**To:** **Renfrewshire Integration Joint Board**

**On:** **20 November 2015**

**Report by:** **Chief Officer**

**Heading:** **First Draft Strategic Plan**

## 1. Summary

1.1. The purpose of this report is to present members of the Integration Joint Board (IJB) the first draft of the Strategic Plan for approval, in line with the requirements of integration legislation.

1.2. The views of the Strategic Planning Group (SPG) have been taken into account in the preparation of the Strategic Plan.

1.3. The first draft of the Strategic Plan is attached in Appendix 1.

## 2. Recommendations

2.1. It is recommended that members of the IJB:

- consider the themes emerging from the views expressed by SPG members on the Strategic Plan Proposals,
- note the approach adopted to take account of the views expressed by SPG members,
- note the change to the strategic planning timeline to facilitate reporting to appropriate governance bodies,
- approve the first draft of the Renfrewshire Health and Social Care Partnership Strategic Plan, and
- agree to remit the first draft Strategic Plan to the SPG to seek its members' views, in line with legislative requirements.

## 3. Background

3.1. At its meeting on 18 September 2015, the IJB approved the approach for developing the Strategic Plan and the proposed structure and content of the Strategic Plan. In line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB remitted these proposals to the local SPG to seek its members' views.

3.2. The first draft Strategic Plan has now been developed in line with legal requirements and reflecting national guidance on the joint strategic commissioning process.

3.3. The first draft of the Strategic Plan is attached in Appendix 1 for members' consideration.

3.4. **Strategic Planning Group Views**

3.5. One of the key legal requirements is for the IJB to seek the views of the SPG on the Strategic Plan proposals, which took place at the SPG meeting on 23 September 2015.

3.6. The SPG members were given copies of the Strategic Plan Proposals Paper and asked for views across four areas, which were expressed in facilitated group discussions:

- the strategic planning process and timeline,
- the proposed structure and content of the Strategic Plan,
- the Partnership's approach to consultation and engagement, and
- potential priority areas for different care groups in the Partnership's remit.

3.7. A number of views were expressed multiple times with themes emerging from the group discussions. Chief among these were:

3.8. **Process and timeline**: SPG members understand the strategic planning timeline and the legal deadlines being worked to. A number of views were expressed in relation to the need for SPG members to be supported by the Partnership to effectively contribute to the process in terms of the format of meetings and accessibilty of materials presented and to enable them to effectively engage with their stakeholder networks on relevant issues within the process.

3.9. **Proposed structure and content**: the need for the Strategic Plan to address early intervention, prevention and inequalites was expressed a number of times as was the view that the Strategic Plan has to be person-centred and easy to understand.

3.10. **Consultation and engagement**: SPG members indicated that the Partnership's approach to consultation and engagement needs to be focussed on making the complex subject matter as easy as possible to understand and that mechanisams and supports have to be developed to enable the members to engage with their networks to discuss the matters arising. These were viewed as the main ways in which meaningful joint working can be achieved.

3.11. **Potential priority areas**: SPG members generally agreed with the potential priority areas identified. A number of views were received regarding inclusion of developing opportunities with and capacity within the third sector as a priority and ensuring the Strategic Plan reflects the central role played by carers across the Partnership's remit.

3.12. A full log of all the views expressed by SPG members has been developed and remitted to an approriate workstream within the Integration Programme for action. SPG members were updated on the progress being made in relation to their views at the Group's meeting on 22 October 2015. These updates will continue to be provided going forward as further consideration is given to the most appropriate action or response for each view.

3.13. **First Draft Strategic Plan**

3.14. The first draft of the Strategic Plan has been developed taking the SPG's views into account as outlined in 3.12 above.

