. **Property/Assets –** n/a
6. **Information Technology –** n/a
7. **Equality & Human Rights –** one of the primary purposes of the plan is to address inequalities, therefore it is anticipated that the plan will have a positive impact on

Equality and Human Rights. An Equality Impact Accessment has been carried out to support the development of this plan.

8. **Health & Safety –** n/a
9. **Procurement –** n/a
10. **Risk –** The Community Plan outlines some key strategic risks shared across the Community Planning partnership, such as demographic changes and financial pressures.
11. **Privacy Impact** – n/a.

List of Background Papers – n/a

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

Appendix 1

Our Renfrewshire

Renfrewshire's Community Plan 2017-2027

Our Renfrewshire is the Community Plan for the ten years 2017-2027 and is also Renfrewshire's Local Outcome Improvement Plan, as required by the Community Empowerment (Scotland) Act 2015.

Contents

Introduction

Renfrewshire faces a number of exciting opportunities over the next ten years which we want to harness, and make sure everyone can feel the benefit of those opportunities. We also face significant challenges, which we will only overcome by working together.

Our Renfrewshire has been developed together and signed up to by key public, private and third sector organisations. It marks a shared responsibility to work together to get things right for people in Renfrewshire, and a real commitment to addressing the inequalities that exist.

The content of Our Renfrewshire is the result of a conversation with partners and local people about opportunities, challenges and aspirations, informed by a comprehensive data and evidence set.

The vision for our Community Plan is: "Working together to make Renfrewshire a fairer, more inclusive place where all our people, communities and businesses thrive"

Our priorities:

Our Renfrewshire is thriving: Maximising economic growth, which is inclusive and sustainable

Our Renfrewshire is well: Supporting the wellness and resilience of our citizens and communities

Our Renfrewshire is fair: Addressing the inequalities which limit life chances

Our Renfrewshire is safe: Protecting vulnerable people, and working together to manage the risk of harm

About Renfrewshire

Renfrewshire is made up of 3 historic towns; Paisley, Johnstone and Renfrew, along with a number of smaller villages and thriving rural areas.

Global employers sit alongside our historic town centres, and the area boasts world-class culture, heritage and architecture and one of Scotland's biggest retail destinations, Braehead. We are a major exporter of goods.

Renfrewshire is a gateway to other parts of Scotland, the UK and beyond - home to one of the busiest train stations in Scotland, Paisley Gilmour Street, and to Glasgow Airport.

We are home to both a University and a Further Education college, the University of West of Scotland and West College Scotland.

We have impressive natural green spaces on our doorstep, such as Clyde Muirshel Regional Park and the Gleniffer Braes.

We are proud to be part of the Clyde Valley City Region,[1] and many of our aspirations are regional. Sometimes referred to as in the 'shadow' of Glasgow, we prefer to see our proximity to Glasgow as one of our strengths, and a chance to join forces and maximise the value of the opportunities we share.

Renfrewshire's People

Renfrewshire is the tenth largest local authority area in Scotland, with 175,930 people living here.

We also face a number of population challenges over the coming decades, which will have a big impact on the way we deliver public services.

The population is predicted to stay static for the next 20 years[2], although recent statistics shows promising growth. Like many areas across Scotland, our population is ageing, as people live longer. This means that unless we can attract more people to come and live in Renfrewshire, or the birth rate rises, the proportion of our population who are working age will shrink. As the population ages, household composition is changing too, with more people living in single households.

While we have less ethnic diversity than other parts of Scotland, we have people across Renfrewshire from rich and varied ethnic backgrounds, and a growing black and minority ethnic population. We have long-standing black and minority communities, such as our south Asian community, alongside a significant number of economic migrants from the European Union who have moved here to work, and many of whom have chosen to settle and raise their families in Renfrewshire. We also have some very new communities who are here as a place of safety, such as the Syrian refugees who have been resettled here. International students from across the world come here to study at our University and College.

The numbers of disabled people in Renfrewshire is also slightly higher than across Scotland, with around a fifth of people reporting a disability. Our disabled community is a diverse one, with many types of disabilities including physical, intellectual, sensory or mental health. Although disability can affect anyone at anytime in their life, lots of people develop disabilities as they get older. This means that as our population ages, it's likely our disabled population will grow too.

We know that just under a quarter of children in Renfrewshire are living in poverty, and that child poverty is rising. This is a key concern as poverty in childhood has a severe limiting effect on the prospects of that child both in the present and later in life. We also know that the nature of poverty is changing too, with poverty rising amongst the young, working and renting. Two thirds of children living in poverty are living in a household where at least one person is working.

[1] Glasgow City Region Economic Action Plan

[2] Population growth is estimated at less than 0.2% per annum for the next ten years, which is below that expected in other Scottish urban areas.

