

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

Date	Time	Venue
Friday, 20 January 2017	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM  
Clerk

### Membership

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

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

### Further Information

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

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

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

### Members of the Press and Public

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

## Items of business

### Apologies

Apologies from members.

### Declarations of Interest

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

- |          |                                                                                         |                |
|----------|-----------------------------------------------------------------------------------------|----------------|
| <b>1</b> | <b>Minute</b>                                                                           | <b>3 - 8</b>   |
|          | Minute of meeting of the Integration Joint Board (IJB) held on 25 November 2016.        |                |
| <b>2</b> | <b>Financial Report 1 April to 30 November 2016</b>                                     |                |
|          | Report by Chief Finance Officer. (not available copy to follow).                        |                |
| <b>3</b> | <b>Performance Management Update - Exception Reports</b>                                | <b>9 - 22</b>  |
|          | Report by Chief Officer.                                                                |                |
| <b>4</b> | <b>Update on 2016/17 Change and Improvement Service</b>                                 | <b>23 - 44</b> |
|          | Report by Chief Officer.                                                                |                |
| <b>5</b> | <b>Renfrewshire Alcohol and Drug Partnership (ADP) Annual Report 2015/16</b>            | <b>45 - 68</b> |
|          | Report by Chief Officer.                                                                |                |
| <b>6</b> | <b>Changes to Integration Joint Board Membership and Change to Date of Next Meeting</b> | <b>69 - 70</b> |
|          | Report by Head of Administration.                                                       |                |



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

Date	Time	Venue
Friday, 25 November 2016	09:30	Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

### PRESENT

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

### CHAIR

Councillor Iain McMillan, Chair, presided.

### IN ATTENDANCE

Ken Graham, Head of Corporate Governance (Clerk), Iain Beattie, Head of Health and Social Care (Paisley), Frances Burns, Health and Social Care Integration Programme Manager and Dave Low, Senior Committee Services Officer (all Renfrewshire Council); and Fiona Mackay, Head of Strategic Planning & Health Improvement, Mandy Ferguson, Operational Head of Service and James Higgins, Health and Social Care Integration Project Officer, Jill Cram (Senior Business Support Officer), Donna Reid (ADP Lead Officer) and Janice Turnball (Senior OD Advisor) (all Renfrewshire Health and Social Care Partnership).

## **DECLARATIONS OF INTEREST**

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

### **1 MINUTE**

The Minute of meeting of the Integration Joint Board (IJB) held on 16 September 2016 was submitted.

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

### **2 CHAIRMAN'S UPDATE**

The Chair provided a verbal report relative to service and site visits undertaken by him across Renfrewshire to gain a better insight and understanding of the range of services and related issues facing the IJB.

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

### **3 FINANCIAL REPORT 1 APRIL TO 30 SEPTEMBER 2016**

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April to 16 September 2016 for Social Work and from 1 April to 30 September 2016 for the Health Board, as detailed in appendices 1 and 2 to the report. The key pressures were highlighted in sections 4 and 5 of the report.

The report provided an update on the proposed 2016/17 savings in respect of the Health Board's contribution to the IJB; and the implementation of the Living Wage.

The overall revenue position for the Renfrewshire Health and Social Care Partnership (HSCP) at 30 September 2016 was an overspend of £686,000, as detailed in Appendix 2 to the report, with a projected year-end adverse variance of £1.378 million. Appendix 3 to the report provided details of the adult social care financial allocation to the HSCP and Appendix 4 provided details of the health financial allocation to the HSCP.

The Chief Officer provided a presentation to the IJB detailing proposed savings to the Health Board's contribution to the IJB in 2016/17 and advised that additional savings would be required from April 2017. Details of proposed savings to adult community services, mental health services, health improvement, children's services' podiatry and administrative services were included in paragraph 9.4 of the report.

Councillor Holmes, seconded by Councillor Bibby, moved that the savings proposals be not approved; that the IJB write to the Minister for Health and Sport with a request to bring forward future budget increases to cover 2016/17; and that officers submit further savings proposals to a future meeting based on the response to the Board's approach to the Minister for Health and Sport.

Dr Donny Lyons, seconded by Morag Brown, moved as an amendment that consideration of the proposed savings be continued to a future meeting of the IJB and that officers provide to that meeting further information on the impact of the savings proposals.

At this point, Councillor McMillan asked the Clerk to clarify the position in terms of the IJB's governance. The Clerk highlighted the importance of the IJB being able to set a balanced budget and outlined a number of governance issues in relation to this. He referred to paragraph 9.4 of the IJB's Standing Orders for Meetings which set out the repercussions of an equality of votes. He also highlighted that the report contained a total of four recommendations, only one of which related to the savings proposal.

Councillor McMillan proposed that the first three recommendations contained in the report be considered apart from the fourth recommendation which related to the savings proposal. This was agreed. The first three recommendations were then agreed unanimously.

On a vote being taken on the fourth recommendation in relation to the savings proposals, 4 members voted for the amendment and 4 members voted for the motion. There being an equality of votes and there being no casting vote available to the Chair both the motion and the amendment were not approved and recommendation 4 fell. Members were reminded that the Integration Scheme contained a dispute resolution procedure to deal with situations where agreement cannot be reached.

**DECIDED:**

(a) That it be noted that the financial position to date was an overspend of £686,000 with a potential full year adverse variance of £1.378 million;

(b) That it be noted that the forecast position for the remainder of the financial year assumed the overspend position would continue unless service changes and cost reductions were achieved; and

(c) That the progress of the Living Wage Implementation Project be noted.

**4 RENFREWSHIRE HSCP PERFORMANCE MANAGEMENT REPORT 2016/17**

Under reference to item 7 of the Minute of the meeting of this Joint Board held on 16 September 2016 the Chief Officer submitted a report relative to the IJB's first performance report for 2016/17, covering the period April to September 2016. Appendix 1 to the report provided an indication of progress against the nine national outcomes; Appendix 2 provided a full scorecard updating all performance measures; and Appendix 3 gave detailed information in relation to two exception reports.

The report advised that 88 performance indicators were grouped under the nine national outcomes of which 54 had targets set against them. Of the 54 indicators against which targets had been set, 16 displayed a variance from target of more than 10%, 10 were within a 10% variance of target and 28 were on or above target.

John Legg referred to the number of children highlighted in the report who had been impacted by delays from assessment to appointment in terms of paediatric Speech and Language Therapy. He proposed that an update report be submitted to a future meeting of the IJB. This was agreed unanimously.

**DECIDED:**

(a) That the mid-year update to 30 September 2016 on the 2016/17 performance, as detailed in the scorecard presented in Appendix 2 to the report, be noted;

(b) That it be noted that the indicators in the scorecard were reported at a number of frequencies, that the information may not always be available at the end of the reporting period and that the data provided in the report was the most up-to-date information available; and

(c) That an update report be submitted to a future meeting relative to progress on addressing the waiting times for paediatric Speech and Language Therapy.

## **5 UPDATE ON PARTICIPATION, ENGAGEMENT AND COMMUNICATION (PEC) IMPLEMENTATION PLAN**

Under reference to item 10 of the Minute of the meeting of this Joint Board held on 18 March 2016 the Chief Officer submitted a report relative to progress made with implementing the Participation, Engagement and Communication (PEC) Strategy which had been improved at the meeting of the IJB held on 20 November 2015.

The report intimated that a PEC Working Group had been established to take forward actions arising from the PEC strategy. The HSCP now had both a Twitter account and a Facebook page; a monthly HSCP Team Brief was cascaded from the Chief Officer throughout the HSCP; Leadership Network sessions were held on a quarterly basis; work was progressing on a logo and branding for the HSCP; work on the HSCP website had commenced; a Joint Staff Partnership Forum had been established to improve communication with the recognised staff associations; and a public event would be organised on an annual basis to disseminate information from the HSCP's annual report.

**DECIDED:** That progress made to implement the PEC Strategy 2016/19 be noted.

## **6 UPDATE ON NON-FINANCIAL GOVERNANCE ARRANGEMENTS**

The Chief Officer submitted a report relative to an update on the IJB's non-financial governance arrangements for the period 1 April to 30 September 2016, specifically highlighting progress on the implementation arrangements for Freedom of Information and the Publication Scheme; health and safety; complaints; business continuity; insurance and claims; and risk management.

**DECIDED:** That the report and the progress made with regards to the implementation arrangements detailed therein be noted.

## **7 STRATEGIC PLAN 2016/19**

In terms of Standing Order 4, the Convener advised that, taking into account the uncertainties around the allocation of health resources identified in item 3 of this Minute, this item of business would be continued to a future meeting of the IJB.

**DECIDED:** That consideration of the Strategic Plan 2016/19 be continued to a future meeting of the IJB.

## 8 **ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER 2015/16**

The Chief Social Work Officer (CSWO) submitted a report relative to his annual report which he had submitted to the meeting of Renfrewshire Council held on 29 September 2016. The Public Bodies (Joint Working) Scotland Act 2014 established that CSWO's would also be part of the HSCP governance structures in order to carry out those statutory duties in relation to social work services provided by those partnerships.

The Council's Director of Children's Services, in his role as CSWO, provided an overview of the report, referred to the role and key areas of activities of the CSWO locally and outlined the issues and challenges encountered during 2015/16, local arrangements for the discharge of functions of the post, changes to governance arrangements in light of the integration of adult health and social care and the creation of the Children's Services Directorate within the Council together with changes in national guidance on the role of the CSWO.

### **DECIDED:**

- (a) That the key activities outlined within the report be noted;
- (b) That it be noted that the report would be submitted to the Office of the Chief Social Work Officer at the Scottish Government; and
- (c) That it be agreed that annual reports would continue to be provided to the IJB.

## 9 **UNSCHEDULED CARE**

The Chief Officer submitted a report relative to proposals on how the IJB should fulfil its strategic planning responsibility for unscheduled care.

The report defined unscheduled care as the unplanned treatment or care of a patient usually as a result of an emergency or urgent event. The Scottish Government had made unscheduled care an important area of focus for the health service in Scotland and had set key targets in relation to reduced waiting times in A&E and a reduction in the number of emergency admissions to hospital.

The report outlined the IJB's responsibilities in relation to accident and emergency services provided in hospitals as well as various inpatient services. The Scottish Government had launched its Unscheduled Care Improvement Plan in May 2015 and NHS Greater Glasgow & Clyde had established an Unscheduled Care Programme Board under the chairmanship of the Board's Chief Executive. The outcome of the Board's programme would be reflected in the IJB's unscheduled care plan.

### **DECIDED:**

- (a) That the report be noted; and
- (b) That the development of a Strategic Commissioning Plan for Unscheduled Care be approved for submission to a future meeting of the IJB.

## 10 **FALLS PREVENTION AND MANAGEMENT STRATEGY**

The Chief Officer submitted a report relative to the development of a falls prevention and management strategy to reduce the number of falls and falls-related injuries within Renfrewshire in line with national, NHS Greater Glasgow and Clyde and Renfrewshire strategic priorities. A copy of the NHS Greater Glasgow & Clyde 'Policy for the Prevention and Management of Falls for Adults aged 16 and over' was attached as Appendix 1 to the report and a copy of the proposed Renfrewshire HSCP 'Renfrewshire Falls Prevention & Management Strategy – An Integrated Approach' was attached as Appendix 2.

