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

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

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: David Leese: Sarah Lavers: Peter Macleod.

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

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.

9 Unscheduled Care **163-170**

Report by Chief Officer.

10 Falls Prevention and Management Strategy **171-191**

Report by Chief Officer.

11 Date of Next Meeting

Note that the next meeting of the IJB will be held at 9.30 am on Friday 20 January 2017 in the Abercorn Conference Centre, Renfrew Road, Paisley.

Minute of Meeting
Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 16 September 2016	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

PRESENT

Councillors Iain McMillan, Bill Brown (substitute for Derek Bibby) and Jacqueline Henry (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 and 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

Sandra Black, Chief Executive, 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 Elaine Currie, Senior Committee Services Officer (all Renfrewshire Council); Fiona Mackay, Head of Strategic Planning & Health Improvement, Mandy Ferguson, Operational Head of Service, Jean Still, Head of Administration, Angela McLelland, Change & Improvement Officer, Claire Walker, Planning and Performance Manager and James Higgins, Health and Social Care Integration Project Officer (all Renfrewshire Health and Social Care Partnership) and Brian Howarth, Assistant Director, and Anne McGregor, Senior Audit Manager (both Audit Scotland).

APOLOGIES

Councillors Derek Bibby and Michael Holmes (both Renfrewshire Council).

DECLARATIONS OF INTEREST

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

Prior to the start of the meeting, the Chair welcomed John Legg and Dorothy McErlean to their first meeting of the Integration Joint Board (IJB) and thanked John Brown and Donald Sime for their contribution to the work of the IJB.

1 MINUTE

The Minute of meeting of the Integration Joint Board (IJB) held on 24 June 2016 was submitted.

Under reference to item 14 – Audit Committee – Membership and Depute Chair Position – the Chair advised that John Legg would now be the Health Board's representative on the Audit Committee and that David Wylie would be a non-voting member on the Audit Committee.

DECIDED:

(a) That the Minute be approved; and

(b) That it be noted that John Legg would now be the Health Board's representative on the Audit Committee and that David Wylie would be a non-voting member on the Audit Committee.

SEDERUNT

John Boylan entered the meeting prior to consideration of the following item of business.

2 CHAIRMAN'S UPDATE

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

The report detailed the visits undertaken to date; the positives and challenges described by services; and the proposed programme of visits until the end of March 2017 which would include the Vice-chair, where possible.

DECIDED: That the report be noted.

3 CHANGES TO INTEGRATION JOINT BOARD MEMBERSHIP AND INTEGRATION JOINT BOARD DEVELOPMENT SESSIONS 2016/17

The Head of Administration, Renfrewshire Health and Social Care Partnership (HSCP) submitted a report relative to changes to the membership of the IJB and a proposed programme of development sessions for 2016/17.

The report intimated that on 16 August 2016, the NHS Greater Glasgow & Clyde Health Board changed the voting members for the Renfrewshire Health and Social Care Integration Joint Board and John Legg and Dorothy McErlean would now be the Health Board voting members on the IJB.

The report further intimated that Dr Stephen McLaughlin had resigned from the post of Clinical Director in the Renfrewshire Health and Social Care Partnership and therefore from his non-voting position on the IJB. Dr Christopher Johnstone would attend IJB meetings as the non-voting member (Registered Medical Practitioner (GP)).

The programme of development sessions for 2016/17 was detailed in the report and it was noted that a programme would be issued to members approximately two weeks in advance of each session.

DECIDED:

(a) That the changes to membership of the IJB be noted; and

(b) That the programme of development sessions for 2016/17, as detailed in the report, be approved.

4 CARER CHAMPION

Under reference to item 8 of the Minute of the meeting of this Joint Board held on 24 June 2016 the Chief Officer submitted a report relative to the establishment of the role of Carer Champion for Renfrewshire.

The report intimated that Renfrewshire HSCP acknowledged the significant role carers played and recognised them as partners in the delivery of care. Supporting carers was a key priority at a local and national level. The recent Scotland's Carers publication noted that 17,760 people in Renfrewshire identified themselves as carers.

Renfrewshire's Carer Strategy 2013/16 recognised the good work and the support available locally to support carers in their caring role but acknowledged that more needed to be done. The establishment of the role of Carer Champion for Renfrewshire would provide a focus for promoting the carer agenda which would be set out in the new Renfrewshire Carer Strategy.

DECIDED:

(a) That the establishment of the role of Carer Champion for Renfrewshire be approved;

(b) That it be agreed that the role of Carer Champion would have autonomy from the IJB; and

(c) That it be agreed that the current Provost of Renfrewshire fulfil the role of Carer Champion until 31 March 2017.

5 FINANCIAL REPORT 1 APRIL TO 31 JULY 2016

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April to 24 July 2016 for Social Work and from 1 April to 31 July 2016 for the Health Board, as detailed in Appendix 1 to the report. The key pressures were highlighted in sections 4 and 5 of the report.

The report provided an update on the Health Board's contribution to the IJB; the implementation of the Living Wage; financial planning proposals for budget setting; and Integrated Care Fund (ICF) proposed governance arrangements.

The overall revenue position for the HSCP at 31 July 2016 was an overspend of £457,000, as detailed in Appendix 1 to the report, with a projected year-end adverse variance of £1.378 million. Appendix 2 to the report provided a reconciliation of the main budget adjustments applied this current financial year to bring the HSCP to the net budget as reported.

It was proposed that, in future reports, all underspends and overspends be itemised together. This was agreed.

A copy of the NHS Greater Glasgow & Clyde (NHSGG&C) draft Financial Plan 2016/17 approved by the NHSGG&C Board on 28 June 2016 formed Appendix 3 to the report; details of the 2016/17 financial allocation to the HSCP formed Appendix 4 to the report; details of the 2016/17 notional set aside budgets by speciality formed Appendix 5 to the report; details of the methodology used to calculate the notional set aside budgets formed Appendix 6 to the report; and the terms of reference for the HSCP Finance and Planning Group formed Appendix 7 to the report.

Discussion took place relative to implementation of the Living Wage and the ongoing work being carried out by the HSCP with providers to deliver the Living Wage commitment by 1 October 2016 and the perception amongst service users that cuts were being proposed to those individuals with low and moderate needs in receipt of self-directed support. It was proposed that the Chief Finance Officer submit a report to a future meeting of this IJB relative to negotiations being carried out with providers to deliver the Living Wage commitment by 1 October 2016 and that the Head of Social Care (Paisley) contact service users as required to clarify the position in relation to those individuals with low and moderate needs in receipt of self-directed support. This was agreed.

DECIDED:

(a)That it be noted that the financial position to date was an overspend of £457,000 with a potential full year adverse variance of £1.378 million;

(b)That the NHSGG&C budget allocation for 2016/17 including the notional set aside budgets for 2016/17 be noted;

(c)That the due diligence work update on the Health Board contribution to the IJB, which had highlighted areas of financial risk to the health care budget allocation for 2016/17, be noted;

(d)That it be noted that at this point there were no approved plans in place to deliver against the health services savings gap of £1.378 million which accounted for the reported overspend position reported in the first quarter of this financial year and the potential full year adverse variance;

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

(f)That it be noted that the NHS Board had identified that non-recurring funding was available to offset the in-year shortfall against savings targets and that discussions were underway to determine how non-recurring funding would be allocated to Partnerships within this financial year reducing the potential in-year overspend;

(g) That the progress of the Living Wage Implementation Project be noted;

(h) That the establishment of a HSCP strategic service and financial planning model be noted;

(i) That the proposed ICF governance arrangements be noted;

(j) That it be agreed that the cost savings options to restore recurring financial budget balance to the health budget in 2016/17 would be presented to the IJB for review in November 2016;

(k) That an additional one-off payment be requested from NHSGG&C to fund any identified shortfall due to the impact of unallocated savings;

(l) That the Director of Finance for NHSGG&C be requested to provide a written assurance that no future savings targets would be applied in respect of the 2015/16 unallocated savings of £7.8 million;

(m) That authority be delegated to the Chief Officer to issue updated Directions, as required;

(n) That, in future reports, all underspends and overspends be itemised together;

(o) That the Chief Finance Officer submit a report to a future meeting of the IJB relative to negotiations being carried out with providers to deliver the Living Wage commitment by 1 October 2016; and

(p) That the Head of Health and Social Care (Paisley) contact service users as required to clarify the position in relation to those individuals with low and moderate needs in receipt of self-directed support.

6 AUDITED ANNUAL ACCOUNTS 2015/16

Under reference to item 2 of the Minute of the meeting of this Joint Board held on 24 June 2016 the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2015/16, a copy of which formed the appendix to the report.

The report intimated that Audit Scotland had issued an unqualified independent auditor's report on the 2015/16 financial statements. It was noted that Audit Scotland had also submitted a report to the IJB Audit Committee held earlier in the morning which detailed matters arising over the course of the audit.

The Chair of the IJB Audit Committee advised that the Audit Committee recommended approval of the audited accounts 2015/16 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

It was noted that the date referred to in Note 3 of page 15 of the accounts should read 16 September 2016 and that the reference to 'total debtors' in Note 5 of page 16 of the accounts be amended to read 'total creditors'.

DECIDED: That, subject to the minor corrections noted, the audited accounts 2015/16 be approved for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

7 RENFREWSHIRE HEALTH & SOCIAL CARE PARTNERSHIP PERFORMANCE MANAGEMENT EXCEPTION REPORT

Under reference to item 5 of the Minute of the meeting of this Joint Board held on 24 June 2016 the Chief Officer submitted a report providing an update on four indicators from the performance scorecard 2016/17.

The report and Appendix 1 to the report provided an update on the percentage of clients on the Social Work Occupational Therapy waiting list allocated a worker within four weeks; the percentage of long term clients receiving intensive home care; the percentage of Primary Care Mental Health Team patients referred to first appointment offered within four weeks; and the number of non-smokers at the three month follow up in the 40% most deprived areas. Detailed exception reports formed Appendix 2 to the report.

The Chief Officer proposed that case studies would be included in future reports to the IJB in relation to the percentage of Primary Care Mental Health Team patients referred to first appointment offered within four weeks. This was agreed.

DECIDED:

(a) That the updates on performance in Occupational Therapy, Home Care, Community Mental Health and Smoking Cessation and the remedial actions proposed be noted;

(b) That it be noted that the full scorecard updating all performance measures would be submitted to the next meeting of the IJB to be held on 25 November 2016; and

(c) That case studies be included in future reports to the IJB in relation to the percentage of Primary Care Mental Health Team patients referred to first appointment offered within four weeks.

8 GP CLUSTER WORKING AND NEW GP CONTRACT ARRANGEMENTS

The Chief Officer submitted a report relative to the development of an approach to locality and cluster based working to build collaboration and joint working between General Practitioners and HSCP services and staff to better support the needs of local patients, service users and communities.

The principle of practices working more closely together for the benefit of patients and the wider health and social care system was reflected in the Scottish Government's Localities Guidance issued to support health and social care integration.

The report intimated that Renfrewshire had 29 GP practices which were initially formed into 10 clusters aligning with existing District Nursing Teams. As work with local practices progressed there were now six clusters established within the two localities of Paisley and West Renfrewshire and these were detailed in Appendix 1 to the report.

During 2015 Renfrewshire HSCP had contributed to an extensive NHSGG&C system wide engagement and listening exercise with the aim of better understanding the pressures facing GP services and to reach a shared view of what should be done to address these pressures. A detailed set of actions had been developed which would be taken forward by Renfrewshire HSCP in partnership with the Health Board, other HSCPs and the Local Medical Committee, and these formed Appendix 2 to the report.

In April 2016 changes had been made to the National GP Contract moving away from the Quality Outcomes Framework (QOF) approach linking activity and payment for GP practices. The new arrangements had a sharper focus on multi-practice cluster based working, the development of a Cluster Quality Improvement Programme, and the identification of a Practice Quality Lead (PQL) and Cluster Quality Leads (CQLs). Renfrewshire HSCP established a short life working group to scope out the role and function of the PQL and CQLs and this work was now being used across all HSCPs in NHSGG&C to shape the emerging approaches to cluster working. It was expected that further changes would be made to the GP contract in Scotland for 2017/20 and it was noted that the Chief Officer would submit a report to the IJB once these changes were known.

Renfrewshire HSCP had worked with local GP practices to confirm a named GP within each practice to fulfil the PQL role and work is now in hand to appoint the CQLs.

DECIDED:

(a) That the progress made to establish GP cluster working be noted;

(b) That the new GP contract arrangements for 2016/17 be noted; and

(c) That the work being undertaken by NHSGG&C, HSCPs and the Local Medical Committee, to address pressures within GP services, be noted.

9 **STRATEGIC PLANNING IN RENFREWSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

The Chief Officer submitted a report relative to the proposed strategic planning structure for Renfrewshire HSCP including Community Planning and joint planning with NHSGG&C for acute services.

The report provided information in relation to the Strategic Planning Group; previous arrangements and transition to new arrangements; and acute planning. The terms of reference for the Renfrewshire Strategic Planning Group formed Appendix 1 to the report and the report approved by the NHS Board, at its meeting held on 28 June 2016, relative to a strategic plan for acute services formed Appendix 2 to the report.

Discussion took place relative to the awareness of groups represented on the Strategic Planning Group that they could influence the strategic planning process and how the expectations of these groups would be managed. It was proposed that the HSCP re-engage with the Carers Forum and other groups represented on the Strategic Planning Group to re-emphasis their role on the group and investigate possible training sessions for members of the Strategic Planning Group. This was agreed.

DECIDED:

(a) That the updated arrangements for Renfrewshire's Strategic Planning Group be noted;

(b) That the transition process for moving from the current arrangements to the new planning arrangements be noted;

(c) That the process agreed by NHSGG&C to develop a strategic plan for acute services be noted;

(d) That the National Clinical Strategy be noted; and

(e) That the HSCP re-engage with the Carers Forum and other groups represented on the Strategic Planning Group to re-emphasis their role on the group and investigate possible training sessions for members of the Strategic Planning Group.

10 **QUALITY, CARE AND PROFESSIONAL GUIDANCE FRAMEWORK - UPDATE**

Under reference to item 9 of the Minute of the meeting of this Joint Board held on 18 March 2016 the Chief Officer submitted a report providing an update on progress made to deliver the key actions set out within the implementation plan.

Appendix 1 to the report detailed the progress to date and it was noted that governance structures for the Renfrewshire HSCP Executive Group; Renfrewshire HSCP Professional Executive Group; Renfrewshire HSCP Service Pod – Locality Services; Renfrewshire HSCP Service Pod – Mental Health, Addictions and Learning Disability Services; and Renfrewshire Chief Social Work Officers Professional Group were now fully established.

A copy of the guidance issued by Scottish Ministers in relation to the Role of the Chief Social Work Officer formed Appendix 2 to the report and a summary of the key changes to this role and how they applied to the IJB formed Appendix 3 to the report.

Discussion took place relative to IJB oversight of the governance for the HSCP and the fact that there was no Council or Health Board voting members on the Clinical Care and Governance Group. It was proposed that the Chief Officer look at what other IJBs were doing in this area and submit a report on this matter to a future meeting of the IJB. This was agreed.

The Chief Social Work Officer proposed that he submit his Annual Report to the next meeting of the IJB to be held on 25 November 2016 and that this report be updated to include information in relation to corporate parenting. This was agreed.

DECIDED:

(a) That the progress made to implement the Renfrewshire HSCP Quality, Care and Professional Governance Framework be noted;

(b) That the ongoing work to develop clinical and care governance work plans be noted;

(c) That the guidance issued by Scottish Ministers on the Role of the Chief Social Work Officer be noted;

(d) That it be noted that future update reports would be submitted to the IJB;

(e) That the Chief Officer look at other IJB arrangements for governance issues and submit a report to a future meeting of IJB; and

(f) That the Chief Social Work Officer submit a report to the next meeting of the IJB to be held on 25 November 2016 relative to his Annual Report and that this report include information in relation to corporate parenting.

11 **DATE OF NEXT MEETING**

DECIDED: That it be noted that the next meeting of the IJB would be held at 9.30 am on 25 November 2016 in the Council Chamber, Renfrewshire House, Cotton Street, Paisley.

To: **Renfrewshire Integration Joint Board**

On: **25 November 2016**

Report by: **Chief Finance Officer**

Heading: **Financial Report 1st April 2016 to 30th September 2016**

1. Purpose

1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue and Capital Budget current year position as at 16 September (Social Work) and 30 September 2016 (Health), and to provide an update on:

- Proposed 2016/17 savings in respect of the Health Board Contribution to the IJB
- Implementation of the Living Wage

2. Recommendation

It is recommended that the IJB note:

- The financial position to date is an overspend of £686k with a potential full year adverse variance of £1.378m;
- The forecast position for the remainder of the financial year assumes the overspend position will continue unless service changes and cost reductions are achieved; and
- The progress of the Living Wage Implementation Project;

It is recommended that the IJB approve:

- The 2016/17 savings proposals to achieve recurring financial budget balance to the Health budget in 2016/17 to be fully implemented by 1 April 2017/18, and, submitted to the Director of Finance for NHSGGC to release the available non-recurring funding to offset the in-year shortfall.

3. Summary

3.1. The overall revenue position for the HSCP at 30 September 2016 is an overspend of £686k as detailed in the table below (and Appendix 1), with a projected year-end adverse variance of £1.378m.

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	£5k underspend	Breakeven
Renfrewshire Health Services	£691k over spend	Breakeven
Total Renfrewshire HSCP	**£686k overspend**	**Breakeven**

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

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

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4. Social Work – Adult Services

Current Position: **Net underspend £5k**
Previously Reported: **Net underspend £2k**

4.1 **Older People**

Current Position: Net underspend of £279k
Previously Reported: Net underspend of £79k

Currently, the position within Older People is an overall underspend. As previously reported, there are however significant and increasing pressures within the care at home service, which is currently projecting a £1.4m overspend in 2016/17.

The overall underspend within Older People services is due to a combination of: the application of Social Care Integration monies; and underspends due to vacancies within our own Local Authority run Care Homes which are actively being recruited to.

4.2 **Physical Disabilities**

Current Position: Net overspend of £143k
Previously Reported: Net overspend of £121k

The overspend within Physical Disabilities relates to pressures within the Adult Placement budget reflecting both the impact of increasing demand and SDS.

4.3 **Learning Disabilities**

Current Position: Net overspend of £88k
Previously Reported: Net underspend of £82k

The current overspend within Learning Disability services is as previously reported, due to underspends on employee costs which offsets an overspend on the Adult Placement budget.

The 2016/17 budget allocation for adult social care, included investment by Renfrewshire Council in Learning Disability day services in order to meet growing demand for the future. The redesign of these services in now moving forward with the majority of staff now in post.

4.4 **Mental Health**

Current Position: Net overspend of £43k
Previously Reported: Net overspend of £36k

The overspend within Mental Health Services relates to pressures within the Adult Placement budget reflecting both the impact of increasing demand and SDS.

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5. Renfrewshire Health Services

Current Position: **Net overspend (£691k)**
Previously Reported: **Net overspend (£459k)**

5.1 **Addiction Services**

Current Position: Net underspend of £46k
Previously Reported: Net underspend of £34k

Currently, the net position within Addiction Services is an underspend. This is mainly due to additional non-recurring monies for a specialist Hepatitis C Virus post which is currently being recruited to.

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

Current Position: Net underspend of £97k
Previously Reported: Net underspend of £53k

As previously reported, the overall underspend within Adult Community Services is due to various factors: vacancies which are actively being recruited to within District nursing and the rehabilitation service, and an underspend within podiatry due to maternity leave, vacancies and career breaks some of which are covered by bank staff. These underspends continue to offset pressures in relation to the community equipment budget (EQUIPU), travel costs and enteral feeding related costs.

5.3 **Children's Services**

Current Position: Net underspend of £120k
Previously Reported: Net underspend of £48k

The underspend within Children's services is mainly due to lower than anticipated payroll costs reflecting the position staff are currently placed on the pay scale, along with vacancies as a result of recruitment from Renfrewshire staff into new board wide services including the immunisation team.

5.4 **Hosted Services** (***support to GP's for areas such as breast screening, bowel screening)***

Current Position: Net underspend of £88k
Previously Reported: Net underspend of £76k

This underspend reflects historical underspends within the service due to vacant administrative and special project posts.

5.5 **Mental Health**
Current Position: Net overspend of £306k
Previously Reported: Net overspend of £165k

Overall, Mental Health services are reporting an overspend of £306k. As previously reported, this overspend is due to a number of contributing factors within both adult and in-patient services which are offset by an underspend within the adult community budget due to vacancies within the service.

As highlighted throughout 2015/16 and in previous reports this financial year, the main overspends within in-patient services continue to relate to significant costs associated with patients requiring enhanced levels of observation across all ward areas. In addition, pressures continue in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.

5.6 **Other Services *(Business Support staff; Admin related costs, hotel services and property related costs including rates and rental costs)***

Current Position: Net overspend of £771k
Previously Reported: Net overspend of £496k

The overspend within other services is due to the additional allocation of savings by NHSGGC to Renfrewshire. The overall savings allocation has been allocated to this area of the budget pending the approval of plans by the IJB which are included in section 9 of this report. Following approval by the IJB of these savings, they will be removed from relevant services and the allocation currently sitting in this budget area will reduce accordingly.

5.7 **Prescribing**

Current Position: Breakeven
Previously Reported: Breakeven

The reported GP Prescribing position is based on the actual position for the year to 31 July 2016. The overall position across all Partnerships to 31 July 2016 is an underspend of (£0.155m) with Renfrewshire HSCP reporting a £0.43m overspend. However, under the risk sharing arrangement across NHSGG&C the over spend has been adjusted to report a cost neutral position.

As GP Prescribing is extremely volatile, there continues to be an element of financial risk and this will continue to be carefully monitored throughout 2016/17. Variances specific to Renfrewshire HSCP continue to be investigated by Prescribing Advisors.

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6. 2016/17 Capital Programme

Description	Original Budget	Revised Budget	Spend to Date	Still to Spend
Anchor Centre Roof Replacement	£400k	£400k	£105k	£295k
Total SW	**£400k**	**£400k**	**£105k**	**£295k**

Work on the roof replacement is now well underway and it is anticipated that the work will be completed and invoiced before Christmas.

7. Garden Assistance Scheme and Housing Adaptations

Description	Full Year Budget	Year to date Budget	Spend to Date	Year-end Projection
Garden Assistance Scheme	£296k	£159k	£199k	£296k
Housing Adaptations	£932k	£347k	£245k	£932k
Total	**£1,228k**	**£506k**	**£444k**	**£1,228k**

7.1 The summary position for the period to the 16 September 2016 is reported in the table above and reports an overall spend of £444k to date with an anticipated year-end breakeven position. Members are reminded that the current years budget for Housing Adaptations includes one-off additional non-recurring monies (£174k) to assist with current waiting list issues.

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8. Implementation of the Living Wage - update

8.1 Renfrewshire Health and Social Care Partnership have now concluded negotiations with all of our providers of Care at Home services (with the endorsement of Scottish Care) and with supported living providers in respect of day rates.

8.2 ***Sleepovers***

The Scottish Government have now confirmed a position on sleepover and advised that sleepover hours must be paid at a rate that is compliant with HMRC requirements. In Renfrewshire, based on the funding package made available by the Scottish Government, RHSCP has offered providers a rate based on £8.25 per hour. All providers will be required to comply with their legal obligations as per the Scottish Government guidance.

8.3 ***Out of Area Placements***

A number of our clients are in 'out of area placements', therefore, any changes to rates for these placements will be uplifted in line with our host local authority agreements. A number of these have already been agreed, however, we are still awaiting confirmation from those Local Authorities who have yet to finalise their Living Wage negotiations.

8.4 The Living Wage Foundation have confirmed that from 31 October 2016 the new Living Wage will be £8.45, however employers have flexibility about when they choose to implement this new Living Wage and Renfrewshire Health and Social Care Partnership, aligned to Renfrewshire Council's own employment policy will retain the £8.25 rate until April 2017.

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9. Health Board Contribution to the IJB for 2016/17

9.1 Members are reminded that in the September finance report to the IJB the Chief Finance Officer highlighted that the Health component of the HSPC budget was not in recurring balance and that outline savings proposals to achieve recurring balance for 2016/17 would be brought to the November 2016 meeting of the IJB. These savings are in addition to further savings which will be required for the financial year 2017/18 to address health service related funding challenges.

9.2 The overall savings target for Renfrewshire HSCP of £1.874m was allocated in two tranches:

- Tranche 1 reflected partnership proposals identified earlier in the year of £496k
- Tranche 2 was a further in-year target of £1.378m our proportion of the remaining savings required for partnerships to meet their collective allocation of £20m

9.3 The NHSGGC Board have agreed to provide non-recurring support to partnerships in the current year. As previously reported, this is subject to the approval of savings proposals to achieve the 2016/17 savings targets on a recurring basis by 1 April 2017/18. The non-recurring support will fund the tranche II savings which have not been fully delivered in 2016/17.

9.4 The IJB is therefore asked to approve the following savings proposals which will be subject to comprehensive risk and outcome focused assessments.

Service	Overall Budget 2016/17 £000's	Proposed Total Savings £000's	Savings as a % of total Service Budget	Outline Savings Proposal
Adult Community Services	14,076	92.0	0.65%	Review of Practice Development Nurses roles
		53.6	0.38%	Review of enteral feeding
		125.3	0.89%	Redesign of Nurse Specialist posts
		270.9	**1.92%**	
Mental Health Services	18,935	85.0	0.45%	Review of Employability Services
		363.4	1.92%	Redesign of community mental health team, and service management structures within mental health and addictions
		54.7	0.29%	Review of consultant psychologist posts
		503.1	**2.66%**	
Health Improvement	1,422	44.9	3.16%	System wide redesign of Health Improvement (Renfrewshire's proportion of total saving)
		10.0	0.70%	Review of hospital evening visitor transport service
		54.9	**3.86%**	
Children's Services	5,301	150.0	2.83%	System wide redesign of school nursing (Renfrewshire's proportion of total saving)
Podiatry (Hosted service)	5,096	226.0	4.43%	Review of clinical specialist workforce, in collaboration with other GGC HSCP's
Admin Services review	3,035	173.1	5.70%	Review of admin support across the HSCP
		1,378.00		

Implications of the Report

1. **Financial –** Financial implicaitons are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal –** none
5. **Property/Assets –** none.
6. **Information Technogloy –** none

7. **Equality & Human Rights –** The recommendations containted 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 publised on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their aiblity to dleiver within the allocated funding package
10. **Risk –** There are a number of risks which should be considered on an ongoing basis: a) adequate funding to deliver core services, delivery of additional unallocated savings within the current finiancial year and the allocation of non-recurring funds by NHSGGC Board to meet this shortfall in 2016/17.
11. **Privacy Impact** – none.

List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer

Appendix 1

Social Work Revenue Budget Position
1st April 2016 to 16th September 2016

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	25,720	11,587	11,295	292	2.5%	underspend
Property Costs	423	288	291	(3)	-1.0%	overspend
Supplies and Services	1,555	493	509	(16)	-3.2%	overspend
Contractors	44,756	20,657	21,153	(496)	-2.4%	overspend
Transport	722	313	276	37	11.8%	underspend
Administrative Costs	239	70	65	5	7.1%	underspend
Payments to Other Bodies	9,160	1,270	1,226	44	3.5%	underspend
Capital Charges	-	-	-	-	0.0%	breakeven
Gross Expenditure	**82,575**	**34,678**	**34,815**	**(137)**	**-0.4%**	**overspend**
Income	(21,800)	(10,904)	(11,046)	142	-1.3%	underspend
NET EXPENDITURE	**60,775**	**23,774**	**23,769**	**5**	**0.02%**	**underspend**

Position to 16th September is an underspend of **£5k** **0.02%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Older People	41,064	11,116	10,837	279	2.5%	underspend
Physical or Sensory Difficulties	5,248	2,417	2,560	(143)	-5.9%	overspend
Learning Disabilities	11,950	7,922	8,010	(88)	-1.1%	overspend
Mental Health Needs	1,111	1,231	1,274	(43)	-3.5%	overspend
Addiction Services	752	331	331	-	0.0%	breakeven
Integrated Care Fund	650	757	757	-	0.0%	breakeven
NET EXPENDITURE	**60,775**	**23,774**	**23,769**	**5**	**0.02%**	**underspend**

Position to 16th September is an underspend of **£5k** **0.02%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Appendix 2

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

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	44,451	22,100	21,756	344	1.6%	underspend
Property Costs	308	154	177	(23)	-14.9%	overspend
Supplies and Services	19,075	7,049	7,382	(333)	-4.7%	overspend
Purchase of Healthcare	44	46	24	22	47.8%	underspend
Resource Transfer	16,872	8,436	8,436	-	0.0%	breakeven
Family Health Services	80,792	40,323	40,319	4	0.0%	underspend
Savings	(1,410)	(705)		(705)	100.0%	overspend
Capital Charges				-	0.0%	breakeven
Gross Expenditure	**160,132**	**77,403**	**78,094**	**(691)**	**-0.9%**	**overspend**
Income	**(5,059)**	**(2,972)**	**(2,972)**	-	0.0%	breakeven
NET EXPENDITURE	**155,073**	**74,431**	**75,122**	**(691)**	**-0.93%**	**overspend**

Position to 31st July is an overspend of **(£691k)** **-0.93%**
Anticipated Year End Budget Position is an overspend of **(£1,378k)** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Addiction Services	2,413	952	906	46	4.8%	underspend
Adult Community Services	14,076	6,283	6,186	97	1.5%	underspend
Children's Services	5,301	2,609	2,489	120	4.6%	underspend
Learning Disabilities	1,278	639	591	48	7.5%	underspend
Mental Health	18,935	9,386	9,692	(306)	-3.3%	overspend
Hosted Services	3,516	1,769	1,681	88	5.0%	underspend
Prescribing	35,260	17,488	17,488	-	0.0%	breakeven
GMS	22,772	11,386	11,386	-	0.0%	breakeven
Other	20,470	10,322	10,322	-	0.0%	breakeven
Planning and Health Improvement	1,422	473	486	(13)	-2.7%	overspend
Other Services	9,290	4,081	4,852	(771)	-18.9%	overspend
Resource Transfer	16,872	8,436	8,436	-	0.0%	breakeven
Integrated Care Fund	3,468	607	607	-	0.0%	breakeven
NET EXPENDITURE	**155,073**	**74,431**	**75,122**	**(691)**	**-0.93%**	**overspend**

Position to 31st July is an overspend of **(£691k)** **-0.93%**
Anticipated Year End Budget Position is an overspend of **(£1,378k)** **0.00%**

for information:

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

Appendix 3

2016/17 Adult Social Care Financial Allocation to Renfrewshire HSCP

	£k
2016/17 Renfrewshire HSCP Opening Budget:	60,875.2
	60,875.2
Additions:	
Net Payroll Ajustments relfecting transfers of staff to HSPC / Council	14.8
Sensory Impairment additional non-recurring monies	40.0
Rates temp budget adjustment	42.0
Adaptations transfer to Housing re Care and Repair increase	-197.0
Adult Social Care Budget as reported @ 16 September 2016	**60,775.0**

Appendix 4

2016/17 Health Financial Allocation to Renfrewshire HSCP

	£k
2015/16 Renfrewshire HSCP Closing Budget:	149,525.5
less: non recurring budgets (allocated annually)	-4,644.9
= base budget rolled over	**144,880.6**
Additions:	
Pay increases	511.1
National Insurance rebate withdrawal cover	762.8
Superannuation auto enrolment	108.3
Resource Transfer uplift (1.7%)	282.0
Non-pay inflationary uplifts	51.3
Social Care Integration Fund to transfer to Council	8,774.0
	10,489.5
Reductions:	
Transfer of facilities budget to Corporate	-7.0
Transfer of depreciation budget to Corporate	-1,592.0
Realignment of GMS / FHS budgets	-833.8
	-2,432.8
Savings:	
Agreed 2016/17 savings	-496.0
Unallocated savings applied by NHS GGC	-1,378.2
	-1,874.2
Budget allocated as per 2016/17 Financial Allocation 5th July 2016	**151,063.1**
Budget Adjustments posted in month 4	
Keepwell funding 16/17	31.8
Auto enrolment	73.9
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)	123.4
Family Health Services Adjustment	-78.0
Prescribing budget increase	1,949.8
ICF payments to Acute (to be reversed)	-259.9
	1,841.0
Budget Adjustments posted in month 5 and 6	
Keepwell funding 16/17	-31.8
Final RAM adjustments	337.9
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)	40.9
Family Health Services Adjustment	641.1
Transfer of Facilities budgets	-619.2
adjustments for in-year non-recurring monies	1,800.0
	2,168.9
Health Budget as reported @ 30 September 2016	**155,073.0**

To: **Renfrewshire Integration Joint Board**

On: **25 November 2016**

Report by: **Chief Officer**

Subject: **Renfrewshire HSCP Performance Management Report 2016/17**

1. Summary

1.1 The Integration Joint Board (IJB) assumed full responsibility for delegated services on 1 April 2016. A performance framework is required to ensure we operate with informed, effective and efficient management of services and to provide a coherent picture of the outcomes achieved by the Health and Social Care Partnership (HSCP).

1.2 It was agreed that an update on performance would be presented at all IJB meetings. This is the first performance report for the financial year 2016/17 and covers the period April to September. The performance dashboard showing progress against the nine National Outcomes is attached (Appendix 1) along with the full Scorecard updating all performance measures (Appendix 2) and two exception reports (Appendix 3).

1.3 While this report is for the period April to September 2016, data is not yet available for all performance measures to September 2016. Information provided in the report is the most up to date available at this point.

1.4 The report provides an update on indicators from the Performance Scorecard 2016/17. There are 88 performance indicators of which 54 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target.

1.5 The dashboard at Appendix one shows that currently 30% of our performance measures have red status, 18% amber status and 52% green status.

2. Recommendation

2.1 It is recommended that the Integration Joint Board (IJB):

- Notes the mid-year update on 2016/17 performance in the Scorecard presented in Appendix 2 (performance to 30.09.16). It should be noted that the indicators in the scorecard are reported at a number of frequencies and that information may not always be available at the end of a reporting period. Data provided in this report is the most up to date information available.

3. Performance Reporting 2016/17

3.1 Background

The Scorecard is structured on the nine National Outcomes. It includes measures from the Core Indicators' set, incorporating some high level outcome indicators drawn from the annual Health and Care Experience Survey. Feedback from our performance reporting during 2015/16 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures.