Our Renfrewshire is thriving: Maximising economic growth, which is inclusive and sustainable

Our priorities

- Growing our working age population by encouraging people to stay here, and attracting new people to settle here
- Identifying opportunities for economic growth across the City Region, and developing thriving and sustainable cultural, creative, digital and manufacturing sectors
- Achieving Inclusive Growth by making sure Renfrewshire's investment and opportunities deliver for all
- Equipping people with the skills and pathways to access opportunities and making sure people can access work which affords them an acceptable standard of living
- Making sure the infrastructure is in place to support growth in local economy and population (such as housing, transport and schools)
- Promoting a positive image and reputation of Paisley, and Renfrewshire as a whole, in Scotland, the UK and internationally

Renfrewshire's economy faces a number of significant opportunities to grow our economy and make our area more prosperous.

We have developed a Strategic Economic Framework provides a clear sense of direction for Renfrewshire's economy, and clearly linked to our role in the regional economy of the Glasgow City Region. We have set up a Renfrewshire Economic Leadership Panel demonstrates our commitment to working in partnership with our business community to achieve our goals.

Case Study: The £1.13bn City Deal will bring tens of thousands of jobs to the Glasgow City Region through 20 infrastructure projects. Three of these will be delivered in Renfrewshire; the Airport Access Project, the Glasgow Airport Investment Area, and the Clyde Waterfront and Renfrew Riverside. Together these projects will transform local and regional connectivity, resulting in job opportunities through business growth and inward investment. Through using our 'buying power' for these big contracts, we will also be able to unlock additional community benefits.

It's important that economic growth in Renfrewshire delivers for all our communities, as we strive to make sure that all our residents can access the benefits of that growth. We need to make sure that we create good quality work which affords an acceptable standard of living[3], and that people are equipped with the skills and infrastructure to access jobs and progress their careers in Renfrewshire and across the City Region. We recognise the benefits of economic growth are about more than how much money people have - whether it be education, life expectancy, or employment prospects, success is often patterned by socio-economic status, wealth and assets, sex, age or the places where people live.

What is Inclusive Growth? Inclusive Growth is economic growth that creates opportunity for all segments of the population and distributes the dividends of increased prosperity, both in monetary and non-monetary terms, fairly across society.

[3] 1 in 5 jobs in Renfrewshire pay less than the voluntary National Living Wage.

Paisley has launched its bid for UK City of Culture 2021, which we hope will be a catalyst in our plans to grow a cultural and visitor economy based on our significant heritage assets, internationally recognised textiles, art and natural history collections. This increased focus and investment in creative, cultural and digital industries will transform not just Paisley, but all of Renfrewshire.

Regeneration plans for our town centres, and also making sure that our villages continue to thrive, are central to our efforts to ensure that Renfrewshire is a great place to live, work and visit. As well as the arts and culture events themselves, we're pushing ahead with plans to regenerate Paisley Town Centre including new library and museum facilities, new housing and improving transport connections.

We have seen great improvements in employment levels over the last few years, with employment levels now restored to where they were before the crash in 2008[4]. One of our biggest achievements has been our rising youth employment figures, moving from being one of the poorest performing areas for youth unemployment, to one of the best in Scotland.

Small and medium businesses are the backbone of the Scottish economy, and this is no different in Renfrewshire[5]. Business start-ups and survivals have been increasing, and we want Renfrewshire to be an attractive and competitive place for business owners.

Renfrewshire is more skilled than the Scottish average, with significant increases over the last ten years[6]. As a partnership, we need to respond to our growing sectors, such as construction, digital, engineering, digital health, care and childcare, in order to make sure they have the workforce they need. We will make sure that people in Renfrewshire are equipped with the skills they need to access the economic opportunities we have, and that we work as a partnership to create clear pathways to work. It's likely that in the future, people will have more different jobs and careers over their lifetime; this means that we will need an increased focus on learning throughout life, and supporting adults to learn and develop new skills for our new and emerging industries. This also gives us an opportunity to redress inequalities that exist in some sectors of our industry, for example, attracting more women and girls to work in Science Technology Engineering Maths (sometimes known as STEM), and narrowing pay gaps for women, disabled and black and minority ethnic people.

Growing our working age population is a key driver to improving our local economy, we need to attract new people to work, live and settle here, but also incentivise our young people and student population to stay here too. In order to do this, we need to make sure that we have the infrastructure in place to support this, such as the right types of housing, good schools and transport links.

The housing market is showing real signs of recovery, with house sales rising along with private sector starts and completions. The rise in the private rented sector presents a number of issues around both affordability and quality, with particular challenges around the regulation and enforcement of private rented sector tenancies. There is a need for new housing supply across a range of tenures, and across all price brackets, including affordable housing.

[4] Unemployment is Renfrewshire is 5.2%, falling from a high of 9.9% in 2011. The number of jobs in Renfrewshire increased from 74,000 in 2014, to 83,000 in 2015.

[5] A total of approximately 4000 VAT registered/active businesses are operating in Renfrewshire

[6] It's expected that most of the jobs to be created in the west of Scotland up to 2024 will be need people with higher levels of qualifications. Renfrewshire is above the Scottish average in skills and the number of people qualified at National Vocational Qualification Level 4 increased in 10 years here from 28.4% to 42.7%.