The Renfrewshire Falls Prevention & Management Strategy was developed by the Renfrewshire Falls Prevention & Management Group through the support of three subgroups covering care homes; the third and independent sector; and community health and social care. The Strategy would be circulated widely and awareness raising would take place across relevant groups and agencies throughout late 2016 and early 2017. A systematic staff and volunteer training programme would then take place throughout 2017.

**DECIDED:** That the implementation of the Renfrewshire Falls Prevention and Management Strategy be approved.

## 11 **DATE OF NEXT MEETING**

**DECIDED:** That it be noted that the next meeting of the IJB would be held at at 9.30 am on Friday 20 January 2017 in the Abercorn Conference Centre, Renfrew Road, Paisley.



---

**To: Renfrewshire Integration Joint Board**

**On: 20 January 2017**

---

**Report by: Chief Officer**

---

**Subject: Performance Management Update - Exception Reports**

---

## **1. Summary**

1.1 It has been agreed that an update on performance will be presented at all IJB meetings. The full Scorecard updating all performance measures will be presented twice yearly, with the last one being reported at the 25 November 2016 meeting.

1.2 This report provides an update on four exception areas:

- Podiatry – 95% of patients presenting with diabetic active foot disease will be seen by a member of the Multi-Disciplinary Team within 48 working hours.
- Podiatry – 90% of new referrals to the service will be appointed within 4 weeks.
- Carers – 185 carers' assessments completed over a 12 month period.
- Occupational Therapy – the average number of clients on the Occupational Therapy waiting list is not to exceed 350.

---

## **2. Recommendation**

It is recommended that the IJB:

2.1 Note the updates on performance in Podiatry, Carers and Occupational Therapy.

2.2 Note that the next full Scorecard updating all performance measures will be presented at the 23 June 2017 meeting.

---

## **3. Exception Reporting**

### **Background**

3.1 An exception report on two health measures and two social work measures are included in this report.

3.2 Detailed exception reports are included in Appendix 1.

### 3.3 **Red status indicators**

It has proved difficult to achieve the target number of carers' assessments over the last five years. Formal assessments are part of the Single Shared Assessment but often carers receive support and advice which meets their needs, and a formal assessment is refused. We aim to take account of carers' views and to support them in their role and will work with carers to agree a better measure to capture this progress.

In the meantime, we will continue to offer and promote carers' assessments. A new adult carer support worker will support this work.

For the first time since 2014/15, we have failed to meet target for the occupational therapy waiting list in Quarter 2 of 2016/17. This is primarily due to increasing demand. Remedial action is detailed in the attached exception report but the increased demand will need to be monitored.

### 3.4 **Green status indicators**

Good progress is noted in the two Podiatry exception reports. Podiatry for the whole NHS Greater Glasgow and Clyde area is hosted by Renfrewshire HSCP. In November 2016, 97.1% of patients presenting with diabetic foot ulcers were seen within 48 working hours – a steady improvement from 53% in April 2016. Also in November 2016, 96.2% of new referrals were appointed within 4 weeks. This 90% target has been exceeded every month since May 2016.

---

## **Implications of the Report**

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

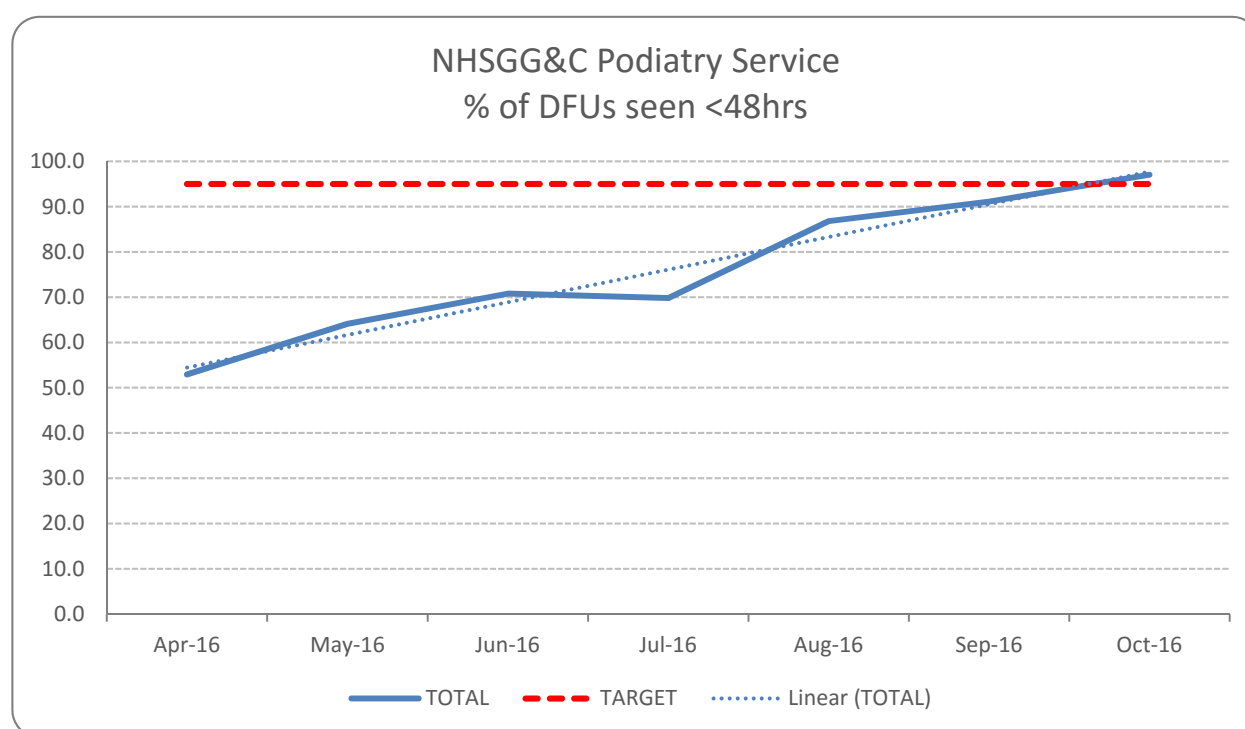
**Author:**

- Clare Walker, Planning and Performance Manager
- Gayle Fitzpatrick, Service Planning and Policy Development Manager



**Exception Report:**      **95% of patients presenting with diabetic active foot disease will be seen by a member of the Multi Disciplinary Team within 48 working hours**

<b>Measure</b>	<b>95% of diabetic active foot disease seen by member of Multi Disciplinary Team within 48 working hours.</b>
<b>Current Performance</b>	<b>At 1 November 2016, 97.1% of patients presenting with active foot disease were seen by a member of the MDT within 48 working hours.</b>
<b>Lead</b>	<b>David Wylie, Podiatry Service Manager &amp; Professional Lead</b>



### Commentary

At 1 November 2016, 97.1% of patients presenting with diabetic foot ulceration were seen by a member of the MDT within 48 working hours. This represents a significant improvement in performance from 53% in April when accurate and verifiable audit data became available. This has been achieved by a combination of electronic referral processes and the redesign of foot protection services in community podiatry services, with the focus of community podiatry resource shifting from low risk screening to high risk early intervention.

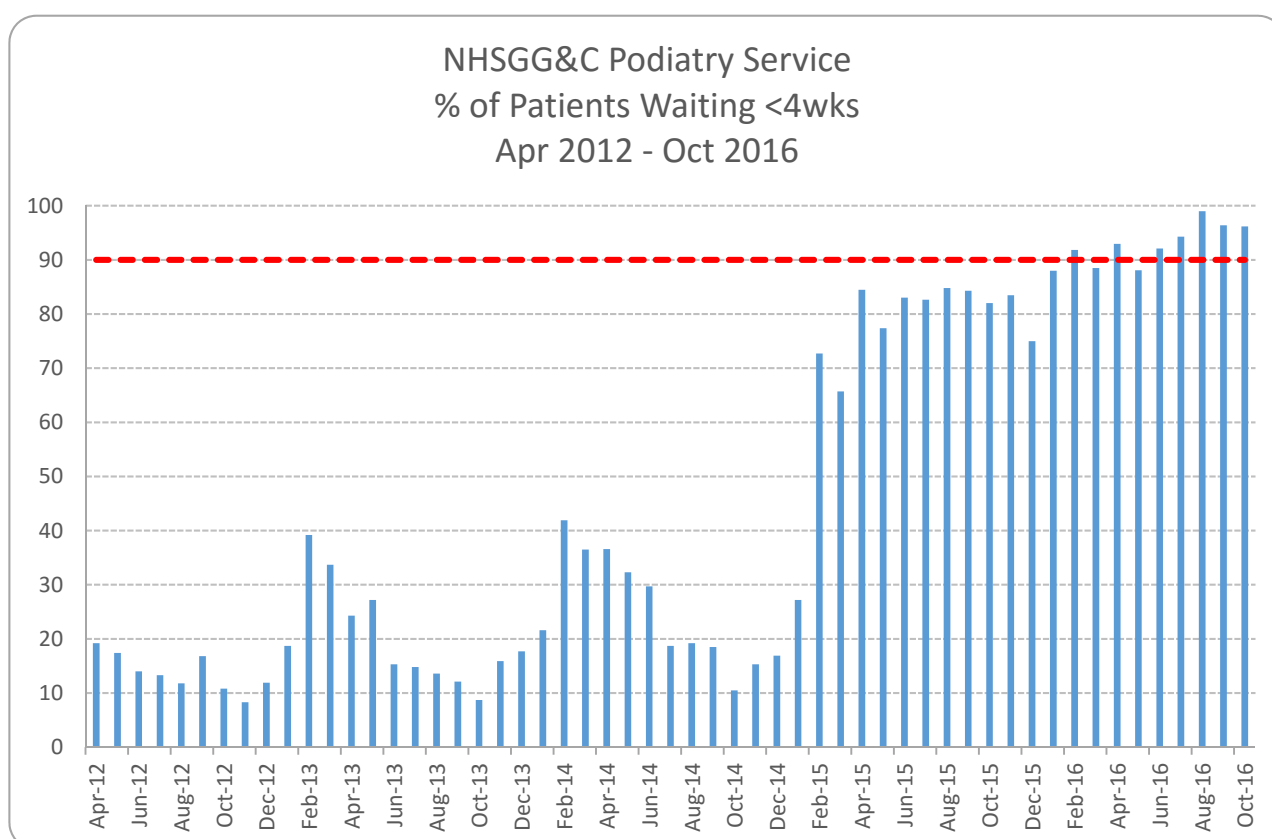
### Actions to Maintain Performance

- The number of clinics running each week will be maintained.
- Appropriate resource allocation of foot protection workforce will be maintained through implementation of community hubs to expedite referrals.
- Referral management centre will continue to appoint using New Ways booking rules, offering the first available appointment within the service.



**Exception Report: Podiatry - % of new referrals to the service appointed within 4 weeks**

<b>Measure</b>	<b>% of new referrals appointed within 4 weeks</b>
<b>Current Performance</b>	<b>At 1 November 2016, 96.2% of new referrals were appointed within the 4 week target</b>
<b>Lead</b>	<b>David Wylie, Podiatry Service Manager and Professional Lead</b>



### **Commentary**

At 1 November 2016, 96.2% of new referrals to the podiatry service were appointed within the 4 week target. Encouragingly figures have consistently been above the 90% target since May 2016.