3.15. In line with the Strategic Plan Proposals paper previously approved by the IJB, the Strategic Plan sets out:

- the context for integration of health and social care in Scotland, including the national health and wellbeing outcomes and the legal and policy drivers,
- the Partnership's vision for the future of health and social care in Renfrwshire, the leadership and governance of the organisation and the services that it will manage to deliver this vision,
- the purpose of the Strategic Plan in setting the direction for the Partnership for the period 2016-2019 and the role of the SPG in developing the Strategic Plan and monitoring its implementation,
- an assessment of the current and future needs of the local population that gives rise to the changing demand for services and consideration of the current complement of services and resources at the Partnership's disposal to meet this demand,
- the Partnership's priorities for the period of the Strategic Plan, which have been developed from the needs assessment and from the

outcome of engagement with the SPG. These priorities will be translated into person-centred case studies to illustrate what integration means in practice,

- the wider planning framework within which the Partnership operates, showing the relationships between the Strategic Plan, Renfrewshire Council Plan, NHS GGC Local Delivery Plan and the Renfrewshire Community Plan. This section also outlines the relationships between the Partnership's internal plans and strategies, including its approach to localities.

3.16. The first draft Strategic Plan describes the role of the Partnership. It examines the evidence that is the foundation for its strategic priorities and demonstrates the strategic commissioning process that has been undertaken to date with local partners to develop this direction.

**Strategic Planning Timeline and Next Steps**

3.17. In line with the process and timeline approved previously, if approved, the first draft of the Strategic Plan will be remitted to the SPG to seek its members' views. Thereafter, the views gathered will be taken into account when preparing a second draft for the IJB's consideration on 15 January 2016.

3.18. Subject to approval of the second draft of the Strategic Plan, a formal consultation exercise will be undertaken to seek feedback from the prescribed consultees. The Act prescribes the stakeholders who must be consulted at this stage, including staff, service users, carers, the third sector providers, the Council and Health Board. Feedback from this wider consultation will then be taken into account when preparing the final draft.

3.19. At this time, it is proposed the draft final version of the Strategic Plan will be reported to the Council and the Health Board parent bodies, during February 2016, for noting and shared with IJB members.

3.20. At its meeting on the 18th March 2016, the IJB will agree their final draft of the Strategic Plan, taking account any feedback from the Council, Health Board and wider consultation.

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**Implications of the Report**

**1. Financial –**

**2. HR & Organisational Development –**

**3. Community Planning**

**4.** **Legal –**

**5.** **Property/Assets –**

**6.** **Information Technogloy –**

**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 –**

**9.** **Procurement –**

**10.** **Risk –**

**11.** **Privacy Impact –**

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**List of Background Papers – None.**

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**Appendix 1**

# Renfrewshire Integration Joint Board (IJB)

# Strategic Plan 2016-2019 First Draft

**Contents** **Page No**

# 1. Introduction

1.1 This is the first 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 Renfrewshire Council and NHS Greater Glasgow and Clyde will form an integrated partnership to develop local health and social care services for 2016-2019.

1.2 The Council and NHS have an established history of positive and effective joint working to improve outcomes for people who use health and social care services in Renfrewshire. Bringing adult social work and all Community Health Partnership functions into a Health and Social Care Partnership (HSCP) is a major step in formalising these joint working arrangements and places a renewed clear focus on putting the people who use services at the heart of what we do.

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 integrate our services, our ways of working and our organisational arrangements to improve health and social care for Renfrewshire's people and communities. People who need health and/or social care rarely need the help of a single specialist, team or even organisation, and we believe that improved joint working and, where possible integration, is vital to improving services. Support must be personalised and organised around the needs of individuals irrespective of their health conditions, location or service provider.

1.4 The Strategic Plan looks at the context in which health and social care services operate; the legislation that governs the sector, the policies that provide direction, the existing plans of partner organisations and the relationships between them. It also examines the evidence for our strategic decisions, it uses this evidence to shape local priorities and shows how services could be modelled in the future to deal with the challenges we face.

1.5 Because of growing demand, 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 and commission services that drive improvements and make the best use of the resources available.

1.6 Other partners also play a vital and central role in creating an effective and person-centred health and social care system. We must therefore work together with family doctors (GPs), hospital services, our communities and the voluntary (or third) sector to progress and

achieve our aims. We will work with Community Planning partners to influence the wider determinants of health and create a healthier Renfrewshire.