Partner facts:

- Renfrewshire Chamber of Commerce is the main business organisation in the area, helping over 580 businesses to grow and prosper
- In 2016/17, Skills Development Scotland delivered career information, advice and guidance for 8,135 people.

People's hopes for Renfrewshire:

- "A positive, distinct identity for Renfrewshire"
- "Preserving what is there and can never be built again in stone and with great craftsmanship"
- "People given purpose with jobs that pay a living wage"

Key documents:

- Economy Data Profile
- Skills Development Scotland Regional Profile
- Renfrewshire Strategic Economic Framework 2016-2018
- Neighbourhoods Data Profile
- Renfrewshire Local Housing Strategy
- Renfrewshire Local Development Plan
- Renfrewshire Local Transport Strategy

Our Renfrewshire is well: Supporting the wellness and resilience of our citizens and communities

Our priorities

- Promoting wellbeing and good mental health, particularly in our young people
- Promoting healthy lifestyles that support both physical and mental health
- Tackling isolation and loneliness, by connecting people to their communities, and to services
- Enable people to live healthier, for longer, by supporting our older population to stay active
- Developing strong community-based services that respond to local need
- Enabling communities to have their voice heard, and influence the places and services that affect them

We want people in Renfrewshire to feel well, both physically and mentally. Although most people in Renfrewshire consider themselves to be in good health[7], there are significant health inequalities that still exist in our area[8].

In particular, mental health is a rising priority across Renfrewshire[9]. Good mental wellbeing means that people feel confident and have positive self-esteem, are able to build and maintain good relationships with others, can live and work productively and are able to cope and adapt in times of change and uncertainty.

Case Study: Youth mental health commission

Mental health was votes a top priority by Renfrewshire's young people at the Youth Assembly, with stress, relationships and social media all identified by young people as areas that can affect mental health. In 2016, a Youth Commission was set up to work collectively on changing perceptions and attitudes towards mental health. Once the commission have collected their evidence, they will then make a set of recommendations to those who work with young people on how they should be supported. As a partnership, we look forward to hearing the recommendations of the Commission and are committed to responding to what the young people have to say.

Supporting physical and mental wellbeing across the partnership is an important way of preventing people from developing more serious issues later on. We remain committed to health improvement by promoting behaviours we know can make a difference to people's wellbeing, such as being active, eating a healthy diet and stopping smoking. Where possible, we want to support people to make healthy choices and manage any health conditions they have independently. Where we are delivering services to people, we think that by taking a person-centred approach, and working with people as individuals rather than just looking at their condition, we will be better able to meet their needs. This

[7] 81% of people in Renfrewshire consider themselves to be in good or very good health.
[8] Around one in three of our people live in areas that have poorer health than the Scottish average.
[9] 19% of people in Renfrewshire are being prescribed drugs for anxiety, depression or psychosis. This is significantly higher in more deprived communities, at 24% in Johnstone North West and Linwood South

is all an important part of reducing unscheduled care, such as people needing to attend Accident and Emergency.

Quality of life and wellbeing can be adversely affected by external factors too, such as worrying about money. The rising cost of living, stagnant wages and changes to benefits mean that many people are struggling to make ends meet, and in some cases people face choices between heating and eating. We recognise the real and immediate negative impact this has on people's wellbeing, physical and mental health. While poverty isn't the cause of ill health or health behaviours, these are strongly socially patterned and can also leave a lasting health impact on our poorer communities. For example, Renfrewshire has a well-documented life expectancy gap, with almost 15 years difference between our most and least affluent communities.

As people are living longer, our population is ageing. In particular, the number of people living over 75 is projected to sharply increase over the next 20 years. This means there will be more people needing care, and more people with more complex care needs. The number of available carers will be under increasing pressure, and the number of older carers will also increase. Dementia is also expected to rise by 40% by 2013, as the population ages[10].

Moving forward, we want to shift the balance to improving people's Healthy Life Expectancy, rather than just looking at how long people live. An important part of this will be supporting people to stay active and connected to others as they get older, especially as it is predicted that many older people will be living in single person households.

We recognise the importance of supporting connections within communities, and between communities and public services. Social connections and feeling belonging are central to the wellbeing and resilience of our communities, and Renfrewshire has a strong base of people who volunteer and provide informal support and care for each other.

Communities are also often best-placed to support themselves, or articulate their own needs. It is therefore critical that communities are involved and heard in the design and delivery of public services that affect them. In particular, we recognise the importance of community based services that are based in the places people can access and that meet the communities' needs. There are also some strong examples of community-led activity and development across Renfrewshire, from Community Development Trusts in Renfrew and Linwood, to community led health activity.