### **Actions to Maintain Performance**

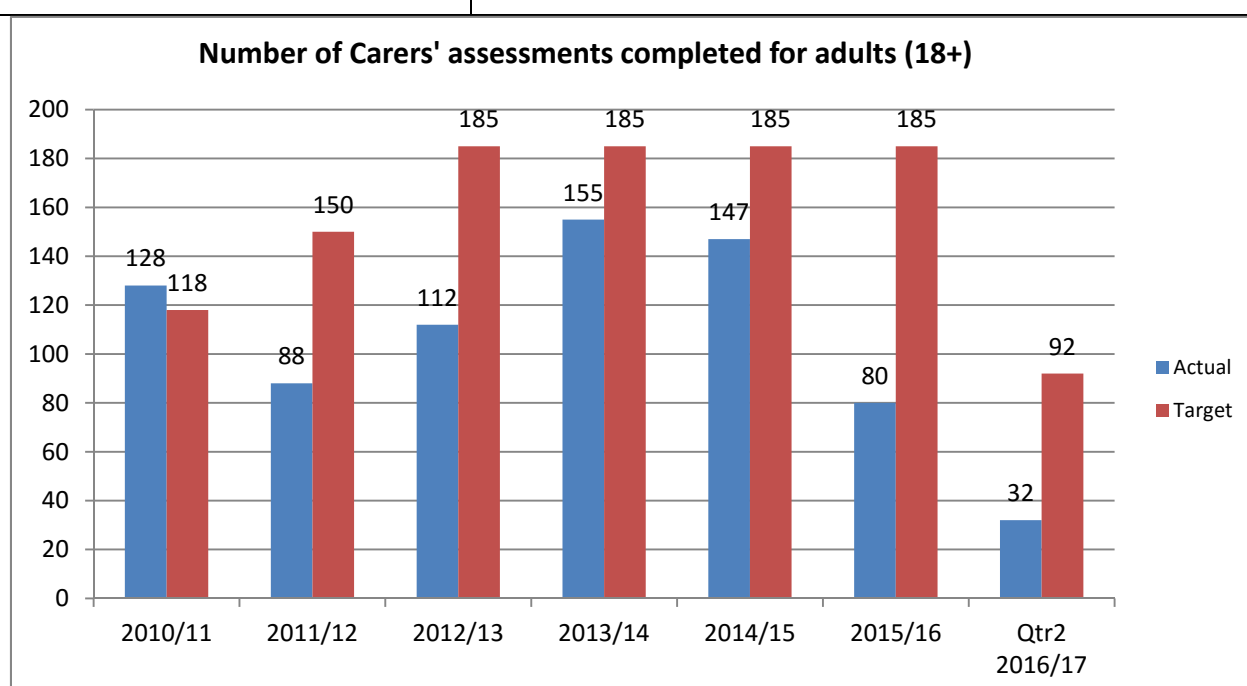
- The number of new patient clinic slots will be maintained at their current level.
- The referral management centre will continue to deliver access to patients self referring from 0800-1800 Mondays-Fridays and 0900-1300 on Saturdays.
- Patients will continue to be offered appointments in line with the New Ways booking rules enabling the service to offer the first available slot within the wider system if a referral is close to breaching.





## Exceptions Report: Carers' Assessments

<b>Measure</b>	Number of carers' assessments completed for adults (18+)
<b>Current Performance</b>	This performance indicator is measured on an annual basis. As at 13 April 2016, the preliminary end of year figure for 2015/2016 indicated that 80 carers' assessments were completed for adults 18+. This is lower than the target of 185 and so is currently a red performance rating.
<b>Lead</b>	Alan Mair/Louise McKenzie/Elaine Borland



### Commentary

As shown in the graph above, performance has fluctuated over the last five years and the target has not been met. Unfortunately this downward trend has continued in 2016/17.

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

We are now looking at gathering the reasons why carers do not feel the need to complete an assessment.

### **Actions to Address Performance**

Renfrewshire Health and Social Care Partnership has worked with the Carers' Centre to introduce a new Adult Carer Support Worker service based at the Carers' Centre. The service provides a much more focused first contact for carers and ensures they have information on what services they can access, including a carers' assessment. As part of the upcoming Carers' legislation we are also working on refreshing and publicising the Carers' Self Assessment, which will be re-launched during Carers' Week in June.

Due to the narrow nature of this indicator, we will work with carers and The Carers' Centre to develop a better performance indicator to reflect how we perform in relation to supporting carers in their caring role.

In early 2017, we will be consulting with carers and Renfrewshire Carers' Centre to obtain views on what performance measures would be more meaningful to evidence support to carers. We will also use the 2015/16 Health and Social Care Experience Survey indicators to monitor whether carers feel supported to continue caring; have a say in the services provided for the person they look after; and have a good balance between caring and other things in life. This survey is carried out every two years.

### **Timeline For Improvement**

The importance of taking account of carers' views and supporting them in their role will continue throughout 2016/17. How we support carers is about to change, with the introduction of The Carers' Act (Scotland) 2016.

This Act received Royal Assent on 9 March 2016. The Act makes provision for carers, including the identification of carers' needs for support through adult carer support plans and young carer statements; the provision of support to carers; the enabling of carer involvement in certain services; the preparation of local carers' strategies; the establishment of information and advice services for carers; and for connected purposes.

- The Carers' Act will come into effect in 2017-18;
- The package of provisions in the Act is designed to support carers' health and wellbeing. These include, amongst other things:
  - a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. National matters which local authorities must have regard to when setting their local eligibility criteria will be set out in regulations;
  - a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and
  - a requirement for each local authority to have its own information and advice service for carers, which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

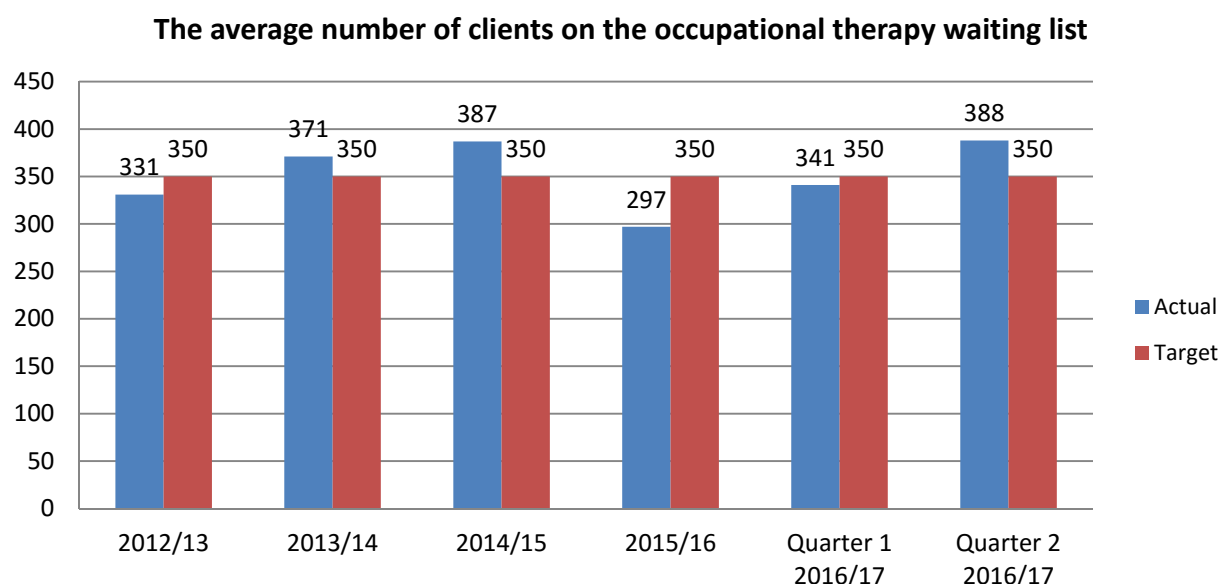
In order to prepare for the implementation of the new bill the HSOP in conjunction with

Renfrewshire Council's Children's Services, is carrying out a series of consultations with both carers and young carers, which will feed into the new strategy for supporting carers. The Scottish Government has already indicated that the new indicators relating to carers will be put into place to monitor the effectiveness of the support offered and will replace or augment the carers' assessments output measure.



## Exceptions Report: Occupational Therapy Waiting List

<b>Measure</b>	<p>The average number of clients on the occupational therapy waiting list.</p> <p>This target applies to the social work occupational therapy service only and not the health occupational therapy service.</p>
<b>Current Performance</b>	In Quarter 2 of 2016/17, this indicator failed to meet the target of an average of 350 clients on the occupational therapy waiting list. This is the first time since 2014/15 that the target has not been met.
<b>Lead</b>	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire.



### Commentary

During Quarter 2 of 2016/17, performance has slipped behind target. The average number of people on the waiting list was 388, which was 11% above the target level of 350 clients on average. This was a rise of 14% on the Quarter 1 figure of 341 clients on average.

There has been a significant increase of around 50% in referrals to Adult Services over the past three years. Requests for OT assessments constitute a substantial element of these referrals. This has resulted in considerable additional demand on OT services. For example, at Quarter 4 in 2015/16, Adult Services received 7,335 contacts compared with 5,531 in the first quarter of 2012/13.

Over this period the OT service has been reorganised and redesigned, resulting in improved working practice. Despite this, the upwards trend in referral rates has continued, whilst the resource to respond has remained static.

### **Actions to Address Performance**

- To address high levels of demand in particular areas, managers are now allocating OT work across the whole Renfrewshire area to ensure a more even distribution;
- OT duty systems are ensuring non complex cases are dealt with quickly and not added to the waiting list;
- Urgent cases will be seen more quickly and lower priority may wait longer; and
- Work to be undertaken to increase collaboration and pathways between community based social care and health OTs. It is hoped that this may produce a benefit in the short term, although the impact of this change of practice on both services will require to be evaluated.

### **Timeline For Improvement**

- Overall performance and waiting times will be closely monitored over the next 12 months.




---

**To: Renfrewshire Integration Joint Board**

**On: 20 January 2017**

---

**Report by: Chief Officer**

---

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

---

## **1. Summary**

- 1.1. At its meeting on 24 June 2016, the IJB approved the Health and Social Care Partnership's 2016/17 Change and Improvement Programme.
  - 1.2. The purpose of the 2016/17 Change and Improvement Programme is to:
    - Establish a health and social care service which is managed and delivered through a single organisational model in order to optimise the benefits which can be derived from integration.
    - Frame the delivery of social care savings and service improvement work.
  - 1.3. The report (Appendix 1) provides a mid-year update on the steady progress being made by the HSCP to implement this programme of work and deliver its intended benefits and outcomes.
- 

## **2. Recommendation**

- 2.1. It is recommended that the IJB note:
  - The steady progress being made to deliver the HSCP's 2016/17 Change and Improvement Programme (Appendix 1).
  - The current programme of work, at present, does not take into account NHSGGC saving targets to be delivered during 2016/17.
  - A further update will be brought to the next meeting of the IJB in March 2017, and a final Programme Closure report to its meeting in June 2017.
  - The Chief Officer will continue to work with his Senior Management Team (SMT) and with other Chief Officers, and their management teams, to develop a longer term transformational vision and approach to change, which will deliver on the IJB's priorities and outcomes set out in the Strategic Plan in line with its Financial Plan.