1.7 This Strategic Plan will provide vision and direction to facilitate the establishment of care group specific plans with clear outcomes and actions. From this Strategic Plan, we will develop more detailed plans for all of our care groups, setting out information about our services, key activities and improvements, and the outcomes we are seeking to deliver. We are also developing an HSCP Performance Management Framework. This will ensure we report regularly to our IJB on key performance indicators (KPIs) that will have been agreed for these plans. We will also ensure that at all stages we are planning and working in a way to ensure staff, service users, patients and partner organisations are participating and being engaged,

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Cllr Iain McMillan
IJB Chairman

David Leese
Chief Officer

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

## 2. Executive Summary

**The final plan will describe key priorities in an Executive Summary. These will be informed by the detail of the plan.**

## 3. A Picture of Renfrewshire

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 good transport connections to the rest of Scotland and Glasgow Airport is situated near the town of Paisley. 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 40%.

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

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

There are, however, significant variations within Renfrewshire, with male life expectancy in some areas being over 15 years lower than that in other more affluent areas.

3.4 The inequalities gap found 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, 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 39% of the 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.

3.6 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.

3.7 The recent 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.

3.8 Almost 2,800 15-64 year olds in Renfrewshire are estimated to be problem drug users.

3.9 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).

3.10 We also know from recent studies that there are real challenges with poverty in Renfrewshire. There are 30,121 children aged 0-15 in Renfrewshire and 8,143 young people aged 16-19. In Renfrewshire, 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,

## 4. Developing Integrated Arrangements in Renfrewshire

4.1 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) is chaired in Renfrewshire by Councillor Iain McMillan. Details about our IJB are in Appendix 1.

4.2 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."

4.3 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 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.

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

**Diagram 1**

**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.

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.

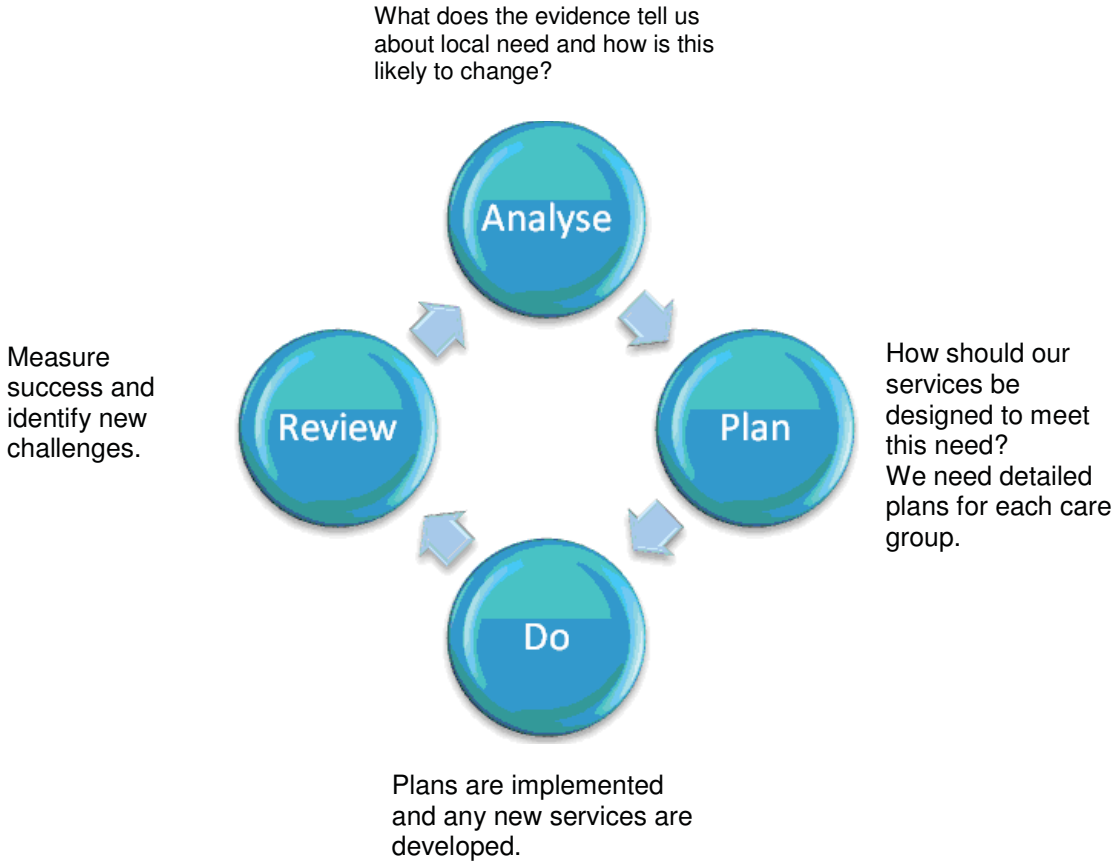
***The Carers (Scotland) Bill*** was introduced to Parliament in March 2015. It covers a range of areas relating to supporting carers, such as Adult Carer Support Plans, Young Carers Statements and Carer Involvement. The Bill proposes a number of new duties and requirements, including a duty to support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