3.2 Amendments from 2015/16 to 2016/17 Performance Reporting

Two indicators reported in 2015/16 are no longer included in the 2016/17 performance report.

- The first is the total number of weeks of respite care provided for all client groups under National Outcome 6. The Scottish Government ceased to gather respite information in 2015/16 due to the challenges in terms of collation and identification of respite. There is ongoing work at a national level to consider how the data is collated and guidance is expected during 2018. HSCPs have now been given the opportunity to put in place more meaningful local measures in the interim period. Renfrewshire HSCP is currently undertaking a scoping exercise on its respite data and intends to have a local indicator in place for 2017/18.

- The second is the % of GPs in Renfrewshire participating in the Medicines' Management Local Enhanced Service, which finished in March 2016. GP Practices are now being asked to sign up to prescribing initiatives in three areas; respiratory, diabetes and a practice specific area. Currently 76% of Practices have opted in to all three.

The sickness absence rate for Adult Social Work staff in the HSCP will now be included in the performance report from 1st April 2016. The rate is expressed as a number of work days lost per full time equivalent and is included under National Outcome 8 in Appendix 2.

3.3 Performance Improvements

Good progress has been made in reducing the number of acute bed days lost to delayed discharges for Adults with Incapacity. Status on this target has changed from red to green.

There has also been an increase in the % of approved applications for medical adaptations completed during the year. As performance has increased to 99%, this measure has changed from red to amber status.

100% of Health Care Support Worker staff have completed mandatory induction within the set deadline therefore this indicator has changed from red to green status.

The alcohol and drugs waiting times target for referral to treatment (% seen within 3 weeks) has steadily increased from 89.3% at March 2013 to a high of 99.8% at December 2015. At June 2016, 98.6% of patients were seen within 3 weeks of referral to treatment; well above the 91.5% target. An exception report detailing actions to maintain performance with this indicator is included at Appendix 3.

3.4 **Performance Challenges**

As well as positive areas of performance, there are also a number of areas that are more challenging. These include the Primary Care Mental Health Team referral to first appointment waiting times and the 18-week waiting times target from assessment to appointment in the Speech and Language Therapy Community Paediatric Service.

The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks has reduced from 88% at March 2016 to 73% at September 2016. Two full time staff commenced on 10th October 2016, filling posts that were vacant for several months during recruitment. This should have a positive impact on the waiting times which are monitored and reviewed by the Team Leader on a regular basis.

There has been an increase in the number of children waiting more than 18 weeks for Paediatric Speech and Language Therapy assessment to appointment. At September 2016, there were 157 children waiting more than 18 weeks. There are currently staffing issues within the service around long term sick leave, maternity leave and two vacancies.

Referrals to the service have remained constant at around 15 per week. 70.9% of referrals progress beyond triage and assessment to at least one treatment/return episode. Discussion with the Professional Lead has commenced to develop more defined clinical pathways to allow greater predictability in the patient journey. This will be a longer term service development and will progress in line with the proposed capacity model of SLT across NHSGGC.

The exception report on Paediatric Speech and Language Therapy Waiting Times in Appendix 3 gives more detail on trends, actions to address performance and timeline for improvement.

Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and

human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.

If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publicised on the Council's website.

8. **Health & Safety –** None

9. **Procurement –** None

10. **Risk –** None

11. **Privacy Impact –** None

Authors:

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

Appendix 1

DASHBOARD: summary of Red, Amber and Green Measures as at September 2016

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

Of the 54 measures that have performance targets, 52% show green (on or above target); 18% show amber (within 10% variance of target); and 30% show red (more than 10% variance of target).

National outcome	Red	Amber	Green	Data Only	Total	Movement
National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	0	3	4	1	8	No change
National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	3	1	7	8	19	One to  One to Two to
National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	1	2	4	5	12	No change
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	5	3	6	2	16	One to Two to
National Outcome 5. Health and social care services contribute to reducing health inequalities	2	0	2	4	8	No change
National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being	1	0	0	3	4	No change
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	2	4	No change
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	4	1	1	3	9	One  to One to One  to
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	2	6	8	No change
Total:	**16**	**10**	**28**	**34**	**88**	
Percentage %:	**30%**	**18%**	**52%**	**-**	**100%**	

Appendix 2

Renfrewshire Integration Joint Board Scorecard 2016/17

PI Status	
Alert	
Warning	
OK	
Unknown	
Data Only	

Direction of Travel	
Improvement	
Deterioration	
Same as previous reporting period	

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer

PI code & name	2014/15 Value	2015/16 Value	Latest 2016/17 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/01 Percentage of adults able to look after their health very well or quite well	94%	93%	Not measured for Quarters	-	-	
Local Indicators						
HSCP/HI/AD/02 Reduce smoking in pregnancy	13.6%	15.5%	-	20%		
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks	21.8%	20.8 %	20.7%	21.4%		
HSCP/HI/LS/01 Increase in the number of people who assessed their health as good or very good	77%	Not measured for Quarters	Not measured for Quarters	80%		
HSCP/HI/LS/02 Increase the percentage of people participating in 30 mins of moderate physical activity 5 or more times a week	53%	Not measured for Quarters	Not measured for Quarters	32%		
HSCP/HI/LS/03 Reduce the percentage of adults who smoke	19%	Not measured for Quarters	Not measured for Quarters	23%		
HSCP/HI/LS/04 Reduce the percentage of adults that are overweight or obese	49%	Not measured for Quarters	Not measured for Quarters	55%		
HSCP/HI/MH/01 Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	53.4	Not measured for Quarters	Not measured for Quarters	57		

Appendix 2

Renfrewshire Integration Joint Board Scorecard 2016/17

National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.						
PI code & name	2014/15	2015/16	Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	82%	81%	Not measured for Quarters	-	-	
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	-	-	Not measured for Quarters	-	-	
Local Indicators						
CHP/CF/DD/01 Number of acute bed days lost to delayed discharges (inc AWI)	5,325	3,633	934	8,100		
CHP/CF/DD/02 Number of acute bed days lost to delayed discharges for Adults with Incapacity.	4,301	2,624	404	1,068		
HPBS14b1 Number of PSHG awarded to disabled tenants to adapt private homes	109	Data available Dec 2016	Not measured for Quarters	-	-	
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	87.8%	96%	Not measured for Quarters	99%		
HPCHARTER23 The average time (in days) to complete medical adaptation applications	64	44	Not measured for Quarters	-	-	
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan	649	977	131	440		
HSCP/AS/DD/02 The number of delayed discharges over 2 weeks	0	0	0	0		
HSCP/AS/DEM/01 Number of patients registered with dementia	-	1,431	1,431	1,384		
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	-	100%	100%	100%		
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	86%	87%	89%	85%		
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target: 30%)	28%	31%	30%	30%		

Appendix 2

Renfrewshire Integration Joint Board Scorecard 2016/17

PI code & name	2014/15	2015/16	Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	499	501	Not measured for Quarters	-	-	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	99%	98%	99%	-	-	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	59%	64%	66%	-	-	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	21.37	20.71	Not measured for Quarters	-	-	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work only)	13%	20%	36%	70%		
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	387	297	388	350		

Appendix 2

Renfrewshire Integration Joint Board Scorecard 2016/17

National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.						
PI code & name	2014/15	2015/16	Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	75%	76.6%	Not measured for Quarters	-	-	
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	83%	Not measured for Quarters	Not measured for Quarters	-	-	
Local Indicators						
HSCP/AS/AE/01 A&E waits less than 4 hours	91.9%	88.6%	91.2%	95%	-	
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+).	46%	42.8%	42.9%	48.2%	-	
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+)	44.6%	43.0%	43.4%	45%	-	
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%	100%	100%	100%	-	
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-	161	62	-	-	
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	88% of Audit of 70	Not measured for Quarters	81% of Audit of 159	-	-	
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-	1	13	-	-	
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	-	88%	73%	100%		
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	-	98%	96%	100%	-	
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	99.4%	99.8%	98.7%	90%	-	

Appendix 2

Renfrewshire Integration Joint Board Scorecard 2016/17

National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users						
PI code & name	2014/15	2015/16	Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/07 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	82%	79.9%	Not measured for Quarters	-	-	
Local Indicators						
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	89.2%	88.3%	87.9%	80%	-	
HSCP/AS/HA/03 Emergency admissions from care homes	508	477	117	480		
HSCP/AS/HA/04 Emergency bed days rate 65+	305	302	121	-	-	
HSCP/HI/ADS/01 Alcohol brief interventions	1,067	1,036	245	1,116		
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	2.41%	Not measured for Quarters	Not measured for Quarters	1.86%		
HSCP/HI/ADS/07 Drug related hospital stays rate per 100,000	153.4	153.5	Not measured for Quarters	135	-	
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	98.5%	99.6%	98.6%	91.5%	-	
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	4.5%	3.9%	Not measured for Quarters	5%	-	
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 1,000 population	10.1	9.5	9.3	8.9	-	
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.7%	6.8%	6.9%	6%	-	

Appendix 2

Renfrewshire Integration Joint Board Scorecard 2016/17

PI code & name	2014/15	2015/16	Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/CS/AX/01 Uptake rate of 30-month assessment	87.7%	83%	76%	80%	↓	⚠
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%	100%	–	✓
HSCP/CS/SPL/02 Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment	12	82	157	0	↓	✗
HSCP/HI/GP/01 Number of patients accessing GP services within 48 hours/advance booking	94%	Not measured for Quarters	Not measured for Quarters	95%	–	⚠
HSCP/HI/GP/01 Percentage of patients able to book an appointment with a GP in advance	90.3%	Not measured for Quarters	Not measured for Quarters	90%	↑	✓

Renfrewshire Integration Joint Board Scorecard 2016/17

National Outcome 5. Health and social care services contribute to reducing health inequalities.						
PI code & name	2014/15	2015/16	Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/11 Premature mortality rate.	449.0	463.1	Not measured for Quarters	-	-	
Local Indicators						
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	170	254	-	171		
HSCP/HI/AD/03 Smoking in pregnancy (SIMD)	24.9%	23.9%	-	20%		
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	14.6%	12.0%	-	19.9%		
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services (bi annual-Sep & Mar)	-	1,997	397	-	-	
HSCP/HI/EQIA/03 Number of quality assured EQIAs carried out	-	1	2	-	-	
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	-	63	0	-	-	
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	14.8	Not measured for Quarters	Not measured for Quarters	15.3		

Renfrewshire Integration Joint Board Scorecard 2016/17

National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.						
PI code & name	2014/15 Value	2015/16 Value	Latest 2016/17 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)	42%	39%	Not measured for Quarters	-	-	
Local Indicators						
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	147	80	32	200		
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	81	56	22	-	-	
HSCP/AS/CO/01 Number of carers reporting that they feel supported in their caring role (Local Survey)	83.0%	79.0%	89.7%	-	-	

Renfrewshire Integration Joint Board Scorecard 2016/17

National Outcome 7. People who use health and social care services are safe from harm.						
PI code & name	2014/15	2015/16	Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	80%	84.1%	Not measured for Quarters	-	-	
HSCP/CI/SR/24 Suicide rate	24	21	Not measured for Quarters	-	-	
Local Indicators						
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	11.4%	6.4%	Not measured for Quarters	12%		
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	2.7%	2%	Not measured for Quarters	6%		

Renfrewshire Integration Joint Board Scorecard 2016/17

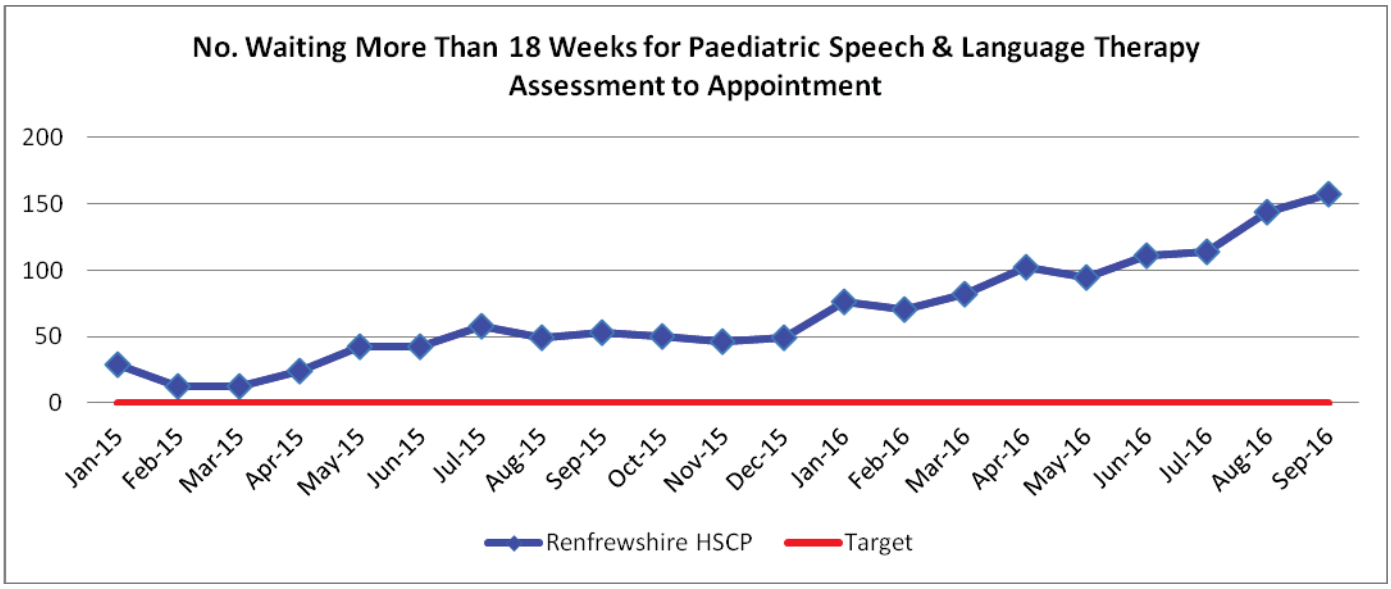
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.						
PI code & name	2014/15 Value	2015/16 Value	Latest 2016/17 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	Not measured for Quarters	Not measured for Quarters	-	-	
Local Indicators						
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	1	1	Not measured for Quarters	-	-	
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	599	609	Not measured for Quarters	-	-	
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	-	61.2%	67.42%	80%	-	
HSCP/CS/H&S/02 Health sickness absence rate	6%	7%	5.06%	4%		
HSCP/AS/SW/01 Absence and sickness rates for Social Work Adult Services Staff (work days lost per FTE)	-	3.68 days	4.29 days	2.36 days		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	100%	33%	100%	100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	67%	33%	75%	100%		
HSCP/CORP/CMP/01 % of complaints within health responded to within 20 days	100%	100%	93%	100%		

Renfrewshire Integration Joint Board Scorecard 2016/17

National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.						
PI code & name	2014/15	2015/16	Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/14 Readmission to hospital within 28 days (65+)	2,432	2,449	Not measured for Quarters	-	-	
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-	Not measured for Quarters	Not measured for Quarters	-	-	
Local Indicators						
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£14.95	Data due from ISD late 2016	Not measured for Quarters	-	-	
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.86%	Data due from ISD late 2016	Not measured for Quarters	-	-	
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	£389	Data due from ISD late 2016	Not measured for Quarters	-	-	
HSCP/AC/PHA/01 Prescribing variance from budget	-	1.07% over budget	Not measured for Quarters	-		
HSCP/AC/PHA/02 Formulary compliance	-	79.1%	78.8%	78%		
HSCP/AC/PHA/03 Prescribing cost per weighted patient	-	£14.55	£15.64	£15.65		

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

Measure	Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment.
Current Performance	As at September 2016, 157 children were waiting more than 18 weeks for a paediatric Speech & Language appointment following assessment.
Lead	Mandy Ferguson, Head of Health & Social Care (West Renfrewshire)



Commentary

As at September 2016, there were 157 children waiting more than 18 weeks for an appointment following assessment, a 37.5% increase since July 2016. The current waiting standard is 18 weeks and the longest wait at September 2016 was 40 weeks.
Current status remains red.

A comparison of data from September 2015 to September 2016 shows a steady increase from 53 children waiting at July 2015 to 157 at July 2016. Referrals to the service fluctuate from month to month and although the average is approximately 54 per month, some months referrals increase to between 70 and 80.

Resources

The team WTE (whole time equivalent) has decreased since April 2013 from 19.63 to 14.78 WTE (excluding admin). This reduction was due to historical underfunding of posts and the impact of the NHSGGC SLT review of 2011-2012 resulting in a subsequent realignment of SLT workforce resource allocation. Fixed term posts have not been renewed to bring the staffing resource within allocated service budget.

As of 25/10/16 there are three maternity leaves within the team and two new vacancies commencing - one held at redeployment and one fixed term post (preferred candidate identified). The impact of these vacancies on waiting times is significant as 'open' cases require reallocation before waiting list allocations as a clinical duty of care has been initiated.

There are currently 71 open cases to be reallocated, a reduction of 54 from the previous report.

Demand

Referrals to the service have remained relatively constant at around 15 referrals per week.

70.9% of referrals progress beyond triage and assessment to at least one treatment/return episode. GGC-wide EMIS data analysis suggests that a range of between 1 and 54 return appointments may be delivered to individual children depending on their clinical profile.

A review of data available is underway to allow for comparison with other areas and understand any changes in demand.

Actions to Improve Performance

Sickness Absence:
Staff member completing a phased return has returned to clinical casework.

Maternity Leaves:
Fixed term cover was agreed and a preferred candidate appointed before two maternity leaves were due to commence. The candidate required 3 months' notice and will start in November 2016.

Fixed term cover for the remaining maternity leave has been appointed to a permanent post and is due to leave. A 6-month fixed term post has now been agreed. No start date confirmed as yet.

Extra Sessions
Additional clinical sessions provided over contractual hours by SLT manager and staff employed elsewhere within NHSGGC.

Vacancies
Vacancies are being progressed by the Recruitment Department.

Clinical Pathways
Discussion with Professional Lead has commenced to develop more defined clinical pathways to allow greater predictability in patient journey. This will be a longer term service development and will progress in line with the proposed capacity model of SLT across NHSGGC.

Caseload Review
Team caseloads are high. SLT Professional Lead has advocated a notional caseload for NHSGGC that will be a significant challenge for Renfrewshire.

The Governance Strategy specifies a maximum caseload per registered practitioner of 30, with an upper tolerance of 35. Current average caseload per WTE in Renfrewshire is 42. The requirement to reduce caseloads is further impacting on the allocation of current open cases and assessments from the waiting list.

SLT Manager and Team Leads reviewed all open cases to ensure care continues to be effective, appropriate to need and that staff are supported to deliver this. Staff have been involved in discussions ensuring parents and carers are supported to manage care, universal supports are signposted when required, 'dosage' decisions are evidence based and care is impact driven.

Timeline For Improvement

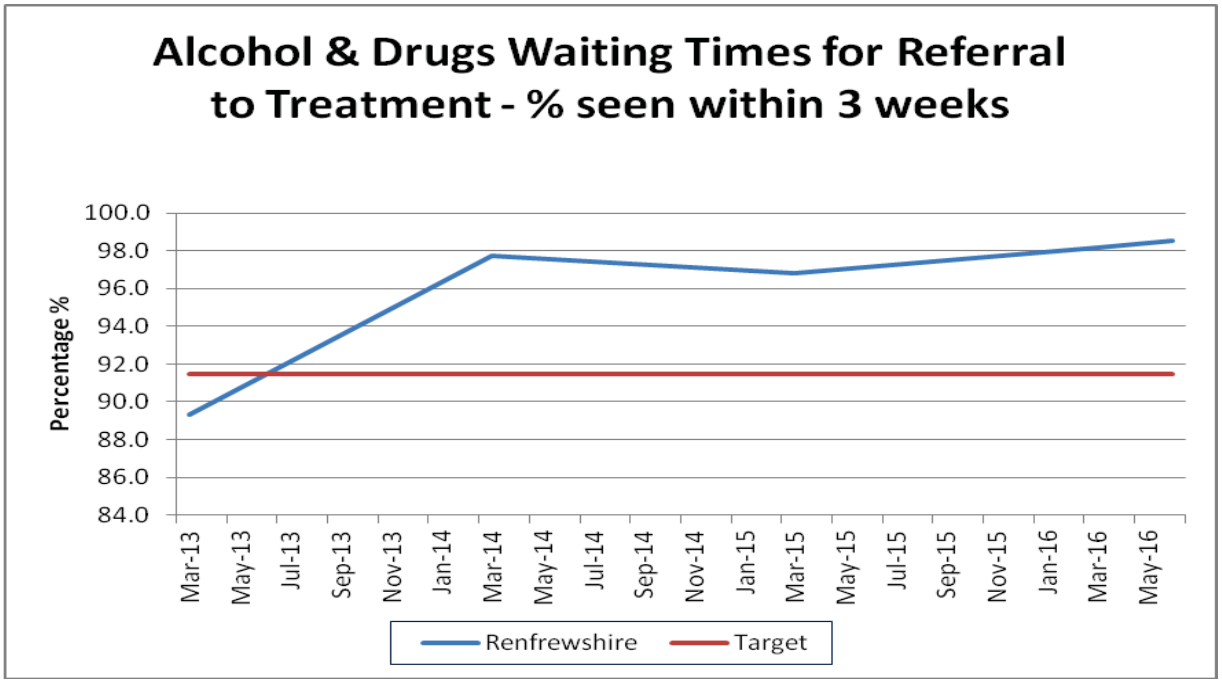
Due to the number of open cases requiring allocation, it is anticipated that waiting times will not improve in the short term.

An overall improvement in staffing is expected from September to December 2016, when new assessments can be allocated without increasing caseloads, workloads and compromising clinical efficacy and safety.

The impact of the Governance Strategy on caseload numbers will be monitored and guidance sought from professional lead on likely impact within Renfrewshire.

Exceptions Report: Alcohol and drugs waiting times for referral to treatment. % seen within 3 weeks

Measure	**Alcohol and drugs waiting times for referral to treatment. Percentage seen within 3 weeks**
Current Performance	At June 2016, 98.6% of patients were being seen within 3 weeks of referral to treatment.
Lead	Katrina Phillips, Head of Mental Health, Addiction and Learning Disability Services



Commentary

Performance has seen a steady increase from 89.3% at March 2013 (amber status) to a high of 99.8% at December 2015.

At 98.6%, current performance remains green and although it has dropped slightly from the December figure of 99.8%, remains significantly higher than the 91.5% target.

Actions to Maintain Performance

The shift to providing recovery based services in Renfrewshire is continuing to have a positive impact on waiting times.

To maintain performance, drug and alcohol services will continue to deliver a number of initiatives which are aligned to the Quality Principles and are recovery and outcome focused.

These include completing outreach assessments for individuals who are vulnerable or have physical health needs that would prevent them from attending services as well as offering flexible appointments to individuals who require access to services in the evenings and at weekends.

The provision of the Intake Team will also continue to prioritise new referrals where a full assessment will be carried out and treatment offered based on specific needs. The ADP will continue to monitor waiting times on a quarterly basis, and offer training to maintain performance as required.

Item 5

To:	**Renfrewshire Integration Joint Board**
On:	**25 November 2016**
Report by:	**Chief Officer**
Heading:	**Update on Participation, Engagement and Communication (PEC) Implementation Plan**

1. Summary

1.1 At the Integration Joint Board (IJB) meeting on 20th November 2015, the IJB approved Renfrewshire HSCP Participation, Engagement and Communication (PEC) Strategy.

1.2 The implementation plan for the strategy was approved and progress noted at the IJB on 18 March 2016. At that meeting it was agreed that progress would be reviewed twice yearly.

1.3 This report provides IJB members with an update on progress made with implementing the PEC Strategy.

2. Recommendation

It is recommended that the Integration Joint Board (IJB):

- Note the progress made to implement the PEC Strategy for 2016-19.

3. Background

3.1 A PEC Working Group has been established to take forward the actions from the PEC strategy. The group is made up of a range of staff from different services and teams, all of whom have volunteered to be involved and bring expertise and enthusiasm in this area of work. Progress and next steps for each strand of work is noted in the sections below.

3.2 To develop communication methods in line with the most up to date technologies, we have started to use social media. The HSCP now has a Twitter account and a Facebook page. Building on the guidance issued by NHS Greater Glasgow and Clyde and Renfrewshire Council, we have developed and circulated guidelines for how we use social media.

Training has been organised to help managers understand how to use social media effectively to communicate.

3.3 A monthly HSCP Team Brief is cascaded from the Chief Officer throughout the HSCP. The PEC Working Group has developed the content to be more relevant to all staff, following feedback at a recent HSCP Leadership Network event. Teams are encouraged to make Team Brief a two way communication vehicle. It is acknowledged that face-to-face delivery of team brief is difficult for some operational staff, and many do not have regular access to computers. Team Brief is only one way of communicating with staff. In addition each Head of Service holds regular meetings with their direct reports through which normal day-to-day business issues are discussed and communicated and flowing from theses there are service and team meetings taking place across the organisation. Heads of Service have worked hard over the first year to ensure meetings are well planned, engaging, two way and productive.

3.4 On a quarterly basis, the Chief Officer leads half day Leadership Network sessions that bring together our 130 staff who have responsibility for managing staff. These are framed to build understanding, engagement, improve communication and build our ways or working and communicating between managers, services and teams. We are also working to build regular communication with our GPs who are Practice Quality Leads, and this is assisted by a quarterly GP Forum. We have also refreshed our communications with GP Practice Managers.

3.5 We continue to develop an HSCP communications 'identity' and 'house style'. The PEC Working Group are working with the Council Communications Team to build on the established teal/turquoise colour now associated with the HSCP. Before the end of the calendar year, we expect to have agreed a logo and branding style which will be used in social media, the website, presentations and other documents.

3.6 Work on the HSCP website has also started. We have agreed a site map which will be tested soon with stakeholders. The website platform will be hosted on the same environment as the Council website, using the same provider. Consistent content is being developed and we aim to test the website early in 2017.

3.7 For wider communications, rather than produce a separate HSCP newsletter, we are testing the use of input to the Renfrewshire Magazine which is distributed bi-annually to every household in Renfrewshire. This will be supplemented by an HSCP Annual Newsletter or Bulletin which will be produced in summer 2017 to communicate key messages from the IJB Annual Report.

3.8 We have established a Joint Staff Partnership Forum (SPF) to improve communication with the recognised staff associations. This Forum meets bi-monthly and is co-chaired by a Health of Health and Social Care and a Unison representative.

3.9 Public and community engagement continues to take place widely across the HSCP through many of our services. This is brought together through the Strategic Planning Group which has representatives from staff, Third Sector, carers and members of the public. A new Third Sector, Providers and Community Group provides a further opportunity for stakeholders to have a voice at this interface point with the HSCP. Many of our services use patient experience mechanisms to shape the development of services. A review of all engagement is taking place to ensure that all community interests have a route into the HSCP. We will organise an annual public event to disseminate the information from the Annual Report.

Implications of the Report

1. **Financial – Nil**
2. **HR & Organisational Development – Nil**
3. **Community Planning – Nil**
4. **Legal – Nil**
5. **Property/Assets – Nil**
6. **Information Technology –** managing information and making information available may require ICT input.
7. **Equality & Human Rights -** 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 – Nil**
9. **Procurement – Nil**
10. **Risk – Nil**
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers

- Participation, Engagement & Communication (PEC) Strategy approved by the IJB on 20th November 2015
- Participation, Engagement & Communication (PEC) Implementation Plan noted by IJB 18th March 2016

Author: Fiona MacKay
Head of Strategic Planning and Health Improvement

To: **Renfrewshire Integration Joint Board**

On: **25 November 2016**

Report by: **Chief Officer**

Heading: **Update on Non-financial Governance Arrangements**

1. Summary

1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place from 1 April 2016. The report also provides performance information regarding FOI and Complaints. The period of this report covers the six month period from 1 April 2016 – 30 September 2016.

2. Recommendation

2.1. It is recommended that the Integration Joint Board (IJB):

- Note the content of this Report and the progress made with regards to the implementation arrangements, specifically around:
    - Freedom of Information (FOI) and Publication Scheme
    - Health and Safety
    - Complaints
    - Business Continuity
    - Insurance and Claims
    - Risk Management

3. Freedom of Information

3.1. At its meeting on 15 January 2016, the IJB approved the arrangements for dealing with requests for information in respect of functions undertaken by the IJB. Although the IJB will only hold a very limited amount of information, it must respond to FOI requests made directly to the IJB for information which it holds.

Background

3.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore

subject to FOISA as a public authority within its own right. Although the IJB itself will hold a very limited amount of information, it has a responsibility to respond to requests for information within the statutory timescale and have its own Publication Scheme.

Requests Received

3.3. During the specified time-frame, the IJB received 0 (zero) requests for information.

3.4. It was agreed that any FOI relating to the operational delivery of health and adult social care serviced received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the HSCP.

3.5. During the specified time-frame, Renfrewshire Council received 30 FOI requests specifically regarding adult social care.

3.6. During the specified time-frame, no FOI requests were received specifically for information regarding health services within Renfrewshire. However, Renfrewshire contributed to 7 NHS Greater Glasgow & Clyde board wide requests.

Recommendation

3.7. The IJB is asked to note the FOI Monitoring Report for the period 1 April 2016 – 30 September 2016.

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4. Health & Safety

Background

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

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

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

4.4. An HSCP Health & Safety Committee has been formed and has service representation from both health and council staff.

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

4.6. The NHSGG&C strategy and action plan is being developed for local use.

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5. Complaints

Health

5.1. This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2016 – 30 September 2016. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development. No complaints were escalated to the Scottish Public Services Ombudsman (SPSO) during this period.

5.2. The Patient Rights (Scotland) Act 2011 was introduced from 1 April 2012 with the aim of improving a patient's experience of using health services. It also ensures that patient's feedback, comments, concerns and complaints are more actively monitored and used to improve services. The report also includes complaints made about primary care contractors.

Local Resolution: 1 April 2016 – 30 September 2016

5.3. A total of **30** formal complaints were received during this time of which 1 was withdrawn and 1 did not receive consent to proceed. Table 1 shows the number of complaints investigated during the above period.

Table 1

Number of complaints investigated	28
Number of complaints received and completed within 20 working days (National Target 70%)	26
Number of complaints completed	27
Number of completed complaints:	
Upheld	6
Upheld in Part	10
Not Upheld	11
Outstanding	1

For the 6 month period, this gives an overall NHS Greater Glasgow & Clyde complaints handling performance of 93%. The outstanding complaint is of a very complex nature further delayed by the family involved taking an extended holiday during the investigation period.

5.4. Table 2, below, shows the breakdown of complaints by Service Area.

Table 2

Service Area	
District Nursing	3 (10.75%)
Hosted Services (Podiatry)	6 (21.5%)
Specialist Children's Services	3 (10.75%)
Health Visiting	1 (3.50%)
Mental Health Services	12 (43%)
Planning & Health Improvement	2 (7%)
Administration Services	1 (3.50%)
Total	**28**

5.5. Table 3, below, shows the breakdown of issues attracting complaints.

Table 3

Service Area	**Key Themes**
H&SC (District Nursing)	• Disagreement with treatment plan
H&SC – Podiatry (Hosted)	• Staff attitude • Discharge to personal foot care • Poor communication
Specialist Children's Services	• Disagreement with treatment plan
Mental Health Services	• Waiting too long in reception to be seen • Staff behaviour/attitudes/interactions • Poor communication
Planning & Health Improvement	• Reduction in Service Provision

<u>Social Work</u>

5.6. Table 4, overleaf, shows the number of complaints received by Social Work and breakdown of issues attracting complaints.

Table 4

Service Area	April 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Issues Raised
Care at Home		3	2		2	1	3 - Quality of Care 1 - Staff behaviour 1 - Care Package 1 - Community meals 1 - Responder Service 1 - SDS
Mental Health			1	1			2 - Communication
Locality Service	1						1 - Communication
OT			1				1 - Suitable bathing facilities x 3
Care Home				1			1 - Guardianship

5.7. The Patient Rights (Scotland) Act 2011 requires more detailed reporting about complaints made about primary care contractors in that they are now required to provide their complaints information to the NHS Board.

5.8. Practices are sent an e-mail informing them that the information will be collected via Survey Monkey. Once the survey is closed, the information is collated and a copy is sent to the HSCP for review.

SPSO 1 April 2016 – 30 September 2016

5.9. Where a complainant remains dissatisfied with a Local Resolution response, they may write to the SPSO. No complaints investigated by the HSCP during the above period have been referred to the SPSO.

Service Improvements

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

Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Communication and waiting times remain key issues for complaints and steps are being taken by services to improve these.

6. Civil Contingencies and Business Continuity

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

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

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

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

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

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

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

6.5. It is proposed that a Renfrewshire Health & Social Care Partnership Resilience Group is created with appropriate representation from within the Partnership, which will meet quarterly to cover the resilience agenda. A joint Business Continuity Plan has been developed and will be tested before 31 March 2017.

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

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7. Insurance & Claims

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

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

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

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

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

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8. Risk Management

8.1. A Risk Management update has been previously presented to the IJB. The arrangements for monitoring and managing risk within the HSCP are as follows:

- The Risk Register is reviewed by the SMT on a monthly basis and summarised reports will be submitted to IJB twice yearly.
- A Risk Management development session for Heads of Service, Service Managers and Team Leads will be held on 1 February 2017.

8.2. An Audit Committee has been established to put in place adequate and proportionate internal audit arrangements and is a key component of the IJB's governance framework. The core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and in the integrity of the financial reporting and annual governance processes.

Implications of the Report

1. **Financial –** sound financial governance arrangements are being put in place to support the work of the Partnership

2. **HR & Organisational Development** – Clinical and Care Governance arrangements are being put in place
3. **Community Planning** - n/a
4. **Legal –** The governance arrangements support 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 –** An agreed information sharing protocol and supporting agreements are being developed fo the Partnership
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 publised 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: Jean Still
Head of Administration

To: **Renfrewshire Integration Joint Board**

On: **25 November 2016**

Report by: **Chief Officer**

Heading: **Strategic Plan – 2016/19**

1. Summary

1.1 This report is to present the Strategic Plan 2016/19 to the Integration Joint Board. The full plan is attached at Appendix 1.

2. Recommendation

2.1 It is recommended that the Integration Joint Board (IJB):

- Approve the Strategic Plan 2016/19.

3. Background

3.1 The IJB approved a first draft of the Strategic Plan 2016/19 in November 2015, and a second draft in January 2016. Following wide consultation, a final draft was approved in March 2016. Due to financial uncertainties around the allocation of health resources, it has not been possible to present a final plan. The financial position is now clearer, and in September 2016, the IJB noted the NHS Greater Glasgow and Clyde budget allocation for 2016/17.