- A draft 2017/18 Change and Improvement Programme will also be brought to this meeting for approval.
- An annual report on the delivery of the HSCP's Organisational Development and Service Improvement Strategy will be brought to the IJB meeting on 24 March 2017. This report will provide reassurance to members on the work being progressed by the HSCP to ensure staff and managers are supported through the change process, to build greater capability for change within our organisation, and to ensure staff are appropriately equipped to carry out the requirements of their job roles.

---

### **3. 2016/17 Change and Improvement Programme**

3.1. The 2016/17 Change and Improvement Programme is being managed in two workstreams:

- Workstream 1: Delivery of 2016/17 Financial Plan (adult social care)
- Workstream 2: Optimising Integrated Working.

3.2. In addition, the HSCP is also involved in a number of other NHSGGC system wide projects and service reviews.

### **4. Workstream 1: Delivering the 2016/17 Financial Plan**

4.1. This Workstream is delivering a range of change programmes which will enable the IJB to mitigate a number of the key demographic and financial pressures identified within adult social care.

4.2. These prioritised areas, set out in Appendix 1 (Section 1: Delivering the 2016/17 Financial Plan), reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care. The service reviews are critically appraising and challenging our current models of service delivery to ensure our resources are focused on greatest need and delivering the best outcomes for our service users.

4.3. Appendix 1 (Section 1) provides an update on the good progress being made in relation to these programmes of work.

4.4. All Workstream 1 programmes are 'green' (on target) with the exception of the Occupational Therapy Service, Equipment and Housing Adaptations Review which is 'amber'.

4.5. The Occupational Therapy (OT) Service, Equipment and Housing Adaptations Review has made good progress to date including:



- An increased resource allocation in 2016/17 (part uplift, part non-recurring) has successfully enabled the HSCP to significantly reduce the housing adaptation (Care and Repair) waiting list.
- A robust options appraisal of equipment provisioning has been undertaken. Overall the review has found the current service to be efficient and rated highly by service users however considers how the HSCP can best manage the rising demand for this service going forward. A final report with supporting improvement recommendations will be presented to the HSCP Senior Management Team for approval, with a view to being implemented by March 2017.

The 'amber' status reflects the longer term, strategic review of the service which will take more time to implement and embed. Work already underway as part of this review includes:

- Streamlining business processes and exploiting any opportunity for cross skilling within OT workforce to enable the service to more effectively manage rising demand for OT assessments and intervention.
- Introduction of an optimal housing adaptations commissioning and delivery model which will provide the best outcome for our service users and efficient use of resources.
- Active engagement with front line staff and review partner arrangements to identify and embed service change in line with best practice.

4.6. At present this Programme does not take into account NHSGGC saving targets to be delivered during 2016/17.

4.7. If the IJB agree saving proposals to address the identified in-year gap in the health budget, the Change and Improvement Programme's scope will be updated to reflect this and manage the timely delivery of such plans and their agreed outcome(s).

## **5. Workstream 2: Optimising Integrated Working**

5.1. This workstream's core objective is to establish a health and social care service which is managed and delivered through a single organisational model, unlocking the benefits which can be derived from integration. During 2016/17 the HSCP has made a commitment to further develop its ways of working, particularly to build a structured approach to how we involve and engage General Practitioners to ensure they are meaningfully part of our wider team and service based working.

5.2. Appendix 1 (Section 2: Optimising Integrated Working) details a range of change projects being progressed to help inform how the HSCP can best design an effective and dynamic approach to 'locality' and 'cluster'

based working and to build collaboration and joint working between services. These projects are bringing together GP's, Social Work, District Nurse, Rehabilitation Service, Mental Health and other staff to consider how they can improve joint working to better support the needs of local patients and service users.

- 5.3. The IJB cannot transform health and social care services in isolation and as part of this workstream the HSCP is also actively involving other key stakeholders, our parent organisations, community planning partners, NHSGGC Acute Services, the third sector and providers.
- 5.4. Appendix 1 (Section 2) provides an update on the steady progress being made in relation to these programmes of work.
- 5.5. All Workstream 2 programmes are 'green' (on target) with the exception of the ongoing work to develop a more effective interface with Acute Services which is 'amber'. Members will note in Appendix 1 the positive examples of how the HSCP is working with the Clyde Acute Senior Team however it is recognised this must become more structured and strategic in nature. In 2017 the HSCP Senior Management Team will work closely with colleagues in Acute Services to adopt a more joined up approach to strategic planning and service delivery.

## **6. NHS Greater Glasgow and Clyde Led Initiatives**

- 6.1. In addition to our locally led Change and Improvement Programme, the HSCP is also involved in a number of other NHSGGC system-wide initiatives, such as the District Nursing review, Mental Health In-patient Services redesign, the new NHSGGC Community Mental Health Framework and Learning Disability Redesign, which are listed in Section 3 of Appendix 1.

## **7. Managing Change**

- 7.1. An annual report on the delivery of the HSCP's Organisational Development and Service Improvement Strategy will be brought to the IJB meeting on 24 March 2017. This report will provide reassurance to members on the ongoing work by the HSCP to ensure staff and managers are supported through the change process, to build greater capability for change within our organisation, and to ensure staff are appropriately equipped to carry out the requirements of their job roles.

## **8. Next Steps**

- 8.1. A further update report will be brought to the next meeting of the IJB in March 2017.

- 8.2. A Programme Closure report will then be brought to the IJB when it meets on 23 June 2017. This report will review the current programme's delivery, assess the outcomes delivered and identify any lessons learned for future programmes.
- 8.3. The Chief Officer will continue to work with his Senior Management Team (SMT) and with other Chief Officers, and their management teams, to develop a longer term transformational vision and approach to change, which will deliver on the IJB's priorities and outcomes set out in the Strategic Plan in line with its Financial Plan. A draft 2017/18 Change and Improvement Programme will be brought to the IJB's meeting in June 2017 for approval.

---

### Implications of the Report

1. **Financial** – the Change and Improvement Programme will support the delivery of the 2016/17 Financial Plan
2. **HR & Organisational Development** – HR and OD resources will be aligned to the new Change and Improvement Team
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – health and safety processes and procedures are being reviewed to in order to support safe and effective joint working
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

---

**List of Background Papers** – None.

---

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







## Appendix 1: 2016/17 Change and Improvement Programme

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


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


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

<b>Key:</b>		Complete		On target		Risk of delay		Significant Issues
-------------	-------------------------------------------------------------------------------------	----------	-------------------------------------------------------------------------------------	-----------	------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------	--------------------

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

This workstream frames the delivery of social care savings and service improvement work.


Project	Objective(s)	Progress to date
<b>1. Implementation of Living Wage</b> 	<p>Ensure all the HSCP's contracted care providers in Renfrewshire are paying their care staff the Living Wage by 1 October 2016, in line with Scottish Government guidance and Renfrewshire Council's commitment to the Living Wage.</p>	<p>Negotiations have been successfully concluded to bring all providers currently delivering services in Renfrewshire in line with the Living Wage from 1 October 2016.</p> <p>Renfrewshire Council has also undertaken negotiations with two independent providers of care home services who are not covered by the National Care Home contract agreement. Negotiations with one have concluded with agreement of a rate which will enable the provider to pay all staff in scope a minimum rate of £8.25 per hour from 1st October. Negotiations with the other provider are ongoing, however early indications are positive and the Council are confident that a fair rate will be agreed which will support payment of £8.25 per hour to all care staff.</p>

		<p>In partnership with other local authorities across Scotland, Renfrewshire Health and Social Care Partnership are reviewing the rates paid for individuals placed “out of area” across Scotland with a view to adopting the host local authority rates where these have been renegotiated to support payment of the Living Wage.</p>
<p><b>2. Care at Home Improvement Plan (Home Care)</b></p> 	<p>I. Attract new recruits into the service through sustained recruitment campaigns to increase service capacity and reduce reliance on temporary agency staff.</p> <p>II. Review staffing structures to ensure appropriate infrastructure exists to enable the service to undertake its functions.</p>	<ul style="list-style-type: none"> <li>• A number of recruitment campaigns have been undertaken throughout 2016;</li> <li>• An Employability programme has been established with West College which has led to the recruitment of 11 candidates;</li> <li>• Over 70 new staff have been recruited into the service in 2016;</li> <li>• 51 existing staff have increased hours and transferred to a new shift pattern;</li> <li>• 15 successful candidates are currently going through recruitment checks</li> <li>• 37 candidates are currently being interviewed;</li> <li>• A further recruitment campaign scheduled to commence 9<sup>th</sup> January 2017;</li> <li>• A programme is currently being explored with Invest in Renfrewshire to support Modern Apprentices and longer-term unemployed into work, projected to commence March 2017; and</li> <li>• Agency use has reduced significantly, but further recruitment is required to enable cessation.</li> </ul> <p>The following infrastructural developments within the service have been agreed:</p> <ul style="list-style-type: none"> <li>• Temporary appointment of 2 Service Co-ordinators to support operational demand within the Care at Home Service (staff now in post);</li> <li>• The establishment of a Service Development Team to lead a change programme within the service (team will be fully established by February</li> </ul>



		<p>2017);</p> <ul style="list-style-type: none"> <li>• Temporary appointment of 6 Adult Service Co-ordinators to support the assessment and review function within the Care at Home service (projected start date is February 2017);</li> <li>• Establishment of a dedicated Out of Hours service to support staff management and service delivery. Recruitment challenges have resulted in delays and further adverts are being issued (projected start date is March 2017);</li> <li>• Recruitment underway to establish a Project Implementation team to support the introduction of a rostering and scheduling system</li> </ul> <p>A wider review of staffing structures will take place in the second quarter of 2017</p>
	<p>III. Develop a business case for a Care at Home Management, Rostering and Monitoring System – to reduce duplication of effort, error and inefficiency and support managing and planning within the service.</p>	<p>The Business Case for the procurement of a rostering and Monitoring system has now been completed and approved. A tender specification currently being finalised and a tender is scheduled to be issued by 31 January 2017.</p> <p>The Phased implementation of the rostering and monitoring system is scheduled to commence August/September 2017. A project implementation team is being established to support the implementation, recruitment is underway.</p>
	<p>IV. Review of business processes and service pathways to improve service provision</p>	<p>A Business Analyst has been recruited to support the review of business processes and this work is scheduled for first half of 2017</p> <p>A key objective will be to work towards managing the increasing demand within budget constraints. Members should note that the current 2016/17 year end projection is a £1.4m overspend.</p>

	<p>V. Review of supervision and management capacity to ensure that appropriate infrastructure is in place to manage and supervise staff.</p>	<p>A new staff observation process has been agreed and is scheduled for implementation in January 2017. Additional investment has supported an increase in infrastructural capacity with recruitment ongoing</p> <p>A workstream to review staff management and support processes is scheduled to commence in February 2017.</p>
	<p>VI. Align services with new geographic boundaries and consider opportunities for streamlining and integrating service delivery</p>	<p>Care at Home services are now aligned with locality teams. Work also has been initiated to explore opportunities to align services with GP Clusters, Community Nursing and RES and for more integrated working</p> <p>Revised referral, assessment and review processes scheduled for implementation in March 2017</p>
	<p>VII. Review the balance of internal and external provision to explore the potential to increase the capacity within the external market and review the balance that exists between the internal and external markets.</p>	<p>New rate has been negotiated with Care at Home Framework providers from October 2016.</p> <p>The Care at Home Framework is scheduled for retender in 2017, with a potential short-term extension to the existing contract pending the award of the contract for the new scheduling and monitoring system</p>