Case Study: Community Connectors and Social Prescribing

Social prescribing is about finding solutions to symptoms that patients present to their GPs, other than medical prescriptions. This can be referral to services like exercise classes, financial advice services or befriending. A community-led initiative called "Community Connectors", funded by Renfrewshire Health and Social Care Partnership, is putting the social prescribing idea into action. A link worker helps a patient work out a plan to help improve their circumstances, for example referring to housing colleagues for advice or a Community Health Champion for help to become active. The patient benefits from non-medical interventions that provide a sustainable

[10] By 2035, it is estimated that almost 4,400 older people in Renfrewshire will be experiencing dementia.

improvement in their health, while GPs benefit by being able to focus on the patient's medical needs, rather than social problems. Currently available in four GP surgeries in Renfrewshire, this service is being expanded to another four surgeries.

Partner facts:

- Renfrewshire Health and Social Care Partnership has 29 GP surgeries, 44 community pharmacies, 19 community optometrists, 35 general dental practitioners, and one major acute hospital – the Royal Alexandra Hospital.
- NHS Greater Glasgow and Clyde serves a population of 1.15 million people, and employs around 38,000 staff.
- Renfrewshire Leisure manage many of the community assets and buildings in the area including; town halls, libraries, museums and playing fields.

People's hopes for Renfrewshire:

- "A healthy, well-educated community"
- "Having strong communities and strong self-belief in the town"
- "Something people can feel proud of"

Key documents:

- Health Data Profile
- Renfrewshire HSCP Strategic Plan 2016-19

Our Renfrewshire is fair: Addressing the inequalities which limit life chances

Our priorities

- Ensuring our children get the best possible start in life
- Addressing the poverty related attainment gap, and young people can achieve success after school
- Identifying people's needs early, by sharing information and working together
- Tackling health inequalities and narrowing the gaps in healthy life expectancy
- Reducing drug and alcohol misuse in our communities
- Ensure that people currently facing disadvantage get access to opportunities to improve
- their health, skills and income

The first years of someone's life have a huge influence on their future. Children's developmental outcomes are affected from before they are born and throughout their childhood. For this reason, our health services in particular have a real focus on key early influences on child health such as smoking, breastfeeding, and maternal and parental stress. Renfrewshire has had a significant focus on early years approaches over the last few years, recognising the importance of a strong start in life.

The increase in provision of free early learning and childcare provision is a significant policy shift which could have a real positive impact for young children and their families. A major partnership effort will be required to realise the benefits from this major change, ranging from making sure the infrastructure is in place, to making sure we have a big enough early learning and childcare workforce trained and ready to deliver the increase in hours.

Case Study: All Children's Study

The All Children's Study that we carried out in 2016 gives us an unprecedented understanding of the needs and experiences of young people in our area. Renfrewshire Council were the first local authority in the UK to repeat the children's wellbeing survey, inviting 11,800 children between 9-16 to respond. We will work with young people and partners to get a richer understanding of this data, and then use it to shape the services that we deliver for young people across the partnership.

Educational attainment has been improving and is in line with other similar areas of the country, but as across Scotland, the attainment gap persists between children from low-income households and their better off peers. Renfrewshire will see significant investment in narrowing the attainment gap through Attainment Challenge and Pupil Equity Fund over the coming years, building on the innovative literacy development approach we have been undertaking in partnership with the University of Strathclyde. We recognise that the responsibility for supporting attainment is much wider than just schools, and that all partners have a role to play in supporting our young people to achieve their potential.

The number of positive destinations for young people in Renfrewshire is also in line with similar areas and although positive destinations for looked after young people have improved, we are still behind average. As a partnership, we need to work together to make sure that we track positive destinations beyond the short-term, and that we work to support young people to achieve positive destinations in

line with their ability and their ambition. There are also groups of young people who are often achieve poorer outcomes, such as care-experienced young people. All Community Planning Partners are now statutory corporate parents for 681 looked after children, so we share both a statutory and ethical responsibility to ensure their success.

We know that young adults today are facing significant barriers on the road to adulthood to independence, whether that is accessing high quality destinations, decent employment opportunities, in-work progression and suitable housing. Evidence suggests that the current generation of young adults are facing a new type of intergenerational inequality generally, which become sharper still for some groups of young people who face additional barriers. These groups of young people, such as young carers, young parents, and disabled, black and minority ethnic young people and LGBT+ young people, often face poorer outcomes as a result. As a partnership, we need to be alive to these differences and disadvantages to ensure a level playing field.

Poor mental health is both a major cause and effect of inequality, and is a rising priority for the partnership. Almost one in five people in Renfrewshire are being prescribed drugs for anxiety, depression or psychosis. In more deprived areas, this rises to one in four alongside higher rates of psychiatric hospitalisation. We know that the experience of poor mental health, while touching every age and demographic, is not evenly distributed. If you are female, a young adult, on low income, living alone or in a large household, your risks of facing mental ill health are higher.

"Demands on policing are growing and increasingly focused towards addressing vulnerability and the consequences of inequalities" Policing 2026, Police Scotland

Partner facts:

- West College Scotland has 21,500 students, and 1 in 5 West Region school leavers come straight to West College Scotland.
- 45% of West College Scotland learning is delivered to students from Scotland's 20% most deprived communities
- The University of West of Scotland's Children's University is focused on raising aspirations of children from an early age and encouraging engagement with a range of activities outside the classroom. While we know that not everybody will go to university, we can support young people to see what opportunities are out there, then they will be more prepared for whatever pathway they choose in the future.