***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.

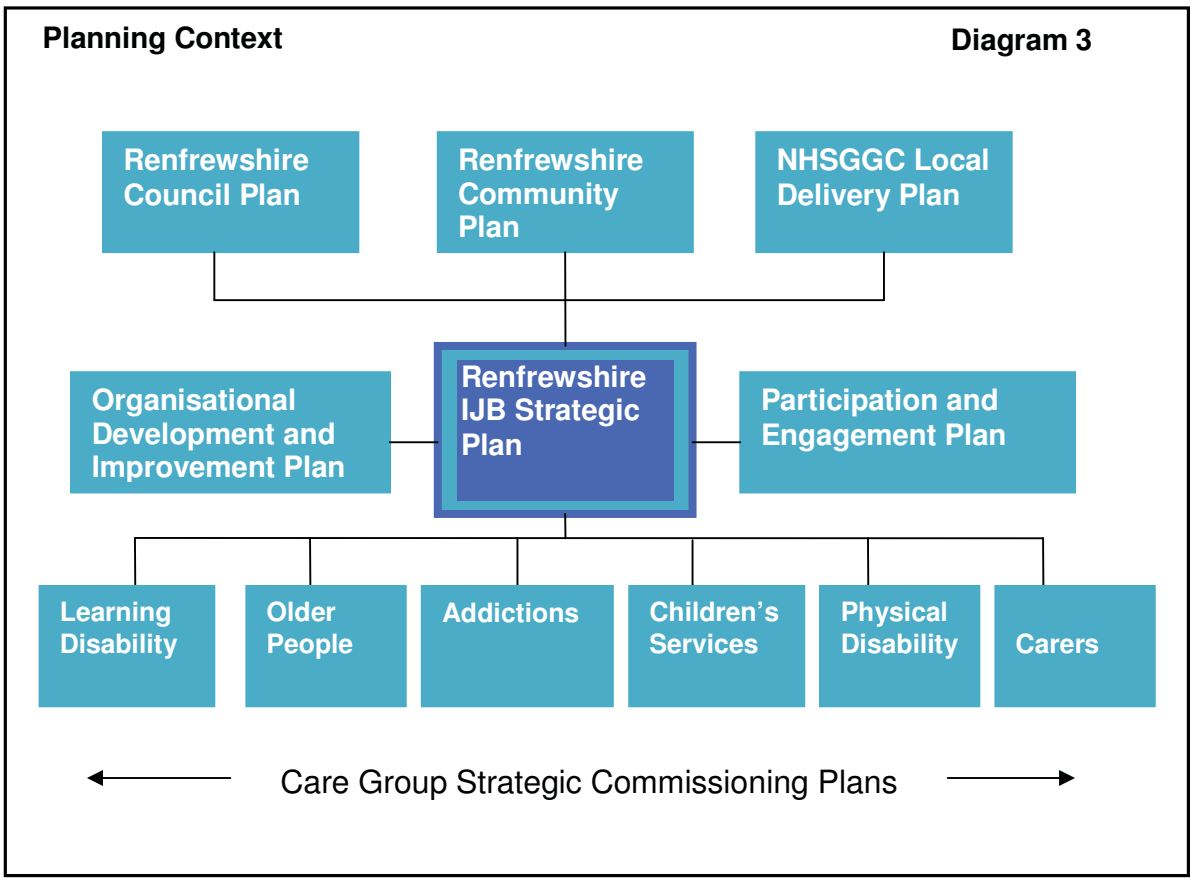
4.5 This draft Strategic Plan and the associated care group plans have been developed using a strategic commissioning approach. Strategic commissioning has four main stages – analyse, plan, do and review. This is a cycle and which means that the work we do and the lessons we learn at each stage feed into the next. It also means that we review at 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.