<b>3. Occupational Therapy (OT) Service, equipment and housing adaptations review</b>	<p>I. Develop OT referral pathways to improve levels of personalisation in service provision and minimise delays in service provision</p>	<p>An initial pathway review exercise is underway. Based on its findings, recommendations will be presented to the Project Board for approval. These recommendations will also take account of feedback from the wider consultation, engagement and planning process which is ongoing.</p> <p>In the first half of 2017 work will be carried out to align OT pathways with locality structures.</p>
	<p>II. Reduce to a minimum and stabilise the waiting list for OT assessments</p>	<p>This is a key outcome of the wider service review which is currently underway.</p>
	<p>III. Ensure that practices, operating procedures, communications, shared understandings and definitions/ terminology are in line with good practice</p>	<p>A series of workshops with OT staff across all service areas are underway to identify improvements around OT interventions and referrals between services.</p> <p>A staff survey and series of follow up workshops with OT staff across all service areas have taken place. Staff are now successfully addressing a range of service improvements around OT interventions which were identified through this engagement work.</p> <p>Initial proposals on the development of the Equipment Service have been submitted to the OT, Equipment and Adaptations Project Board for review. A number of outputs from this work will contribute to this objective.</p>
	<p>IV. Deliver a programme of workforce development and staff supervision and support</p>	<p>This programme is currently being developed, informed by a range of current development activities including the current staff planning and development workshops and outputs from the professional governance groups. This is scheduled to be rolled out from September 2017.</p>

	<p>V. Reduce current waiting list for Care and Repair Adaptations</p>	<p>Additional resources have been allocated to the Care and Repair service to reduce the current waiting list.</p> <p>The waiting list for adaptations (Care and Repair) in November 2016 stood at 16 people, with the longest wait time being from July 2016. This compares very favourably with the July 2016 figures, when 126 people were on the waiting list and the longest wait period was from February 2015.</p> <p>The strategic service review underway will consider the optimal, sustainable commissioning delivery model going forward.</p>
	<p>VI. Review contractual/SLA relationships with internal and external partners to ensure optimal arrangements are in place and effective working relationships maintained</p>	<p>Review of existing partners arrangement is underway as part of the ongoing strategic service review, specifically in relation to identifying and implementing optimal, sustainable commissioning and delivery arrangements.</p> <p>The providers we work with include:</p> <ul style="list-style-type: none"> <li>• Renfrewshire Council Housing Development Services</li> <li>• Equipu (Local Authority and NHS partnership contract for equipment provision)</li> <li>• Care and Repair Service (housing adaptation service provided by Bridgewater Housing Association)</li> </ul>


<b>4. Self Directed Support (SDS) review</b> 	<p>I. Ensure equity across localities and reduce bureaucracy and time taken to deliver agreed care plan</p> <p>II. Improve 'workers' knowledge and understanding of the SDS processes and promote greater ownership of the process</p> <p>III. Ensure, where possible, that packages are managed within the RAS (Resource Allocation System) allocation and agreed tolerance levels</p>	<p>New streamlined and controlled business processes have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the agreed finance rules. The new processes have reduced the time required to agree indicative budget for the service user's support plan from 16 days in 2014 to 4 days in 2016.</p> <p>A new business process diagram published service wide during 2016/17. The HSCP has dedicated resource delivering a training programme, drop in sessions and running educational workshops with teams.</p> <p>As part of the new business processes, all care package commitments approved under Self Directed Support (SDS) are now scrutinised to ensure these are suitable and within the resources calculated by resource allocation systems, prior to approval by budget-holder. This process has enabled greater consistency in the application of SDS and service user's budgets now reflect the impact of the Living Wage.</p>
<b>5. Integrated Care Fund (ICF)</b> 	<p>Maximise the use of the Fund to explore and test innovative new ideas and wider service change, where available adopting evidence based approaches, to shift the balance of care rather than to maintain historic arrangements and relationships.</p>	<p>As approved by the IJB on 16 September 2016, the Integrated Care Fund will now be managed in line with all other HSCP funding streams, using the same governance and scrutiny mechanisms. This approach aligns with recent national guidance which recommends that "planning and reporting arrangements for the ICF should be congruent with the broader requirements on Health and Social Care Partnerships".</p> <p>Members of the Strategic Planning Group (SPG) will have the opportunity to feed into this and other work. This will strengthen the involvement of members of the public and the Third Sector.</p>


## Workstream 2: Optimising Integrated Working

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

Project	Objective(s)	Progress to date
<b>1. Developing Clusters and team working</b> 	<p>I. Design an effective and dynamic approach to 'locality' and 'cluster' based working and to build collaboration and joint working between services - bringing together GP's, Social Work, District Nurse, Rehabilitation Service, Mental Health and other staff to better support the needs of local patients and service users.</p>	<p><b>Locality working</b></p> <p>The Heads of Health and Social Care are actively working with Service Managers and operational staff to align frontline services to the new localities (Paisley and West Renfrewshire) in a multi-disciplinary team model and to explore opportunities to work effectively with GP Cluster.</p> <p>Some examples of work that has been progressed includes:</p> <ul style="list-style-type: none"> <li>• Development of a single point of access model for District Nursing</li> <li>• A more integrated referral process, making more effective use of existing ICT systems</li> <li>• Integration of the RES and Social Work in-take systems which will offer a more person centred and efficient model for screening and allocating work</li> </ul> <p><b>Cluster based working</b></p> <p>A series of half day Cluster Development Sessions were held in 2016 which provided the opportunity for those responsible for the delivery of service to the cluster population to come together to consider how we unlock the benefits of integration and to begin to develop future ways of working. Through these sessions, each cluster developed a Cluster Improvement Plan which was progressed via 30, 60, 90 day improvement approach, with agreed timescales and named lead managers/GPs.</p>


		<p>Some examples of work that has been progressed includes:</p> <ul style="list-style-type: none"> <li>• Realignment of the HSCPs Prescribing Support Pharmacists to release GP capacity</li> <li>• Shared caseloads (between a practice and HSCP services) to look at improving how we work to support the patient/service users e.g. improving prevention and anticipatory care planning</li> <li>• Regular update of Anticipatory Care Plan practice profile</li> <li>• Direct access to a range of self-referral services</li> <li>• Expansion of the 'Live Well Stay Well' initiative from 1 to 5 practices in Renfrewshire</li> <li>• Provision of HSCP team leader schematic for single point of contact within each cluster.</li> </ul>
	<p>II. Build a structured approach to how we involve and engage General Practitioners to ensure they are meaningfully part of our wider team and service based working, in line with Scottish Government Locality guidance</p>	<p>Nominated registered medical practitioners now represent GPs on a number of forums across the HSCP, Acute and NHSGGC including</p> <ul style="list-style-type: none"> <li>• Integrated Joint Board</li> <li>• Strategic Planning Group</li> <li>• HSCP Senior Management Team</li> <li>• Adult &amp; Children Protection Committees</li> <li>• HSCP Executive Governance Group</li> <li>• HSCP Professional Executive Group</li> <li>• HSCP Quality Care &amp; Professional Governance Locality Group</li> <li>• Health Board Governance Group</li> <li>• Medicines Management Group</li> <li>• Acute Interface Group</li> <li>• Diabetes Interface Group</li> <li>• Unscheduled Care</li> </ul>


<p><b>2. New GP Contract</b></p> 	<p>I. Establish Practice Quality Lead/ Cluster Quality Leads, in line with the 2016/17 Contract, to support emerging integrated models of working</p> <p>II. Promote and support practices to work more closely together for the benefit of patients, practices and the wider health and social care system, in line with Scottish Government's Localities Guidance, the British Medical Association's (BMA) Scottish GP Committee Vision and UK Royal College of General Practitioners (RCGP) 2022 Vision.</p>	<p>Renfrewshire HSCP has concluded work with local GP Practices to confirm a named GP within each practice (x29) to fulfil the Practice Quality Lead (PQL) role.</p> <p>Work has also commenced to identify and appoint a Cluster Quality Lead (CQL) within each of the six Renfrewshire clusters. To date four CQLs have been appointed and have attended a CQL Induction Development Session, which brought together CQL representatives from across NHSGGC. CQLs will provide a quality improvement leadership role in the cluster working to enable work between practices and between practices and the the HSCP. Work is ongoing to identify and appoint the remaining two CQLs.</p> <p>Practices have being supported by the HSCP to hold regular cluster meetings. Going forward cluster meetings will be chaired by the CQLs and will be attended by the PQLs from each practice. Clusters will review practice-level quality in a peer based manner on quality improvement issues of mutual interest.</p> <p>It is expected that GP clusters will have direct involvement and influence in improving the quality of health and social care services provided to patients registered within their locality.</p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>3. Primary Care Transformation Fund (PCTF)</b> 	<p>I. Develop proposals consistent with the PCTF process within/across NHSGGC</p> <p>II. Deliver on our local GP practice prescribing improvement pilots and ensure lessons are learned and shared</p>	<p>A number of service review and redesign work strands are underway to maximise effectiveness, resources and improve the patient journey across Renfrewshire.</p> <p>Some examples of the work being undertaken are:</p> <ul style="list-style-type: none"> <li>• Unscheduled Care in Localities/ Mental Health &amp; Addictions</li> <li>• District Nursing Single Point of Access - to manage referrals in order to impact on patient facing time</li> <li>• School Nursing service and efficiency review</li> <li>• Rehabilitation and Enablement Service – to review and streamline Single Point of Access process.</li> </ul> <p>In August 2015 the HSCP approved funding from the ICF to four pilot projects designed as infrastructure investment projects, building capacity in the local third and community sectors to engage in health and well being activity. The four projects are led by Third Sector organisations working in partnership: RAMH, Linstone Housing Association, Active Communities and the Thistle Foundation.</p> <p>The Community Connectors initiative developed as a consequence of shared awareness between the partners and Renfrewshire HSCP, of the impact on Primary Care specifically General Practice, of a significant cohort of 'patients' who sought recurring and regular support from GP's, for what were often issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and poverty).</p>
---------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>The Community Links workers managed by RAMH deliver the GP social (non-medical) prescribing service in three GP practices as a pilot service in Linstone, Johnstone and Bishopton. The programme is showing early signs of significant success, delivering non-medical services which are supporting GP practices in helping patients deal with a wide range of issues and engaging local residents in volunteering in health and well being activities. There are early signs that the services, particularly the GP Social Prescribing and Live Well Stay Well projects, are helping to reduce demand on statutory services by some previously high maintenance patients.</p> <p>A newsletter was issued in September 2016 to share learning across Renfrewshire GP Practices.</p> <p>The total number of referrals to the Community Links (GP Social Prescribing) workers based in GP practices overall to the service since October 2015 is 318. The 'Live Well Stay Well' (support programme for self-management of long term conditions) service in Renfrew and Paisley practices, which started at a later date, has had 58 referrals into the programme. 76% (44 people) engaged having an average of 2 appointments each.</p>
--	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