3.2 The final draft plan, approved in March 2016, has now been amended to reflect the final budget position. Section 6 of the plan (Our Resources) now includes the complete budget allocation for 2016/17.

3.3 In May 2016, some additional comments were received, providing more detail and clarity about adult support and protection. These did not impact on the body of the plan, but have been incorporated in the action plans.

4. Six Month Review of the Plan

4.1 As part of our performance framework, officers in the HSCP have carried out a mid-year review of the actions noted in the Strategic Plan. This is to ensure that activity is on track to deliver the outcomes agreed.

4.2 Examples of areas where actions are already complete or where good progress has been made include:

- **Achieving the target for reducing conceptions in young people under the age of twenty.**

  The target was set at a rate of 35 per 1,000. Our rate reduced from 35.7 at March 2015 and is now similar to the Greater Glasgow and Clyde average of 30 per 1,000. Work is ongoing with schools and with the Sandyford Initiative to raise awareness of services.

- **Working with GPs in clusters to pilot improved ways of working with community and social care staff.**

  There has been good progress in establishing GP practice based locality working to progress early gains. We have taken a structured approach through a series of individual GP practice meetings and cluster based development sessions to involve and engage GPs to ensure they are part of the wider network and collaboration of team and service working. These arrangements are continuing to mature and develop during 2016/17.

- **Improved access to Podiatry Services for new patients**.

  This has been measured by the % of new referrals appointed within 4 weeks. The target was set at 90% and the average monthly performance for 2016/17 so far is 93.3%. This represents a significant improvement from an average of 18% in 2012/13 at the commencement of the single system redesign.

  In addition, a target for priority diabetic patients with active foot disease being seen by a member of the Multi Disciplinary Team with 48 hours was set at 95%. At August 2016 our performance showed 86.8% and although not yet at the target of 95%, there has been significant progress made from the baseline of 55% in April 2016.

4.3 Areas which require additional focus in the latter part of the year include:

- **Meeting the national targets for breast, bowel and cervical cancer screening.**

  The target for bowel screening is 60% and the percentage uptake in Renfrewshire in 2015 was 53.3%. The rate for females is 59.1%, higher than the rate for males at 53.4%. We have promoted bowel cancer awareness with all GP Practice Managers and 3 Social Prescribers detailing resources and support available from the Health Improvement Team.

  The cervical screening national target is set at 80%. The uptake rate in Renfrewshire is 77% which is above the Greater Glasgow and Clyde rate of 72.3%. The rate in Renfrewshire has decreased though from 79.5% in 2012. Work is continuing to raise more awareness via posters and signposting local Social Work

Departments, Community Addiction Teams and Homeless Teams to additional resources.

Although, both bowel and cervical screening are below target, our uptake rate for breast screening is above the 70% target at 73.6%.

- **Increasing the uptake of flu vaccinations in the over 65 age group.**

The target for 2016/17 is 78%. The rate for 2015/16 in Renfrewshire was 73.7% and we hope to see an increase in the uptake rate in 2016/17. The uptake of flu vaccinations is promoted via the GP Forum and the District Nursing Service vaccinates all who require vaccination within their caseload. The Care Home Liaison Nurse supports the care homes to vaccinate their own residents.

- **Increasing the uptake of Carers' Assessments.**

The target for 2016/17 is 150 assessments completed for adults (18+). At the mid-year point, we are below target with 32 assessments completed. The HSCP works with the Carers' Centre and partner agencies to ensure local carers are supported via assessment and care management processes. Currently the views and needs of carers are captured in the Standardised Shareable Assessment (SSA) and the care plan for the person being cared for. We promote carers' assessments via the Carers' Centre and assessments are also offered within the Renfrewshire dementia post diagnostic support service.

4.4 This mid-year review will inform the next iteration of the Strategic Plan for 2017/18.

5. Easy Read Version

5.1 The Strategic Planning Guidance for HSCPs requires the production of an easy read version of the plan. The Strategic Planning Group has been key to developing this version and it has been tested with this group. It will be further tested in terms of accessibility to ensure that best practice is followed.

5.2 Following approval of the Final Plan, the easy read version will be made available to staff, partners and other stakeholders.

Implications of the Report

1. **Financial - None**
2. **HR & Organisational Development – None**
3. **Community Planning –** The plan reflects the priorities of the Community Plan and in particular the activity of the Community Care, Health and Wellbeing Thematic Board.
4. **Legal –** The Strategic Plan, that has been produced co-productively and has been formally consulted on, is a duty of the Public Bodies (Joint Working) (Scotland) Act 2014
5. **Property/Assets – None**
6. **Information Technology – None**

7. **Equality & Human Rights –** A full Equality Impact Assessment has been carried out on the Strategic Planning process. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety – None**
9. **Procurement – None**
10. **Risk – None**
11. **Privacy Impact – None.**

List of Background Papers

- Strategic Plan First Draft (brought to IJB 20th November 2015)
- Strategic Plan Consultation Draft (brought to IJB 15th January 2016)
- Strategic Plan Final Draft (brought to IJB 18th March 2016)

Author: Fiona MacKay
Head of Strategic Planning and Health Improvement

Renfrewshire
Health & Social Care
Partnership

Strategic Plan

2016 - 2019

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

NHS Greater Glasgow and Clyde

Renfrewshire Council

This Plan is available at: www.renfrewshire.gov.uk/integration

Contents **Page No**

1. Introduction

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

1.1 This is the first Renfrewshire Strategic Plan for the delivery of health and social care services in Renfrewshire, produced by the Integration Joint Board under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It describes how we will move towards delivering on our organisational vision - it therefore sets out the context, challenges, priorities and action plans for the new Health and Social care Partnership for the period 2016-2019. Additionally, in the Appendices, we set out case studies and details of the integration arrangements, services to be devolved to the IJB and a description of the governance structure. Appendix 3 summarises our Housing Contribution Statement which describes the key role which housing services have in supporting people to live longer in their own community.

1.2 Renfrewshire Council and NHS Greater Glasgow and Clyde have a positive and proven track record of effective joint working to improve outcomes for people who use health and social care services in Renfrewshire. This is evidenced by recent inspection reports. Bringing adult Social Work and all former Community Health Partnership functions into a Health and Social Care Partnership (HSCP) is a further step in these joint working arrangements and places a renewed, clear focus on putting the people who use services at the heart of what we do and how we work.

1.3 Whilst the Strategic Plan builds on the successes and experience of the past, it also focuses on how we can further join and, where appropriate, integrate our services. People who need health and/or social care rarely need the help of a single specialist, team or service and we believe that improved joint working and, where sensible, integration, is vital to improving our services. Critical to our success will be working effectively with partners, including housing and social care providers and community groups. The Strategic Planning Group (SPG) which includes many of these stakeholders has been central to the development of this plan, bringing an appropriate level of challenge and scrutiny to the process.

1.4 This Strategic Plan outlines the context in which our health and social care services operate; the needs we are seeking to respond to, the challenges we are managing and the importance of optimising the benefits of our new organisational arrangements - to change how we work, get services working effectively together and focusing our resources to deliver services that we know work well in order to respond to those in greatest need. It also examines the evidence for our strategic decisions, it uses this evidence to identify local priorities and shape our action plans.

1.5 Due to growing demand on our resources, we know that more of the same is often not an option. If we continue to deliver services only in their current form, the health and social care system will be unable to deliver the high quality services the people of Renfrewshire need. We therefore have to plan, commission and deliver services that are focused on the outcomes we must achieve and make the best use of the resources available. It is an established feature of both national and local policy that more joined up care, more self care, and targeted anticipatory and preventative approaches, must be prioritised and shape our planning if we are to manage the growing demands we face. Linked to this we must ensure a clear and consistent focus in our resource prioritisation on home and community based care reducing demands on hospital and other more specialist services where appropriate. Adult and child protection remain significant features of what we do and how we work.

1.6 Other partners play a central role in creating an effective and person-centred health and social care system. We will continue to work together with family doctors (GPs), hospital services, our communities, the independent sector and the voluntary (or third) sector to progress and achieve our aims. We will also continue and develop our work with Community Planning partners (for example Housing partners and Police Scotland) to influence the wider determinants of health to create a healthier Renfrewshire.

1.7 From this, the Strategic Plan sets out clear Care Group Action Plans. These plans will be further developed over the next year as we develop and establish our ways of working and learn how to better join up and integrate services. Priorities from these emerging plans are contained in Section 8 and are framed with clear actions and are linked to the relevant national outcomes we need to deliver on. The Care Group Action Plans also link to our HSCP Performance Framework which will drive regular reports to our IJB on the progress we are making. We will also ensure that we are planning and working in a way to ensure staff, service users, patients and partner organisations are engaged in what we do and how we work.

Cllr Iain McMillan
IJB Chairman

David Leese
Chief Officer

Publications in Alternative Formats

We want the Strategic Plan to be available to everyone and we are happy to consider requests for this publication in other languages or formats such as large print. An Easy Read version is also available.

Please call 0141 618 6166
Or email: Renfrewshire.HSCP@ggc.scot.nhs.uk

If you'd like to read more about the Housing Contribution Statement, please click on the link below:

Housing Contribution Statement: **www.renfrewshire.gov.uk/integration**

2. Executive Summary

Our Priorities

1. Improving health and wellbeing
2. The Right Service, at the Right Time, in the Right Place
3. Working in partnership to treat the person as well as the condition

3. Renfrewshire – Our Profile

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

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

3.3 Life expectancy in Renfrewshire is lower than the Scottish average.

	Males	% Improvement over 10 years	Female	% Improvement over 10 years
Renfrewshire	75.9	4.0	80.6	2.4
Scotland	77.1	3.4	81.1	2.1

There are significant variations within Renfrewshire, with male life expectancy in some areas being 18 years lower than that in other more affluent areas.

3.4 We know that the inequalities gap in life expectancy (and in other outcomes) is influenced by the pattern of deprivation in Renfrewshire. Many of Renfrewshire's datazones are found in the three most deprived deciles (1-3), but a significant number are also found in decile 9. The most deprived datazone in Renfrewshire is in the intermediate zone of Paisley Ferguslie, and it is ranked 1 in Scotland. Renfrewshire's share of the 15% most deprived datazones has increased slightly from 4.2% in 2004 to 4.9% in 2012.

3.5 There are just over 81,000 households in Renfrewshire. The number of households is projected to increase by 8% from 2012 to 2029. The rise in household numbers is due to people increasingly living in smaller households, linked to an ageing population and more single parent families.

3.6 The total housing stock in Renfrewshire is just under 84,000. Two thirds of the stock is owned, 24% social rent and 10% rented privately. Overall there are 669 sheltered housing units and 212 Very Sheltered and Extra Care units (including 10 specialist dementia units within one Extra Care development in Johnstone). In 2014/15, 517 new homes were built in Renfrewshire.

3.7 39% of the adult population of Renfrewshire are receiving treatment for at least one illness/condition e.g. high blood pressure, arthritis, asthma, diabetes, depression, coronary heart disease. This figure increases with age (17% for those aged 16-24 and 83% for those aged over 75) and in our more deprived areas.

3.8 The number of smokers (19% of the population), and those reporting exposure to second hand smoke (26% of the population) has fallen in 2014 from similar studies done in 2008 and 2011. Renfrewshire also shows improvements with fewer people reporting exceeding recommended alcohol limits and more meeting physical activity recommendations. However, around 1 in 2 are overweight or obese, with men in the 45-64 age range being the most likely to be overweight or obese (68% of the population). Where data is collected at locality level, Renfrewshire consistently shows wide variations, reflecting the more general inequalities in the area. For example, alcohol related hospital discharges are over 25 times higher in Paisley North West than in Bishopton.

3.9 In Scotland, at least one person in four will experience a mental health problem at some point in their lives, and one in six has a mental health problem at any one time. This means that today in Renfrewshire, around 20,000 adults are experiencing a mental health problem. The recent Renfrewshire Health and Wellbeing Survey (2014) confirmed that 77% of people living in Renfrewshire were positive about their general health in a recent survey. This is an improvement from a similar study carried out in 2008. In general, satisfaction was lower among older people and in our more deprived areas.

3.10 In relation to Alcohol and Drugs Misuse, almost 2,800 15-64 year olds in Renfrewshire are estimated to be problem drug users. The rate of alcohol related hospital discharges in Renfrewshire has reduced slightly but remains 31% higher than the national average (981.8 per 100,000 population in 2014/15, against a national average of 671.7). We will continue to work in partnership to deliver a recovery orientated system of care.

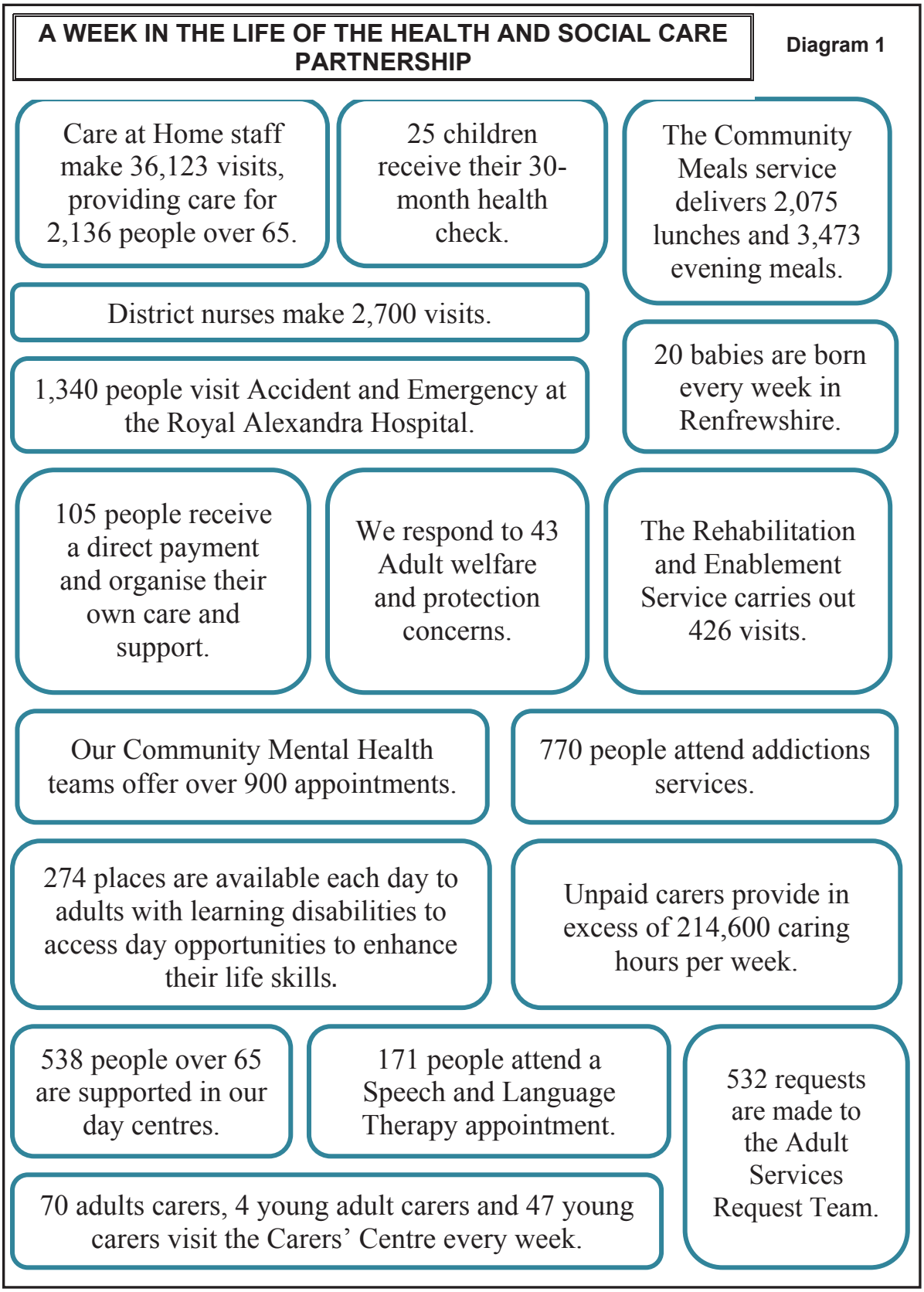
3.11 From the work of the Renfrewshire Tackling Poverty Commission, we know that there are real local challenges with poverty and that the link between poverty and poor health is strong. In Renfrewshire, there are 30,121 children aged 0-15 and 8,143 young people aged 16-19. More than 1 in 5 of our children are growing up in poverty. This ranges from 30% in Paisley North West to 13% in Bishopton, Bridge of Weir and Langbank. In Renfrewshire in 2014, 20.1% of the population reported difficulty in sometimes meeting fuel costs.

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

population are unpaid carers.

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

3.14 The diagram below gives an indication of the level of activity carried out in a typical Renfrewshire HSCP week.



4. Renfrewshire – Our Demand and Demographic Challenges

4.1 The profile, described in Section 3, presents a number of challenges for the services we manage and for our partner organisations. These are described in more detail below.

4.2 Acute

The Clinical Services Review, led by NHS Greater Glasgow and Clyde, made a compelling case for change in the way in which secondary care is delivered and in the partnership with Primary Care and Community Services. The Renfrewshire Development Programme (RDP) tested new models of care at the interface between secondary, primary and community care. The lessons from this initiative are now being applied across the Greater Glasgow and Clyde area. The Chest Pain Unit has reduced average lengths of stay from 22 hours to 3.6 hours saving 1,325 bed days at the RAH. The Older Adult Assessment Unit enables earlier access to geriatric assessment, reducing average length of stay by 10 days per patient. The Community Inreach Team, which extends RES Service to cover out of hours, Care at Home and transport, supports the Older Adult Assessment Unit and will be re-assessed in the next few months. The Anticipatory Care Planning initiative has generated over 700 new Key Information Summary (KIS), targeting care homes and people with dementia or a learning disability. The construction of these initiatives in Renfrewshire will ensure that patients experience timely discharge and are supported when they return to their communities by responsive health and care services as described in the National Clinical Strategy for Scotland. The HSCP will take on a new responsibility to work with hospital-based colleagues to plan and develop some hospital services, as noted below.

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
  - Geriatric medicine;
  - Rehabilitation medicine;
  - Respiratory medicine and
  - Psychiatry of learning disability.

- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

4.3 GP Services

Demand is rising in GP Services. Part of the pressure relates to the rising needs of our ageing population with increased chronic disease and also the health issues created by deprivation. Although an important strength, the open access nature of GP Services means that GPs are a point of service for a wide range of demands.

The Scottish Government's 2020 vision for Health and Social Care and the NHS Scotland Quality Strategy provide the priorities and framework in which the health service in Scotland will evolve and develop to meet future health and care requirements and to deliver safe, effective and patient centred care (see section 5.1 planning and delivery context).

Delivering this vision will require substantial changes to the way the NHS works including: more services organised around GP practices, more resources for primary care and new models of primary care delivery; widespread use of telehealth and telecare services; more people supported to die at home rather than in hospital; and care homes used more flexibly, providing better care and meeting higher levels of physical and mental frailty.

4.4 Pharmacy Services

43 of the Board's 292 Community Pharmacies are located within Renfrewshire HSCP operating as independent contractors to provide a full range of pharmaceutical care services in accordance with their NHS terms of service to meet the needs of the local population.

The Minor Ailments, Chronic Medication, Public Health and Acute Medication Services are available from all pharmacies as core elements of the pharmacy contract. Additional Services e.g. harm reduction and advice to care homes, are also provided depending on needs of the local population. Community pharmacies provide access to health care advice over extended opening hours with a pharmacist on duty in each location whilst the pharmacy is open. This complements other provision, e.g. Out Of Hours; with a facility to treat minor ailments and/or refer to other providers should this be necessary. Strategic direction for pharmacy over the next 5 years, detailed in the Prescription for Excellence document published by Scottish Government, advocates greater collaboration between services so that community pharmacies become more fully integrated into the health and social care provision.

4.5 Palliative and End of Life Care

In Scotland around 54,000 people die each year and over 200,000 people are significantly affected by the death of a loved one. Driven by population growth, the number of people

dying each year will begin to rise from 2015. By 2037 the number of people dying each year will have gone up by 12% to 61,600. It is thought that up to 8 out of 10 people who die have needs that could be met through the provision of palliative care (The Strategic Framework for Action on Palliative and End of Life Care 2016-2021, Scottish Government, Dec 2015). This Framework outlines the areas where action needs to be taken to ensure that by 2021 everyone who needs palliative care will have access to it and identifies ten commitments that the Scottish Government wish to achieve in working with stakeholders. http://www.gov.scot/Resource/0049/00491388.pdf

Hospice services are critical to this implementation and are well established in working across health and social care, from inpatient care, to care homes, community nurses to acute hospitals, often providing the key connection for patients and their families. The hospice sector has a huge amount of intelligence and experience which will ensure a smooth transition in moving commissioning of end of life and palliative services from Health Boards to Health and Social Care Partnerships. Both our hospices in Renfrewshire, Accord and St. Vincent's will be key planning partners in the developments of guidance on strategic commissioning.

Within Renfrewshire, we have a work plan which co-ordinates local Palliative Care Strategy in line with national and NHSGGC palliative care managed clinical network priorities.

In 2016/2017, we will focus on:

- Promoting awareness and consolidating implementation of NHSGGC's Guidance on End of Life Care with the emphasis on individualised end of life care plans;
- The Greater Glasgow and Clyde roll out of the community palliative care kardex to facilitate safe end of life anticipatory prescribing and administration of medicines towards the end of life;
- The continuous improvement of palliative and end of life care for people in Elderly Mental Health Inpatient settings;
- The continuous improvement of joint working between district nursing and home care services for patients at end of life;
- Testing a person centred emphasis to assessment for people with new or changing palliative care needs in primary care.
- Hospices in Renfrewshire shall continue to support cross boundary working and the development and delivery of training and education for health and social care staff to ensure they have the right knowledge, communication skills and approach when

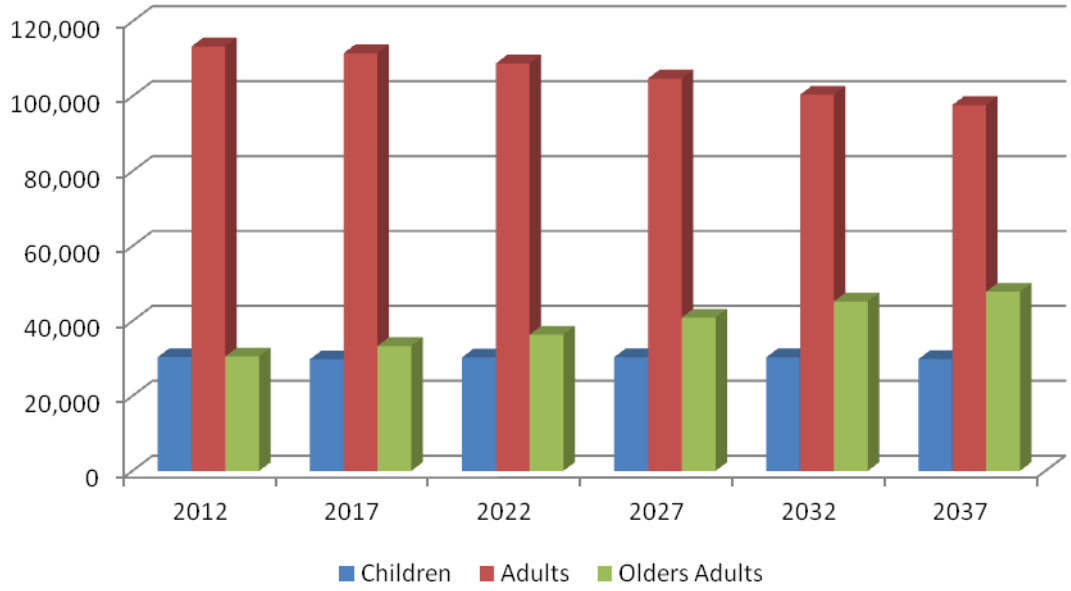
caring for people with palliative and end of life care needs.

4.6 Older People

According to population projections published by National Records for Scotland, there will be almost 48,000 people in Renfrewshire aged 65 and over by 2037. This compares with 31,751 in 2014 and represents an increase of 51%. Over the same period, the number of people of working age is expected to fall by 13%, and the number of children will be almost unchanged over the same period.

Diagram 2

Projected population of Renfrewshire, 2012-2037



This change will have significant implications for health and social care, with demand increasing as a result of more people living into older age (when health and social care needs are likely to be more complex) whilst the number of people available to work in housing, health and social care and/or provide unpaid care may decline.

Population projections also look at household composition. It is estimated that the number of people aged 65 and over and living alone will increase by 6% between 2015 and 2020, and by 36% between 2015 and 2035.

As a consequence of improved healthcare and better standards of living more people are living for longer. This means in Scotland that the number of people with dementia is expected to double between 2011 and 2031. This presents a number of challenges, most directly for the people who develop dementia and their families and carers, but also for the statutory and voluntary sector services that provide care and support. It is estimated that 2,912 people have dementia in Renfrewshire; 1004 male and 1908 female.

The National Dementia Strategy 2013-16 focuses on timely diagnosis of dementia and improving the quality of dementia services. The Renfrewshire Dementia Strategy Group has developed a work plan to localise the commitments of the Dementia Strategy. There was a commitment to provide at least one year's Post Diagnostic Support (PDS) for every person with a new diagnosis of dementia. This was originally attached to a HEAT target and at present there is a 100% rate of contact in Renfrewshire.

Over the next year we will begin developing a Dementia Friendly Community within Renfrewshire. This refers to a local area in which, along with health and social care staff, staff from local businesses and shops are trained in dementia awareness and make changes to their businesses to accommodate people with dementia. Following assessment of the changes, Alzheimer Scotland provides an award for the area to declare it 'dementia friendly'.

4.7 Supporting the Reduction in Delayed Discharges

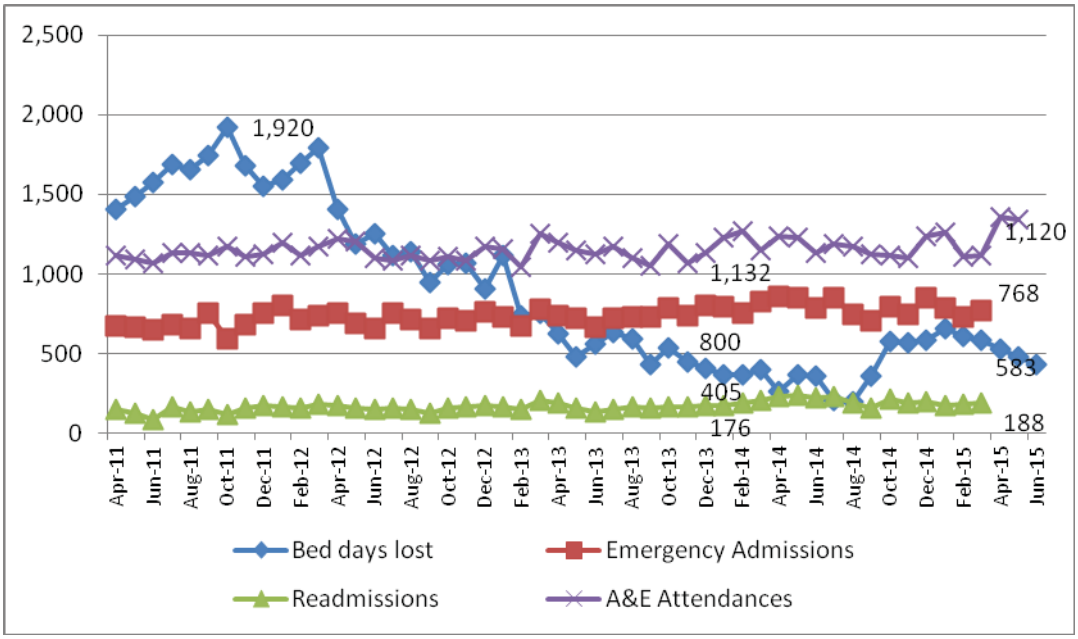
Renfrewshire has made significant progress in reducing hospital bed days lost due to delayed discharges (where a person is medically fit to leave hospital but services, adaptations and supports are not in place to allow a safe discharge).

- The numbers of bed days lost per annum has reduced from 19,792 in 2011/12 to 5,835 in 2014/2015 – the equivalent of 38 beds.
- There is limited scope for further improvement since the majority of remaining delays are individuals subject to Adults with Incapacity legislation, meaning they cannot be moved until guardianships are established by the courts. This issue is considered separately below.

As noted above, supporting a reduction in delayed discharge has created additional demands in community based services, particularly care at home services. This has not seen a release of resource from the Acute hospital budgets as there has been no reduction in admissions or in attendances at Accident and Emergency (see Diagram 3 below). It is important that we work effectively at this interface to promote self care as anticipatory and preventative approaches can reduce demands on services.

Diagram 3

Hospital Activity, April 2011 to June 2015



4.8 Adults with Incapacity

As noted earlier, the majority of delayed discharges are people impacted by Adults with Incapacity legislation, meaning decisions about their ongoing care cannot be made until the Courts appoint a guardian. There are also increasing numbers of people supported in the community who are subject to the same legislation. Where there is no appropriate person to act as guardian, the local authority can apply to Courts for the Chief Social Work Officer (CSWO) to be appointed as guardian. In these cases, the CSWO will delegate the day to day management to a Social Worker. Renfrewshire Council has invested significantly in additional MHOs to support the increasing demands for AWI reports. The volume of work in this area continues to grow. In 2014/15, the CSWO had responsibility for 89 guardianships, up from 70 in 2013/14 and 47 in 2012/13. There has been a 91% increase in such orders in Renfrewshire since 2010.

In addition to increasing volumes, this area of work is subject to complex and lengthy legal processes which impact on workloads.

4.9 Residential and Nursing Homes

For a number of years, there has been a shift towards supporting more older people to live at home for as long as possible. Increasingly, people moving into residential and nursing homes do so with more complex health and social needs. This meant growing demand for some specialist provision, such as dementia care, but falling demand for residential care. Renfrewshire's 10 Year Plan for Older People dealt with many of the issues that this raised. Towards the end of 2015, this trend began to reverse, and demand for residential and nursing home placements began to rise. Coupled to this, several care homes in

Renfrewshire have closed in the last two years, reducing local bed numbers.

There remains a shortage of specialist placements for very complex needs, including dementia care, care for older adults with a learning disability, care for people with substance misuse related conditions such as Korsakoff's Syndrome and care for younger people with severe physical disabilities requiring intensive support.

4.10 Care at Home

Care at home services are provided by HSCP staff but are also provided through a framework by a number of other providers.

Since 2011/12, the introduction of a reablement approach to Care at Home services has increased the number of people receiving a service and the number of hours of care provided. At present, in a typical week the service delivers around 15,500 hours of care to almost 1,800 people aged 65 and over. More than 200 of these service users will need two or more workers to attend to their needs.

Recruitment and retention of staff remains a challenging issue for Care at Home and other care services. The care sector has traditionally had relatively low levels of pay and has struggled to attract and retain staff. Renfrewshire Council however actively supports payment of the living wage by its providers of care at home services to assist them in maintaining a stable workforce.

All community-based services report additional demand pressures arising from the success locally in reducing delayed discharges from hospital. Supporting prompt discharge often requires a package of community-based care and support to be available, and Care at Home are consequently required to deliver service to a greater number of people. To date, there has been no direct resource transfer from the acute sector to the community sector to mitigate these pressures.

4.11 Learning Disabilities

In 2013, there were 819 adults with learning disabilities known to social care services in Renfrewshire. We know that:

- Over half (55%) are male;
- 65% are aged between 20 and 49.

Many people with a learning disability, particularly with a mild disability, will never come into contact with social care services and so this figure does not reflect the true number of people with learning disabilities in Renfrewshire.

- The prevalence of mental health conditions is much higher amongst people with learning disabilities than amongst the rest of the population. Diagnosable psychiatric disorders are typically present in 36% of children and young people with a learning disability, compared with a whole population rate of 8%.

- People with learning disabilities are at greater risk of developing dementia than the rest of the population and it tends to develop at a much younger age.

- There are a number of physical conditions which have been shown to be more common in people with learning disabilities than in other groups in the population. These include epilepsy, sensory impairment, respiratory disorder and coronary heart disease.

The age profile of current service users means that the next few years will see higher than usual numbers of people transferring from Children's Services to Adult Services.

Suitable accommodation to support people with learning disabilities or autism to live independently is limited. Supported accommodation, either in individual tenancies or in cluster flats, has proven to be effective but demand outstrips supply and mainstream housing is not always appropriate for this group of service users. Services providing day opportunities are running at near capacity. Those services are valued highly by carers of those with a learning disability. Resources may also be required in the future to support older people with learning disabilities and provide a specialist service.

4.12 Mental Health

It is estimated that 1 in 4 adults in the UK will experience a mental health disorder in the course of an average year and that 1 in 6 will experience one at any given time. A person's mental health is not static - it may change over time in response to different life stages and challenges. Using the 1 in 4 people estimation means that over 35,500 adults in Renfrewshire experience a mental health problem in an average year. In the 2011 Census, 5.2% of Renfrewshire's population (9,084 people) reported suffering a mental health problem. This suggests that almost three-quarters of people who may be experiencing mental health challenges either do not consider this a long-term condition or are reluctant to publicly acknowledge it.

The Scottish Public Health Observatory's profile of Renfrewshire states that 18.2% of Renfrewshire's population (30,580 people) were prescribed drugs for anxiety, depression or psychosis in 2013, against a Scottish average of 17.0%. The rate of hospitalisation for psychiatric conditions is 254.4 per 100,000 residents, which is below the Scottish figure of

291.6 per 100,000. Within Renfrewshire, there is a great deal of variation, with psychiatric admissions per 100,000 people ranging from 33.9 in Houston South to 514.7 in Paisley East.

The rate of deaths from suicide, which is strongly linked to mental health problems, is also higher than that of Scotland – 16.1 per 100,000 people, compared with 14.7 nationally. In some parts of Renfrewshire, it is considerably higher – 36.6 in Gallowhill and Hillington, and 53.3 in Paisley North West.

There is also a strong link between mental health problems such as depression and over-consumption of alcohol. In 2011, there were 1,626 alcohol-related hospital discharges in Renfrewshire, which is a rate of 958.6 people per 10,000 of population. This is significantly higher than the national rate of 748.6 people.