**Diagram 2**

**Strategic Commissioning**




4.6 It is also important to note that our Strategic Plan does not sit or operate in a vacuum. It is part of a wider planning framework of Renfrewshire Council, the NHS Board and local Community Planning partners. The table overleaf shows other plans which link to the Strategic Plan.




4.7 The 2014 Act requires that the NHS Board and the Council include a number of functions and services in the Partnership. As a minimum, services for people aged over 18 must be included. In Renfrewshire, the Partnership's services are:

| 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<br>• Mental health services<br>• Services for adults with physical disabilities and learning disabilities<br>• Care at home services<br>• Drug and alcohol services<br>• Adult protection and domestic abuse<br>• Carers' support services<br>• Community care assessment teams<br>• Support services<br>• Care home services<br>• Adult placement services<br>• Health improvement services<br>• Aspects of housing support, including aids and adaptations<br>• Day services | • District nursing services<br>• Substance misuse services<br>• Services provided by allied health professionals in an outpatient department, clinic or out with a hospital<br>• The public dental service<br>• Primary medical services<br>• General dental services<br>• Ophthalmic services<br>• Pharmaceutical services<br>• Out of hours primary medical services<br>• Community geriatric services<br>• Community palliative care services<br>• Community learning disability services<br>• Community mental health services<br>• Community continence services<br>• Services provided by health professionals that aim to promote public health |

| | |
|---|---|
| • Local area co-ordination<br>• Respite provision<br>• Occupational therapy services<br>• Re-ablement services, equipment and telecare | • School Nursing and Health Visitor Services<br>• Child and Adolescent Community Mental Health Services<br>• Specialist Children's Services |

4.8 The 2014 Act identifies a set of hospital-based services that integration will provide with an opportunity for improvement. 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 to be integrated**

- 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
- Mental health services provided in a hospital, except secure forensic mental health services

4.9 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.

**The Renfrewshire Partnership will continue to host:**

- Podiatry Services
- Primary Care Contractual support ( medical and optical)
- Strategic Planning for out of hours GP services

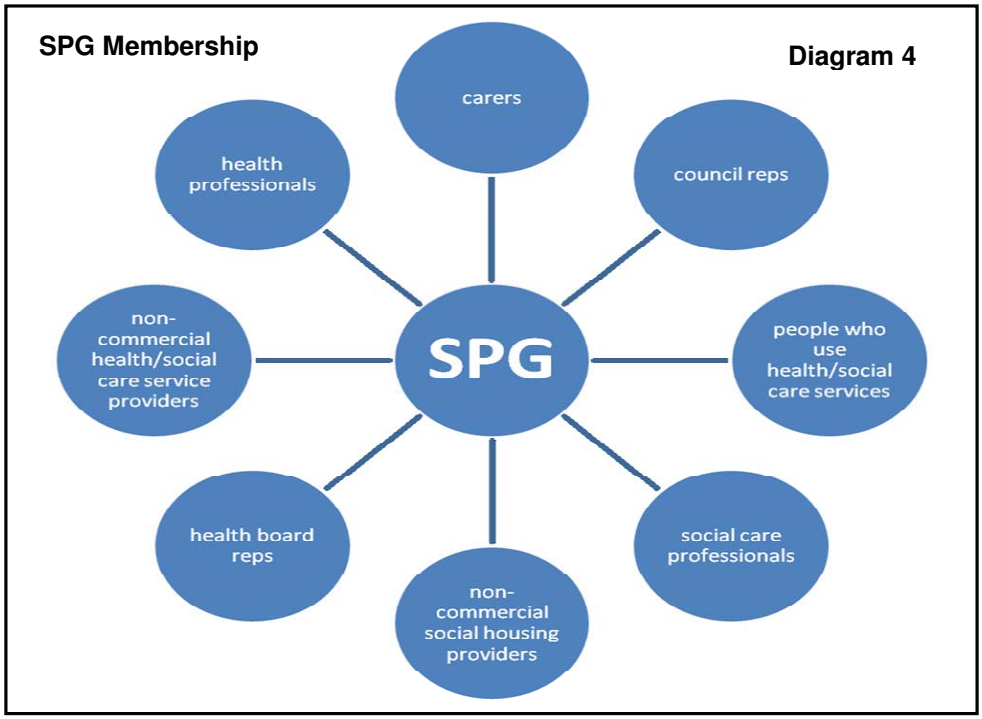
| **Other GG&C Partnerships will host:** | |
|---|---|
| Glasgow | • Continence services outwith hospital<br>• Enhanced healthcare to Nursing Homes<br>• Sexual Health Services (Sandyford)<br>• Specialist drug and alcohol services |