<p><b>4. Interface with Acute Services</b></p> 	<p>Introduce structured ways of working with the Clyde Acute Senior Team with a view to continuing to address and improve:</p> <ul style="list-style-type: none"> <li>• Management of older people and chronic diseases throughout improved systems and services</li> <li>• Management of Palliative care</li> <li>• Response to service pressures and demands</li> <li>• Issues/service changes arising from the CSR programme</li> </ul>	<p>A number of interface meetings have taken place with the HSCP SMT and the Clyde Acute Senior Team and the HSCP Chief Officer and Director of Clyde Acute now link on a number of issues however it is recognised this must become more structured and strategic in nature. In 2017 the HSCP Senior Management Team will work closely with colleagues in Acute Services to adopt a more joined up approach to strategic planning and service delivery.</p> <p>Some examples of the work currently being undertaken are:</p> <ul style="list-style-type: none"> <li>• Diabetes interface improvement work - to further develop joint working to improve outcomes for people with diabetes living in Renfrewshire</li> <li>• Winter Planning - representatives from Acute are involved in the HSCP annual planning for winter. Most of the actions identified within the plan are required all year round.</li> <li>• Unscheduled Care Pilot (x4) GP Practices – Scottish Ambulance Service provide the services of what is termed a “ Low acuity vehicle“ between 9 and 12 Monday to Friday, for patients that require assessment at the Medical Assessment Unit, who have been assessed as being suitable to wait till the following morning.</li> </ul> <p>Three of the four Renfrewshire Development Programme projects will continue throughout the winter period. In particular, the older adults’ assessment unit supported by the in reach Community Out of Hours (OOH) Service and the chest pain assessment unit to prevent unnecessary admissions. Data will be reviewed to identify those care homes which have high levels of hospital admission and offer additional support to them.</p>
------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>5. Community Planning</b></p> 	<p>Develop clear links into the community planning process</p>	<p>The HSCP has contributed to the review of Community Planning arrangements in Renfrewshire, and the new structure (approved by Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care. The current Community Care, Health and Wellbeing Thematic Board will cease, and the HSCP is supportive of this.</p>
-------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 2. NHSGGC Projects and Service Reviews

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

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



---

**To: Renfrewshire Integration Joint Board**

**On: 20 January 2017**

---

**Report by: Chief Officer**

---

**Subject: Renfrewshire Alcohol & Drug Partnership (ADP) Annual Report 2015/16**

---

## **1. Summary**

- 1.1 Renfrewshire Alcohol and Drug Partnership (ADP) has key responsibility for implementing the National Policy Framework and driving forward local action to reduce the impact of alcohol and drugs.
- 1.2 In accordance with governance and accountability arrangements all ADPs in Scotland are expected to produce an Annual Report and submit to Scottish Government. To ensure consistency the Scottish Government has developed a standard template to aid this process. It was designed to allow consistent reporting on how ADPs are meeting national and local priorities.
- 1.3 The Report (Appendix 1) details work undertaken by the ADP in relation to meeting national and local priorities and provides details of the financial framework. A self assessment is also carried out which is aligned to the ADP Delivery Plan which details progress made towards the following seven national outcomes ensuring that:-
- People are healthier and experience fewer risks as a result of alcohol and drug use;
  - Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others;
  - Individuals are improving their health, well-being and life chances by recovering from problematic drug and alcohol use;
  - Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances;
  - Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour;
  - People live in positive, health promoting local environments where alcohol and drugs are less readily available;
  - Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery.

---

## **2. Recommendations**

- 2.1 The Integration Joint Board are asked to note the contents of this report.

### 3. Background

3.1 The ADP is tasked with the implementation and delivery of the Scottish Government's Strategic Framework. 'Changing Scotland's Relationship with Alcohol: A Framework for Action (March 2008)' was developed to address the harm alcohol can have on communities, families, public services, the wider economy and individual's health. The Strategy advocates for a whole population approach targeting four key areas and a number of actions to reduce consumption; supporting families and communities, promoting positive attitudes and positive choices and improved treatment and support services. The 'Road to Recovery (2008)' set out a new strategic direction for Scotland to tackle problem drug use, based on treatment services promoting recovery. The Strategy set out Scotland's key aims in tackling drug misuse and the action required to address the following four themes:

- Preventing Drug Use
- Promoting Recovery
- Law Enforcement
- Children Affected by Parental Alcohol and Drug Use

3.2 The ADP Delivery Plan (2015/18) sets out how they will achieve their vision by identifying core and local outcomes which will be achieved over the three year period. Key priority actions have also been identified together with our Performance Framework aligned to the seven national outcomes.

#### **ADP Annual Report 2015/16**

3.3 As a result of a recent self assessment lead by the Care Inspectorate the template developed by the Scottish Government has been amended to avoid duplication. Therefore, the amount of information requested for this year was minimal.

3.4 The ADP Annual Report sets out the Financial Framework which is used to deliver our local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which are recovery and outcome focused. The Report also reflects on progress achieved against the Ministerial priorities, outlining improvement goals. Additional information has also been provided which provides an assessment of progress around specific areas including local governance arrangements, workforce development, drug and alcohol related deaths and recovery orientated systems of care.

Key areas of progress include:-

- **Compliance with drug and alcohol treatment waiting times standard** – Renfrewshire ADP has continually exceeded the local improvement target of 91.5% and shows that 98% of individuals wait no more than three weeks from referral to treatment.
- **Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison** – Renfrewshire ADP continually monitors activity and ensures that naloxone is offered to individuals

who are attending for assessment. Regular campaigns also take place to target individuals who may have previously turned it down in the past. A pilot project to equip those accessing mental health inpatient services is also underway.

- **Tackling drug related deaths** – Renfrewshire ADP has a drug death action plan which outlines key priorities for preventing deaths. Key areas include investigating all drug related deaths and trends and reviewing (any) areas for intervention. Recent data shows that there were 19 drug related deaths in Renfrewshire in 2015. This represents a 37% decrease compared with 2014 and is in contrast with many other areas of Scotland which experienced a 15% increase.
- **Renfrewshire ADP continues to deliver high quality services and deliver positive outcomes for individuals, their families and the wider community** – Renfrewshire ADP recently took part in a self assessment which measured performance in relation to the implementation of the Quality Principles within service delivery. The self assessment was lead by the Care Inspectorate who captured evidence aligned to each of the eight quality principles. Recent feed- back highlighted that Renfrewshire ADP has a significant number of areas of strength but noted that there were some areas for further improvement. The areas for improvement will be taken forward as part of Renfrewshire ADP's Quality Improvement Action Plan.
- **Recovery Orientated Systems of Care** – as a result of the review of the recovery landscape a number of initiatives have been take forward to enhance recovery in Renfrewshire. A recovery development worker has been recruited to co-ordinate key activity within this area; an Individual Placement and Support Worker specifically for addictions was recruited to support individuals to access training, volunteering and ultimately employment. The STAR Outcome Tool has been implemented to measure impact of service delivery and a variety of group work programmes continue to be offered to assist individuals to achieve their goals.
- **Applying a whole population approach** – Renfrewshire ADP has been working in partnership with local communities to raise awareness of alcohol. Brighter Renfrewshire Alcohol Awareness Week (BRAW) is now in its second year and aims to promote key messages specific to alcohol. A licensing intern has also been recruited to work in partnership with the community to be more involved in licensing processes.
- **A proactive and planned response to the needs of prisoners affected by problem alcohol and drug use and their associated through care arrangements, including women** – a number of initiatives and projects are now in place including the Women's Community Justice Centre and a bail supervision service for women. Within HMP Low Moss there are a number of offender behaviour programmes which targets alcohol and drug use linked to offending including intervention programmes for short term offenders, the provision of naloxone and New Psychoactive Substances (NPS) awareness sessions.

- 3.5 The ADP Annual Report was developed in partnership with Renfrewshire Health and Social Care Partnership, Renfrewshire Council, Police Scotland, Scottish Fire and Rescue, Scottish Prison Service and the third sector.
- 3.6 The Report was approved at the last meeting the ADP held in October 2016.

---

**Author:**

- Donna Reid, Lead Officer, Renfrewshire ADP
- ADP Chair: David Leese



## STANDARD REPORTING TEMPLATE - RENFREWSHIRE ADP ANNUAL REPORT 2015-16

Document Details:

### ADP Reporting Requirements 2015-16

1. Financial Framework
2. Ministerial Priorities
3. Additional Information

The Scottish Government copy should be sent by 12 September 2016 for the attention of Amanda Adams to:  
[Alcoholanddrugdelivery@scotland.gsi.gov.uk](mailto:Alcoholanddrugdelivery@scotland.gsi.gov.uk)

May 2016

## 1. FINANCIAL FRAMEWORK - 2015-16

Your Report should identify both the earmarked alcohol and the earmarked drug funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

### Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	£ 2,010,086
Funding from Local Authority	£ 1,340,226
Funding from NHS (excluding funding earmarked from Scottish Government)	£ 769,916
Funding from other sources	
Lloyds TSB Partnership Drugs Initiative (Addaction year one and Barnardos (final year)	£ 117,267
Barnardos	£21,267
<b>Total</b>	<b>£ 4,258,762</b>

### Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
<b>Prevention</b> (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£550,245
<b>Treatment &amp; Support Services</b> (include interventions focussed around treatment for alcohol and drug dependence)	£2,611,196
<b>Recovery</b>	£972,237
<b>Dealing with consequences of problem alcohol and drug use in ADP locality</b>	
<b>ADP Support Budget</b>	£125,084
<b>Total</b>	<b>£4,258,762</b>

May 2016

**2015-16 End Year Balance for Scottish Government earmarked allocations**

	Income £	Expenditure £	End Year Balance £
Substance Misuse	£4,258,762	£4,258,762	0

**2015-16 Total Underspend from all sources**

Underspend £	Proposals for future use

**Support in kind**

Provider	Description

## 2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015-16. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2015-16	DELIVERY MEASURES	ADDITIONAL INFORMATION
1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)	<ul style="list-style-type: none"> <li>90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (91.5% local improvement goal)</li> <li>No one will wait longer than 6 weeks to receive appropriate treatment</li> <li>100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland</li> </ul>	<ul style="list-style-type: none"> <li>Renfrewshire ADP has continually exceeded the local improvement target to ensure all individuals wait no longer than three weeks from referral to receiving treatment.</li> <li>Monitoring/training is carried out on a regular basis to ensure quality of data is maintained. Performance is highlighted with team leads on an ongoing basis.</li> <li>Work will continue to ensure that the level of anonymous data collected continues to reduce.</li> <li>All services are compliant.</li> </ul>	Current performance: Jan-Mar: 98.2%
2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)	<ul style="list-style-type: none"> <li>Performance in 2015-16: 1036 ABIs delivered which is 7% below target of 1116.</li> </ul>	<ul style="list-style-type: none"> <li>ABI practitioner appointed in July 2015 to focus on improved delivery within primary care and development of delivery in wider settings – post to continue until September 2016. Remit included:               <ul style="list-style-type: none"> <li>Direct work with GP practices to encourage delivery and reporting</li> <li>Direct delivery of ABI in GP practices and wider settings</li> <li>Work with Various partners to embed ABI delivery into their practice.</li> </ul> </li> </ul>	ABI performance has moved from red to amber (within 10% of target) in the last financial year
3. Increasing Data Compliance SDMD: SMR25 A and B.	SMR 25a – 85% by March 2017 SMR 25b – 13.2% by March 2017	<ul style="list-style-type: none"> <li>Renfrewshire ADP continues to monitor completion of SMR 25 A &amp; B as part of the Performance Framework.</li> </ul>	