4.13 Physical Disability and Sensory Impairment

Disability may be defined as a physical or mental impairment that has a substantial and long term negative effect on the ability to do normal daily activities. The prevalence of disability is a direct measure of the level of need for services. Renfrewshire's prevalence of disability is shown below:

	Renfrewshire	Greater Glasgow and Clyde	Scotland
Visual Impairment	9.2%	9.6%	9.0%
Auditory Impairment	26.1%	26.3%	25.4%
Physical Disability	21.2%	22.7%	20.6%

4.14 Alcohol and Drugs

Excessive alcohol consumption is a major risk factor for mental and physical ill health. 13.2% of Renfrewshire's adult population reported drinking in excess of recommended limits in a given week. In the year to June 2014, the rate of alcohol related hospital admissions in Renfrewshire was 10.8 per 100,000 population, slightly higher than the Greater Glasgow and Clyde rate of 10.4. The rate of drug related hospital discharges has increased by 28% from 2012/13 to 2014/15 in Renfrewshire (1.22 to 1.57 per 100,000 population).

4.15 Unpaid Care

Informal or unpaid care represents an important form of health care provision. It is usually provided in the community by family members or friends. Many children in Renfrewshire provide caring support to parents or other family members.

The 2011 Census reported that 10% of people in Renfrewshire regularly provide unpaid care, with 3% providing more than 50 hours of unpaid care each week. Research published by Carers UK suggested that unpaid carers save the UK government £119 billion every year by providing care that might otherwise be delivered by statutory services.

The Scottish Government has passed the Carers (Scotland) Act 2016 which gives local authorities new duties in relation to carer support. The legislation has a significant financial impact, as it requires additional resources for assessment and care planning, and waives the right of local authorities to charge for services which provide support to a carer.

4.16 Adult Protection

The volume of referrals to social work teams has steadily increased in each quarter of the last few years. The number of contacts in June 2015 was around 10% higher than 12 months previous. Staff continue to manage these increasing workloads.

The increasing workloads have included a significant rise in the number of adult protection concerns received. In July 2015, there were 149 Adult Welfare Concerns raised and 88 Adult Protection Concerns. Each of these requires initial investigation by frontline staff and many will progress further.

Adult services teams are generally completing between 250 and 300 assessments each month, but recent data indicates this is increasing, with 330+ per month becoming more usual.

4.17 Self-directed Support

Self- directed support (SDS), alongside many other policies, is intended to support, promote and protect the human rights and independent living of care and support users by enabling individual choice and control and respecting the person's right to participate in society. SDS applies to all people who are eligible for support, allowing people to choose how their support is provided, and giving them as much control as they want of their individual budget. SDS is the support a person purchases or arranges to meet agreed health and social care outcomes.

As SDS is embedded in practice across the partnership, we will continue to:

- develop procedures and systems
- ensure that all staff have access to training to develop the right skills and knowledge to support individuals with their choices and support plans.
- further develop our communications materials, including Easy-Read leaflets and

online content, to raise awareness in both the Council and its partners

- build an online resource directory of local community assets, supports and services.

4.18 Poverty

The fundamental cause of health inequality is the unequal distribution of power, money and resources. While many activities targeted at people's lifestyles are valuable, it is essential that we focus efforts on the underlying causes of health inequalities. Anti-poverty measures such as increasing income are likely to have significant and positive impacts on health outcomes. We will continue to develop clear pathways for health and social work staff to direct patients and clients into financial inclusion and employability services. One of the recommendations of Renfrewshire's Tackling Poverty Commission is to improve levels of physical and mental health of children in low income families. Funding has been made available to implement school counselling into all 11 Renfrewshire secondary schools and to extend a successful peer education model.

4.19 Housing and Homelessness

It is essential that housing services are co-ordinated with health and social care in order to achieve a joined up person centred approach to health and social care integration. The right kind of housing in sustainable attractive places, with appropriate housing related services (e.g. housing support, housing options advice, housing adaptations, Care and Repair services and opportunities for socialisation) are critical to ensuring that people are able to live independently for as long as possible in their own home and community.

The Housing Contribution Statement provides more detail on the housing related issues for various groups, the direct links between the HSCP and the Local Housing Strategy, challenges in the housing system going forward and how these will be addressed.

2,110 people approached the Council's Homelessness Services for assistance in 2014/15. The number of homeless applicants decreased to 825 in 2014/15 – an average of 68 homeless applicants per month in Renfrewshire. Despite this reduction, the challenges of assisting the increasing proportion of applicants with multiple and complex needs are becoming more frequent. Recent research has identified that hospital admissions for homeless people is higher than for the general population living in settled accommodation. Health problems in addition to homelessness have major impacts on people's wellbeing.

5. Renfrewshire – Our Planning and Delivery Context

5.1 This Strategic Plan begins our journey to developing more joint and integrated services and marks a key milestone in our progress towards achieving the Scottish Government's 2020 Vision.

That vision is clear on what we must work to achieve - namely that everyone is able to live longer, healthier lives at home or at a homely setting and we will have a health and social care system where:

- We have integrated health and social care.
- There is a focus on prevention, anticipation and supported self management.
- Day case care in hospitals will be the norm.
- Whatever the setting, care will be provided to the highest standard of quality and safety with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate with minimal risk of re-admission.

5.2 In pursuit of this vision we must ensure we deliver on the agreed 9 national health and social care outcomes. These are set out below:

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

Outcome 8:	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9:	Resources are used effectively and efficiently in the provision of health and social care services

5.3 In working to deliver the 2020 Vision and the 9 national outcomes, we need to recognise and plan based upon a number of demands and drivers.

Increasing Demand

- Many of our services are facing year on year increases in demand.
- Many of the growing demands are characterised by complexity, vulnerability and the aspiration to provide support to people in their own homes and communities for as long as possible.
- Further evidence of increasing demand is set out in section 5. Given this and the national 2020 Vision and health and social care outcomes we are working to deliver, it is important that investment in community based health and social care services is sustained in real terms and ideally increased. This presents a real challenge when set in the context of reducing budgets and increasing levels of demands for services.

Improving Quality

- There must continue to be a clear focus on the quality of services we provide and the evidence upon which we plan, design and deliver our services. We therefore need to focus our resources on what works in order to deliver high quality care and high quality outcomes.

Utilising Resources

- We need to prioritise how we use our resources. This may mean that we need to target our spend more effectively into what we know to work in order to support those with greatest need.
- We also need to make further progress to optimise how our health and social care staff work. We are in the very early stages of developing a health and social care organisational development and workforce strategy and also exploring how to further develop staff and our teams to work together to generate real benefits from effective joint working.
- We must continue to develop a system wide, joined up, multi-disciplinary team and service working approach to best address the needs of the local population. We need therefore to be working smartly with Community planning partners in Renfrewshire, with local GPs and other community based service providers and with

other HSCPs and Acute Hospital services across NHS GG&C.

Planning in Localities

- We must continue to develop our approach to how we plan based on localities within our HSCP. At this point most of our services are delivered within the two geographical areas (or localities) that are well known – Paisley and West Renfrewshire.
- In 2016/17 we will work to build a dialogue within 'clusters' or 'sub localities' across Renfrewshire and through this test how our services can work better together with local GPs and others.
- Through this we will also develop a clearer view of the geographical/locality planning required for Paisley and West Renfrewshire. Our focus is to develop our approach to locality planning and to make local joint working central to what we do over the next three years. It is vital that we nurture and develop this approach as it is through better local multi disciplinary team and service working that we believe real improvements in care for service users and patients will be secured.

Partnership Working

- How our services work with others is vital and we must further develop effective interfaces which are defined by true collaboration, mature relationships and a shared understanding, ownership and agreement of the challenges we face and shared agreement on the ways forward.
- We will continue to work closely with Community Planning partners, in particular with Renfrewshire Leisure who manage Renfrewshire's sports and cultural facilities and with Third Sector organisations like ROAR, the Carers' Centre, Housing Associations, RAMH and Active Communities who deliver services which support these directly provided by the HSCP.
- A key interface will be how we work with Acute Hospital Services – particularly with the RAH which provides the majority of Acute care for our Renfrewshire population.
- How we work with other Council services, particularly Children's Services is also key. There is a very positive track record of joint working and this will be built upon as we develop more effective preventative and evidence based approaches to support children and families. In particular, we will work closely with schools to support children and young people's mental health and wellbeing. We will continue to support the Corporate parenting agenda. The recent review of governance arrangements for public protection in Renfrewshire strengthens the role of the HSCP in public protection.
- General Practice is central to highly effective, joined up health and social care. As the new GP contract comes into operation from 1 April 2016, we must review how

our staff and teams work with GPs and the wider primary care based professionals, to optimise benefits to patients and service users. The Royal College of General Practice (RCGP) Strategy for safe, secure and strong general practice in Scotland provides a helpful framework for this.

- It is also important that Renfrewshire HSCP continues to be a dynamic partner with the 5 other HSCPs across the NHS Greater Glasgow and Clyde area. Working collaboratively with other HSCPs is central to effective whole system working – and this is essential if we are to optimise how we plan, learn and deliver best practice and the highest quality, most effective services.

Equalities Focus

- Our services must also take into account diverse groups of service users irrespective of race, age, gender, sexual orientation, disability, religion, marital status, gender reassignment and/or pregnancy/maternity.

- In April 2015 the Scottish Government added Integration Joint Boards (IJBs) to the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015. This places a duty on our IJB to consult on how the policies and decisions made affect the people who are protected under the Equality Act. This amendment requires our IJB to publish a set of equality outcomes and a report on progress it has made to mainstream the equality duty by the 30 April 2016.

- We will produce a set of equality outcomes and a mainstreaming report to meet the requirements of the legislation. We will consult with a variety of stakeholders to identify equality issues and develop our equality outcomes to complement the priority themes and care group action plans indicated in our Strategic Plan. In order to meet our equality outcomes we will produce a set of actions and indicators to ensure that our performance is transparent to all our service users and other stakeholders.

- We will also ensure new or revised policies, strategies and services are equality impact assessed to identify any unmet needs, and to provide a basis for action to improve services where appropriate.

- To measure our performance we will publish our equality outcomes and information in an accessible format for the public, to show that we have complied with the Equality legislation.

Equally Safe

- Equally Safe is Scotland's strategy to tackle all forms of violence against women and girls. Equally Safe defines gender-based violence as encompassing (but not limited to) domestic abuse, rape and sexual assault, child sexual abuse, commercial sexual exploitation (GBV), sexual harassment and so called 'honour based violence including forced marriage, female genital mutilation (FGM) and dowry related crime'.

- Equally Safe is based on a vision of a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it.

- The overarching aim of the strategy is to work collaboratively with key partners in public, private and third sectors to prevent and eradicate all forms of violence against women and girls. It highlights the need for primary prevention through action to reduce gender inequality and secondary prevention through early interventions to identify and protect victims of abuse and to prevent or disrupt the abuser continuing to perpetrate abuse. It therefore has relevance for health, social care, and criminal justice services.

- At a strategic level, actions which HSCPs and Acute Services take to prevent it and to protect and support those who experience it, fit well with wider strategies and objectives aimed at reducing gender and health inequalities and creating safer communities.

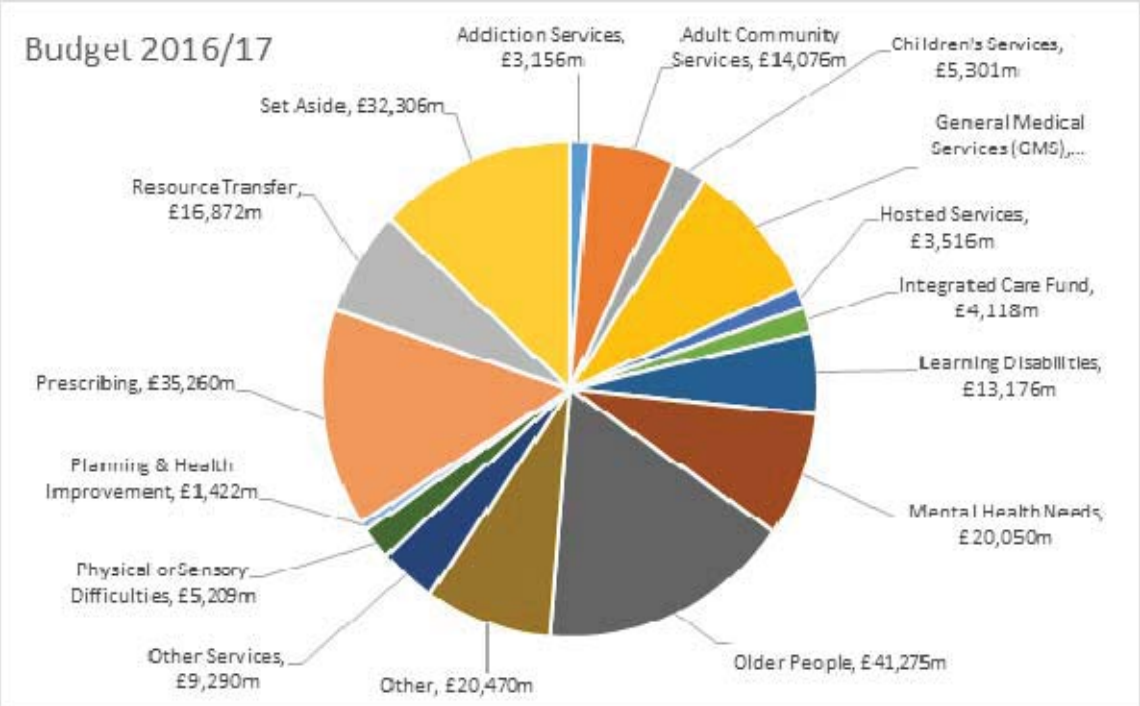
- At a practical level, health and social care staff are uniquely placed to identify and respond to disclosures of abuse and they may provide the one and only chance for an abused person to get the help and support they need.

6. Our Resources

6.1 Context

As set out earlier, this Strategic Plan provides the framework for the development of health and social care services over the next few years and lays the foundation for us to work with partners in developing a focused approach to delivering on our priorities. In order to do this we need an agreed, clear financial framework which will support the delivery of the Plan and its associated programmes within the agreed resources available.

The approved HSCP budget for 2016/17 from Renfrewshire Council and NHS Greater Glasgow and Clyde is £248.269m. The Set Aside budget for unscheduled hospital care is included within the total resources for 2016/17 is £32.3m. The chart below provides a breakdown on where funding is spent.



6.2 Financial Governance

The IJB oversees the budget and spending of the HSCP to ensure funds are spent in ways that deliver the local and national outcomes agreed through statue and within the Plan.

The Chief Finance Officer is required to submit regular financial updates to the IJB, so that the IJB can scrutinise how public money is being used. These reports are also published on the HSCP website, so that anyone who lives in Renfrewshire, or has a vested interest in health and social care in Renfrewshire, can see exactly how we spend the money

delegated to the Partnership.

Renfrewshire IJB is a legal entity in its own right, with delegated responsibility to plan, deliver and resource a range of services and functions on behalf of NHS Greater Glasgow and Clyde and Renfrewshire Council.

The money to fund these services and functions comes to the IJB from the Council and Health Board. Governance arrangements are in place to ensure that the money is sufficient to deliver the Council, Health Board and IJB's priorities. These arrangements also include assurance that the money is being spent in the way that has been agreed and committed to through this Plan.

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

6.3 Budget Pressures

Renfrewshire, in common with all other HSCP areas throughout Scotland, has faced significant financial challenges in recent years, with further pressures anticipated in future years. The overall picture is one of reducing resources and increasing demands in delivering the delegated functions above. The key issues for us are:

- Reducing levels of funding from Scottish Government to parent organisations over recent years and this trend is expected to continue to 2020.
- The real effects on services of the demographic changes outlined earlier- mainly as a result of an ageing population.
- Health inequalities with large differences in life expectancy between affluent and more deprived areas, and higher than average rates of hospitalisation for a number of chronic conditions, particularly those linked to unhealthy lifestyles such as smoking, excessive alcohol consumption and drug misuse.
- We continue to face increasing costs of medications and purchased care services.

- An ageing population with a corresponding increase in co-morbidities and individuals with complex needs.
- Increasing rates of dementia.
- Increases in hospital admissions, bed days and delayed discharges.

- Increased demand for equipment and adaptations to support independent living.
- Increases in National Insurance contributions for employers.
- The increasing minimum wage and move to a living wage, leading to increased employer costs and requests for uplifts from contractors.
- Superannuation increases and the impacts of automatic pension enrolment.

NHS Greater Glasgow and Clyde is reporting significant financial challenges, particularly driven by demands on Acute hospital services along with further cost pressures pension and other pay pressures. Renfrewshire Council is facing similar pressures of demand and staff costs. In December 2015, Audit Scotland published a national report highlighting financial risks being faced by the NHS in Scotland and the consequential need for the Scottish Government and the NHS to accelerate the delivery of change and modernisation as a key response to mitigating the impact brought about by cost pressures.

6.4 **Meeting the Financial Challenges Ahead**

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

Over recent years, the Council's Social Work services has managed a number of demographic and financial pressures through a range of demand and cost mitigation measures in order to minimise the level of additional investment by the Council. The strategy for the HSCP will adopt this approach, building on ongoing proactive work within the partnership with a focus on shifting the balance of care to community based settings.

Building on what has been set out earlier in this Plan our focus will be on:

- Linking with the 'Better Council' efficiency programme we will develop more efficient methods of service delivery focusing on outcomes and needs of patients and service users.
- Developing models of service and ways of working that support people to live longer in their own homes and communities, with less reliance on hospital and residential care.
- Continue our programme of reducing delayed discharges.
- Developing service models which are focussed on prevention and early intervention

promoting community based support over residential settings.

- Developing community capacity, recognising that some of the best solutions to our challenges come from those at a local level involved in providing care and support.

Service reviews prioritised for the next two years reflect the national policy direction to shift resources and the balance of care and promote independent living and person centred care. This will ensure that service users can live as independently as possible in their own homes and communities for as long as possible. Key areas proposed include reviewing:

- The approach to the way we deliver and commission care at home services to ensure that services provided are modern, flexible and efficient.
- Care home provision - in light of the changing needs of current residents and the local population with increased demand for specialist nursing and dementia placements.
- Occupational Therapy services and provision of equipment and adaptations.
- Self Directed Support.
- Embedding the requirements of the new Carers' legislation.

6.5 **Capital Funding**

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

7. Our Strategic Priorities

7.1 This section of the Strategic Plan describes the themes and high level priorities which will direct the HSCP over the next three years. Detailed action plans by care groups, informed by previous plans and consultations will be updated and finalised by March 2016 (see Section 8). In summary our strategic priorities are set out in the following.

7.2 **Improving Health and Wellbeing**

Prevention, Anticipatory Care and Early Intervention

- We will support people to take greater control of their own health and wellbeing so they maintain their independence and improve self care wherever possible.
- We will develop systems to identify people at risk of inappropriate hospital admission, and to provide them with the necessary support to remain in their own community safely for as long as possible.
- We will focus on improving Anticipatory Care planning.
- We will support the wellbeing of children and young people and provide parenting support to families.
- We will drive up the uptake of the 30-month assessment and use the information from this to maximise readiness for school and support parents.
- We are progressing toward full implementation of Getting It Right for Every Child (GIRFEC) by August 2016 to improve early identification of need.
- We will strive to maintain our high immunisation rates in Renfrewshire schools.
- We will review Occupational Therapy services and provision of equipment and adaptations to help promote independent living.
- We will promote the recovery agenda by continuing to monitor the use of the STAR Outcomes tool across drug and alcohol services.

Community Led Activity

- We will enable people to become better connected with each other and encourage co-operation, mutual support and caring within their communities.
- We will support the Renfrewshire Tackling Poverty Programme through a range of specific programmes.
- We will continue to support and signpost patients and service users into employment services to allow them to meaningfully contribute to their community.
- We will support them to prosper by improving their financial wellbeing and ensuring there is access to appropriate financial services and support.
- We will work with third sector partners to build community capacity and to increase

the local opportunities available to our population.

Addressing Inequalities

- We will target our interventions and resources to narrow inequalities and to build strong resilient communities.
- We will carry out Equalities Impact Assessments (EQIAs) on new policies and services to remove barriers which prevent people from leading healthy independent lives and to comply with equalities legislation.

Adult and Child Protection

- We will work to deliver on our statutory duty to protect and support adults at risk of harm. Harm can be physical, sexual, emotional or financial or it can be neglect. It can also take the form of forced marriage, radicalisation or gender based violence, or can be related to harmful behaviours. It can be intentional or unintentional.
- We will continue to build on our progress to date to ensure services work to protect children. We will continue to work closely with the Council's Children's Services Directorate and with others to develop our child protection services and keep Renfrewshire's children safe. This remains a high priority for us.

7.3 **The Right Service, at the Right Time, in the Right Place**

Pathways through and between Services

- We will build on the local work to test new pathways between primary, secondary and community based services (including pharmacy) through the Renfrewshire Development Programme. This programme, led by NHS Greater Glasgow and Clyde, worked with partners to test new approaches to reduce hospital admissions and promote early discharge.
- For those with dementia, post diagnostic support is available and, in learning disabilities, the transition into adult services is being improved.

Appropriate Accommodation Options to Support Independent Living

- Our 10 year plan for older people's services and the Renfrewshire Local Housing Strategy (LHS) highlight the need to respond to the rising demand for smaller properties and for homes which are fully accessible. The LHS also recognises the need to develop appropriate housing solutions to meet the requirements of specific groups. The HSCP offers the opportunity to work in partnership to influence Renfrewshire's Local Housing Strategy. We will continue to improve services and systems for those who are homeless or at risk of homelessness.

Managing Long-term Conditions

- We will take the opportunities offered by emerging technology and the Technology Enabled Care Programme (TEC) programme to support people to manage their own long term conditions.
- We will also focus on self management and partnership with specialist services.

7.4 **Working in Partnership to Treat the Person as well as the Condition**

Personalisation and Choice

- Self directed support offers people the opportunity to have greater choice and control in the care they receive. We will continue to use the Patient Experience process and other patient feedback systems to improve services and respond to issues raised by the people who use our services.
- We will continue to adapt and improve how our services work by learning from all forms of patient and service users' feedback.

Support for Carers

- Carers are key partners in contributing to many of the priorities above. We will progress the issues raised by local carers and those in national legislation and guidance: accessing advocacy, providing information and advice and involving them in service planning. In addition, we will specifically work with and support young carers.
- We will also help support the health and wellbeing of carers to allow them to continue to provide this crucial care.

8. Our Action Plans

Progress against these action plans will form the basis of our performance management arrangements and regular reports will be taken to the IJB.

1. Population Health and Wellbeing				
	Action	**Indicator**	**16/17 Target**	**National Outcome**
1.1	Support a defined number of people from the 40% most deprived areas to quit smoking for 12 weeks.	Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	171	5
1.2	Meet national targets for cancer screening for breast, bowel and cervical.	% uptake of breast screening % uptake of bowel screening % uptake of cervical screening (age 21-60 years)	70% 60% 80%	1
1.3	Work with a range partners to develop a range of physical activity options to reduce barriers to access and target less active people.	Identify and test programmes for people with mental health problems, working with pilot physiotherapy post. Plan a physical activity programme for older people as a legacy.	Complete by March 2017. Complete by March 2017.	5
1.4	Test a social prescribing model in three practices.	Number of community champions recruited. Number of holistic needs assessments carried out. Number of people seen at community hub.	10 60 100	1
1.5	Implement health and homelessness standards, and actions from previous homeless service users' consultation.	Self-evaluation of the Health and Homelessness Action Plan (HHAP) showing evaluation ratings.	12 very good; 7 good Achieved 14/15	5
1.6	Increase referrals to financial inclusion and employability services, recognising the role of AHPs and other practitioners.	Number of financial inclusion workshops delivered.	4	5

1. Population Health and Wellbeing			
Action	**Indicator**	**16/17 Target**	**National Outcome**
	Number of staff attending Number of employability workshops delivered. Number of attendees Number of Healthier Wealthier Children (HWC) referrals and financial gains. HWC financial gains Increase uptake of Healthy Start	48 4 48 400 £700,000 Establish local baselines	
1.7 Implement a sexual health policy (with partners) for looked after and accommodated children.	Policy agreed and finalised. LAAC staff to be invited to all sexual health training. Specific LAAC training package to be offered.	Policy disseminated by June 2016. A training calendar will be available to all LAAC workers/carers by June 2016. Train 20 LAAC workers around sexual health and wellbeing.	5
1.8 Reduce unintended pregnancies for those over 20 years of age.	Number of unintended pregnancies for those over 20 years of age:	30	4
1.9 Lead the health and wellbeing actions from the Tackling Poverty Report, in particular establishing a school counselling service and a peer mentoring service across all Renfrewshire secondary schools in partnership with Renfrewshire Council's Children's Services.	Procure and oversee implementation of school counselling service. Agree individual models of peer mentoring with all schools.	April 2016 May 2016	5

1. Population Health and Wellbeing			
Action	**Indicator**	**16/17 Target**	**National Outcome**
	Establish target activity levels for both initiatives.	June 2016	
1.10 Raise awareness of mental health issues among the general population.	Understanding Mental Health: - attendees Scottish Mental Health first aid training for young people: - sessions - attendees	 200 4 12	1
1.12 Work with Third Sector partners and specialist dietetic services to develop and monitor Eat Better Feel Better (EBFB) work.	Number of Renfrewshire EBFB Network meetings. Number of EBFB interventions delivered. Number of individuals/organisations trained to deliver cookery skills courses.	4 per year 50 8	1

2. Child and Maternal Health				
	Action	**Indicator**	**16/17 Target**	**National Outcome**
2.1	Increase uptake of the 30 month check and share information appropriately with early years establishments to maximise readiness for schools.	Percentage of children receiving 30 month check. Establish a meaningful baseline and target from referrals to parenting programmes and speech and language therapy.	85% March 2017	4
2.2	Work in partnership to support more women to breastfeed and to focus on women from more deprived areas.	% exclusive breastfeeding in 15% most deprived areas. Exclusive breastfeeding at 6-8 weeks.	20.9% (15/16) 21.4% (15/16)	5
2.3	Develop sustainable services for children who are overweight.	Number of child health weight interventions delivered.	New Mum, New You: 36 Mini Active 2-4 : 24 Children 5-16: 24	1
2.4	Continue to support a population based model of parenting programmes.	% of staff trained in Solihull: Number of attendees at Triple P seminars (Level 2). Number of interventions at levels 3 and 4.	90% 40 200	1
2.5	Deliver Autism Spectrum Disorder waiting times target	Referral to assessment time.	18 weeks	3
2.6	Deliver CAMHS referral to treatment waiting times HEAT target.	Referral to treatment time.	18 weeks	3
2.7	Reduce speech and language therapy waiting times in community paediatrics.	Percentage of paediatric Speech & Language Therapy wait times triaged within 8	100%	3

2. Child and Maternal Health			
Action	**Indicator**	**16/17 Target**	**National Outcome**
	weeks Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment	0	3
2.8 Implement recommendations from multi-disciplinary Inspection Report	Action Plan developed	May 2016	7
2.9 Reduce conceptions in young people under 20 years old.	Teenage pregnancies (15-19) at conception (crude rate/1000).	35 per 1,000	1
2.10 Support improvements in sexual health and relationships education in schools and community settings.	Use of sexual health DVD in schools Support schools for children with ASN (additional support needs) Training for school staff (local and NHS Board) Awareness sessions/training in school and other settings.	All 8 non denominational schools to evidence use. All ASN schools to receive copies of 'All About Us' DVD and offer of training. Direct training to 100 young people. 60 staff. 400 young people reached in school assemblies. 50 young people in community settings reached. Support 2 Freshers'	5

2. Child and Maternal Health			
Action	**Indicator**	**16/17 Target**	**National Outcome**
		Week events	
2.12 The commencement of health assessments for all children looked after at home and in kinship care.	% of health assessments carried out for all new referrals from April 2016.	80% of all new referrals will have received a health check by March 2017.	5
2.13 Work with partners in schools and Oral Health Directorate to improve child oral health in Renfrewshire.	Dental registration: 0-2 years: 3-5 years: Dental decay: Primary 1 Primary 7	 60% 86% 60% 60%	4
2.14 To ensure the establishment of a named person service for pre school children residing in Renfrewshire from August 2016. To ensure agreed process for receipt of information related to wellbeing concerns by named person.	All pre school children are allocated a named person. System is implemented for named person to receive information regarding well being concerns.	100% of preschool children are allocated a named person. August 2016.	7
2.15 Work in partnership with the Carers' Centre and schools to support young carers to have increased confidence, skills and knowledge for managing their caring role.	Training and support to secondary and primary schools. 40 young carers identified and supported.	11 secondary schools 12 primary schools 40 young carers	6

3. Primary Care & Long Term Conditions			
Action	**Indicator**	**16/17 Target**	**National Outcome**
3.1 Support GPs to implement and improve Anticipatory Care planning across Renfrewshire.	% of care home residents who have an anticipatory care plan	95%	3
3.2 Support Primary Care staff to deliver target number of Alcohol Brief Interventions.	Number of Brief Interventions cumulative by year	1,116	5
3.3 Address barriers to effective GP contributions to child and adult protection case conferences (public protection issues).	GP reports received on time for Case Protection conferences. GPs invited to case conferences	90% 100%	7
3.4 Work with GPs in clusters to pilot improved ways of working with community and social care staff.	Identification of practice clusters and key issues to be taken forward.	2 practices identified by April 2016. 6-monthly progress report	4
3.5 Develop the use of Practice Activity Reports and other data to support primary care.	Dissemination of PAR reports and production of Exception Report.	2 per year	4
3.6 Establish a single route into web based information about long term conditions.	Number of patients signed up to My Diabetes My Way Revised A-Z directory under development	Baseline to be established in Year 1. December 2016	2
3.7 Improve pathways between primary and secondary care for those with diabetes.	The implementation of a new referral system for Type 1 and 2 diabetics to the Royal Alexandra Hospital (RAH) diabetes clinic. Reduced HbA1c levels for Type 1 diabetics attending RAH Number of patients attending Conversation Maps.	June 2016 Baseline to be established in Year 1. Baseline to be established in Year 1.	4

3. Primary Care & Long Term Conditions			
Action	**Indicator**	**16/17 Target**	**National Outcome**
3.8 Support the respiratory early supported discharge initiative.	Number of patients supported.	32	2
3.9 Implement home health monitoring through the Tec Programme in partnership with East Renfrewshire HSCP for people with long term conditions i.e. COPD, heart failure and diabetes.	Number of people receiving home health monitoring.	350	2
3.10 Increase number of carers on the carers' registers in GP Practices.	Number of carers identified	10% increase	6

4. Older People			
Action	**Indicator**	**16/17 Target**	**National Outcome**
4.1 Increase the number of people benefiting from the Community Falls pathway. Reduce the number of falls using the Smartcare online tools in partnership with neighbouring Health and Social Care Partnerships and Health Boards.	Number of recorded Level 1 falls screenings completed in Renfrewshire. Number of recorded Level 2 multi-factorial falls assessments completed in Renfrewshire. Number of people evaluated as part of the Smartcare Project.	By March 2017 50 screenings completed per month completed (local target) By March 2017 50 assessments per month completed (local target) 60	2
4.2 Evidence the provision of 12 months post diagnostic support for people with dementia, and promote the Learnpro module in dementia awareness.	People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	100%	2
4.3 Support nursing homes through the LES and liaison nurses to prevent inappropriate hospital admissions.	Emergency admissions from care homes	480	2
4.4 Maintain target levels of lost bed days.	Number of acute bed days lost to delayed discharges (inc AWI)	8,104	2
4.5 Reduce number of bed days lost due to AWI	Number of acute bed days lost to delayed discharges for Adults with Incapacity.	1,064	2
4.6 Increase the uptake of flu vaccinations in the over 65 age group.	% uptake of vaccinations in 65+ age group	78%	2

5. Learning Disabilities			
Action	**Indicator**	**16/17 Target**	**National Outcome**
5.1 Deliver agreed number of health checks to clients with learning disabilities.	Number of health checks.	40	4
5.2 Improve oral health in this population.	Number of oral health checks.	30	4
5.3 Re launch Renfrewshire Autism Strategy.	Action plan developed and monitored.	September 2016	4
5.4 In recognition of the growing number of adults with autism, provide Autism Awareness Training to all health and social care staff within RLDS.	Percentage of staff trained	90%	8
5.5 Develop in conjunction with project Search and work placement within RLDS.	The provision of work placements.	1 placement per year to 2018/19	4
5.6 Establish a forum to enable adults with learning disabilities to participate in all aspects of strategic plans, future plans and in the provision of person centred services.	Service User Involvement and Participation Strategy developed and implemented.	March 2017	4
5.7 To ensure all staff have a sound understanding and knowledge of their role in Adult Support and Protection.	Percentage of staff trained in the programmes appropriate to their role.	90% by March 2017	7
5.8 Work with the housing and care providers and service users/carers to review the existing service model for adults with learning disabilities and identify options for redesign.	Sufficient supply of housing to meet the needs of the local population, including input to local Housing Strategy.	March 2019	2
5.9 To ensure future work plan is in place to enable the service achieve national performance targets as outlined 'HEAT' Targets	Interventions and Professional national HEAT Targets	90%	1

6. Physical Disabilities			
Action	**Indicator**	**16/17 Target**	**National Outcome**
6.1 Develop and implement joint commissioning plan for adults with a physical disability or sensory impairment.	Produce Joint Commissioning Plan	March 2017	4
6.2 Implement service improvements around rehabilitation services.	Revised Occupational Therapy pathways. Reduced waiting times for people with a physical disability referred to RES – maximum wait times determined by service criteria.	March 2017 Urgent – 3 working days Priority – 5 working days Routine – 9 weeks	4
6.3 Implementation of See Hear Sensory Impairment Strategy	Full implementation and recommendations from the Strategy taken forward.	March 2017	4
6.4 Implementation of Right to Speak Strategy, for the provision of communication equipment for people with physical disabilities and communication impairments.	Local implementation of Strategy recommendations. Clear protocols, pathways and criteria established for support and provision of communication equipment	March 2017 March 2017	4
6.5 Implementation of Allied Health Professionals National Delivery Plan	Renfrewshire AHP services are developed and sustained in line with the national objectives.	March 2017	4
6.6 Work with the housing and care providers and service users/carers to review the existing service model for adults with physical disabilities and identify options for redesign.	Sufficient supply of housing to meet the needs of the local population, including input to local Housing Strategy.	March 2019	2

7. Mental Health			
Action	**Indicator**	**16/17 Target**	**National Outcome**
7.1 Ongoing review of clinical pathways in community mental health to continue to provide access to psychological therapies within the agreed standard.	Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	90%	3
7.2 Deliver waiting time targets for primary mental health services, ensuring equality of access for all (age, sex, SIMD).	Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks Percentage of patients referred to first treatment appointment offered within 9 weeks	100% 100%	3
7.3 Deliver suicide awareness training to front line staff and implement suicide prevention policy for schools, with Children's Services.	Maintain level of 50% of staff trained.	+23	7
7.4 Continue to raise awareness of, and deliver on, Suicide Prevention training in respect of frontline HSCP staff working with adults.	% of staff trained in 'Choose Life' in accordance with their job roles.	90%	7
7.5 Demonstrate changed practice in mental health inpatient and community to reduce average lengths of stay and the requirement for out of area boarding of patients.	Achieve recommended target for bed occupancy rates for Renfrewshire patients in all acute wards. All patients with length of stay over 3 months will receive Multi Disciplinary Team complex care review.	95% occupancy 100%	3
7.6 Support people in mental health and addictions services to access employment opportunities.	Total referrals: Addiction referrals: Mental health referrals:	310 110 200	5

7. Mental Health			
Action	**Indicator**	**16/17 Target**	**National Outcome**
7.7 Demonstrate changed practice in inpatient and community services as a result of listening to patient feedback e.g. Charleston Centre upgrade.	Evidence change in practice from patient conversations.	3 sessions per year	3

8. Alcohol and Drugs			
Action	**Indicator**	**16/17 Target**	**National Outcome**
8.1 Influence the availability of alcohol through partnership working with the Licensing Forum, ADP and local communities.	Number of community representatives influencing licensing decisions. Develop Joint Alcohol Policy Statement and organise Launch Event.	100 June 2017	1
8.2 Reduce harm caused by misuse of drugs and alcohol	Alcohol related hospital admissions per 100,000 population Drug related hospital stays. Naloxone units issued. Drug related deaths. Alcohol related deaths. Establish baseline and reduce the number of repeat Adult Support and Protection referrals within drug and alcohol services.	8.24 1.35 30% coverage of problem drug users. 13.9 per 100,000 population 27.5 per 100,000 population 10% reduction	7
8.3 Deliver Alcohol Brief Interventions in primary care and in wider settings.	Number of Brief Interventions (primary care) (older people) (young people)	1,116 40 staff trained Establish baseline Establish baseline	7
8.4 Maintain standard of access to services to ensure it continues to meet national waiting times targets.	% seen within 3 weeks	91.5%	3

8. Alcohol and Drugs			
Action	**Indicator**	**16/17 Target**	**National Outcome**
8.5 Evidence user involvement in the development and monitoring of services.	Completion of client satisfaction surveys within all drug and alcohol services: Renfrewshire Drug Service Integrated Alcohol Team The Torley Unit (Addictions Day Services) Evidence of service change	 60 30 80 One example from each service implemented as part of You Said – We Did.	3
8.6 Promote the recovery agenda by continuing to monitor the use of the STAR Outcomes tool across drug and alcohol services.	Maintain % of individuals showing positive change across key dimensions: Drug use Alcohol use Emotional health Use of time	 40% 40% 40% 40%	4
8.7 Implement Quality Principles in core drug and alcohol services.	Number of services that have implemented/evidenced Quality Principles	6	4
8.8 In the transition to this new organisation, maintain networks and links to partners in Children's Services, Criminal Justice, mental health and child and adult protection.	Regular meetings with Heads of Service	Review by March 2017	4

NB. More detailed actions are described in the Alcohol and Drugs Partnership (ADP) Delivery Plan.