People's hopes for Renfrewshire:

- "To achieve equality for all, including access"
- "Help people with addictions"
- "Our children have better expectations of life achieved"

Key documents:

- Children and Young People Data Profile
- All Children's Study
- Integrated Children's Services Plan

Our Renfrewshire is safe: Protecting vulnerable people, and working together to manage the risk of harm

Our priorities

- Protecting vulnerable adults and children, ensuring they can live safely and independently
- Tackling domestic abuse and gender based violence
- Managing risk of harm and offending behaviour
- Supporting prison leavers within the community justice arrangements
- Making sure we are ready to respond to major threats and crisis

The crime rate in Renfrewshire has consistently reduced, and is now 3% lower than in 2013/14[11]. Renfrewshire also continues to have a high rate of detections of crime, seizure of drugs and other goods associated with crimes. Surveys tell us that Renfrewshire is a safe place to live for the great majority of people.

The top four concerns raised by Renfrewshire communities to Police Scotland are: Drug dealing and use, assault and violent crime, housebreaking and other theft and road safety.

Police Scotland has introduced a new Community Policing Model in Renfrewshire in 2017, which has resulted in more community police officers on visible patrol on the streets. Paisley was also awarded Purple Flag status for its evening and night time economy in 2017. Purple Flag is the benchmark for good night time destinations – areas awarded the Purple Flag are recognised for providing a vibrant and diverse mix of dining, entertainment and culture while promoting the safety and wellbeing of visitors and local residents.

Case Study: The Community Safety Hub brings together a range of council teams, health services Scottish Fire and Rescue Service and Police Scotland. The teams work together to intervene early in issues that affect local communities such as anti-social behaviour, crime and fire-raising. Through close working arrangements, such as daily tasking and co-ordinating and joint investment in modern CCTV technology, community safety partners have been successful in reducing the number of crimes and offences in the area, and in putting in place interventions to support vulnerable people and communities.

There are also a number of emerging threats for the police and wider partners to respond to, particularly around the increasing 'digitalisation' of daily life, for example, cyber-enabled sexual offences such as child grooming and internet facilitated sexual assaults. Disrupting serious and organised crime also remains an evolving priority, in order to mitigate the threat of drug supply, money laundering and availability of firearms in our communities and to safeguard public assets and resources.

Reducing harm and protecting vulnerable adults and children is a key priority for the Community Planning Partnership generally, but is increasingly a concern for the Police and wider public protection agencies. Working together to identify people who are vulnerable, or in crisis, has been highlighted as an area where we would like to focus as a partnership.

[11] Crimes of violence in Renfrewshire have decreased from a baseline of 416 in 2012 to 250 in 2016.

Alcohol and drugs also continue to be a concern, and remain a key driver of ill health, injury, offending behaviour and death. Renfrewshire has high rates of people admitted to hospital because of alcohol and drug use, and alcohol and drugs are a common factor associated with violence, domestic violence and mental ill-health. The growing issue of home drinking has also led to an increase in violence in people's homes, which also affects the home environment of a significant number of children. Both alcohol and drugs are often part of the reason when children are taken into care. As well as the profoundly life-limiting effects for people who misuse alcohol and drugs and their families, these issues also put a significant resource pressure on a wide range of our public services.

Although there has been a reduction in the number of incidents of domestic abuse recorded by the police in Renfrewshire, with a 3% decrease compared to an increase across Scotland between 2013 and 2015, Renfrewshire still has a higher than average incidence of domestic abuse incidents[12], and domestic abuse remains a key priority for Community Planning Partners. We hold partnership MARAC (Multi Agency Risk Assessment Conference) meetings to protect victims and survivors at highest risk of being murdered or seriously harmed. There are indications from our 'All Children's Study' that a high number of young people are experiencing markers of coercive control in their relationships, and it is important that partners consider and respond to these findings.

Reports of hate crime have gone up in Renfrewshire, but it is important to note that as hate crimes are underreported, that this could be considered to be a more accurate picture rather than an increase in hate crimes. A partnership group called "Grey Space" has been set up to monitor community tensions and promote community cohesion across Renfrewshire.

The new Community Justice Outcomes Improvement Plan places outcomes for prison leavers as a key priority, particularly around employability and homelessness. Making sure that prison leavers are able to access a home and a job is a key part of making sure that we reduce the risk of reoffending.

Renfrewshire has a higher rate of fires than the national average, with higher rates of both accidental and deliberate dwelling fires. Deliberate fire setting has increased and is a priority for Scottish Fire and Rescue Service, working closely in partnership with the Council's wardens service and Renfrewshire Community Safety Partnership.