May 2016

		<ul style="list-style-type: none"> <li>• Performance is highlighted with Team Leads on a regular basis.</li> </ul>	
4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<ul style="list-style-type: none"> <li>• All drug and alcohol services will have implemented the DAISy System</li> <li>• Process agreed and action plan developed</li> </ul>	<ul style="list-style-type: none"> <li>• Team leaders within all drug and alcohol services in Renfrewshire are kept informed of all new developments pertaining to the implementation of DAISy. ADP Support Staff attend, along with other local representatives, the National Working Group to support implementation.</li> </ul>	
5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	Recommended minimum coverage has been increased to 30% (2017/18). Previously 25% which was exceeded in Renfrewshire.	<ul style="list-style-type: none"> <li>• Naloxone will continue to be offered to all individuals who attend for assessment.</li> <li>• Refresher training is offered and expiry date is checked.</li> <li>• A second supply is offered and training is provided for family members to administer.</li> <li>• Continuation of naloxone campaigns to target individuals who may have been offered but turned down in the past.</li> <li>• Naloxone is provided through the Harm Reduction Service.</li> <li>• A pilot project to equip those accessing mental health inpatient services is also underway.</li> </ul>	
6. Tackling drug related deaths (DRD)/risks in your local ADP.		<p>Renfrewshire ADP has a drug deaths action plan which outlines key priorities for preventing drug related deaths.</p> <p><u>Investigating drug related deaths &amp; trends</u> Circumstances surrounding all drug related deaths in Renfrewshire will continue to be reviewed by the drug death action group. In addition, through NHS governance, the circumstances of deaths of current or recent service users of local addiction services are examined to look for areas where interventions</p>	

May 2016

		<p>offered could be enhanced.</p> <p>Renfrewshire ADP has contributed to Scottish Drugs Forum “Staying Alive in Scotland” document and will work towards meeting the actions outlined in the best practice guide.</p> <p><u>Research</u></p> <p>An MSc research study entitled, ‘Perceptions of Naloxone and overdose amongst Service Users attending Injecting Equipment Providers (IEPs) and Addiction Services in Renfrewshire, Scotland’ was conducted in 2015. Findings from the study will be disseminated and recommendations will be implemented where appropriate. The author will also seek to publish the findings in relevant journals.</p> <p><u>Care and Treatment</u></p> <p>The Intake Team will continue to act as the first point of contact during initial contact with services. The service will continue to case manage the service user until stable, then referred on to generic team for maintenance. Frequency of interventions is based on need, with daily contact available if required.</p> <p>Clients will be seen twice a week, but the team will respond to crisis via duty as required</p> <p>Duty service will continue to be available which will also provide access for individuals in crisis as required.</p>	
--	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

		<p><u>Prescribing</u> The provision of Buprenorphine prescriptions will continue to be offered to clinically appropriate clients</p> <p>New clients, particularly those who are identified as injectors will continue to be prioritised and offered rapid start and titration of Opiate Substitute Therapy (OST). Rapid start OST involves access to OST within 1 -3 working days from completion of initial assessment for high risk cases.</p> <p><u>Harm Reduction Clinic</u> The Harm Reduction Clinic will continue to allow RDS staff to engage with service users and offers treatments such as injection site assessment and treatment as appropriate.</p> <p>The clinic will continue to provide harm reduction education and needle exchange and offer a more intense service for IV users or those involved in illicit drug use.</p> <p>Overdose awareness campaigns are carried out in Renfrewshire Drug Service to increase Naloxone provision at high risk. These targeted campaigns are implemented throughout year.</p> <p><u>Vulnerable Women Service</u> This recently established service provides enhanced services for vulnerable women who are at risk of abuse, violence or exploitation. The service is run by a Psychologist and two</p>	
--	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

		workers and offers access to female medical staff and in-house sexual health services. The service will continue to link with Renfrewshire Rising, the local GBV service.	
7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i> .	Implementation of quality principles in all drug and alcohol services including monitoring processes agreed – 100% of core services.	<ul style="list-style-type: none"> <li>ADP Position Statement completed.</li> <li>Case file audit completed.</li> <li>Site visit with the Care Inspectorate carried out.</li> <li>The development of the ADP Service Quality Improvement Plan underway.</li> <li>Consider findings from</li> </ul>	
8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.	Actions from the Review of the Recovery Landscape completed	<ul style="list-style-type: none"> <li>Recovery Action Plan developed and all actions have been completed.</li> <li>The ADP continues to ensure that recovery oriented systems of care are in place and actions identified as a result of local reviews/commissioned have been implemented.</li> <li>An electronic template to aid the review of enhanced service drug misuse patients has been developed and is being tested with Greater Glasgow and Clyde, with a view to roll out to all practices. The aim of this template is to aid quality improvement through a structured clinical tool and audit information.</li> <li>The Responsible Officer for ORT in NHS GG&amp;C associated ADPs is the Associate Medical Director (AMD) for NHS GG&amp;C Addiction Services. The AMD was co chair of the board wide Alcohol and Drug Clinical Services Review (CSR), which included a review of ORT in NHS GG&amp;C. The review</li> </ul>	



		<p>was driven by priorities including addressing unmet need, reducing variations in standards of practice and increasing the recovery orientation of services. The review of ORT in NHS GG&amp;C was also informed by the Independent Expert Review of ORT in Scotland (as well as other key documents). The CSR is now in an implementation phase, which includes the implementation of recommendations in Glasgow city community addiction teams and GP shared care schemes. The RO is a member of the Implementation Board for this phase of service redesign. The CSR group is now a boardwide Alcohol and Drug Planning Group with an agenda focussed on implementation of CSR recommendations.</p> <ul style="list-style-type: none"> <li>• STAR Outcome Tool implemented to measure impact of service delivery.</li> <li>• The NetWork Service continues to encourage meaningful day and engagement by now having a dedicated Individual Placement and Support Worker for Addictions.</li> <li>• A variety of group work programmes continue to be offered to assist them in reaching their goals.</li> <li>• Housing First for individuals who are homeless and affected by mental health and/or addictions.</li> </ul>	
9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected	Reduction in the percentage of one year reconviction frequency rate Baseline: 49.7%; Actual: 43%; Year	<ul style="list-style-type: none"> <li>• The Women's Community Justice Centre in Paisley was formally opened and became operational in order to provide</li> </ul>	

May 2016

by problem drug and alcohol use and their associated through care arrangements, including women	three target: 45%. <b>(2023 – 15% reduction)</b>	<p>tailored support to women involved in the criminal justice system. The centre is primarily a redesign utilising existing criminal justice resources however obtains some additional funding from the Scottish Government Women Offenders Public and Shine, Women Offenders Public Social Partnership. This service is co-located with the Renfrewshire Drugs Service and Integrated Alcohol Team which is now in the process of being extended temporarily until the end of the financial year.</p> <ul style="list-style-type: none"> <li>• A bail supervision service for women commenced in March 2016 to reduce the number of women remanded in custody where there is no significant risk to public safety. The service is provided by SACRO and ensures that women are referred to and supported to attend appropriate services.</li> <li>• Referrals continue to be made the Turnaround residential unit for male offenders with chaotic lifestyles.</li> <li>• The Drug Treatment and Testing Order Service continues to be provided in Renfrewshire and is co-located with Renfrewshire Drug Service, Integrated Alcohol Team and wider criminal justice services.</li> <li>• Arrest Referral Scheme in place.</li> <li>• Roll-out of Throughcare Support Officers across Scotland, attached to individual prisons who would support engagement with addiction services.</li> </ul>
-------------------------------------------------------------------------------------------------	--------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<ul style="list-style-type: none"> <li>Continued collaborative working with national mentors Shine and Wise Group with Shine staff co-located within the women's community justice service.</li> <li>Lifeskills modules are run for men and women offenders on relevant topics like employment and education, health and constructive use of time. Partners agencies involved include Turning Point (Scotland), Women and Children First, RCA Trust, Venture Trust and Community Learning. This forms part of the other activity component of the Community Payback Order (CPOs), or is attended by those subject to Supervised Attendance Orders.</li> <li>Unpaid work for service users are encouraged to attend relevant addictions services and this contributes to their other activity hours.</li> </ul> <p>Within HMP Low Moss there are a number of offender behaviour programmes/initiatives which target alcohol and drug use linked to offending:</p> <ul style="list-style-type: none"> <li>Short term prisoners – there is an Intervention Programme and includes a substance misuse module which examines behaviour and encourages individuals to apply coping strategies to deal with their alcohol use in the future; alcohol related violence module where individuals are encouraged to review the impact alcohol has on themselves and others and how it relates to their violent behaviour.</li> </ul>	
--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

		<ul style="list-style-type: none"> <li>• Long term prisoners are referred to a substance misuse related offending behaviour programme which gives them the opportunity to explore their own behaviour and to make positive changes.</li> <li>• Naloxone training is provided to all admission into Low Moss and packs provided for liberation.</li> <li>• NPS Awareness Sessions for all admissions</li> <li>• Smoking Cessation</li> <li>• Through care provided by the Prisoner Support Pathways (in partnership with Turning Point Scotland). Collaborative working with Substance use services to support individuals to achieve successful and sustained community integration ultimately reducing reconviction rates for short term prisoners.</li> <li>• HMP Low Moss Substance Misuse Strategy.</li> <li>• Quality improvement processes in place which are regularly monitored</li> </ul>	
10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).	Prevalence data monitored  NPS information delivered to all individuals who access drug awareness sessions.	<p>Main areas of action within this key priority area is co-ordinated by the Greater Glasgow and Clyde (GGC) Drug Trend Monitoring Group. Key actions which have taken place include:</p> <ul style="list-style-type: none"> <li>• Greater Glasgow and Clyde took an active part in the national research study by facilitating access to target groups of both users and staff. The recommendations from the research will be considered and incorporated into an action plan which will be taken forward across GGC.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Drug Trend Monitoring Group continues to monitor all drug trends, including NPS, for Renfrewshire. Communication of any areas of concern is carried out through a series of networks across disciplines and services</li> <li>• Training is offered to key staff groups as need is identified. This allows us to work in partnership using services existing protocols and procedures where possible to develop flowcharts for staff on what to do should there be an incident at their place of work.</li> <li>• General training capacity for training in the community has been increased by developing and delivering a facilitator's course for existing staff who are delivering drug education. This will allow the inclusion of an NPS element within current training packages.</li> </ul>	
11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	<p>Delivery of ongoing local campaigns</p> <p>Number of community representatives influencing licensing decisions.</p>	<ul style="list-style-type: none"> <li>• Renfrewshire Alcohol Awareness week delivered with 16 local groups hosting events ensuring key messages reach all communities within Renfrewshire.</li> <li>• Targeted work will continue with the most deprived communities and will be expanded within workplaces.</li> <li>• A licensing intern has been recruited by the ADP and is working to ensure more effective engagement with the general community, ultimately supporting local people to be more confident and equipped to exercise influence over alcohol licenses granted in Renfrewshire. This resulting</li> </ul>	