9. Carers			
Action	**Indicator**	**16/17 Target**	**National Outcome**
9.1 Prepare for the implementation of the new Carers' Act.	Carers' Strategy 2017 – 2019 developed	June 2017	6
9.2 Involve carers, local carer organisations, and other Third Sector organisations, as appropriate in the planning and shaping of services and support.	Evidence of involvement	March 2017	6
9.3 Support carers to continue in their caring role	% from annual survey	87%	6
9.4 Support carers to access training opportunities relevant to their caring role.	Number of carers accessing training	200	6
9.5 Increase the uptake of Carers' Assessments.	Number of carers' assessments completed for adults (18+)	150	6
9.6 Support young adult carers in the transition from young carer to young adult carer.	Pathway established	March 2017	6

10. Cross-cutting All Care Groups			
Action	**Indicator**	**16/17 Target**	**National Outcome**
10.1 Maintain or improve the number of registered services assessed as 'Good' or above by the Care Inspectorate	% of registered services assessed as Good, Very Good or Excellent	All registered services	4
10.2 Changes in practice and guidance in relation to adult support and protection procedures are disseminated to appropriate staff.	Guidance produced and operational. Staff are briefed and clear on their role within Adult Support and Protection. % of case files audited by the multi-agency Case File Audit, that evidence effective partnership working	March 2017 100% 90%	7
10.3 Continue to deliver services which support a shift in the balance of care towards community-based services.	% of service users with high needs (>£10k per annum) support at home. Move the balance of spend from residential/nursing to Care at Home	Baseline and target to be established Baseline and target to be established	2
10.4 Improve transition planning for service users moving between services or care groups.	Integrated pathways for transition developed for all areas of service.	March 2017	3
10.5 Develop joint strategic commissioning plans for main care groups.	Plans produced.	December 2017	9

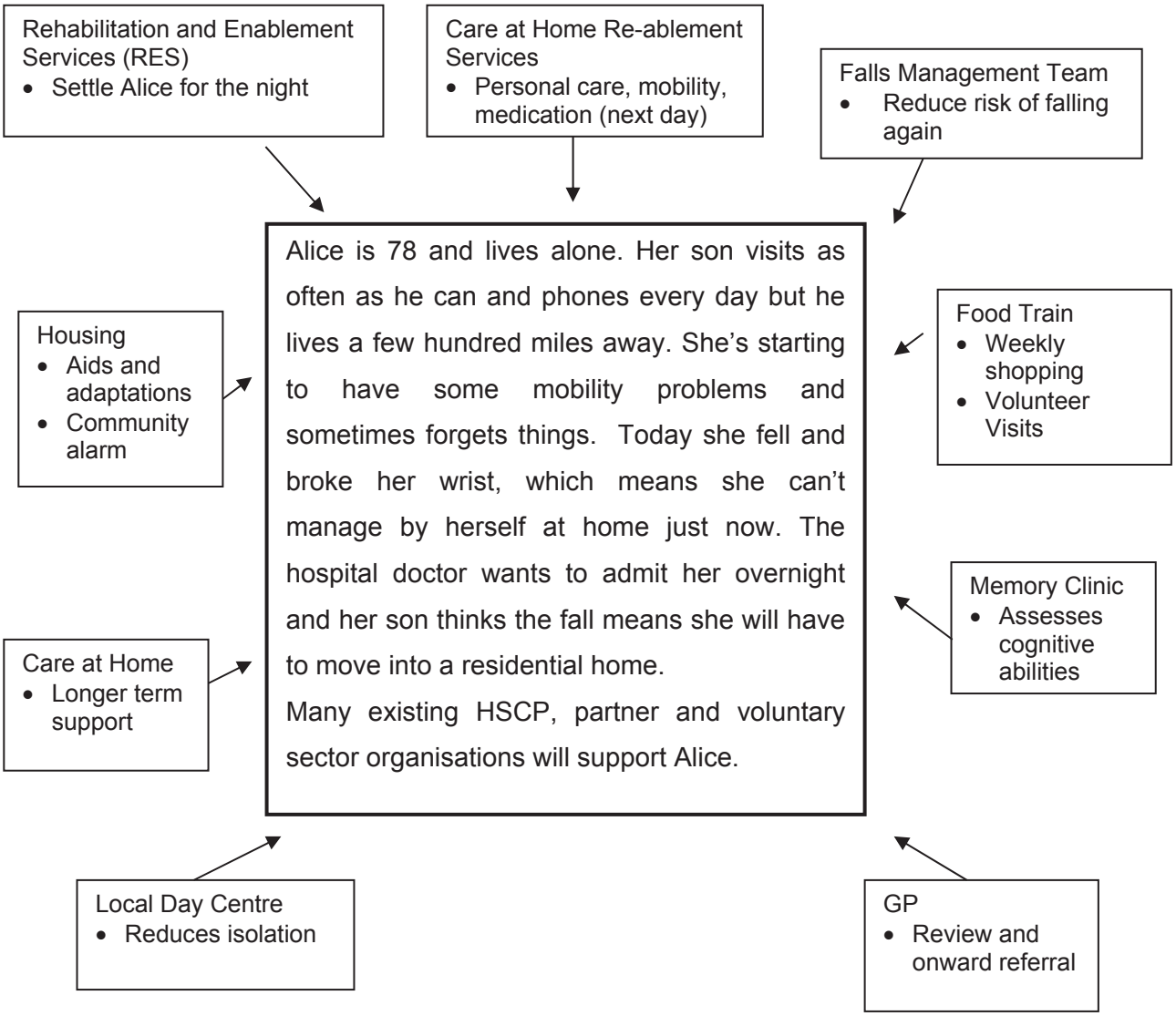
10.6 Embed self-directed support model in locality teams.	Locality managers assume day to day management responsibility for budget monitoring and care planning for service users eligible for SDS.	June 2016	8
10.7 Implement a scheduling system within Care at Home services.	System operational.	March 2017	9
10.8 Develop baseline data on workforce capacity with regard to Gender Based Violence (GBV).	Baseline established	December 2016	5
10.9 Work in partnership with statutory and third sector agencies to improve identification and co-ordinated response to GBV.	Sensitive Routine Enquiry of GBV embedded into practice. % of clients in Health Visiting and Mental Health Services who are asked routinely about GBV (when is it safe to do so). Number of Multi-Agency Risk Assessment Conferences (MARACs) held in Renfrewshire.	March 2017 100% 12	5
10.10 Roll out the Scottish Patient Safety Programme Pharmacy in Primary Care, piloted in the Paisley community pharmacies, to all community pharmacies in Renfrewshire HSCP.	% of community pharmacies providing data collection activities for SPSP PPC	80%	7
10.11 Promote the update of Power of Attorney.	Number of responses to Power of Attorney question within SSA. Continue to promote the uptake and use of Power of Attorney across all services within RHSCP to assist with anticipatory care planning and ongoing care management.	100 responses per month by March 2017. 15% increase in registration.	3

11. Effective Organisation			
Action	**Indicator**	**16/17 Target**	**National Outcome**
11.1 Develop a Workforce Plan linked to the strategic priorities of the HSCP and the parent organisations.	Implementation of Workforce Plan.	March 2017	8
11.2 Implement new team structures to support increased workloads in relation to adult support and protection.	Teams established and operational.	December 2016	7
11.3 Evidence that networks and links between the HSCP and partners are maintained.	Effective governance structure	June 2016	8
11.4 Support community pharmacists to implement and use clinical portal across Renfrewshire for medicines reconciliation and pharmaceutical care purposes.	% of community pharmacies using clinical portal	80%	9

12. Hosted Services			
Primary Care Support			
Action	**Indicator**	**16/17 Target**	**National Outcome**
12.1 Support practices into new contracting arrangements for April 2016 onwards, testing new ways of working from Inverclyde and learning from 17c practices.	Ongoing with indicator under development.	Under development.	8
12.2 Develop the role of practice nurses to support emerging priorities of shifting the balance of care and supporting people to live longer in their own home.	Ongoing with indicator under development.	Under development.	8
12.3 Improve resilience planning, identifying and working with practices which need support.	Ongoing with indicator under development.	Under development.	8
Podiatry			
12.4 Improved access to podiatry services for new patients.	% of new referrals appointed within 4 weeks.	90%	3
12.5 Priority diabetic patients with active foot disease seen urgently.	% of diabetic active foot disease seen by member of Multi Disciplinary Team within 48 hours.	95%	4

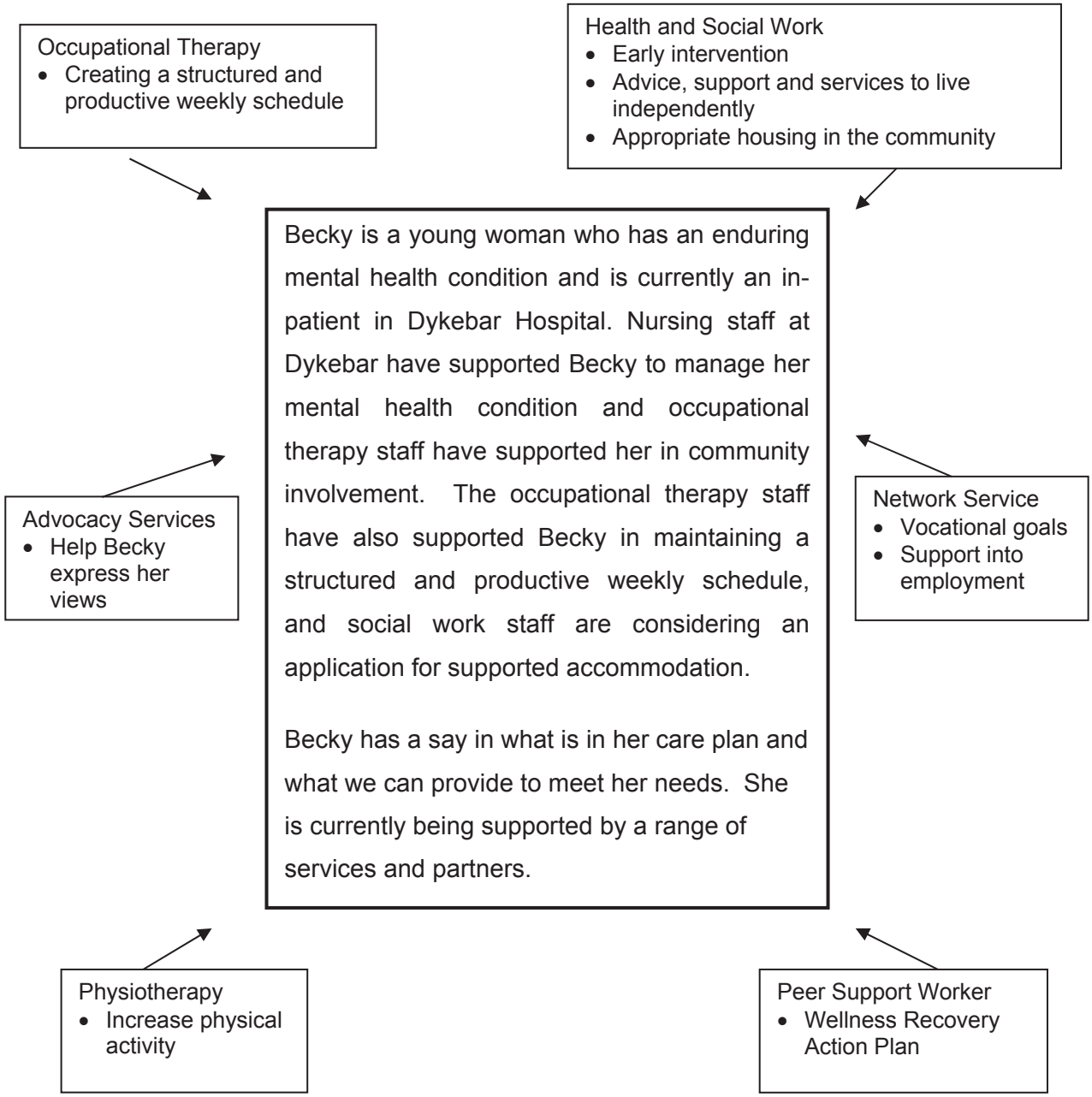
1. Case Studies

What this plan means for Alice and the support available to her



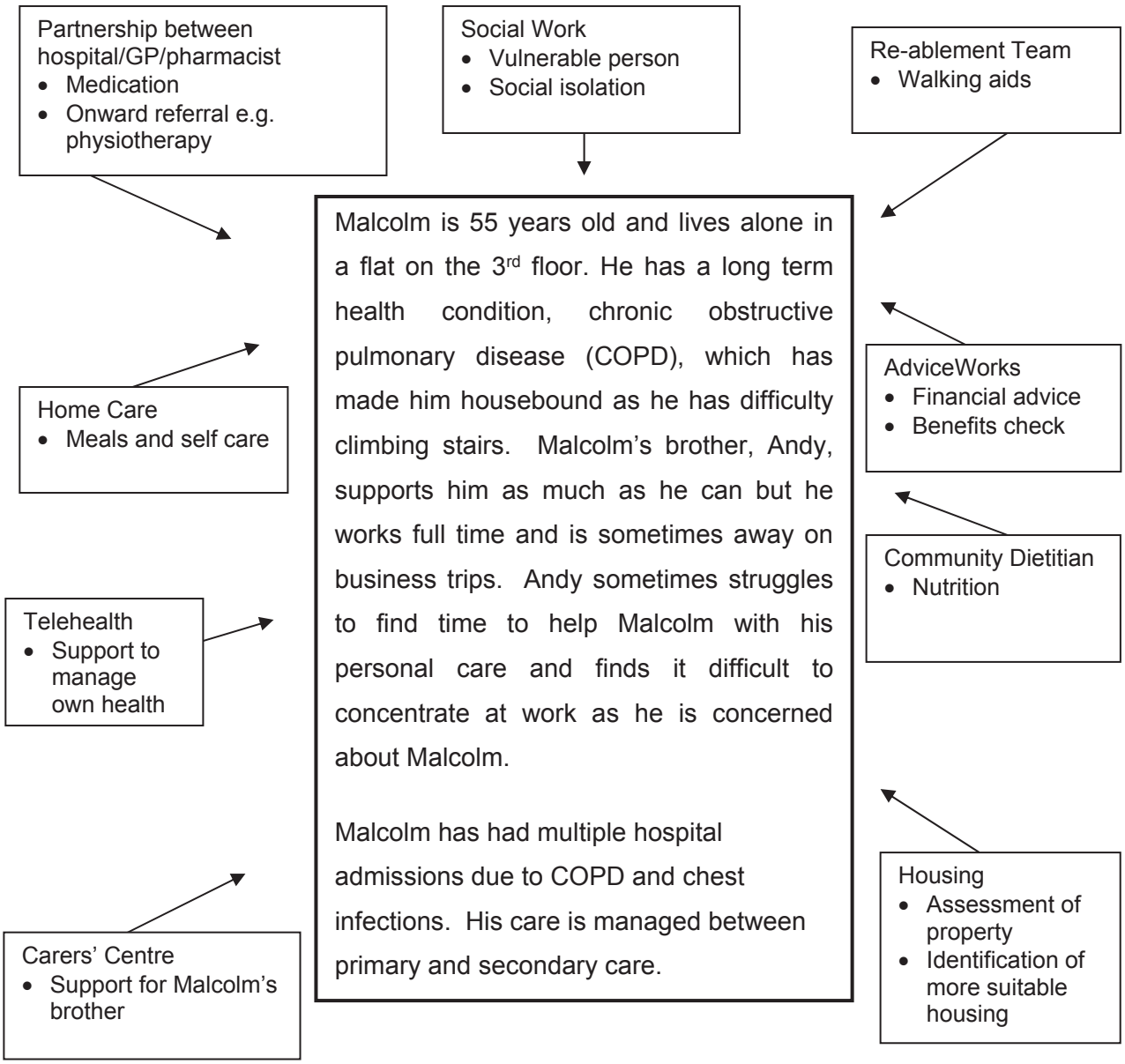
How the Partnership will improve services for Alice in the next 3 years	Action Plan Reference
Work with partners to develop a range of physical activity options to reduce barriers to access and target less active people.	1.3
Increase the number of people benefiting from the Community Falls pathway.	4.1
Reduce the number of falls using the Smartcare online tools in with neighbouring Health and Social Care Partnerships and Health Boards.	4.2
Maintain target levels of lost bed days.	4.4
Implement home health monitoring through the Tec Programme in partnership with East Renfrewshire HSCP.	3.9
Continue to deliver services which support a shift in the balance of care towards community-based services.	10.3
Implement a scheduling system within Care at Home services.	10.7

What this plan means for Becky and the support available to her



How the Partnership will improve services for Becky in the next 3 years	Action Plan Reference
Work with partners to develop a range of physical activity options to reduce barriers to access and target less active people.	1.3
Raise awareness of mental health issues among the general population.	1.10
Support people in mental health and addictions services to access employment opportunities.	7.5
Demonstrate changed practice in inpatient and community services as a result of listening to patient feedback e.g. Charleston Centre upgrade.	7.6
Embed self-directed support model in locality teams.	10.6

What this plan means for Malcolm and the support available to him



How the Partnership will improve services for Malcolm in the next 3 years	Action Plan Reference
Work with GPs in clusters to pilot improved ways of working with community and social care staff.	3.4
Establish a single route into web based information about long term conditions.	3.6
Support the respiratory early supported discharge initiative.	3.8
Implement home health monitoring through the Tec Programme in partnership with East Renfrewshire HSCP.	3.9
Increase the number of carers identified by GPs and referred to the Carers' Centre.	3.10
Support carers to continue in their caring role.	9.3
Increase the uptake of Carers' Assessments.	9.5
Embed self-directed support model in locality teams.	9.6

What this plan means for Jack and the support available to him

Health Visitor
- Parenting support
- Onward referral (speech and language therapy)
- Link with GP

Carers' Centre
- Support to continue caring

Jack is two and a half years old and lives with both of his parents. Jack enjoys going out shopping with his grandmother and playing in the park. Jack's Health Visitor has had concerns about developmental delays since he was a few months old and has been working closely with the PANDA Unit.

Jack's general health appears to be good and he attends all required health appointments. However concerns that his social and emotional health needs are not being met due to his isolation and limited contact with children his own age will be monitored and appropriate services will be involved to best meet Jack's needs.

Much of Jack's support and the support for his family is co-ordinated through the PANDA Unit.

PANDA Unit
- Onward referrals (housing, benefits, nursery)

Social Work
- Parenting support

How the Partnership will improve services for Jack in the next 3 years	Action Plan Reference
Increase uptake of the 30 month check and share information appropriately to maximise readiness for schools.	3.4
Continue to support a population based model of parenting programmes.	3.6
Reduce speech and language therapy waiting times in community paediatrics.	3.8
To ensure the establishment of a named person service for pre school children residing in Renfrewshire from August 2016.	3.9
To ensure agreed process for receipt of information related to wellbeing concerns by named person.	3.10
Increase the uptake of Carers' Assessments.	9.3
Support young adult carers in the transition from young carer to young adult carer.	9.5
Improve transition planning for service users moving between services or care groups.	10.6

2. Developing Integrated Arrangements in Renfrewshire

The Public Bodies (Joint Working) (Scotland) Act 2014 set out the arrangements and terms for the integration of health and social care. The Health and Social Care Partnership in Renfrewshire is responsible for delivering adult social care and health services and children's health services. The partnership is led by the Chief Officer, David Leese. The Integration Authority is the Integration Joint Board (IJB) and is chaired in Renfrewshire by Councillor Iain McMillan.

Integration Joint Board (IJB)

The 2014 Act sets out how the IJB must operate, including the makeup of its membership.

The IJB has two different categories of members; voting and non-voting. In Renfrewshire, the IJB has agreed that there will also be additional non-voting members to those required by law.

Current IJB members (March 2016) are noted below.

Voting Membership	
Four voting members appointed by the Council	Cllr Iain McMillan Cllr Derek Bibby Cllr Jacqueline Henry Cllr Michael Holmes
Four voting members appointed by the Health Board	Donny Lyons John Brown Donald Syme Morag Brown
Non-voting Membership	
Chief Officer	David Leese
Chief Finance Officer	Sarah Lavers
Chief Social Work Officer	Peter Macleod
Registered Nurse	Karen Jarvis
Registered Medical Practitioner (GP)	Stephen McLaughlin
Registered Medical Practitioner (non GP)	Alex Thom
Council staff member involved in service provision	Liz Snodgrass
Health Board staff member involved in service provision	David Wylie
Third sector representative	Alan McNiven
Service user residing in Renfrewshire	Stephen Cruikshank
Unpaid carer residing in Renfrewshire	Helen McAleer
Additional Non-voting Membership	
Trade union representative - Council staff	John Boylan
Trade union representative - Health Board staff	Graham Capstick

Integrating health and social care services supports the national 2020 vision:

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

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

The 2014 Act sets out nine high level outcomes that every Health and Social Care Partnership, working with local people and communities, should deliver:

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

Renfrewshire Health and Social Care Partnership's performance will at least be measured against these nine outcomes. Our performance framework will describe the indicators to be used to assess our performance against each outcome.

The diagram below lists the legal and policy drivers which direct and influence the Health and Social Care Partnership.

Legal and Policy Drivers

There are key pieces of legislation governing health and social care. These include the ***Social Work (Scotland) Act 1968***, the ***National Health Service (Scotland) Act 1978*** and the ***Children (Scotland) Act 1995.*** These, along with other pieces of legislation and policy, set out the duties of councils and health boards in relation to people's health and wellbeing.

Legislation to assist individuals who have lost capacity to allow them to plan ahead and to support them to receive treatment and protection is a key driver of our work. This legislation includes:

- **Adults with Incapacity (Scotland) Act 2000**
- **Mental Health (Care and Treatment) (Scotland) Act 2003**
- **The Adult Support and Protection (Scotland) Act 2007**

Implementation of the ***Social Care (Self-directed Support) Act 2013*** will affect the delivery of services for people with assessed social care needs as it embeds over time. Where there is an assessed need, individuals can now have an allocated personal budget, which they can choose to take as a direct payment (cash) or to buy services and supports. The option to use local authority services is still available. It is expected that change will be gradual but it is clear that the preference of individual service users will impact on the demands for service providers.

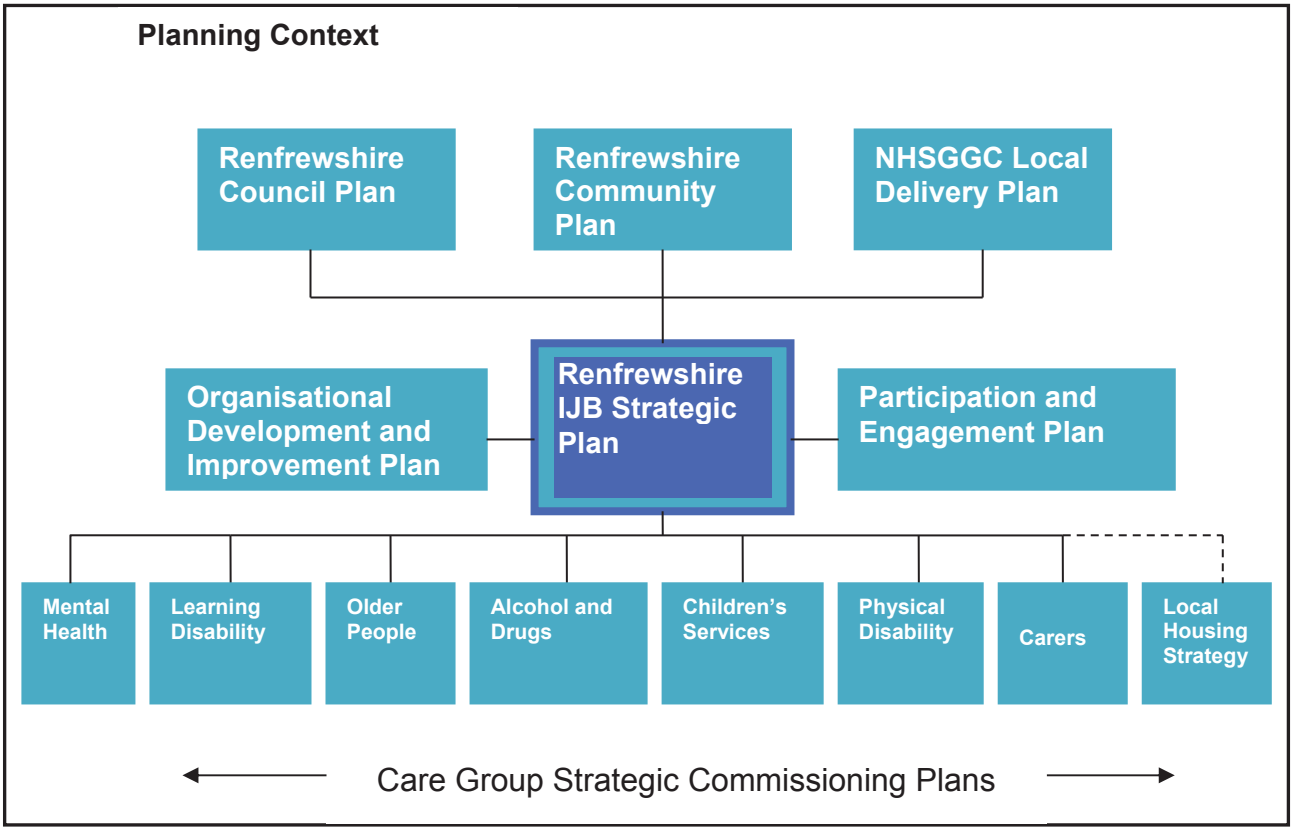
The Carers' (Scotland) Bill was introduced to Parliament in March 2015. It covered a range of areas relating to supporting carers, such as Adult Carer Support Plans, Young Carers' Statements and Carer Involvement. The Bill proposed a number of new duties and requirements, including a duty to support carers, the requirement to prepare a local Carers' Strategy and to involve carers in this. It was passed by the Scottish Government in February 2016.

The Community Empowerment (Scotland) Act 2015 received royal assent in July 2015. It aims to empower communities through ownership of land and buildings and by strengthening the community's voice in local decisions. It also supports a quickening of Public Sector Reform by focusing on achieving outcomes and improving the community planning process. This Plan is strongly linked to the Renfrewshire Community Plan so we will be mindful of any changes in this area going forward.

This Strategic Plan and the associated care group plans which are being developed use a strategic commissioning approach. Strategic commissioning has four main stages – analyse, plan, do and review. This is a cycle and which means that the work we do and the lessons we learn at each stage feed into the next. It also means that we review the Strategic Plan and associated care group plans regularly to make sure that progress is being made and identify whether there have been any changes that might mean changes are required in the next cycle.

Strategic Commissioning

Our Strategic Plan is part of the wider planning frameworks of Renfrewshire Council, the NHS Board and local Community Planning partners. The table overleaf shows other plans which link to the Strategic Plan.



The 2014 Act requires that the NHS Board and the Council include a number of functions and services in the Partnership. As a minimum, health and social work services for people aged over 18 must be included. In Renfrewshire, children's health services are also included in the Partnership, recognising the important links with Specialist Board-wide Children's Services and the family based approach which General Practice uses. Children's Social Work Services are managed within the newly formed Children's Services Directorate in Renfrewshire Council. Interface arrangements between the HSCP and this Directorate have been established to ensure that the two organisations work together to improve outcomes for children. Below is a list of functions which will be delegated to the Partnership (some are already integrated):

Renfrewshire Council services that are to be included	Greater Glasgow & Clyde Health Board services that are to be included
• Social work services for adults and older people • Mental health services • Services for adults with physical disabilities and learning disabilities • Care at home services and care homes • Drug and alcohol services • Adult protection • Domestic abuse	• District nursing services • Substance misuse services • Services provided by allied health professionals in an outpatient department, clinic or out with a hospital • The public dental service • Primary medical services (including GPs and other general practice services) • General dental services • Ophthalmic services

- Carers' support services
- Community care assessment teams
- Support services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services and respite provision
- Local area co-ordination
- Occupational therapy services
- Re-ablement services, equipment and telecare
- Sensory impairment services
- Gardening assistance
- Pharmaceutical services
- Out of hours primary medical services
- Community older people's services
- Community palliative care services
- Community learning disability services
- Community mental health services
- Community continence services
- Services provided by health professionals that aim to promote public health
- School Nursing and Health Visitor Services
- Child and Adolescent Community Mental Health Services
- Specialist Children's Services
- Mental Health inpatient services
- Planning and health improvement services

The 2014 Act identifies a set of hospital-based services that the IJB can shape and influence. The Partnership will not manage these services directly but will be able to shape how unplanned care is designed to support independent living and must seek to do this by working with other Partnerships across NHS Greater Glasgow and Clyde. Arrangements for how this budget will be set and how Partnerships will work together are still being formed.

Hospital-based services that are included

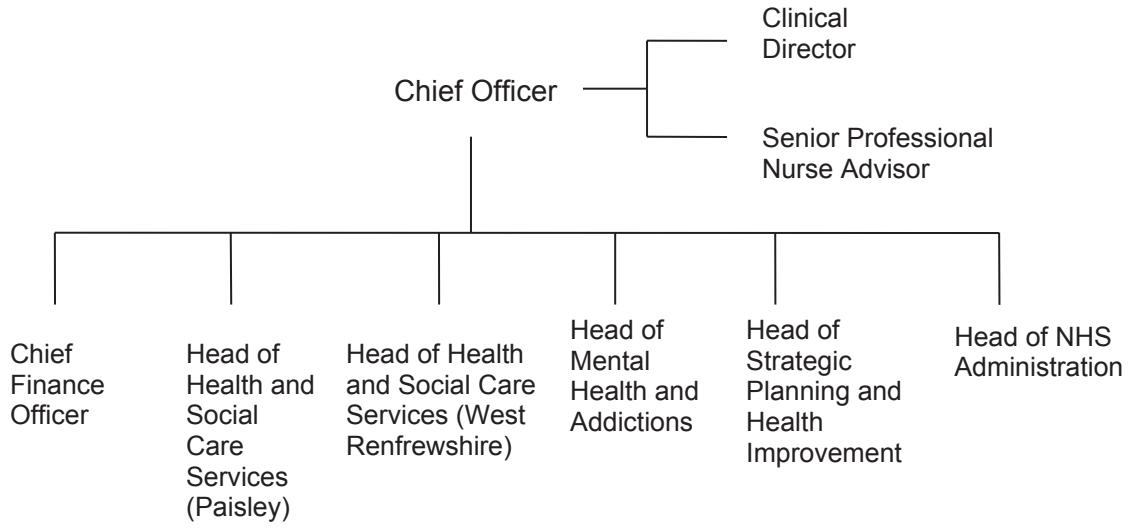
- Accident and Emergency services provided in a hospital
- Inpatient hospital services relating to the following-
  (a) general medicine
  (b) geriatric medicine
  (c) rehabilitation medicine
  (d) respiratory medicine
  (e) psychiatry of learning disability.
- Palliative care services provided in a hospital
- Services provided in a hospital in relation to an addiction or dependence on any substance

There are six Partnerships within the NHS Greater Glasgow and Clyde Board area. In some cases, a single Partnership will manage or 'host' a certain service on behalf of the whole area, with the other Partnerships having access to these to meet local outcomes. These arrangements have been in place for some time and continue to be appropriate in the new integrated environment. Where services are hosted by other Partnerships, the HSCP will be active in interface arrangements and will regularly review services.