There are also a number of high risk sites in Renfrewshire where the Fire Service and other partners need to be ready to respond to an incident, such as large distilleries, busy retail destinations such as Braehead and transport hubs like Glasgow Airport. We recognise that we are living in unpredictable times, and that major disasters and incidents appear to be happening more often. It's important that we are a ready to respond should anything ever happen in Renfrewshire, and that we reassure people that we are prepared.

Partner facts:

- In Renfrewshire and Inverclyde division, the total local police response complement is 679 officers.
- Scottish Fire and Rescue have three community fire stations in Renfrewshire; Paisley, Johnstone and Renfrew.

[12] There were 2,235 incidents of domestic abuse recorded in 2014/15, equating to just over 6 incidents of domestic abuse reported per day in Renfrewshire.

People's hopes for Renfrewshire:

- "Decrease anti-social behaviour in all areas of Renfrewshire"
- "Help kids to get off the streets"

Key documents:

- Safety Data Profile
- Community Justice Needs Assessment and Community Justice Outcomes Improvement Plans
- Scottish Fire and Rescue Service Local Fire and Rescue Plan
- Police 2026 – 10 Year Strategy for Policing in Scotland

A Community Planning Partnership which is sustainable and connected

Our priorities

- Listening and responding to the needs of communities, and partners
- Sharing data and intelligence across the partnership
- Identifying opportunities to share and connect public, private and third sector resources to reduce inequalities
- Supporting people to access the right service at the right time, reducing demand on acute and response services
- Empowering communities to provide sustainable services

Partnership working is mature in Renfrewshire, both between the statutory community planning partners, and across the wider Community Planning Partnership network. All of the community planning partners face significant financial pressures, uncertainty or increases in service demand over the coming years, which will make identifying opportunities to share and connect our resources increasingly important, along with the ability to adapt and adjust our services for the communities we serve.

Case study: Russell Institute co-location for skills and employability hub
The Russell Institute has been a treasured Paisley landmark since it opened as a child welfare clinic in 1927, as a philanthropic gift from local woman Agnes Russell. Following closure in 2011, the Russell Institute has now been reinvented and opened its doors in August 2017 as the new home to 120 Skills Development Scotland and Invest in Renfrewshire employees, offering careers and employability advice to a new generation. Inspired by the passion of Paisley Development Trust to preserve and repurpose this architectural gem, Renfrewshire Council, Scottish Government and Historic Environment Scotland jointly-funded the project, allowing the Russell Institute to continue its 90 years of public service for many years to come.

The UK's exit from the European Union, while still in the early stages of negotiation, has a number of major implications for Renfrewshire as an area – along with implications for Community Planning Partners as organisations. We are already working together as partners to understand and respond to this changing picture, including understanding the economic impacts from changes to tariff and trade, to levels of EU funding received across Renfrewshire. Most importantly, we will continue to assess what 'Brexit' will mean for the EU citizens who have chosen to make Renfrewshire their home, and who remain employees, residents, students, family and friends and are an important and valued part of Renfrewshire.

We understand that many of the most vulnerable people in Renfrewshire are working with lots of different organisations across the partnership. We know that if we share information and intelligence we can support people better, or even prevent people from needing some of our more acute services at all. In particular, the shared frontline resources across the partnership offer a significant opportunity to identify vulnerable people early.

Case study: Fire and NHS working together to deliver alcohol interventions
Alcohol is one of the key factors contributing to house fires and the damage, injuries and death that can result. Scottish Fire and Rescue and the NHS have teamed up to engage with householders to provide messages about safe and responsible drinking that both benefits health and reduces the risk

of fires. In particular, advice on the dangers of smoking or cooking after having consumed alcohol and tips on cutting down on drinking at home are positive interventions that contribute to safer homes. By pooling resources and delivering shared messages and working with housing providers like the Council and Housing Associations, public services are making sure that as many people as possible receive advice that is consistent and promotes safety and better health.

There are new opportunities for communities to use, manage or take ownership of public sector assets and also to participate in the planning and delivery of services through the Community Empowerment Act. Over the last few years, there are over a dozen examples of community groups that have taken over public sector buildings or land in Renfrewshire, and more community groups are now thinking about assets and participation requests. As a partnership, we are committed to supporting this wherever we can.

We're reviewing our community level governance arrangements, which h we call Local Area Committees, to make sure that they are well placed to support and amplify the voice and capacity of our communities.

In 2017, Audit Scotland did an audit of Renfrewshire Council. An important part of the audit was reviewing partnership working arrangements in Renfrewshire. Their final report said:

- **"The council is working closely with its partners to improve local outcomes with a clear focus on intervening early to identify and address potential problems"**
- **"The council and its partners have effective arrangements for sharing information to improve how services are provided within the community"**
- **"The council and its partners are good at working with, and involving, communities. This provides a positive base for them to go further and fully implement the provisions of the Community Empowerment Act"**

Partner facts:

- Engage Renfrewshire is our Third Sector Interface, supporting 408 member organisations across the third sector in Renfrewshire

People's hopes for Renfrewshire:

- "More people getting involved in the running of Council decisions"
- "More community spirit with residents organising local events and participating in local issues"
- "Keep working to improve on your previous achievements. We can all do better"

How we will work

Fair
Sustainable
Digital
Involved

Fair

We recognise that in order to achieve equality, it is not enough to treat people the same. In order to tackle the inequalities that exist across Renfrewshire, we need to be alert to where they exist, and able to respond to the differing perspectives and needs of different parts of our communities. This approach to fairness needs to run through the way we plan our services, deliver the actions within the Community Plan, and measure whether we have been successful.