May 2016

		strong community voice may influence alcohol licensing processes in turn limiting the availability of alcohol across Renfrewshire.	
12. ADP Engagement in improvements to reduce alcohol related deaths.	Audit complete and findings presented to ADP and wider partners. Action plan developed based on findings. Revised timescale for completion – December 2016.	<p>Audit currently underway to review all alcohol related deaths which occurred in 2012 (n=51).</p> <ul style="list-style-type: none"> <li>• All data has been collected from health, social work, police, criminal justice and the voluntary sector.</li> <li>• Data has been uploaded onto information system.</li> <li>• Currently agreeing process for analysis.</li> </ul>	

\* SMART (Specific, Measurable, Ambitious, Relevant, Time Bound) measures where appropriate

### 3. ADDITIONAL INFORMATION 1 APRIL 2015 – 31 MARCH 2016

1	<b>Please <u>bullet point</u> any local research that you have commissioned e.g. hidden populations, alcohol related deaths. (the actual research is not required)</b>	<ul style="list-style-type: none"> <li>• Alcohol Related Deaths audit</li> <li>• Cannabis Scoping</li> <li>• Training needs analysis to support workforce development</li> <li>• MSc Research Project – ‘Perceptions of Naloxone Use in Overdose Situations amongst Individuals Attending Injecting Equipment Providers (IEPs) and Drug Services in Renfrewshire’</li> </ul>	
2	<b>What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</b>	<p>The establishment of Renfrewshire Health and Social Care Partnership (HSCP) in terms of the Public Bodies (Joint Working) (Scotland) 2014 has brought together adult social work services, including addictions with the former Community Health Partnership services for both adults and children. In Renfrewshire, social work services for children and criminal justice has not transferred to the HSCP but will remain within the Council and form part of the Children’s Services directorate with education.</p> <p>In recognition of the changes in the planning architecture in Renfrewshire the Chief Officer’s Group for Public Protection (COG) commissioned an independent review. This included a</p>	

May 2016

		<p>review of the oversight arrangements for public protection including the design and strategic role of the COG and the focus of other strategic groups including Renfrewshire ADP.</p> <p>The review has been concluded within a number of recommendations which have resulted in a revised accountability route for the ADP. From 1<sup>st</sup> April 2016 the ADP will report directly through the Renfrewshire Integration Joint Board and will continue to have strong links with Renfrewshire Community Planning Partnership and the Chief Officer's Group for Public Protection.</p> <p>The ADP Delivery Plan/Annual Reports and other relevant plans will be circulated via the new accountability route as well as the Community Planning Partnership and the Chief Officer's Group for Public Protection.</p>
3	<p><b>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in development' or 'in place and enhancing further. (No additional information is required)</b></p>	<ul style="list-style-type: none"> <li>• In place and enhancing further</li> </ul>
4	<p><b>Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?</b></p>	<ul style="list-style-type: none"> <li>• Workforce Strategy in place <b>Yes</b> (An ADP Workforce Development Strategy has been in place since 2013 and will be incorporated into the refresh of the ADP Strategy and aligned to Renfrewshire HSCP's Organisational Development and Workforce Strategy. The Strategy has supported staff to access training in order to increase staff skills to be able to continue to offer effective recovery based interventions.</li> <li>• Scottish Drugs Forum (SDF) has been commissioned to conduct a Training Needs Analysis (TNA) as part of the Workforce Development agenda. This has taken place with staff working in specialist addiction staff and other partners who contribute to the Recovery Oriented System of Care. Further work will continue to add to the data already obtained via focus groups, resulting in a report with recommendations.</li> </ul>
5	<p><b>A. Please indicate if your ADP has participated in the Drug Death Prevention work of the</b></p>	<p>A. A representative from Renfrewshire ADP participated in the development of SDF's Staying Alive in Scotland best practice guide.</p> <p>B. Renfrewshire ADP has a drug deaths action plan which outlines key priorities for the area.</p>

May 2016

	<p><b>Scottish Drugs Forum (SDF), as requested by Ministers in their letter to ADP Chairs on 6 August 2014.</b></p> <p><b>B. Please provide details of local Drug Death Prevention strategies in place or planned.</b></p> <p><b>C. Please include details of any local Drug-Related Death groups in place, in addition to the information provided within the Ministerial priorities section.</b></p>	<p>The Staying Alive in Scotland best practice guide will also contribute to the action plan in the future.</p> <p>C. The Drug Deaths Action Group continues to meet regularly to review deaths and take forward actions relating to preventing drug related deaths. Future actions for this group will include implementing the 'Staying Alive in Scotland Good Practice Baseline Tool' developed by Scottish Drugs Forum.</p>						
6	<p><b>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</b></p> <ul style="list-style-type: none"><li>• update on progress in implementing your key aim statement – have you achieved it/when do you plan to do so?</li><li>• How many people were in receipt of opiate replacement therapies in your area between 1 April 2015 &amp; 31 March 2016.</li><li>• Information on length of</li></ul>	<p><b>Renfrewshire ADP Key Aim Statement:</b></p> <p>7% (n=125) of individuals involved in services will be offered access to preparatory work who are directed and supported to access training and/or employment by end of 2015. <b>Target achieved in 2014/15.</b> Moving forward the ADP has set an improvement goal for the NetWork which has a remit to work with individuals affected by drugs and alcohol to move into training, meaningful day and employment. Improvement goal for 2015/16 – 85 and has been exceeded by 15%. Revised improvement goal will be agreed by the ADP Delivery Group in the coming months.</p> <p><b>Number of Individuals in Receipt of Opiate Replacement Therapies</b> <b>ADP Return - 1st April 2015 to 31st March 2016</b> <b><u>(Data Source - Shared Care Database, EMIS - Community Prescribing)</u></b></p> <p><b>Opiate Substitute Treatment Caseloads</b> <b>(data sources: EMIS and shared care returns)</b></p> <table><tr><td>CAT OST Caseload</td><td>708</td></tr><tr><td>Shared Care OST Caseload</td><td>454</td></tr><tr><td><b>Total OST Caseload</b></td><td><b>1162</b></td></tr></table>	CAT OST Caseload	708	Shared Care OST Caseload	454	<b>Total OST Caseload</b>	<b>1162</b>
CAT OST Caseload	708							
Shared Care OST Caseload	454							
<b>Total OST Caseload</b>	<b>1162</b>							



<p>time on ORT and dose</p> <ul style="list-style-type: none"> <li>Information about any related staff training in ORT provision or recovery orientated systems of care.</li> <li>Detail of any ORT focussed groups operating in the area.</li> <li>GP engagement – how drug and alcohol treatment is being delivered in primary care settings.</li> </ul> <p>See note 1.</p>	<b>Community Addiction Team Prescribing (data source: EMIS)</b>		
	<b>Methadone</b>		
	CAT No. clients prescribed Methadone		563
	CAT Methadone dose range (ml)		1-175mls
	<b>Breakdown of Methadone Doses (No of Individuals)</b>		
	1-30mls		95
	31-59mls		134
	60-120mls		308
	121mls and over		26
	<b>Suboxone</b>		
	CAT No. clients prescribed Suboxone		145
	CAT Suboxone dose range (mg)		0.4-24mg
	<b>Breakdown of Suboxone Doses (No of individuals)</b>		
	1mg to 7mg		65
	8mg to 24mg		80
	25mg and over		0
	<b>Shared Care Prescribing (data source: shared care returns)</b>		
	<b>Methadone</b>		
	Shared Care No. clients prescribed Methadone		407
	Shared Care Methadone dose range (ml)		1-165mls
	<b>Breakdown of Methadone Doses (No of Individuals)</b>		
	1-30mls		119
	31-59mls		113
	60-120mls		166
	121mls and over		9

	<b>Length of Time in Treatment (Methadone)</b>		
	<1 year		47
	1-4 years		144
	5 year plus		216
	<b>Suboxone</b>		
	Shared Care No. clients prescribed Suboxone		37
	Shared Care Suboxone dose range (mg)		0.4-20mg
	<b>Breakdown of Suboxone Doses (No of individuals)</b>		
	1mg to 7mg		12
	8mg to 24mg		25
	25mg and over		0
	<b>Length of Time in Treatment (Suboxone)</b>		
	<1 year		8
	1-4 years		20
	5 year plus		9
	<b>ORT Staff Training</b>		
	Staff have access to STEPS to Excellence Training		
	ORT and Me as part of the Scottish Recovery Consortium (2016/17)		
	Supporting Excellence Fund gives staff the opportunity to access specific courses.		
	<b>ORT Focused Groups</b>		
	Share Group – provided by the Sunshine Recovery Cafe		
	Mutual aid groups continue to operate across Renfrewshire		
	All groupwork programmes, as well as the Women's Group (WRENs) meet regularly with the key focus of promoting recovery but may include discussions around ORT.		
	<b>GP Engagement</b>		
	Within Renfrewshire there is currently a review of the GP Local Enhanced Service taking place.		
	All aspects of patient engagement, pathways, recovery and wider networks of support will form		

	<p>part of this report. An Intensive Support Practitioner Service – pilot has also commenced within one GP clinic to scope the needs of individuals who require support into training, groupwork or employment.</p> <p>A series of educational events are held throughout the year for general practitioners and pharmacists to attend to ensure knowledge and practice is informed but current evidence base.</p> <p>Greater Glasgow and Clyde wide Substitute Prescribing Management Group has been set up and the coming months, a Quality and Performance Monitoring Group will be established to support the infrastructure of the ADP. This will support the planning, delivery and governance of systems of care in Renfrewshire.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## APPENDIX 1: NOTES

1. The Independent Expert Review of Opioid Replacement Therapies in Scotland 'Delivering Recovery' can be found at <http://www.gov.scot/Publications/2013/08/9760/downloads>

Please provide any feedback you have on this reporting template.

Renfrewshire ADP has welcomed the 'light-touch' approach for 2015/16 as result of the Care Inspectorate programme of work. The ADP continues to value the template which provides the opportunity for highlighting the activities carried out to meet local and national priorities.

May 2016

---

**To: Renfrewshire Integration Joint Board**

**On: 20 January 2017**

---

**Report by: Head of Administration**

---

**Heading: Changes to IJB Membership and Change to Date of Next Meeting**

---

**1. Changes to IJB Membership**

- 1.1. At the Integration Joint Board (IJB) meeting on 16 September 2016 members noted changes to the voting membership and interim cover arrangements for the non-voting position of Medical Practitioner/GP, previously held by the Clinical Director of Renfrewshire HSCP.
- 1.2. The recruitment to the post of Clinical Director has now concluded and Dr Stuart Sutton will formally take up the role from 16 January 2017. Dr Sutton will also now assume the non-voting position of Medical Practitioner/GP on the IJB, effective from the same date.
- 

**2. Change to Date of Next Meeting**

- 2.1. A paper was submitted to the IJB meeting on 18 March 2016 where the IJB approved its timetable of future meetings to June 2017.
- 2.2. Following discussion with the Chair and Vice-Chair, it is proposed that the meeting of the IJB scheduled to be held on 24 March 2017 be re-scheduled to now take place on 10 March 2017 at 9.30am in the Abercorn Conference Centre.
- 

**3. Recommendation**

It is recommended that the IJB:

- Note the changes to the membership of the IJB; and
  - Approve the change of date for the March meeting.
- 

**Implications of the Report**

1. **Financial – None**
2. **HR & Organisational Development – None**
3. **Community Planning - None**
4. **Legal – None.**
5. **Property/Assets – None**
6. **Information Technology – None**

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

**List of Background Papers** – None

---

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