The Renfrewshire Partnership will continue to host:
• Podiatry Services • Primary Care Contractual support (medical and optical) • Strategic Planning for out of hours GP services

Other GG&C Partnerships will host:	
Glasgow	• Continence services outwith hospital • Enhanced healthcare to Nursing Homes • Sexual Health Services (Sandyford) • Specialist drug and alcohol services & system-wide planning and co-ordination • Specialist mental health services & mental health system- wide planning and co-ordination • Custody and prison healthcare
West Dunbartonshire	• Musculoskeletal Physiotherapy • Specialist children's services
East Dunbartonshire	• Oral Health- public dental services and primary dental care contractual support
East Renfrewshire	• Specialist learning disability services & learning disability system-wide planning and co-ordination

The Chief Officer and Senior Leadership Group will lead the organisation. The management structure is shown in the diagram below:



The IJB is required to establish a local Strategic Planning Group (SPG), which is intended to be the main group representing local stakeholder interests in relation to the Strategic Plan. The role of the SPG is to act as the voice of local stakeholders and oversee the development, implementation and review of the Partnership's strategic plans. The SPG is responsible for reviewing and informing draft work produced by the Partnership in relation to strategic plans and for ensuring that the interests of their stakeholder groups are considered.

The SPG will play a key role in ensuring that the work produced by the Partnership is firmly based on robust evidence and good public involvement and will strengthen the voice of stakeholders in local communities. The current membership of the SPG is shown in the diagram overleaf.

Membership of Strategic Planning Group

Membership	Nominees
Chief Officer	David Leese
Nomination(s) by Renfrewshire Council	Anne McMillan, Corporate Planning Ian Beattie, Head of Adult Services Lesley Muirhead, Development and Housing
Nomination(s) by NHS Greater Glasgow and Clyde	Fiona MacKay, Head of Strategic Planning & Health Improvement Mandy Ferguson, Operational Head of Service Katrina Phillips, Operational Head of Service Jacqui McGeough, Head of Acute Planning (Clyde)
Health Professionals (doctors, dentists, optometrists, pharmacists, nurses, AHPs)	Chris Johnstone, Associate CD John Carmont, District Nurse Rob Gray/Sinead McAree, Mental Health Consultant Susan Love, Pharmacist Caroline Horn, Physiotherapist Lynda Mutter, Health Visitor
Social Care Professionals (social worker or provider)	Jenni Hemphill, Mental Health Officer Anne Riddell, Older People's Services Aileen Wilson, Occupational Therapist Jan Barclay, Care at Home
Third Sector bodies carrying out activities related to Health and Social Care	Stephen McLellan, Recovery Across Mental Health
Carer or user of social care Carer or user of health care	Diane Goodman, Carers' Centre Maureen Caldwell John McAleer, Learning Disabilities Carers' Forum
User of social care	Debbie Jones, Public Member
User of health care	Betty Adam, Public Member
Non commercial provider of healthcare	Karen Palmer, Accord Hospice
Commercial provider of social care	Linsey Gallacher, Richmond Fellowship (a not for profit organisation)
Commercial provider of healthcare	Robert Telfer, Scottish Care
Non-commercial provider of social care	Susan McDonald, Active Communities
Non-commercial provider of social housing	Elaine Darling, Margaret Blackwood Association
Chief Finance Officer	Sarah Lavers
Renfrewshire HSCP Comms	Catherine O'Halloran
Health TU Rep	Claire Craig
SW TU Rep	Eileen McCafferty

In the first year of operation, the Strategic Planning Group has been drawn from recognised representative bodies and existing networks. In future years, a more inclusive process to establish membership will be considered – particularly to gain representation from service users and carers.

3. Renfrewshire Housing Contribution Statement (Summary)

1.1 Introduction

Housing has a critical role in terms of improving health and social care national health and wellbeing outcomes for people in Renfrewshire. This being the case, Renfrewshire Council's Development and Housing Service as well as local Registered Social Landlords (RSLs) will work closely with Renfrewshire Health and Social Care Partnership (HSCP) to ensure continuity in services as well as improving outcomes. A local authority housing representative and an RSL representative ensures linkage between the different partners and organisations via the HSCP's Strategic Planning Group (SPG). The Housing Contribution Statement is an important part of the HSCP's Strategic Plan.

1.2 Housing need and demand

The Draft Local Housing Strategy (LHS) 2016-2021 identifies housing needs and demands at a local authority level and sets out the various investment programmes which will deliver positive outcomes. The LHS references a number of client groups where a housing contribution would assist in improving health and well being. New homes are not always required; in many instances peoples' needs can be met through existing stock with the provision of physical modifications or provision of appropriate support.

This strategy has informed the development the HSCP Strategic Plan, which provides direction for the actions needed to improve health and social care services and details how the Integrated Joint Board (IJB) sets out to create an integrated approach to delivering health and social care services.

The HSCP has carried out initial scoping work to develop strategic commissioning plans for services associated with learning disabilities, mental health and physical disability/ sensory impairment/ long term conditions. The HSCP, other RSL partners and Development and Housing Services will work closely together following completion of these commissioning plans to determine the best way of addressing housing related need for these client groups and we will use existing housing stock and housing support services where possible to meet needs. Renfrewshire Council Development and Housing Services will take account of any subsequent actions arising from the completion of the commissioning plans in future annual LHS updates. A shared evidence base will be established through our joint working arrangements.

1.3 Client Group Links with Health and Social Care Needs

Listed below are the key client groups with varying complex needs that require or will potentially require at some stage a housing related contribution to improve health and well being:

- People who are homeless or who are at risk of homelessness;

- People with Mental Health conditions;
- People with Learning Disabilities;
- People with Physical Disability, Sensory Impairment and long term conditions;
- People with addictions;
- Older people; and
- Young people (care leavers transitioning from Children's Services to Adult Services).

1.4 Shared outcomes and service priorities

The LHS 2016-2021has 7 key outcomes that the Council and partners seek to achieve in relation to housing and housing related services over the 5 year period of the strategy:

- ***Outcome 1*** *The supply of homes is increased;*
- ***Outcome 2*** *Renfrewshire will have sustainable, attractive and well designed mixed with well functioning town centres;*
- ***Outcome 3*** *People live in high quality, well managed homes ;*
- ***Outcome 4*** *Homes are energy efficient and fuel poverty is minimised;*
- ***Outcome 5*** *Homelessness is prevented whenever possible and advice and support is provided to vulnerable households;*
- ***Outcome 6*** *People are supported to live independently for as long as possible in their own homes and communities; and*
- ***Outcome 7*** *People can access affordable housing that meets their needs at the right time.*

There are a number of key links between these outcomes and the Strategic Plan themes and high level priorities. These are explicitly listed in the full Housing Contribution statement. The consultation processes for the Local Housing Strategy and Strategic Plan provided the opportunity for all relevant partners to realise the areas of shared responsibility in identifying future housing priorities and the necessity of strategic commissioning plans for care groups to develop the right types of services. It also highlighted the necessity for closer and strengthened partnership working.

1.6 Housing related challenges

There are a number of key challenges in terms of delivering positive outcomes and meeting our shared priorities. These include:

- Meeting the increasing demand and need for adaptations given tightening financial constraints;
- The necessity for a holistic approach to the provision of appropriate services and accommodation for the increasing proportion of homeless clients with complex needs such as mental health and addictions issues;
- Preventing homelessness, particularly those 'discharged from prison/hospital care or other institution';
- Improved shared evidence base to identify housing and housing related support requirement for specific groups, and utilise this to commission services that are fit for purpose amongst those with mental health issues, learning disabilities, physical disabilities as well as sensory impairment / long term conditions; and
- Ensuring that there is appropriate housing (whether new or modified) and support to meet particular needs, for example the Reshaping of Care for Older People agenda and more widely the policy shift to support independent living within communities.

1.7 Resources

The Public Bodies (Joint Working) (Scotland) Act 2014 prescribes a number of housing functions that local authorities must delegate to the Health and Social Care Partnership within their area, and number of housing functions that a local authority may chose to delegate in addition. The housing functions that are delegated to the Renfrewshire HSCP are services involving equipment and adaptations and gardening assistance. Renfrewshire Council will make a direct contribution to health and social care through delegated budgets. As well as delegated resources noted, a whole range of different housing and related services funding streams provide a resource to deliver projects and services that help support health and social care integration outcomes. These include:

- Affordable Housing Supply Programme – Scottish Government funding subsidy for local authority and RSL new affordable housing;
- Care and Repair funding ;
- Scottish Government funding and RSLs own resources for adaptations in RSL properties;
- Commissioned housing support;

- Sheltered housing support services;
- Scottish Government and Energy Supplier funding for home insulation and energy efficiency schemes; and
- Tenancy sustainment initiatives including those funded by Shelter Scotland and housing associations.

The full Housing Contribution Statement is available at **www.renfrewshire.gov.uk/integration**

4. Data Sources

- Department of Public Health Biennial Report, 2015-2017
- Renfrewshire Adult Health & Wellbeing Survey 2014
- The Scottish Public Health Observatory: http://www.scotpho.org.uk/
- ScotPHO Health and Wellbeing Profile
- SMR01, NRS Small Area Population Estimates 2009, 2010, 2011, 2012, 2014 (2011 and 2012 based on 2011 Census).
- National Records of Scotland: http://www.nrscotland.gov.uk/
- Carers UK (2012) In Sickness and Health
- People with Learning Disabilities in England 2011 (Emerson et al)
- Psychiatric Morbidity Among Adults Living in Private Households (2001), Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H
- Equality Act 2010
- Renfrewshire Tackling Poverty Commissioning Report: http://www.renfrewshire.gov.uk/wps/wcm/connect/b74e4e63-e549-4fbf-987d-9a9d5d981c2e/ce-RenfrewshireTPCReport.pdf?MOD=AJPERES
- Renfrewshire Community Plan: http://www.renfrewshire2023.com/

Glossary

ADP - Alcohol and Drugs Partnership

Renfrewshire Alcohol & Drugs Partnership has responsibility for addressing drug and alcohol issues in Renfrewshire. This means that various agencies come together and work in partnership on issues related to alcohol and drugs.

AHP – Allied Health Professionals

Allied Health Professional (AHP) is a term used to describe a number of individual professions which support people of all ages with a wide variety of interventions and treatment. AHPs providing services to the HSCP include Physiotherapists, Dietitians, Occupational Therapists and Speech and Language Therapists each bringing their own unique specialist skills to support the population across Renfrewshire.

Aids and Adaptations

Aids and adaptations can help older and disabled people to live independently in their own homes. They can reduce the risk of falls and other accidents in the home and also reduce the need for home care or long term admission to a care home. A wide variety of aids and equipment is available to help with daily living tasks ranging from simple adapted cutlery, to Telecare alarms, specialist seating and beds. Common examples of adaptations include replacing a bath with a level access shower, or making it easier to get in and out of the home by widening doors or constructing a ramp.

Anticipatory Care

Anticipatory Care can take many forms however it is expected to help reduce avoidable and unscheduled acute admissions for people with pre-existing conditions. The purpose of advanced/anticipatory care planning is to support the individual to have greater choice, and control of care preferences through communication across the support team, across agencies and across care settings.

ASN - Additional Support Needs

The Education (Additional Support for Learning) (Scotland) Act 2004, places duties on local authorities and other agencies to provide additional support where needed to enable any child or young person to benefit from education.

Body Corporate Model

The Body Corporate Model is a model of integration where a Health Board and Local Authority both delegate the responsibility for planning and resourcing service provision for health and social care services to an Integration Joint Board, established as a separate entity. This is the model used in Renfrewshire.

Carer

A carer is someone who provides unpaid care and support to a family member, partner, relative or friend, of any age, who could not manage without this help. This could be due to age, illness, disability, a long term condition, a physical or mental health problem or addiction.

Chief Officer

Where the body corporate model is adopted, a Chief Officer will be appointed to provide a single point of management for the integrated budget and integrated service delivery. They are accountable to the Integration Joint Board and to the Chief Executives of their Health Board and Local Authority for the delivery of integrated services.

Choice and Control

Choice and control is about shaping services to meet people's needs, rather than allocating people to fit around services.

Community Capacity Building

Community capacity building aims to develop the capacity of local communities and increase community resilience. By supporting local people and organisations to develop their skills and focus on community activities, this approach aims to empower local residents and groups to address key issues within their community and reduce health and social care demand.

Community Planning Partnership (CPP)

The Community Planning Partnership allows a variety of public agencies to work together with the community to plan and deliver better public services which make a real difference to people's lives and to the community. The key Renfrewshire Community Planning partners are Renfrewshire Council, Police Scotland, Scottish Fire and Rescue, NHS Greater Glasgow and Clyde, Engage Renfrewshire, Renfrewshire Chamber of Commerce, University of the West of Scotland, and West College Scotland.

COPD – Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways. This is called airflow obstruction.

Co-Production

Co-production is about combining our mutual strengths and capacities so that we can work with one another on an equal basis to achieve positive change.

Data Zones

Datazones are groups of 2001 Census output areas and have, on average, populations of between 500 and 1,000 household residents. They nest within Local Authority boundaries and where possible, they have been constructed to respect physical boundaries and natural communities. As far as possible, they have a regular shape and contain households with similar social characteristics.

Demographics

The characteristics of a human population, especially with regard to such factors as numbers, growth, and distribution, often used in defining consumer markets.

Delayed Discharges

Delayed Discharges occur when a patient ready for discharge cannot leave hospital because the necessary care, support or accommodation is not available.

Delegation

Delegation is the process used to integrate functions, by giving responsibility for health and social care functions to a single body.

DLA – Disability Living Allowance

Disability Living Allowance (DLA) is a tax-free benefit for disabled people who need help with mobility or care costs.

GIRFEC – Getting It Right for Every Child

Getting It Right for Every Child (GIRFEC) is the national approach to improving the wellbeing of children and young people in Scotland. The approach puts the best interests of the child at the heart of decision-making; takes a holistic approach to the wellbeing of the child; works with children, young people and families on ways to improve wellbeing; advocates preventative work and early intervention to support children, young people and their families; and believes professionals must work together in the best interests of the child.

Health Inequalities

Health Inequalities is the gap which exists between the health of different population groups such as the affluent compared to poorer communities or people with different ethnic backgrounds.

Health and Social Care Partnership

The Renfrewshire Health and Social Care Partnership is now responsible for delivering adult services in our community. The integration of health and social care means that for the first time these services are managed and developed together.

Healthier Wealthier Children (HWC)

The Healthier, Wealthier Children (HWC) project's aim is to develop new approaches to providing money/welfare advice and help to pregnant women and families with children at risk of, or experiencing, poverty, across NHS Greater Glasgow and Clyde. A key aim of the project is to establish accessible, sustainable referral pathways between early years' health staff and money/welfare advice services, to maximise income and provide financial advice and support to vulnerable families, with a view to mainstreaming this child poverty response within health and financial inclusion services to alleviate child poverty.

HEAT Targets

The HEAT performance management system sets out the targets and measures against which NHS Boards are publicly monitored and evaluated. HEAT is an acronym for Health Improvement, Efficiency and Governance, Access and Treatment. These are the four areas being targeted.

Independent Living

Independent Living means having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not necessarily mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.

Independent Sector

The Independent Sector encompasses individuals, employers, and organisations who contribute to needs assessment, design, planning, commissioning and delivery of a broad spectrum of social care services, which are wholly or partially independent of the public sector. The independent social care sector in Scotland includes care homes, care at home, housing support and day care services. The sector encompasses those traditionally referred to as the ‘private’ sector and the ‘voluntary’ sectors of care provision. It includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations, associations and charities.

Integration

Integration is the combination of processes, methods and tools that facilitate integrated care.

Integrated Care

Integrated Care focuses on improving services in relation to access, quality, user satisfaction and efficiency. The aim is to enable better coordinated, joined-up and more continuous care, resulting in improved patient experience whilst achieving greater efficiency and value from health and social care delivery systems.

Integrated Resource Framework

The Integrated Resource Framework (IRF) for Health and Social Care is a framework within which Health Boards and Local Authorities can better understand the patterns of care they provide, particularly to their shared populations of people and service users.

Integration Authority

An Integration Authority is the body that is responsible for planning integrated care. It will decide which integrated services will be provided, how they will be funded and what they should look like. It can (and in many cases must) direct the Health Board and Local Authority to deliver those services.
The body that acts as the Integration Authority for a particular area will be determined by reference to the model of integration used in that area.

Integration Functions

The services that Integration Authorities will be responsible for planning are described in the Act as integration functions. The legislation sets out which NHS and social care services must, may and cannot be delegated as part of the integration arrangements.

Integration Joint Board

Where the body corporate model is adopted (as is the case in Renfrewshire) the NHS Board and Local Authority will create an Integration Joint Board made up of representatives from the Council, Health Boards, the Third and Independent Sectors and those who use health and social care services. The Integration Joint Board, through its Chief Officer, will have the responsibility for the planning, resourcing and the operational oversight of integrated services within the strategic plan.

Integration Scheme

An Integration Scheme is the agreement made between the Health Board and the Local Authority. It sets out the make-up of the Integration Authority and how it will work. The Health Board and the Local Authorities submitted their draft Integration Schemes to Scottish Ministers for approval on 1 April 2015. Integration Schemes must be reviewed by the NHS Board and Local Authority at least every five years.

Intermediate Care

Intermediate Care services support people to improve their independence and aim to provide a range of enabling, rehabilitative and treatment services in community and residential settings. The term has been defined as a "range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living". (NSF for Older People, DOH, June 2002).

KARDEX

A Kardex is a medical information system used by nursing staff as a way to communicate important information on their patients. It is a quick summary of individual patient needs that is updated at every shift change.

KPIs - Key Performance Indicators

The local government measure their performance and make this information available to the public so that they can assess how they are doing in providing those services which matter most to the public. They report a mix of local and national performance indicators which cover all of the core service areas. A suite of national indicators are collected from all Scottish councils and are reported by the Improvement Service. Reports on local indicators that are specific to Renfrewshire Council and their partners are also produced.

Lead Agency Model

The Lead Agency Model is a model of integration where the Health Board or the Local Authority takes the lead responsibility for planning, resourcing and delivering integrated adult health and social care services.

LearnPro

LearnPro is an easy to use workplace learning online system where NHS staff can manage their own profile and assessments and build up the evidence needed to demonstrate their knowledge and understanding.

Locality Planning

Locality Planning is intended to keep the focus of integration on improving care in local communities. It will draw on the knowledge and experience of users of services, carers, staff and the third and independent sectors and provide the route for leadership by local clinicians and professionals from across health and social care – and, particularly, GPs – in planning service provision. Every Local Authority must define at least two localities within its boundaries for the purpose of locality planning.

LTC - Long Term Conditions

Long Term Conditions (LTC) are conditions that last a year or longer, impact on many aspects of a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care group or age category, so it covers adults and older people as well as children and mental as well as physical health issues. Common long term conditions include epilepsy, diabetes, some mental health problems, heart disease, chronic pain, arthritis, inflammatory bowel disease, asthma and chronic obstructive pulmonary disease (COPD).

LAAC – Looked After and Accommodated Children

Under the provisions of the Children (Scotland) Act 1995, Looked After Children are defined as those in the care of their Local Authority. The vast majority of looked after children have become 'looked after' for care and protection reasons. They may be looked after at home, or away from home (accommodated).

Market Facilitation

Market Facilitation is a key aspect of the strategic commissioning cycle: Integration Authorities will undertake a range of activities to promote the successful development of services to meet the needs of the local population effectively. These activities should include the development of an accurate picture of local need and markets, published as a Market Facilitation Plan.

MDT - Multi Disciplinary Team

A Multidisciplinary Team is a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.

Multi-Morbidity

Multi-morbidity is used to describe when a person has two or more chronic medical conditions at the one time.

National Care Standards

The National Care Standards have been published by Scottish Ministers to help people understand what to expect from a wide range of care services. They are in place to ensure that people get the right quality of care when they need it most.

National Health and Wellbeing Outcomes

The nine national health and wellbeing outcomes provide a national framework for measuring the effect of integrated health and social care services on the health and wellbeing of individuals.

Nursing Care Home

Nursing care homes provide residents the personal care benefits of a residential care home with the addition of a qualified nurse that is on duty 24 hours a day to carry out nursing tasks.

Palliative Care

Palliative care aims to provide suitable care and support for people with a terminal illness. The main goal of palliative care is to achieve the best possible quality of life for the patient and their families.

PANDA Centre

The Panda unit is a specialist community paediatric facility, which focuses on children with additional support needs. All referrals are screened by an on call duty clinician and a decision is made about the most appropriate service(s) for the patient.

PAR – Practice Activity Reports

A comprehensive document produced annually that shows how an individual GP practice compares to neighbouring practices and national averages. Examples of areas where data are provided include lab usage, emergency admission rates, referral rates, Accident & Emergency attendances and screening uptake rates.

Parent Organisations

The parent organisations are the main bodies in charge of the Partnership. In the case of Renfrewshire Health and Social Care Partnership, the parent organisations are NHS Greater Glasgow and Clyde and Renfrewshire Council.

Personalisation

Personalisation means starting with the individual as a person with strengths and preferences who may have a network of support and resources, which may include family and friends. Personalisation reinforces the idea that the individual is best placed to know what they need and how those needs can be best met. It means that people can be responsible for themselves and can make their own decisions about what they require, but that they should also have information and support to enable them to do so.

Person-centred

Person-centred is an approach to working with people which respects and values the uniqueness of the individual and puts the individual's needs and aspirations firmly at the centre of the process.

PIP – Personal Independence Payment

Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability if you're aged 16 to 64. The rate depends on how the condition affects the person's health, not the condition itself. An assessment is carried out to work out the level of help given. The rate will be regularly reassessed to make sure the person is getting the right support.

Planning and Delivery Principles

The principles that underpin the making of arrangements for integration, and the strategic planning of integrated services, will inform how services are planned and delivered. They explain what people using services and their carers can expect from integrated services and the behaviours and priorities expected of organisations and people planning and delivering care and support.

Quality Ambitions

The three Quality Ambitions of person-centred, safe and effective provide the focus for all our activity to support our aim of delivering the best quality healthcare to the people of Scotland and through this making NHS Scotland a world leader in healthcare quality. They explicitly reflect the things people have told us they want and need.

Quality Strategy

The Healthcare Quality Strategy for Scotland is the approach and shared focus for all work to realise the 2020 Vision. It aims to deliver the highest quality healthcare to the people of Scotland to ensure that the NHS, Local Authorities and the Third Sector work together, and with patients, carers and the public, towards a shared goal of world-leading healthcare.

Reablement

Reablement is about giving people the opportunity and the confidence to relearn/regain some of the skills they may have lost as a result of poor health, disability/impairment or entry into hospital or residential care. As well as regaining skill, reablement supports service users to gain new skills to help them maintain their independence.

RES – Rehabilitation and Enablement Services

A rehabilitation service that is able to address physical, mental health and social needs to enable people to be cared for at home. RES includes both health and social care professionals,
split into a number of sub-teams who work together to ensure that the correct clinician is involved with the patient at the time of need. They will formulate a patient-centred care plan which is shared within the service and across relevant agencies to allow multiple professionals, if necessary, to be involved in the care plan.

Self-Directed Support

Self-directed Support (SDS) is the new form of social care where the service user can arrange some or all of their own support. This is instead of receiving services directly from local authority social work or equivalent. SDS allows people more flexibility, choice and control over their own care so that they can live more independent lives with the right support.

Self-Management

Self-management encourages people with health and social care needs to stay well, learn about their condition and their care and support needs, and remain in control of their own health.

Sheltered Housing

Sheltered housing is specifically designed to comfortably meet the needs of people who are aged 60 years or over. These properties are easy to maintain and offer tenants the safety of living in a secure environment, while also enabling people to retain their independent lifestyle. Sheltered properties have a communal lounge where social activities take place.

SmartCare Project

SmartCare is a new programme that aims to improve the health, care and wellbeing of older people at risk of a fall across Ayrshire & Arran, Lanarkshire and Renfrewshire/East Renfrewshire.
SmartCare is working in partnership with service users, carers, third sector organisations and service providers to design and develop a range of digital tools to support falls management and prevention. This will help to improve the communication and co-ordination of a person's care.

SSA – Single Shared Assessment

A Single Shared Assessment allows health and social care practitioners to share information in order to plan an individuals' care plan so that it is co-ordinated and avoids unnecessary duplication.

Staff Partnership

Staff Partnership (NHS) describes the process of engaging staff and their representatives at all levels in the early stages of the decision-making process. This enables improved and informed decision making, through achieving and maintaining a positive and stable employee relations culture and gaining commitment, ownership and consensus to decisions through joint problem solving. The emphasis is therefore placed on working collaboratively at all levels and becoming an exemplary employer, both to the benefit of staff but also to the benefit of patient care.

Statutory Services

Statutory services are public services that are required to be delivered by law. These services are supported by government legislation.

Strategic Commissioning

Strategic Commissioning is a way to describe all the activities involved in:
• assessing and forecasting needs
• links investment to agreed desired outcomes
• planning the nature, range and quality of future services; and
• working in partnership to put these in place - Strategic Needs Assessment

Strategic Needs Assessments (SNA) analyse the health and care needs of populations to inform and guide commissioning of health, wellbeing and social care services within Local Authority areas. The main goal of a SNA is to accurately assess the health and care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities. The SNA will underpin Strategic Plans.

Strategic Planning Group

The Strategic Planning Group (SPG) is the main group representing stakeholder interests in relation to the Strategic Plans produced by the Integration Joint Board. The group consists of representatives from the public sector, private sector, third sector and the public. The role of the Group will be to oversee the development, implementation and reviews of the strategic plans.

Supported Accommodation

Supported accomodation provides individuals with support and housing options that are suited to their needs and helps them to maintain a tenancy in the community. Supported accomodation options are available for people with physical disabilities, learning disabilities and older people, with support provided based on the client's needs to help them maintain their lifestyle and independence.

Supported Living

Supported Living is an alternative to residential care or living with family members that enables adults with disabilities to live in their own home, with the help they need to be independent. It allows people to choose where they want to live, who they want to live with and how they want to be supported.

TEC – Technology Enabled Care Programme

A major Scottish Government Programme designed to significantly increase choice and control in health, wellbeing and care services, and extend the number of people directly benefiting from TEC and support in Scotland. In Renfrewshire, the HSCP manages a TECs service covering Community Alarms and Telecare.

Telehealth Monitoring

Telehealth or Home Health Monitoring is a way of delivering medical care at home for people with long term conditions such as Heart Failure and COPD (Chronic Obstructive Pulmonary Disease). It consists of using an electronic tablet or your own mobile phone to answer simple questions about how a patient feels. Nurses can read details and if readings are outwith normal limits, it will send an alert to the nurse who will contact the patient to discuss how better to manage conditions.

Third Sector

'Third Sector organisations' is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives. It also includes local intermediary organisations (Third Sector 61 Interfaces), and third sector strategic intermediaries, for example Voluntary Action Scotland (who represent Scotland's 32 Third Sector Interfaces) and the Health and Social Care Alliance Scotland.

Engage Renfrewshire is our local Third Sector Interface.

Transformational Leadership

As opposed to the management of the delivery of services, Transformational Leadership relates to the ability to inspire, motivate and engage. These qualities are seen as being particularly important for times when organisations are being challenged by significant external changes.

Item 9

To:	**Renfrewshire Integration Joint Board**
On:	**25 November 2016**
Report by:	**Chief Social Work Officer**
Heading:	**Annual Report of the Chief Social Work Officer**

1. Summary

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

1.2. The Public Bodies (Joint Working) Scotland Act 2014 also establishes that Chief Social Work Officers are part of the governance structure of Health and Social Care Partnerships (HSCPs) in each area, and carry out those statutory duties in relation to social work services provided by these partnerships.

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

The report provides a summary of activity relating to the role of the Chief Social Work Officer during 2015/16. It also seeks to provide an overview of progress for members of the IJB on the changes to governance in light of the integration of adult health and social care and the creation of the Children's Services Directorate and changes in the national guidance on the role of the CSWO.

2. Recommendations

It is recommended that the IJB:

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

3. Background

The Chief Social Work Officer

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

3.2 The role of the Chief Social Work Officer (CSWO) is critical in terms of achieving this purpose. New guidance on the role was issued by the Scottish Government in July 2016 and a paper on this was presented to the Education and Children Policy Board on 18 August 2016.

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

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

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

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

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

3.8 Social work services have a statutory duty to provide care and protection to the most vulnerable people across their local authority area. This means that many of service users do not engage with the service on a voluntary basis. Access to the majority of services is assessed on the basis of need, and social work staff

work in partnership with individuals, carers, families and communities to meet this need within the resources available to the service and partner agencies.

4. Local Governance Arrangements

4.1 In 2015/16, new structures for social work services in Renfrewshire were implemented as a result of the integration of adult health and social care. Social work services for adults transferred to the newly established Renfrewshire Health and Social Care Partnership under the management of a Chief Officer. Criminal Justice Social Work and social work services for children and families formed a new directorate – Children's Services – which also includes all education services provided by Renfrewshire Council.

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

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

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

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

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

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

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

(vii) Leads for Social Work on the Chief Officers' Group

(viii) Specific Duties
In relation to specific duties associated with the position, the CSWO within Renfrewshire Council acts as:

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

(ix) Management of Risk

The Chief Social Work Officer is accountable to the Chief Executive, the Corporate Management Team and the Council as part of the Chief Officers' Group which manages public protection risks on a partnership basis. Heads of Service have responsibility for the management of risk within their respective service areas.

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

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

5.2 The next report on the activities of the Chief Social Work Officer will be submitted to Renfrewshire Council in Autumn 2017 and thereafter to the Scottish Government and the Integration Joint Board.

6. Overview of activities within social work services

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

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

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

6.4 Services were part of a multi-agency inspection of integrated children's services during 2014/15, and findings were reported during 2015/16. These findings were very positive and partners are making good process in addressing the recommendations.

6.5 Day to day management of adult social work services is delegated to Renfrewshire Health and Social Care Partnership. The CSWO retains a professional advisory role in relation to these services and continues to have statutory duties within adult social work, and also has a role in providing professional advice and guidance to the Integration Joint Board (IJB).

6.6 The Renfrewshire Adult Protection Committee is responsible for developing, implementing and monitoring the strategic approach to the management of the

protection of vulnerable adults in Renfrewshire in terms of the Adult Support & Protection (Scotland) Act 2007. There continues to be increasing demand for work related to the Adults with Incapacity (Scotland) Act 2000. More detail is included in Appendix 1.

6.6 Supporting appropriate and timely discharge from hospital remains a priority, and Renfrewshire continues to be one of the best performing areas in Scotland for minimising delayed discharges. Renfrewshire, in their Older People Commissioning Strategy clearly set out our intention to look after our service users in their home where possible, or in a homely setting with the aid of community services to ensure the best possible outcomes for them, and much progress has been achieved here in terms of expanding our care at home services. The rising levels of demand in this area present a real challenge going forward in terms of sustaining performance within the current financial climate.

6.7 The IJB has approved a governance framework, and within this the CSWO role' strongly embedded. Renfrewshire Health and Social Care Partnership has set out clear governance arrangements to ensure the smooth running of everyday social work services, and transparent working practices. A Council Head of Service and a Lead Social Worker, in the form of the Adult Services Manager, provide day to day professional leadership, guidance and expertise who meet regularly with the CSWO to keep him appraised of relevant and emerging issues.

6.8 The CSWO has arranged a conference to highlight the professional role of social work under the new integrated arrangements as part of his oversight of the social work functions in Renfrewshire. This is also to ensure a strong interface between Adults and Children's Social Work Services. There are a range of interface points between Children's Services and the Health and Social Care Partnership around for example: Child and Adult Protection, Transition arrangements, Gender Based Violence, and MAPPA.

6.9 Performance on Adult Social Work priorities within Renfrewshire Health and Social Care Partnership are reported on via the performance monitoring framework. Regular reporting has been established on social care activity such as assessment and review, Adult Support and Protection, Delayed Discharges, MHO Service, Occupancy rates within Day Centres and Care Homes, OT Waiting Lists, Self Directed Support and the use of financial resources. The reports are circulated and discussed at individual team level through to the SMT and then onto the IJB. Any performance issues are highlighted in Exceptions Reporting to the IJB. Performance has been maintained at a high level despite continually increasing demand and pressures on resources. We continue to make good progress in the implementation of the Self Directed Support (SDS) Act. The rollout of SDS has highlighted a number of challenges in respect of finances, business processes and engagement with service users which managers are engaged in seeking solutions.

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

engaged in transition work as part of the new national arrangements for community justice.

7. Structural Change

7.1 As noted in 4.1, there has been significant structural change in relation to the management and governance arrangements for social work services in Renfrewshire. Formal delegation of responsibility for adult social care passed to the Integration Joint Board (IJB) by 1 April 2016. The CSWO sits on the IJB as a non-voting member and on the HSCP Executive Governance Group. He also chairs the twice yearly meetings of senior social work managers from both Children's Services and the HSCP. Heads of Service for social work services also meet regularly to discuss areas of common interest.

7.2 More details of the CSWO's governance role are included in Appendix 2 to this report.

8. Key Challenges in 2016/17

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

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

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning –** The report details the progress made by the service to protect vulnerable children and adults, reduce offending behaviour, increase community safety, and promote early intervention, independent living and wider health improvement. It highlights partnership working, details the measures which ensure the workforce is skilled and effective and highlights achievements in relation to support to communities, customer service and consultation.
4. **Legal -** None
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative

impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** - Risks related to the management and delivery of social work services within Renfrewshire Health and Social Care Partnership are closely monitored and are included within both the RHSCP Risk Register which follows the same format as the Children's Services Risk Register which includes Children's Social Work and Criminal Justice – the latter is reported into Renfrewshire Council's Corporate Risk Register.
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers – Chief Social Work Officer Report

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

Appendix 1: Annual Report of the Chief Social Work Officer, 2015/16

1. Local Authority Overview

Renfrewshire's population of 174,560 is predominantly centred in the large town of Paisley and the four smaller towns of Renfrew, Johnstone, Erskine and Linwood. These five towns account for around 80% of the population, with most of the remaining residents living in semi-rural large villages. It is the tenth largest local authority in Scotland by population. There are areas of significant deprivation within Renfrewshire as well as areas of considerable affluence. As in other areas of Scotland, Renfrewshire has an aging population, with increasing numbers of older people and fewer of working age. There is a small but growing BAME population, who comprised 2.73% of the total population at the time of the last Census in 2011.