Sustainable

We recognise the need to protect and sustain Renfrewshire's rich and varied natural environment, but also our contribution to national and international environmental sustainability. As a Community Planning Partnership, we have a duty to protect both the environment and the linked health of local people living in our communities, and to deliver our Community Plan in a way which minimises the adverse impact on our natural environment and can take advantage of opportunities to promote sustainability and improve our environment.

Digital

Over the next ten years, digital will become an increasing feature of how people live their lives, and how we work as organisations across all sectors. Digital will play a key role in supporting our economic aspirations, as we maximise the use of technology, develop our digital infrastructure, deliver digital public services and digital skills become central to our workforce. Digital technology can provide the tools, information and services to empower people to live healthier, safer, greener, more connected and prosperous lives, if we can make sure that everyone possible is connected and has the skills to use the technology.

Involved

We also recognise that people are experts in their own lives, and the importance of listening and responding to the needs of communities in Renfrewshire. We want people in Renfrewshire to feel they are able to influence public services around them and contribute to the development of their services, assets and facilities in their local communities. There are already good examples of services co-designed with citizens across Renfrewshire, which we would like to build on across the partnership.

Governance

In 2016, the Community Planning Partnership reviewed its governance arrangements to improve oversight, reduce duplication and better reflect the partnership working arrangements that were in place across Renfrewshire.

The main partnership groups that will drive forward the delivery of the Community Plan are:

- **Economic Leadership Panel** – This is a new group set up to inform Renfrewshire's Economic Framework, with members across the private and public sector, with a strong focus on Renfrewshire's business community. It is chaired by the Principal and Chief Executive of West College Scotland.

- **Health and Social Care Strategic Planning Group** – This group is part of the Health and Social Care Partnership's governance arrangements, and reports directly to the Health and Social Care Integrated Joint Board. It is chaired by the HSCP Chief Officer, and is comprised of partners across various public and third sector organisations with an interest in health and social care.

- **Community Protection Chief Officers Group** – This group brings together the Chief Officers of organisations across Renfrewshire with public protection role. It is chaired by the Chief Executive of Renfrewshire Council. Connected to this, there is also a 'Member Officer Group' which brings together elected members and key officers, and has a scrutiny role.

- **Improving Life Chances Board** – This is a new group which will be established to take forward partnership work around life chances and inequalities. It will replace both the Children and Young People's thematic board, and also the Tackling Poverty Steering Group.

- **Forum for Empowering Communities** – This group continues from the previous governance arrangements, and provides a key link between the Community Planning Partnership, the third sector in Renfrewshire, and our communities. It is chaired by the Chief Executive of Engage Renfrewshire, and is comprised of third sector organisations.

We have introduced a **Community Planning Partnership Executive Group**, chaired by the Chief Executive of Renfrewshire Council and comprised of Chief Executive level officers across the Partnership. In addition, there is also a **Community Planning Partnership Oversight Group** chaired by the Leader of Renfrewshire Council, and comprising conveners of the Council's policy boards and a member of the Opposition Group.

The groups mentioned above are primarily to set direction, drive the activities of the partnership and provide oversight and scrutiny where necessary. It is the responsibility of these groups to develop the more detailed action plan that will enable us to deliver this plan.

There are many partnership groups operating all across Renfrewshire where partnership working really comes to life. We recognise that it is often these groups which will make the operational links that will deliver the changes for people living in Renfrewshire.

Performance

The detailed indicators and targets that support the community plan will be developed alongside the detailed action plans, in consultation with partners and communities to make sure they are meaningful.

We recognise that we have ambitious and high level aims and in some cases we have not yet fully mapped the route to reach our goals. We have laid our aims and outcomes out to allow for further input from stakeholders and add in activities as it becomes clearer which activities are most effective in reaching the outcomes.

Our Renfrewshire: Locality Plan

Introduction

All community planning partnerships in Scotland are required to develop one or more Locality Plans associated with the area-wide Local Outcome Improvement Plans, to be published by 1 October 2017.

The purpose of the Locality Plan is to demonstrate that the Community Planning Partnership understands local needs and has a plan to improve outcomes for all, but with a focus on reducing inequalities where outcomes are currently poorest.

Renfrewshire Community Planning Partnership is developing comprehensive proposals to work together with all of its communities in order to improve outcomes across the board, but also to reduce inequalities between communities.

The Community Planning Partnership is currently reviewing its community level governance arrangements, to be completed by the end of 2017. Having done this, we can then develop a series of Locality Plans that cover all areas of Renfrewshire that are truly influenced by our communities and are better-integrated into place based planning across the partnership.