In 2015/16, new structures for social work services in Renfrewshire were implemented as a result of the integration of adult health and social care. Social work services for adults transferred to the newly established Renfrewshire Health and Social Care Partnership under the management of a Chief Officer. Criminal Justice Social Work and social work services for children and families formed a new directorate – Children's Services – which also includes all education services provided by Renfrewshire Council.

The direction of Renfrewshire Council is governed by the Council Plan, which sets out 10 priorities for Renfrewshire. Of particular relevance to this report are the priorities focusing on public protection and on care and wellbeing. Renfrewshire's Tackling Poverty Strategy is also a key driver of service development and delivery.

2. Partnership Structures/Governance Arrangements

The responsibilities and duties of Social Work services are contained within the Social Work (Scotland) Act 1968, which gave local authorities the responsibility of "promoting social welfare". This includes a statutory duty to provide care and protection to the most vulnerable people in society, which often means that service users do not engage with services on a voluntary basis.

The role of the Chief Social Work Officer (CSWO) is critical in terms of achieving this purpose. The overall objective of the CSWO is to provide professional advice on the provision of social work services to elected members and officers and to the Integration Joint Board; advice which assists authorities in understanding many of the complexities which are inherent across social work services. The CSWO should also assist authorities in understanding the key role that social work plays in contributing to the achievement of national and local outcomes, to improving local performance and in terms of the management of corporate risk.

In Renfrewshire, the role of CSWO is held by the Director of Children's Services, Peter MacLeod, who also fulfils the role of CSWO for the Renfrewshire Health and Social Care Partnership. As a Director, the CSWO sits on the Council's Corporate Management Team. He reports regularly to the Education and Children Policy Board, the Children and Young People Thematic Board and the Integration Joint Board. In the Renfrewshire HSCP context, a CSWO Quality and Performance Sub-group has been established and meets on a 3 monthly basis. The purpose of this meeting is to support the CSWO to evaluate quality of practice across social work services and to analyse performance reports in relation to a range of service areas. In addition to the CSWO, RHSCP

Heads of Service attend this meeting along with operational leads responsible for adult protection, mental health, learning disabilities, and locality team services. Areas covered include:

- Significant events; incidents and alerts
- Complaints Overview
- Outcomes from recent Inspections of registered services
- Professional registration issues
- Contract monitoring and compliance
- Mental health officer functions including Guardianship
- Adult/public Protection
- Risk – significant events and actions
- Service Improvement / Redesign
- Good practice examples

A social services focussed conference is also being planned.

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

At a national level, the CSWO has Co-Chair of the National Steering Group on Joint Commissioning and Chair of the Institute for Research and Innovation in Social Services (IRISS). He is also on the board of the Digital Health Institute, Macmillan Cancer Support and Realigning Children's Services. He is a past President of the Association of Directors of Social Work (now known as Social Work Scotland).

Renfrewshire Council has 40 elected members across 11 multi-member wards and is governed by a Labour-led administration. Elected members oversee social work services principally through the the Education and Children Policy Board and the Integration Joint Board, although issues may be reported to full Council or other Boards as appropriate. The CSWO provides a significant number of reports to these Boards throughout each year, as well as to full Council and other Boards as required. These include reports on policy developments, service redesign, budget position, improvement activity and performance and legislative changes impacting on social work. Policy Boards have cross-party representation. Renfrewshire Community Planning Partnership, of which Renfrewshire Council is a key partner, also operates a number of thematic boards with specific remits, and Social Work involvement has been particularly strong on the Children and Young People Thematic Board, the Community Care, Health and Wellbeing Thematic Board, and the Safer and Stronger Thematic Board.

3. Social Services Delivery Landscape

Summary

In common with many areas of Scotland, there are significant demand pressures impacting on Social Work services in Renfrewshire. As noted above, the area has an ageing population, leading to increasing numbers of people assessed as having complex needs. This includes growing numbers of people with dementia and significant numbers of people with long-term conditions.

Almost one-third of residents reported in the last Census that they had at least one such condition. This includes 7.2% of people reporting a physical disability, 6.9% with a hearing impairment, 5.2% with a mental health condition and 2.4% with a visual impairment. These are not mutually exclusive and some people report multiple conditions. National figures indicate that 27% of people aged 75-84 have two or more long-term conditions, and there is evidence that multi-morbidity increases with deprivation.

Renfrewshire has significant numbers of people living in areas classed as deprived. There are 9,000 people in Renfrewshire living in areas among the 5% most deprived parts of Scotland and the Ferguslie area of Paisley is ranked as the most deprived area of the country. Multiple deprivation is prevalent in some communities, with inequalities in health, housing, income, education and employment impacting heavily in some areas.

In relation to health needs in particular, average figures for Renfrewshire can mask the real inequalities which persist. There are marked differences in life expectancy and health in different localities; for example, people in Ferguslie are fourteen times more likely to be admitted to hospital for some conditions than people in Ralston, two areas of Paisley only two and a half miles apart. Some schools within Renfrewshire are each supporting hundreds of children who live in areas which are classed as Scotland's most deprived 20%. In one school, 92% of children fall into that category. Renfrewshire's Tackling Poverty Strategy is a flagship programme encompassing many projects focused on minimising and mitigating the impact of child poverty in particular, and wider issues of deprivation in general. The new service configuration which integrates social care and education functions means there is a clearer joint approach to identifying and tackling need include a cross-service focus on poverty and attainment.

Alcohol and drug misuse are correctly recognised as significant drivers of poor health outcomes, though the extent of misuse in any community can be difficult to quantify as problems can often be hidden. In parts of Renfrewshire, drug and alcohol related hospital admissions are two or three times the average. The impact of these factors is evident in the demand for services, and this is particularly true in relation to looked after children and child protection, where services are frequently involved because of substance misuse within families. The high levels of substance misuse and deprivation are a critical element in explaining the comparatively high rates of child protection cases and numbers of looked after children locally.

Areas of high demand within social work services in Renfrewshire continue to be the provision of care services for older people, managing the impact on child wellbeing of issues such as multiple deprivation and substance misuse, supporting relatively large numbers of looked after children, managing increased workloads in Criminal Justice Social Work (particularly in relation to unpaid work), and growing demand pressures in the Mental Health Officer service.

4. Finance

Budgets for social work services are split between those allocated to Children's Services and those delegated to the HSCP. The budget for adult services is in the region of £60 million whilst that for children and families and criminal justice services is in the region of £36 million. Many of the support costs are held in centralised budgets.

In common with other local authorities, Renfrewshire Council is operating in a period of unprecedented financial challenge. For a number of years, social work services in Renfrewshire have had a strong focus on early intervention and prevention as both a means of improving outcomes for the people the service supports and as a means of ensuring the service is able to meet the growing demands within the resources available. Social work services in Renfrewshire have benefitted from considerable support from elected members who have recognised the necessary role in protecting and supporting people. Services have engaged in a number of programmes in order to support delivery of the Council's budget strategy whilst continuing to focus on good quality outcomes for those the services work with.

5. Service Quality and Performance

Alongside the changing policy landscape, social work services continue to make good progress in terms of improving services to support improved outcomes for vulnerable people within Renfrewshire. Our key achievements for the past year are summarised here.

- Put in place arrangements to deliver on the new duties under the Children and Young People (Scotland) Act 2014.
- Improving permanency planning for looked after children. Social Work is collaborating with the Centre for Excellence for Looked After Children in Scotland (CELCIS) on a new approach, Permanency and Care Excellence. During 2015/16, 17 children were adopted.
- Continued to work with our partners in Development and Housing to provide supported employment opportunities for young care leavers.
- Updated our child protection training to include internet safety and child sexual exploitation.
- Established Families First teams into Foxbar, Gallowhill and Johnstone.
- Extended the Promoting Positive Thinking Strategies Programme (PATHS) into two more schools.
- Submitted a Transition Plan which outlines how we will develop arrangements to support the management of community justice services through a Community Planning Partnership approach.
- Established a new post to strengthen the links between youth justice and criminal justice services.
- With partners, delivered a new public awareness campaign in relation to child protection.
- Delivered a range of professional training to our own staff and provided training opportunities in relation to public protection to other agencies.
- Developed an action plan to address, with partners, the recommendations from the very positive multi-agency inspection of children's services across Renfrewshire.

6. Statutory Functions

The statutory duties of social work services to provide care and protection to the most vulnerable people in society are laid out in legislative frameworks which include, but are not restricted to, the Social Work (Scotland) Act 1968, the Children (Scotland) Act 1995, the Criminal Procedure (Scotland) Act 1995, the Adults with Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003, the Children's Hearing Act (Scotland) 2011, the Social Care (Self-directed Support) (Scotland) Act 2013 and the Children and Young People (Scotland) Act 2014. Consequently, many of our service users do not engage with us on a voluntary basis. Access to the

majority of services is based on an assessment of need, and Social Work staff work in partnership with individuals, carers, families and communities to meet these needs within the resources available.

The statutory functions cover the delivery of services in relation to looked after children, public protection (including child and adult protection), mental health legislation, Adults with Incapacity legislation, the supervision of offenders in the community, support for people with substance misuse issues, and reports to the courts, the Parole Board, the Scottish Prison Service and the Scottish Children's Reporter Administration.

Significant preparatory work has been undertaken to ensure compliance with all elements of the Children and Young People (Scotland) Act 2014 in line with legislative deadlines. This puts Renfrewshire in a strong position to respond once legal challenges in relation to parts of the legislation are resolved. Those elements which can already be delivered will continue to be. Criminal Justice Social Work services are also preparing for the transition to a community planning approach to the delivery of community justice services.

Looked After Children

Social work services have a range of statutory duties in relation to vulnerable children, including the duty to act as a corporate parent to children placed under a supervision requirement (Children's (Scotland) Act 1995), to operate a Fostering and Adoption Panel in its role as a fostering and adoption agency (Children's (Scotland) Act 1995), and to provide support to care leavers up until the age of 26 (Children and Young People (Scotland) Act 2014).

The Head of Child Care and Criminal Justice operates as the Agency Decision Maker (ADM) who makes decisions based on the recommendations of the Fostering Panel and the Adoption Panel. These panels, which meet at least monthly, considers the assessment of applications to be foster carers and prospective adoptive parents, permanence plans for children, reviews of current foster carers, and the matching of individual children with prospective long term foster carers or adoptive parents. The Chief Social Work Officer has overall responsibility for all matters relating to fostering and adoption and acts as the final point of appeal for all decisions.

Renfrewshire has historically had a high number of looked after children, a trend which is at least partly attributable to the area's levels of deprivation and substance misuse. The percentage of children who are looked after has tended to be higher than the national average for a number of years but a stronger focus on early intervention, prevention and permanency arrangements is leading to a reduction in numbers. At the end of 2015/16, there were 701 looked after children in Renfrewshire, of whom 295 were looked after and accommodated. This compares to 693 and 298 at the end of 2014/15 and 773 and 329 in 2011/12. Children's Services continues to work with the Centre for Excellence for Looked After Children In Scotland to progress tests of change which improve practice in relation to permanency planning for looked after children. This is contributing to the steady fall in the numbers of looked after children and the growing number of adoptive and long-term fostering arrangements put in place to give children stability.

In Renfrewshire, adoptive placements were for secured for 17 children in 2015/16, with a further 14 children in pre-adoptive placements at 31 March 2016. Wherever possible, children requiring foster

care are placed with local authority carers, and very few new placements are with external carers. This is possible in part due to success in recruiting and retaining local authority foster carers.

Secure Orders

Secure Orders can be made by a Children's Panel, on the authorisation of the CSWO or by a Sheriff as an alternative to remanding a young person to a young offender's institution. Secure orders are used infrequently and only in circumstances where the young person is at significant risk or poses significant risk to others. During 2015/16, nine young people from Renfrewshire spent time in a secure placement. In Renfrewshire, intensive intervention and community-based support packages are considered to be a better approach to dealing with complex cases. Children's Services plans to develop a close support unit which would allow much more intensive work with a small group of children and young people with the intention of diverting them from secure placements.

Referrals to Scottish Children's Reporter Administration

During 2015/16, 702 children and young people in Renfrewshire were referred to the Children's Reporter. Of these, 99 were on offending grounds. Although there was a slight increase in overall referrals from the previous year, there was a considerable decrease in the numbers related to offending, which is down 31% from 143 in 2014/15

Child Protection

Renfrewshire Child Protection Committee is responsible for implementing and overseeing the strategic approach to the protection of vulnerable children across Renfrewshire and ensuring partners work together to achieve their common goals in this area. All key partners are represented on the committee. The Committee has a lead officer to co-ordinate its work and Children's Services has a Child Protection Officer who supports Social Work best practice in this area. During 2014/15, a multi-agency inspection of Integrated Children's Services in Renfrewshire was undertaken and the final report from this was received during 2015/16. There are six recommendations for partners arising from this report and the improvement plan continues to be progressed through Renfrewshire Children's Services Partnership.

During 2015/16, 18 children were the subject of a Child Protection Order under Section 57 of the Children (Scotland) Act 1995. This compares with 26 in the previous year. The number of children on the Child Protection Register at any one time varies depending on the circumstances and nature of risk attending to the children and families that are being supported. As at 31 March 2016, there were 79 children on the Child Protection Register, compared with 83 at the end of 2014/15; as a snapshot, the number is subject to considerable variation throughout the year.

Getting It Right For Every Child (GIRFEC)

The CSWO, in his role as Director of Children's Services, chairs the strategic multi-agency implementation group for GIRFEC in Renfrewshire. As reported to the Education and Children Policy Board on 18 August 2016, a recent decision by the Supreme Court has led the Scottish Government to defer implementation of some aspects of the Children and Young People (Scotland) Act 2014. Arrangements will be put in place locally to ensure that partners are ready to implement

policy once a further view from the Supreme Court is established and guidance is made available by the Scottish Government.

Adult Protection

The Renfrewshire Adult Protection Committee is responsible for developing, implementing and monitoring the strategic approach to the management of the protection of vulnerable adults in Renfrewshire in terms of the Adult Support & Protection (Scotland) Act 2007. The Committee was established in April 2008 and consists of an elected member, officers from Renfrewshire Council and partner organisations and is led by an independent chairperson. The work of the Committee is supported by a lead officer who co-ordinates its work. The Health and Social Care Partnership (HSCP) has an Adult Protection Officer who supports best practice amongst practitioners in relation to processes and data quality. The HSCP undertakes day to day management of adult protection and the CSWO continues to have oversight as the professional social work lead.

During 2015/16, there were 1569 adult welfare concerns raised, and 953 adult protection contacts. Of the adult protection concerns raised, 90 were identified as an Adult Support and Protection issue requiring an investigation. During the year, 78 investigations were completed and 34 warranted a case conference. There were 27 initial case conferences and 64 review conferences during the year. The initial case conferences resulted in 17 new Adult Support and Protection Plans being put in place.

Mental Health and Adults with Incapacity

Local authorities have a number of duties under the Mental Health (Care & Treatment) (Scotland) Act 2003 to provide care and support to people with mental health disorders. These include duties to enquire into the circumstances of a person with a mental disorder who appears to be at risk, responsibility to provide services to promote wellbeing, and the duty to appoint a sufficient number of mental health officers (MHOs). An MHO is a registered Social Worker who has relevant experience, has undergone training and continues to meet the accreditation requirements detailed in the legislation and accompanying directions. MHOs have a wide range of duties under the legislation in terms of preparation of reports, applications to the mental health tribunal service and monitoring and supervision of people subject to mental health legislation. Renfrewshire Council has an MHO team comprising 8 full-time MHOs, and 16 frontline social workers (including 9 team managers) who are qualified MHOs and carry a small number of these cases and cover MHO duty in addition to their team case load.

The Mental Health (Care & Treatment) (Scotland) Act 2003 authorises a range of requirements for individuals with mental disorders, including detention in hospital, authorisation of the administering of particular treatments, and community-based orders which specify where a person lives. These are known as Compulsory Treatment Orders (CTOs); in 2015/16, the MHO team assessed 45 people as part of a CTO application. They also dealt with 95 short-term detentions and 15 emergency detentions. The service also works with 3 people subject a Compulsion Order and Restriction Order (CORO) which is a provision for mentally disordered offenders.

Under the Adults with Incapacity (Scotland) Act 2000, Guardians can be appointed to manage on an ongoing basis the financial and/or welfare affairs of a person unable to look after those affairs him or herself. The Local Authority has a duty under the legislation to make application for such orders

where it is necessary and no one else is doing so; these will seek to appoint the Chief Social Work Office as welfare guardian. This is an area of increasing pressure both locally and nationally.

As of 31 March 2016, the Chief Social Work Officer had responsibility for 104 Welfare Guardianships, including 28 new orders granted during 2015/16. This is an increase from the 19 new orders in 2014/15. Where the CSWO acts as Welfare Guardian, the day to day management of each case is delegated to a nominated officer. These are reviewed regularly by the CSWO with relevant managers.

The local authority also applied for an Intervention Order in 20 cases, up from 8 in 2014/15. These are in addition to the Welfare Guardianships, many of which also include an application for financial guardianship. The MHO Team Manager now has the authority to act as a Financial Intervener and manages these cases directly. The local authority also has a duty to supervise all private welfare guardianships, of which there are currently in excess of 430. The management of this activity is a significant challenge for the Authority given the number of guardianships being made.

Criminal Justice

The Criminal Justice service supervises a range of community-based requirements on offenders, as well as providing reports for courts and the Parole Board. Community-based orders are predominantly Community Payback Orders but the service continues to supervise a small number of offenders completing Community Service Orders, Probation Orders and Supervised Attendance Orders, all of which are reducing as they only apply to offences committed before 2012. As a result of funding changes to Criminal Justice Social Work Throughcare services for those in custody and those released on licence, Drug Treatment and Testing Order services are no longer shared with other local authorities. Renfrewshire continues to provide a Court Social Work service and the Pathways service to East Renfrewshire Council.

During 2015/16, the Criminal Justice Social Work team worked with 733 individuals on Community Payback Orders, including 568 with an unpaid work requirement. This is an area of work which continues to grow and the timescales for completion can be challenging for the service, partly as a result of the challenge in finding sufficient suitable work placements. The service also worked with 20 new individuals given Drug Treatment and Testing Orders, and 29 individuals newly released from custody on licence. At the end of 2015/16, 69 individuals were on licence in the community, including 16 individuals on a life licence.

Criminal Justice services operate a service to co-ordinate the range of statutory and voluntary services available to support female offenders. This includes interventions covering health improvement, literacy and life skills, and provides mentoring support and links to services for women who have been subject to gender-based violence. The service is delivering improved outcomes for women offenders by addressing the range of wellbeing and socio-economic factors which are frequently prevalent.

In partnership with the police, other agencies and other council departments, high-risk offenders are managed through the Multi-Agency Tasking and Co-ordinating Agency (MATAC) and Multi-Agency Risk Assessment Conferences (MARAC) are in place to tackle domestic abuse. Multi-Agency Public Protection Arrangements (MAPPA) are in place for those convicted of sexual offences and violent offences since 31 March 2016. Renfrewshire Social Work leads and manages the Pathways

Partnership Project service for those individuals subject to management and supervision in the community as a result of sexual offending.

Addictions

The day to day management of addictions services falls within the purview of the HSCP. Nonetheless, strong joint working remains a key feature of addictions services within Renfrewshire and the impact of substance misuse on children is a continued focus and this is reflected in the range of early intervention and preventative approaches taken in Renfrewshire.

The specialist RADAR service, which works with children and young people, remains within the Council as part of Children's Services.

Gender-Based Violence

The local Gender Based Violence Strategy Group is a partnership group and is chaired by the Head of Childcare and Criminal Justice. The CEDAR (Children Experiencing Domestic Abuse Recovery) project has recently been successful in attracting a further 5 year's funding to continue the programme of groupwork for children and their mothers.

Planning and Risk Assessment

Children's Services produce an annual Service Improvement Plan and report progress at mid year and year end to elected members through the Policy Board structure. Services within the HSCP are planned through the HSCP Strategic Plan and reported through the Integration Joint Board.

Wider partnership services for children are also planned through the multi-agency Renfrewshire Children's Services Partnership (RCSP) and this group will produce a new Integrated Children's Services Plan during 2016/17.

The Council also has formal arrangements for the identification and oversight of potential service level risks. Again, the two bodies managing social work services each produce an annual risk management plan and report on this twice-yearly to elected members. Each also contributes to the Council's Corporate Risk Management Plan.

New arrangements for the delivery of criminal justice social work will be implemented in April 2017 with the abolition of community justice authorities. Planning for this change is well established in Renfrewshire with a transition plan having been submitted to the Scottish Government in 2016.

Leadership on Social Work Practice

During 2015/15, the CSWO continued to engage with senior managers and staff in relation to service developments, particularly in relation to professional leadership within the new governance structures. The CSWO continues to be the professional lead for social work staff within the Renfrewshire Health and Social Care Partnership and sits on the Integration Joint Board. He continues to have direct responsibility for Mental Health Officers and Guardianships. In addition, he continues to take a prominent role in a number of national groups.

As part of his role, the CSWO sits on the newly-established Renfrewshire Health and Social Care Partnership Care Governance Group, a twice-yearly meetings of senior social care managers as part of his professional leadership and governance role. The CSWO Governance group within HSCP arrangements considers issues including training, standards and staffing resources as well as other areas of importance to the social services workforce.

7. Improvement Approaches

Social work services for children and families in Renfrewshire were part of a multi-agency inspection which took place in early 2015. The positive inspection report made six recommendations and an improvement plan is in place to monitor and report on progress. The CSWO also continues to meet regularly with the Care Inspectorate's link inspector to discuss improvement activity within the service.

Services for children and families have a track record of adopting new approaches and Renfrewshire delivers a range of evidence-based early intervention programmes. Children's Services also leads on the Families First programme, which provides practical support to families across Renfrewshire, including supporting them to access services and income to which they are entitled. An independent evaluation of the first phase of the programme found it had a very positive impact on families involved.

As noted above, Renfrewshire continues to work with CELCIS to support improvements in practice in relation to permanency planning for looked after children.

In October 2016, a second epidemiological study of children in Renfrewshire will be undertaken with the support of the Dartington Social Research Unit.

8. User and Carer Empowerment

Strengthening service user and carer engagement and empowerment is embedded in social work services for children. In addition to the links with Who Cares Scotland and financial support for advocacy services, Renfrewshire also has a Champions Board for Looked After Children which provides regular opportunities for all looked after children in Renfrewshire to meet with elected members and senior Council officers to express their views. There are strong links with statutory and third sector partners who come together with the Council as the Renfrewshire Children's Services Partnership. The service also links with the Renfrewshire Carers Centre to help support young carers. Service user engagement will be a central feature of the strategic commissioning approach Renfrewshire Council is adopting across council services.

Changes to the governance and structures within adult social work services have provided an opportunity to reflect on the ways in which service users and carers in that area are able to participate in service planning, design and delivery, and this is an area which will be developed during 2015/16.

9. Workforce Planning and Development

The development of professional social work and social care staff has continued to be a priority within Renfrewshire. Our staff are involved in front line assessment, support and care for a wide

range of service users and carers and require to have the competence, skills and knowledge to carry this out effectively. Children's Services within Renfrewshire Council hosts the Social Work Training Team who work across Children's Services and the Health and Social Care Partnership to offer professional learning and development opportunities not only to council staff but to staff from partner organisations.

Our approach to learning and development in child protection has been refreshed and updated to reflect the complex nature of the work. The programme now includes training on internet safety and on recognising and dealing with child sexual exploitation. Training on adult and child protection is also offered to partner agencies free of charge.

There has been a focus on preparing for the implementation of the Children and Young People (Scotland) Act 2014, including the role of the Named Person, information sharing and the Child's Plan.

Our Philosophy of Care approach in the residential child care service has been supported by an extensive education programme developing staffs skills and competence in a range of areas including abusive behaviours, neglect and protection issue. This approach has been supported by our qualification agenda; all of our staff meet the national qualification standards.

Self-directed support is becoming embedded in assessment and care management practice, and experience from the early stages of implementation continues to shape and refine the processes which sit behind the model. Training to support staff with the SDS approach continues to be offered regularly.

Social work services for children have been redesigned in order to strengthen the frontline teams and in recognition of the changing pattern of demand (for example, the rise in the number of kinship carers providing homes for children not subject to statutory measures).

Appendix 2: The CSWO's role in local governance arrangements

The Chief Social Work Officer has a key role in the following groups within Renfrewshire Council:

Item 9

To:	**Renfrewshire Integration Joint Board**
On:	**25 November 2016**
Report by:	**Chief Officer**
Heading:	**Unscheduled Care**

1. Summary

1.1 This paper presents proposals on how the Integration Joint Board should fulfil its strategic planning responsibility for unscheduled care.

2. Recommendation

2.1 It is recommended that the Integration Joint Board (IJB):

- Note the report; and
- Approve the development of a Strategic Commissioning Plan for Unscheduled Care to be provided to the Integration Joint Board at a future meeting.

3. Background

3.1 This paper outlines an approach to how the Integration Joint Board might fulfil its strategic planning responsibilities for unscheduled care. It builds on the Strategic Planning paper presented to the IJB in September 2016. Following consideration by the Integration Joint Board, the approach outlined will be developed further into a more detailed framework paper for wider discussion with the NHS Board, the Acute Services Division, Health and Social Care Partnerships and other key partners.

3.2 All care groups have been asked to consider the implications of this paper for managing unscheduled care.

3.3 Unscheduled care is the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances, and emergency admissions to hospital. The Scottish Government has made unscheduled care an important area of focus for the health service in Scotland, with reducing waiting times in A&E and reducing the number of emergency admissions key targets.

4. Integration Joint Board Responsibilities

4.1 The Integration Scheme for Health and Social Care Partnerships in NHS Greater Glasgow & Clyde includes the following in respect of acute hospital services:

"The Integration Joint Board will assume lead responsibility jointly with the five other Health and Social Care Partnerships within the Greater Glasgow and Clyde area for the strategic planning of the following:

- Accident and emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:

    i. general medicine;
    ii. geriatric medicine;
    iii. rehabilitation medicine;
    iv. respiratory medicine; and
- palliative care services provided in a hospital."

4.2 Scottish Government guidance on strategic planning for Health and Social Care Partnerships states that:

"Integration Authorities will be expected to set out clearly, in their strategic commissioning plans, how improvement will be delivered against the statutory outcomes and associated indicators. In addition, they should set out how rebalancing care will enable the delivery of key NHS targets in respect of Accident & Emergency performance, the 18 Week Treatment Time Guarantee, and assuring financial balance."

5. National Context

5.1 The IJB noted the publication of the National Clinical Strategy (in early 2016) and NHS Greater Glasgow and Clyde's Clinical Services Strategy at the Renfrewshire IJB meeting on 16th September 2016.

5.2 The Scottish Government launched an Unscheduled Care Improvement Programme in May 2015. The programme includes six essential actions (6EAs) that are identified as fundamental to improving patient care, safety and experience for the unscheduled care pathways. The 6EAs are:

1) clinically focused and empowered hospital management;
2) capacity and patient flow realignment;
3) patient rather than bed management;
4) medical and surgical processes arranged for optimal care;
5) targeted seven day services; and
6) ensuring patients are cared for in their own homes.

5.3 The NHS Board has also recently established an Unscheduled Care Programme Board chaired by the Board Chief Executive. The NHS Board's Programme has a number of work streams, one of which relates to Health and Social Care Partnership activity. Discussions are taking place with the NHS Board to support this work.

The outcome of the Board's programme will need to be reflected in the Integration Joint Board's unscheduled care plan.

6. Way Forward – a whole systems approach

6.1 There is a considerable focus on improving performance within the acute hospital sector, as evidenced by the Scottish Government's 6EAs programme.

6.2 A review of strategic commissioning plans for unscheduled care across the UK has highlighted that many focus on the whole patient pathway from primary / community care to acute / emergency care and discharge home. The advantages of this approach are that the whole care system is working in tandem for the benefit of patients and service user, with care and treatment being delivered at the right time and in the right location and to system wide agreed outcomes and targets.

6.3 A whole system approach that extends to social care, housing and the third and independent sectors is required to effect the change envisaged in the National Clinical Services and the Board's Clinical Services Strategy and reduce demand on hospital services by supporting more people within their own communities.

6.4 Integration Joint Boards with their strategic planning responsibilities, and connections with other key partners, including GPs, are well placed to develop a coherent whole system plan for unscheduled care. Key to this will be:

- Chief Officers and their senior teams working collaboratively in partnership with the NHS Board and with the Acute Division
- Collectively identifying what are we trying to achieve and why;
- Analysing and understanding demand and its flow (discussions have begun on this with public health) and establishing a baseline from which future activity/ improvements and impacts can be monitored and evaluated;
- Identifying the key issues/ improvements we must address;
- From this, be clear on the shared and agreed outcomes we are working to deliver and by when;
- Be clear how these will be delivered, by whom and over what timescale;
- Being clear how improvements will be measured (including a performance framework and the baseline from which we can measure progress); and,
- Be clear about the resources/financial framework to support it (including how resource changes / shifts are dealt with, the business case process for these and how future commissioning intensions are made).

6.5 It is required that Health and Social Care Partnerships work together to establish Strategic Commissioning Intentions for the Unscheduled Care services. Chief Officers will be finalising this work by the end of 2016 to cover the period 2017/18.

6.6 It is anticipated that the final draft Unscheduled Care Strategic Commissioning Plan will be presented to the Integration Joint Board for approval in March 2017.

7. Current Programme and Performance

7.1 The Health and Social Care Partnership has an existing programme of activity that is designed to prevent emergency hospital admissions and support people to receive care and treatment within community settings. Elements of this programme have been in place for some considerable time while others are at the development stage.

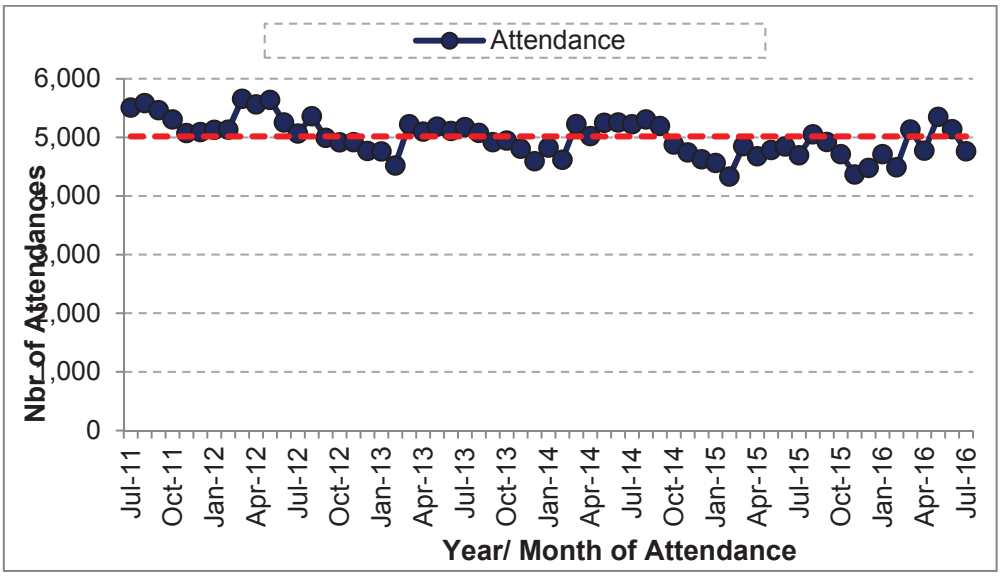
7.2 Acute unscheduled care performance is currently measured by the following indicators, (which are included in the Health and Social Care Partnership's routine operational performance report):

- new Accident & Emergency attendances (rate per 100,000 population);
- new Accident & Emergency attendances by GP referral (rate per 100,000 population);
- emergency admissions by age (rate per 1,000 population); and,
- emergency acute bed days 65+ and 75+ (rate per 1,000 population).

7.3 Renfrewshire is served by a single Accident & Emergency department at Royal Alexandra Hospital.

The average monthly attendance at the emergency department between July 2011 and July 2016 is 5,016. The highest monthly attendance was 5,660 in March 2012. During this time, the percentage of patients who met the 4-hour waiting times target each month ranged from a high of 95.9% in August 2011 to a low of 71.2% in January 2015.

Average Monthly attendance at emergency department (July 2011 - July 2016)



Source: ISD Scotland

7.4 Emergency Admission to Hospital

The rate of emergency admissions (per 100,000 people) to hospital in Renfrewshire has been higher than the Scotland rate for the last ten years. The actual number of admissions has risen and fallen over the time period.

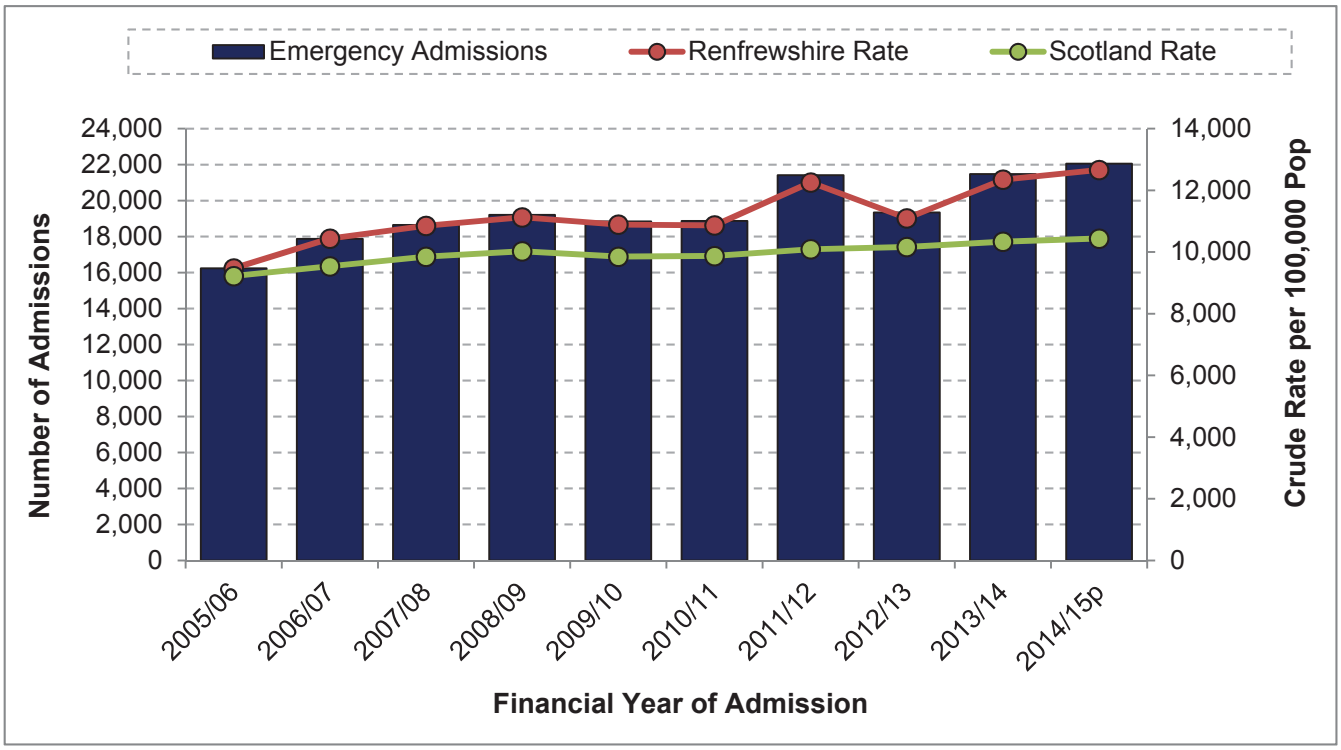
Emergency admissions to hospital - Renfrewshire

HSCP	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15p
Renfrewshire	16,234	17,875	18,647	19,206	18,844	18,869	21,413	19,339	21,475	22,059p
Renfrewshire Rate	9,470	10,437	10,850	11,125	10,981	10,863	12,257	11,095	12,349	12,661p
Scotland Rate	9,222	9,538	9,851	10,023	9,849	9,871	10,091	10,163	10,335	10,436p

Source: ISD Scotland

The information in the table above is displayed in chart form below.

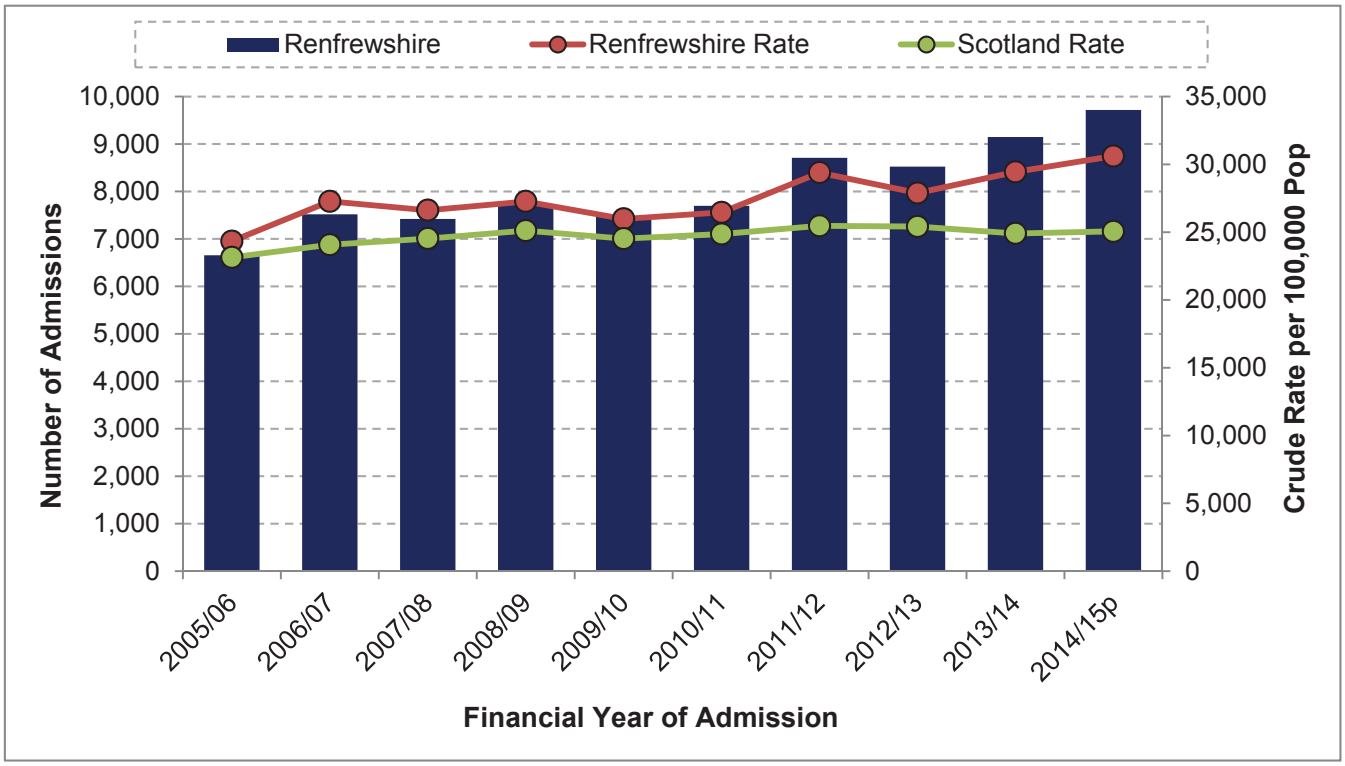
Renfrewshire Emergency Admissions 2005/06-2014/15



Source: ISD Scotland. These data were extracted from SMR01 in September 2015. p: provisional

7.5 The rate of emergency admissions for those aged 65 plus per 100,000 is higher in Renfrewshire than the Scottish average. This is demonstrated in the chart below.

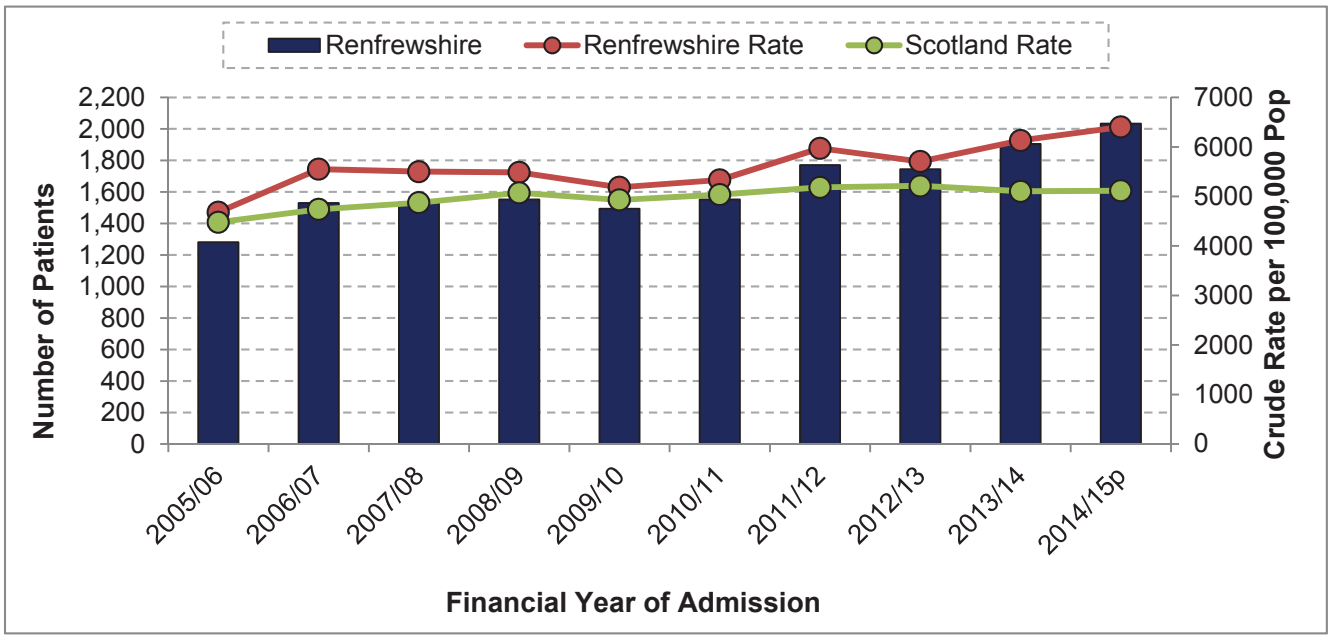
Renfrewshire emergency admissions for patients aged 65 and above, number and rate per 100,000 population 2005/06 – 2014/15



Source: ISD Scotland. These data were extracted from SMR01 in September 2015. p: provisional

Similarly, the rate of multiple emergency admissions for those aged 65 plus is also higher in Renfrewshire than the Scottish average.

Multiple emergency admissions for patients aged 65 and above in Renfrewshire



Source: ISD Scotland. These data were extracted from SMR01 in September 2015. p: provisional

The increase in multiple emergency admissions is greater for those aged 65 and above compared to all ages. This is shown in the table below.

Increase in multiple emergency admissions 2005/06 to 2014/15

Increase in multiple emergency admissions 2015/06 to 2014/15	All ages*		65+	
	N	%	N	%
Renfrewshire	1,247	+46.2%	752	+58.7%

* Patients with either 2, 3 or more admissions
Source: ISD Scotland

Implications of the Report

1. **Financial –** The Integration Joint Board's budget includes a "set aside" budget for the commissioning of acute hospital services within scope. The set aside amount for each Health and Social Care Partnership for 2016/17 is in the process of being calculated in line with formula set down by Scottish Government. For 2016/17 the set aside budget for Renfrewshire is currently estimated at £32.3m.
2. **HR & Organisational Development – Nil**
3. **Community Planning – Nil**
4. **Legal –** The integration scheme for the Integration Joint Board includes specific responsibilities for the strategic planning of certain acute hospital services.
5. **Property/Assets – Nil**
6. **Information Technology – Nil**
7. **Equality & Human Rights - Nil**
8. **Health & Safety – Nil**
9. **Procurement – Nil**
10. **Risk –** A risk analysis will be developed alongside the detailed unscheduled care plan referenced above.
11. **Privacy Impact** – **Nil**

List of Background Papers – None

Author: Fiona MacKay
Head of Strategic Planning and Health Improvement

Item 11

To: **Renfrewshire Integration Joint Board**

On: **25 November 2016**

Report by: **Chief Officer**

Heading: **Falls Prevention & Management Strategy**

1. Summary

1.1 A falls prevention and management strategy has been developed in order to reduce the number of falls and falls-related injuries within Renfrewshire, in line with national, NHSGGC, and Renfrewshire strategic priorities. This strategy will prioritise education and awareness raising, and implementation of clear pathways for those at risk of falls.

2. Recommendation

It is recommended that the IJB:

- Approve the implementation of the Renfrewshire Falls Prevention and Management Strategy.

3. Background

3.1 In 2015, for those aged 65 and over, 20.5 people out of 1000 of the total Renfrewshire population were discharged following a fall-related admission. A fall is defined as an event which "*results in a person coming to rest inadvertently on the ground or floor or other lower level*" (World Health Organisation).

3.2 The impact of a fall for older people is well-documented, including loss of function, independence, confidence, and social isolation. Adding to this the considerable strain on health and social care resources and an ageing population, falls prevention is justifiably a key priority for community health and care services to address in the coming years.

3.3 In 2013 the Scottish National Falls Programme published their framework for falls prevention and management within the community, entitled "*The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014-2016*" (accessible via: http://www.gov.scot/Resource/0044/00448210.pdf). The framework sets out a number of minimum standards for community health and social care services in relation to community falls prevention and management, and recognises that a 15 – 30% reduction in falls is achievable through proactive identification and intervention with those at highest risk.

3.4 NHS Greater Glasgow & Clyde (NHSGGC) published the "*Policy for the Prevention and Management of Falls (For Adults Aged 16 and Over)*", which brought together Acute, Community and Mental Health falls prevention policies for the first time, see Appendix 1.

3.5 The Renfrewshire Health and Social Care Partnership (HSCP) Strategic Plan highlights falls prevention and management activity, specifically including the outcome "to reduce the number of falls and falls-related injuries within Renfrewshire". The indicators of attainment (outputs) are: "to increase the number of people benefiting from the Community Falls pathway" with specific targets to be achieved by March 2017:

- 50 recorded Level 1 falls risk screenings completed in Renfrewshire per month;
- 50 recorded Level 2 multi-factorial falls assessments completed in Renfrewshire per month (Renfrewshire HSCP Strategic Plan – Action Plan 4.1).

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4. Report

4.1 To achieve the standards of the NHSGGC Policy and National Falls programme "Framework for Action", a Renfrewshire falls prevention and management strategy was developed, ensuring strategic fit with national, NHSGGC, and Renfrewshire priorities, shown in Appendix 2.

4.2 Three subgroups comprise the Renfrewshire Falls Prevention and Management Group (RFPMG) chaired by the Renfrewshire falls lead, and covering key stakeholders, namely:

- Care homes;
- Third and independent sector;
- Community Health and Social Care.

4.3 The RFPMG focuses on two main areas, with a target population of older or vulnerable adults living within the community:

- Education and training for a range of frontline staff and volunteers, to increase awareness and maximise the capacity to identify those at risk and provide practical advice on promoting independent, safe and healthy lifestyle choices, especially to prevent primary and secondary falls;
- Developing and implementing clear pathways for signposting at risk individuals onto relevant information sources, services or groups, which may aid future falls prevention through behavioural changes, advice or equipment provision.

4.4 The Renfrewshire Falls Prevention and Management Strategy will be implemented through wide circulation and awareness raising across relevant groups and agencies throughout late 2016 and early 2017.

4.5 A systematic staff and volunteer training programme will take place throughout 2017, comprising two main elements:

- eLearning via iLearn and LearnPRO – standardised falls awareness module;
- Face to face training to enhance practical interventions, and training on identification and signposting of those at risk of falling.

4.6 A series of clear pathways have been developed to clarify signposting and referral routes across Renfrewshire, which will be circulated and promoted during the launch of the strategy following IJB approval.

Implications of the Report

1. **Financial –** nil, implement within existing budget.
2. **HR & Organisational Development –** nil.
3. **Community Planning –** engagement and involvement required to support the implementation of the strategy.
4. **Legal –** nil.
5. **Property/Assets –** nil.
6. **Information Technology –** will require ICT input to facilitate accurate and timely reporting of falls activity.
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. A full Equality Impact Assessment will be carried out.
8. **Health & Safety –** nil.
9. **Procurement –** nil.
10. **Risk –** nil.
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers – None

Author: Craig Ross
Team Lead, Rehabilitation and Enablement Service (RES)

Policy for the Prevention and Management of Falls
For Adults aged 16 and over

Responsible Director:	Board Director of Nursing
Approved by:	Board Clinical Governance Forum
Date approved:	August 2015
Date for Review:	August 2016
Replaces previous version:	Replaces all Acute Division; Community and Mental Health versions

1. Introduction

NHS Greater Glasgow and Clyde (NHSGGC) recognise the need to identify patients at risk of falling and target resources efficiently in order to achieve the greatest effect in reducing the risk of falls, within its hospitals and community settings.

This policy is intended to raise staff awareness of the needs of people at risk of falling, by initial risk assessment and relevant care planning. An important feature of this policy will be to ensure that patients and their carers where possible, are made aware of the risk of falling and advised accordingly on falls prevention.

Where necessary, any information given to patients, relatives and carers will be provided in a language or format that is most easily understood.

2. Scope of the Policy

The overarching principles of this Policy will apply to adult patients (adult being aged 16 and over) within the NHSGGC healthcare system. All patients will require to have a falls risk assessment, care planning and interventions documented. These will be underpinned by evidence based practice regardless of age, gender, sexuality, race, religion or belief and disability.

3. Definition of a Fall

Definition of a fall - "A sudden unintentional change in position, causing one to land on a lower level, or on an object, the floor, or the ground" [1].

Definition of a fall with harm – "Any instance where a fall with harm is identified. Harm will be where another secondary care intervention is necessary (steri-strip, suture, and/or management of dislocation, fracture, head injury, death), and/or a patient has fallen and received harm or injury requiring radiological investigation (x-ray, ultrasound, MRI or CT) with a confirmed harm[2]".

NB occurrence of a radiological investigation should not lead to an automatic categorisation of 'harm' (harm must be confirmed by the investigation). Minor harms (e.g. grazes, light bruising, small cuts) would be excluded.

Definition of a serious fall – A fall resulting in a fracture or head injury requiring intervention.

4 Aims of the Policy

This policy will provide staff with clear and consistent guidance on the prevention and safe management of falls. NHSGGC staff will:

- Identify patients at risk of falling.
- Identify and modify falls risk factors for patients.
- Reduce the risk of harm as a consequence of falling.
- Involve the patient, relatives and carers in care planning to minimise falls risk.

- Promote greater communication between multi-disciplinary teams in relation to falls.
- Ensure their skills and knowledge in falls prevention and management meet the needs of their patients.
- Promote collaborative falls prevention and management between clinical settings and governance structures.

5. Falls Prevention

Patients may be at risk of falling for a variety of reasons. Possible risk factors for falling are outlined in section 7 of this policy. Similarly there is a wide range of interventions which can be implemented to minimize risk of falling. These are outlined in section 8 of this Policy.

Regardless of a patient's falls history, staff must act in a proactive manner to address any known or identified falls risk factors. Patients must be encouraged and supported to self manage by ensuring they or their carers receive written information on falls prevention.

Any interventions must be explained to the patient and documented.

It must be acknowledged that promotion of a patient's liberty and independence should be balanced against the associated risk of falling. Therefore any intervention must take into consideration these competing priorities.

6. Falls Risk Management

6.1 Inpatients

All patients must be risk assessed within twenty-four hours of admission or transfer to a ward or department using a locally agreed risk assessment tool:

- Each identified risk factor must be modified to reduce falls risk.
- Interventions must be implemented and documented in a Person Centred Care Plan.

All of the above may necessitate referral to other members of the multi-disciplinary and wider team.

The locally agreed risk assessment tool and Person Centred Care Plan will be updated:

- Within 24 hours after being transferred to another ward or department by the receiving team.
- Weekly or sooner if the patient falls or their condition changes, in general medical, regional & surgical specialties, assessment and rehabilitation and mental health inpatient areas.
- Monthly or sooner if the patient falls or their condition changes, in NHS Long Term Care Facilities.

6.2 Community

All patients over 65 years coming into contact with community services must have a level 1 screening assessment completed. If deemed at risk, they must be referred for a level 2 multi-factorial assessment.

Regardless of age, for all patients who have been identified as having had a fall in the previous 12 months, the following must occur:

- A falls risk assessment must be completed.
- A person centred care plan, with evidence of assessment, interventions and evaluations as well as evidence of multi-disciplinary involvement in relation to falls must be documented.
- Each identified risk factor must be modified to reduce falls risk.

7. Falls Risk Factors

In addition to completing a risk assessment, a comprehensive clinical assessment will include consideration of the following [3, 4, 5, 6] risk factors:

- Increasing age in later years in adulthood.
- Physical Illness (e.g. infection, acute illness).
- Impaired gait and balance - neurological conditions (e.g. stroke, Parkinson's); joint conditions (e.g. arthritis, joint replacements); foot conditions (e.g. ulcer, overgrown toe nails); sensory impairment (e.g. neuropathy); vestibular conditions (e.g. Benign Paroxysmal Positional Vertigo).
- Syncope or pre-syncope (e.g. cardiac arrhythmia, aortic stenosis).
- Postural hypotension.
- Previous injury/fracture.
- Polypharmacy.
- 'At risk' drugs (e.g. antidepressants; sedatives; neuroleptics).
- Cognitive impairment (e.g. dementia, delirium).
- Depression.
- Generalised anxiety.
- Specific fear of falling and activity restriction on the basis of anxiety.
- Visual/Hearing problems.
- Nutrition & hydration.
- Weight loss.
- Lifestyle – alcohol/drug abuse.
- Prolonged bed rest.
- Incontinence.

- Environmental factors (e.g. bed rails, seating, lighting, uneven surfaces).
- Inappropriate footwear or clothing.

Osteoporosis and falls risk are integral to fracture prevention and therefore cannot be considered in isolation of each other.

8. Interventions

Falls prevention including self-management, general safety precautions and patient specific interventions must be discussed with the multi-disciplinary team, patient, and relatives / carers. In acute hospital settings, the wider multi-disciplinary team may include a falls co-ordinator. Involvement of relatives / carers and the multi-disciplinary team is particularly important for those patients with cognitive impairment as they may be unable to retain information themselves. All interventions considered and / or implemented must be documented in the patient record.

Appropriate interventions are well known [3, 4, 5, 6, 7, 8] and must include:

- Promoting a safe environment – by ensuring personal items and fluids are to hand, use of appropriately assessed equipment, and assessment of environmental risk.
- Use of hi-lo / low profile beds, bed or chair alarms, bedrails and specialist seating (including the use of lapstraps). The use of this equipment is classified as a form of mechanical restraint and as such must be individually assessed and continually reviewed by the multi-disciplinary team. Restraint must be carefully considered in context of patient safety and the human rights and dignity of that individual [9, 10, 11].
- Home hazard modification.
- Advice on appropriate footwear.
- Advice on visual, hearing and communication aids.
- Continence promotion and management.
- Management and treatment of gait and balance disorders (including evidence based exercise programmes).
- Ensuring mobility aids are available if required, and used as directed.
- Medical investigation and management of identified risk factors.
- Investigation and management of bone health.
- Medication review.
- Addressing fear of falling, avoidance and behaviours associated with low mood and anxiety.
- Person-centred therapeutic and/or social care activities.

It must be acknowledged that promotion of a patient's liberty and independence should be balanced against the associated risk of falling; therefore any intervention must take into consideration these competing priorities.

9. Management of a Fall

9.1 Management in a Hospital Setting

Staff must assess the patient for any obvious signs of injury. If an obvious injury has been sustained, or the patient is distressed or in discomfort, immediately refer to medical staff (or hospital at night team / on call medical team) for assessment. All assessments and interventions must be documented in the patient's record.

If a head / neck injury is suspected: [12]

- The patient must not be moved.
- The patient must be immobilised until reviewed by medical staff.
- Nursing staff must initiate observations to include:
  - respiratory rate, heart rate, blood pressure, temperature, oxygen saturations (Early Warning Score in acute services).
  - Glasgow Coma Scale.
  - pupil size & reactivity.
- Medical staff must examine the patient and commence investigations.
- The patient must only be returned to bed / chair after consideration of safe manual handling methods[13].
- Neurological observations including the Glasgow Coma Scale must be recorded until the GCS is equal to 15 or equal to the patient's pre-fall score (if known). Any deterioration must be reported to medical staff. The minimum frequency for these observations must be:
  - half hourly for 2 hours,
  - then 1 hourly for four hours,
  - then 2 hourly thereafter.

If a fracture is suspected:

- In the lower limb – immobilise until a medical review is undertaken.
- In other areas - the patient must only be returned to bed / chair after consideration of safe manual handling methods[13].
- Nursing staff must initiate observations to include:
  - respiratory rate, heart rate, blood pressure, temperature, oxygen saturations (Early Warning Score in acute services).
- Medical staff must examine the patient and ensure an x-ray is carried out.

If no obvious injury has been sustained and the patient is not distressed or in any discomfort:

- The patient must only be returned to bed / chair after consideration of safe manual handling methods[13].
- The patient must be reviewed by medical staff within 24hrs of the fall.

All falls regardless of severity or setting must:

- Prompt a review and update of the locally agreed risk assessment tool and person centred care plan (refer to section 6.1).
- Be recorded in Datix in accordance with NHS GGC Incident Management Policy[14].
- Be communicated to the multi-disciplinary team to enable management and intervention of falls risk as outlined in sections 6, 7, and 8 above.

- Be discussed with relatives / carers, taking into account individual patient circumstances.

Discharge Information
The multi-disciplinary team must discuss falls risk and safety advice with patient and relatives / carers prior to discharge. Consideration must be given to onward referral to local community services to meet identified needs.

9.2 Management in Community Settings

If an injury is suspected:
- The patient must not be moved.
- Contact emergency services.

If no obvious injury is evident and the patient is not distressed:
- The patient must only be returned to bed / chair after consideration of safe manual handling methods[13].
- Consideration must be given to onward referral to other local community services to meet identified needs.

All falls regardless of severity or setting must:
- Prompt a review and update of a risk assessment and person centred care plan (refer to section 6.2).
- Be recorded in Datix.
- Be communicated to the multi-disciplinary team to enable management and intervention of falls risk as outlined in sections 6, 7, and 8 above.
- Be discussed with relatives / carers, taking into account individual patient circumstances.

9.3 Datix Recording

- All falls regardless of severity must be recorded in Datix (electronic risk management system).
- All falls should be considered for management in accordance with Health & Safety / RIDDOR guidelines.
- In inpatient settings, all category 4/5 falls (fracture, head injury, death) must be reported immediately to the Lead Nurse and Chief Nurse.
- Following a post fall review, the Lead Nurse/Chief Nurse must decide if this requires to be escalated as a significant incident in line with NHS GGC Incident Management Policy[14]

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Appendix 2

Renfrewshire Health & Social Care Partnership

The Renfrewshire Falls Prevention & Management Strategy – An Integrated Improvement Approach

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Introduction

Falls are a growing concern, particularly in the context of an ageing Scottish population. In 2014/15, 84% of emergency admissions for an unintentional injury in those aged 65 and over resulted from a fall (https://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2016-03-08/2016-03-08-UI-Report.pdf?58231753111).

In 2015, for those aged 65 and over, 20.5 people out of 1000 of the total Renfrewshire population were discharged following a fall-related admission. A fall is defined as an event which "*results in a person coming to rest inadvertently on the ground or floor or other lower level*" (World Health Organisation).

The impact of a fall for older people is well-documented, including loss of function, independence, confidence, and social isolation. Adding to this the considerable strain on health and social care resources and an ageing population, falls prevention is justifiably a key priority for community health and care services to address in the coming years.

Rationale

In 2013 the Scottish National Falls Programme published their road map for falls prevention & management within the community, entitled "The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014/2015". The framework sets out a number of minimum standards for community health and social care services in relation to community falls prevention and management, and recognises that a 15 – 30% reduction in falls is achievable through proactive identification and intervention with those at highest risk. http://www.gov.scot/Resource/0044/00448210.pdf

The "Framework for Action" document builds upon the model for falls prevention & management published within the 2010 NHS Quality Improvement Scotland document, "Up and About, Pathways for the prevention and management of falls and fragility fractures". http://www.healthcareimprovementscotland.org/default.aspx?page=13131

NHS Greater Glasgow & Clyde (NHSGGC) published "Policy for the Prevention and Management of Falls (For Adults Aged 16 and Over)", which brought together Acute, Community and Mental Health policies for the first time.

In 2015/16 with the formation of the new Renfrewshire Health & Social Care Partnership (HSCP), a Strategic Plan was developed which highlights falls prevention & management activity within a suite of action plans. There are a number of other documents and policies which make reference to the significance of falls prevention especially in the context of an ageing population, and include but are not limited to:

- The Allied Health Professions National Delivery Plan
- The Delivery Framework for Adult Rehabilitation
- Making the Right Call for a Fall - Developing an Integrated Urgent Care Pathway for Older People
- Occupational Therapy in the Prevention and Management of Falls – a practice guideline
- The National Outcomes for Integration

The aim of the Renfrewshire Falls Prevention & Management Strategy is to set out the strategic direction to allow development of falls prevention & management activities within Renfrewshire. This will be achieved through integrated partnership working led by Renfrewshire Health & Social Care Partnership, involving Acute, third and independent sectors.

Governance Structures

This section describes the governance structures which support the implementation of the action plans, and the evaluation and monitoring of these activities.

The Renfrewshire Falls Prevention & Management Group (RFPMG) is responsible for:

- Creating a proactive forum for planning, implementing and evaluating progress on falls prevention & management issues
- Informing and engaging with key stakeholders
- Developing a time-focussed work plan to outline activities, key milestones and anticipated outcomes
- Monitoring progress in work plan implementation
- Providing regular reports to Renfrewshire HSCP Quality Care & Professional Governance Services Locality Group, NHS Greater Glasgow & Clyde Falls Steering Group, and other management groups and meetings as required
- Providing regular communication updates to all relevant services, agencies and individuals
- Leading and supporting pathway mapping and service redesign, and monitoring impact
- Monitoring the progress and work of three subgroups.

The Renfrewshire Falls Prevention & Management Group will be chaired by the Renfrewshire HSCP Falls Lead. Membership is varied, and includes HSCP, Acute, Scottish Ambulance Service, Third & Independent sector representatives, and others as deemed necessary.

The RFPMG includes three subgroups, each with a slightly different focus, who undertake activity and report to the Renfrewshire Falls lead.

The three subgroups are as follows:

- Community Health & Social Care
- Care Homes
- Third/ Independent sector

The Model

Stages of Activity

The activity of the RFPMG will be consistent with the national "Framework for Action" approach, and ensure that activities are in place for different stages or elements of falls prevention activity, examples of which are listed below for each stage:

Stage 1: Supporting active ageing, health improvement & self-management, including:

- Vitality
- Third & independent sector
- Libraries
- Positive steps
- Living it Up
- HSCP staff

Stage two: Identifying high risk of falls and/or fragility fractures, including:

- HSCP staff
- Third & independent sector
- Ambulance service
- Fire & Rescue service

Stage three: Responding to an individual who has just fallen and requires immediate assistance, including:

- Scottish Ambulance Service
- Responder service
- HSCP staff

Stage four: Coordinated management specialist assessment, including:

- Rehabilitation Service
- Community Falls Prevention Programme
- RAH Falls clinic

Each RFPMG subgroup will formulate and implement a work plan which will include activities within each relevant stage. Consistent across all work streams is a move

towards supporting individuals to self-manage as able, and focus on preventative activities, which reduce the future detrimental impact of age and inactivity-related decline on individuals and their carers.

The RFPMG will ensure that addressing health inequalities will underpin all activities to reduce falls, allowing for support and interventions to be put in place for at risk and vulnerable individuals.

Work will also be undertaken which will raise increase awareness through individual and community-based approaches to promote physical activity, health-enabling behaviours, minimise risk, promote independence and empowered decision-making, and limit unnecessary demand on statutory services wherever possible. This will build upon good work which has already been commenced in the third and independent sector, where service users at risk of falls are identified, and interventions put in place, to reduce risk and maximise independence; this is not only desirable for individuals, but also reduces unnecessary referrals to HSCP services.

Target Groups

The RFPMG work will focus on two main areas:

1. Education and training for a range of frontline staff and volunteers, to increase awareness and maximise the capacity to identify those at risk and provide practical advice on promoting independent, safe and healthy lifestyle choices, especially to prevent falls
2. Developing and implementing clear pathways for signposting at risk individuals onto relevant information sources, services or groups, which may aid future falls prevention through behavioural changes, advice or equipment provision

The target population will be older or vulnerable adults living within the community.

Exclusions from this target population in the community will include:

- People falling from a height (e.g. ladder or bridge)
- People falling as a result of participation in some form of leisure activity
- People collapsing due to a serious illness e.g. stroke or cardiac event

Pathways of care

Identification

For those people who present to our services – either as a result of a fall or another reason – we will use a standardised Level 1 Falls Screening Tool to identify those at risk, at initial assessment.

Assessment

Where appropriate, we will assess an individuals' specific need. In the community, this will be through the adoption of the Level 2 multifactorial falls assessment tool, and where appropriate will encourage use of self assessment, through technological solutions as these become available. The National Care Home resource "Managing falls and fractures in care homes for older people" (2016) offers examples of risk assessment tools for use within this sector.
http://www.careinspectorate.com/index.php/guidance?id=2737

Intervention

An individualised plan will be created in conjunction with the person identified at risk, families and carers where appropriate. The plan will include one or more of the following evidence based interventions:

- Diagnosis and management of Osteoporosis
- Strength and balance training
- Assessment of mobility and provision of suitable aids
- Assessment of the environment, and modification of safety hazards
- Assessment of footwear and the promotion of personal footcare
- Review of medication
- Onward medical referral – in particular where cardiovascular or neurological problems are indentified
- Assessment of and correction of hearing loss
- Assessment of and correction of visual loss
- Referral to Sensory Impairment Services where severe visual impairment suspected or known, and difficulties with daily activities
- Supervision requirements
- Technological aids including alarms and detectors

Risks present within buildings and other environments should also be considered, which will include, but are not limited to, the need for:

- Adequate lighting
- Reduction of trip hazards
- Clear walkways and pathways

Response

We will implement procedures for responding to people who have fallen in the community, and provide both urgent and routine responses, based on need. We will ensure that the care that we provide for these people will aim to keep them safe and reduce the risk of further falls.

Outcomes & Monitoring

We will ensure that we monitor our performance, using standardised measures which will promote improvement. There are a number of relevant outcomes and indicators relating to falls.

National indicators:

"Falls rate per 1,000 population aged 65+" (measured using data gathered by Information Services Division (ISD) on the number of patients aged 65 plus who are discharged from hospital with an emergency admission code 33 - 35 and ICD10 codes W00 – W19).
Baseline data: Renfrewshire figures for past 5 years (source ISD Scotland):

2011 = 24.5; 2012 = 20.9; 2013 = 19.1; 2014 = 22.0; 2015 = 20.7. (NB: in 2015 the Scotland average was 20.5).

Local outcomes & indicators:

Outcome: "To reduce the number of falls and falls-related injuries within Renfrewshire".

Indicators: "To increase the number of people benefiting from the Community Falls pathway", with specific targets by March 2017 including:

- 50 recorded Level 1 falls risk screenings completed in Renfrewshire per month.
- 50 recorded Level 2 multi-factorial falls assessments completed in Renfrewshire per month. (Renfrewshire HSCP Strategic Plan – Action Plan 4.1)

Baseline data: at time of writing, there is no means of recording all Level 1 or Level 2 falls activity within Renfrewshire.

Conclusion

Given the demographic changes that are anticipated, it is expected that without changes in practice, the impact of falls and fragility fractures will become more apparent over the next few years. However, there is evidence that suggests that early identification and access to appropriate interventions can reduce the risk of falls by up to 30%.

Within Renfrewshire, this strategy aims to set a clear direction for action which not only reduces falls and fractures, but also contributes to maintaining independence and social inclusion for our residents. This strategy will focus on working in partnership across a range of agencies, including Renfrewshire Health & Social Care Partnership, Acute, third and independent sector staff and volunteers.

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