An additional strand to the development of Locality Plans will be of the localism agenda currently underway to develop co-production between public services and communities in Renfrewshire. We are also exploring how we can listen to communities of interest to "asks" for Renfrewshire, and how we can respond to their manifestos for change.

Locality Outcome Improvement Plan: Locality Plan

In which areas do outcomes most need improved?

Within the context of our ambition to develop Locality Plans covering all communities in Renfrewshire, our first locality plan will focus on the communities that experience poorest outcomes currently.

Throughout 2017 we have looked at the available data on outcomes and also engaged with our communities about their views on different aspects of communities.

We have looked at the evidence from the Scottish Index of Multiple Deprivation 2016 (SIMD 2016), other information from public services and other partners in Renfrewshire and learning from our community engagement. Taken together, it is clear that the communities with the greatest need and aspiration for improved outcomes are broadly those that live within the 5% most deprived areas in Scotland.

In terms of income and employment, health, education, housing, crime and access to services, a number of small areas showing some of the poorest outcomes in Scotland are located within larger communities in Paisley, Johnstone and Linwood. A combined total of just under 9,000 people in Renfrewshire live in these areas.

When we asked people in Renfrewshire to rate the place they live on fourteen themes using the Place Standard tool, there was a clear link between those people identifying the most room for

improvement and those living in the areas identified by SIMD2016 as having poorer outcomes. People in areas ranked in the lower half of SIMD2016 all identified more themes that need improvement than themes where less improvement is needed, while in the upper half, there was a more positive response.

However, the clearest response was in the areas in Renfrewshire identified in the 5% most deprived areas in Scotland. Of the fourteen Place Standard themes, thirteen were rated as having more room for improvement, rather than less.

The key strength in these communities is that people living there were positive about having a sense of local identity and belonging and feeling that this was the aspect of place that least needs improved. On the other hand, there was a strong feeling that there was room for improvement in the extent to which people feel Influence and Sense of Control. This means that there is opportunity for Renfrewshire Community Planning to build on the sense of community spirit and commitment in our communities, where outcomes are poorest currently and work with these communities to increase both their sense of influence and positive outcomes for residents.

The greatest area of improvement identified was Work and Local Economy, followed by Natural Space, Play and Recreation, Housing and Community, Feeling Safe and Care and Maintenance.

What people told us about their communities using the Place Standard tool confirms the data and research evidence from SIMD2016 and other sources. Lack of income and employment is a key driver of deprivation and is the theme that communities have the greatest aspiration to improve.

Although not geographically connected, Renfrewshire Community Planning Partnership has identified as a community of interest the 9,000 people in Renfrewshire who live within the 5% most deprived areas in Scotland. This community of interest shares common needs and aspirations and will be the focus of the initial phase of locality planning in Renfrewshire.

Focus of the Locality Plan

Renfrewshire Community Planning Partnership will work together with people in our community of interest to improve levels of health, attainment and skills levels, reduced incidence of crime and access to fairly paid employment and a reasonable income.

The locality plan will focus on delivering decisive shifts that improve outcomes generally, but have an additional focus on narrowing inequalities.

Milestones for the Locality Plan are as follows:

Year One (2018)

- Agree detailed one, three and ten year actions and targets.
- Local communities and Renfrewshire Community Planning Partnership develop an agreed action plan to deliver step change in areas experiencing poorest outcomes. Integration of this plan with Local Area Committee action plans.
- Implementation of review of Renfrewshire Local Area Committees including action plans covering all communities in Renfrewshire. Action Plans to incorporate components on participatory budgeting and community asset transfer and participation request activity.
- Local Development Plans (physical planning activity) to be agreed for each area and integrated with Local Area Committee Action Plans.
- Agree contributions to the action plan for communities experiencing poor outcomes, both individually and collectively, with (a) communities (b) public services (c) third sector (d) private sector.

Year Three (2020)

- Evidence that communities experiencing poorest outcomes have benefited from skills, opportunities and community confidence in preparation for the Paisley 2021 cultural programme.
- Evidence that Glasgow Region City Deal projects are benefiting individuals and areas experiencing poorest outcomes.
- Evidence or indication from SIMD2019, other data and Place Standard exercises that there has/ is likely to be positive movement in areas with the poorest outcomes currently.
- Participatory budgeting embedded across action plans and evidence of improved sense of influence and control within communities.

Year Ten (2027)

- Within context of improving employment levels Renfrewshire-wide, income and employment inequalities have narrowed within the areas covered by the Locality Plan.
- Evidence of improved physical and mental health across Renfrewshire, with narrower inequalities between the SIMD2016 5% most deprived areas and other areas in Renfrewshire.
- Evidence of a reduction in crime across Renfrewshire, with narrower inequalities between deprived and other areas.
- Communities report less room for improvement in their area on the fourteen themes of the Place Standard exercise, including an increased sense of influence and control.