| | |
|---|---|
| | & system- wide planning and co-ordination<br>• Specialist mental health services & mental health system- wide planning and co-ordination<br>• Custody and prison healthcare |
| West Dunbartonshire | • Musculoskeletal Physiotherapy<br>• 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 |

4.10 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 diagram below summarises SPG membership

**SPG Membership** **Diagram 4**



Each locality in the Partnership's area must also be represented on the SPG.

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.

Details about our Strategic Planning Group and its membership are shown in Appendix 2.

4.11 The Partnership will plan consistent with the national guidance on localities (Scottish Government's Localities Guidance). As such membership of our SPG reflects our two main geographical areas. In 2016/17, most of our services will continue to be delivered within the two geographical areas (or localities) that are well know – Paisley and West Renfrewshire. The HSCP organisational structure will reflect this from April 2016 also. To further build ways of working, the HSCP will also build a dialogue within 'clusters' or 'sub localities' across Renfrewshire to test how our services work together and how GPs can work more effectively with them and other vital community-based services such as voluntary organisations. Through this we will also develop a clearer view of the geographical/locality planning required for Paisley and West Renfrewshire. We see our work to understand and develop locality planning, and joint working as central to what we do over the next three years. It is vital that we nurture and develop this as it is through better local working that real improvements in care for service users and patients will be secured.

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## 5. Challenges Facing Us

**This section will draw together some of the challenges facing us e.g. rising hospital admissions, pressures on primary care, changing demographics, self directed support. It will lead into the next section on strategic priorities.**

## 6. Our Strategic Priorities

6.1 This section of the 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 Appendix 3). In summary our strategic priorities are set out in the following.

6.2 **Improving Health and Wellbeing**

Early Intervention

We will support people to take control of their own health and wellbeing so they maintain their independence. We will develop systems to identify people at risk of hospital admission, and to provide them with the necessary support to remain in their own community safely for as long as possible. 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 GIRFEC by August 2016 to improve early identification of need. We will focus on improving Anticipatory Care planning.

Active Participation in Community Life

We will continue to support and signpost patients and clients into employment services to allow them to meaningfully contribute to their community. We will help people to be financially included by directing them to available help 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 will carry out Equalities Impact Assessments on new policies and services. We will support communities in our more deprived areas to make positive lifestyle changes.

Managing Long-term Conditions

We will take the opportunities offered by emerging technology to support people to manage their own long term conditions. We will focus on self management and partnership with specialist services.

Support and Protection

We have a duty to protect and support vulnerable adults at risk of physical, sexual, domestic, emotional or financial abuse. We also want to protect children in Renfrewshire,

and will work closely with those in the Council's Children's Services team to develop our child protection services.

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

Pathways through and between Services

We have been able to test new pathways between primary, secondary and community care through the Renfrewshire Development programme. This learning will be used to make more permanent improvements. 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 highlights the need to respond to the rising demand for smaller properties and for homes which are fully accessible. 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.

6.4 **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 to improve services and respond to issues raised by the people who use our services.

Support for Carers

Carers play a key role in contributing to many of the priorities above. We will progress the issues raised by local carers: accessing advocacy, providing information and advice and involving them in service planning.

## 7. Case Studies

**This will consist of a number of case studies which will demonstrate how services will work better together for people in Renfrewshire under the new integrated arrangements.**

## 8. Equalities

8.1 IJBs are required to publish a set of equality outcomes and to assess the impact on equality of their practices and policies, including their Strategic Plan.

**This section will detail our equality outcomes and describe the process by which they were agreed. It will also demonstrate how the Strategic Plan and the planning process have been subject to an Equalities Impact Assessment (EQIA).**

## 9. Our Resources

**This section will summarise the financial resources available to the partnership and will be finalised following agreement with the two parent organisations. It will also describe the staffing resource available to us and will reference the workforce plan and organisational values.**

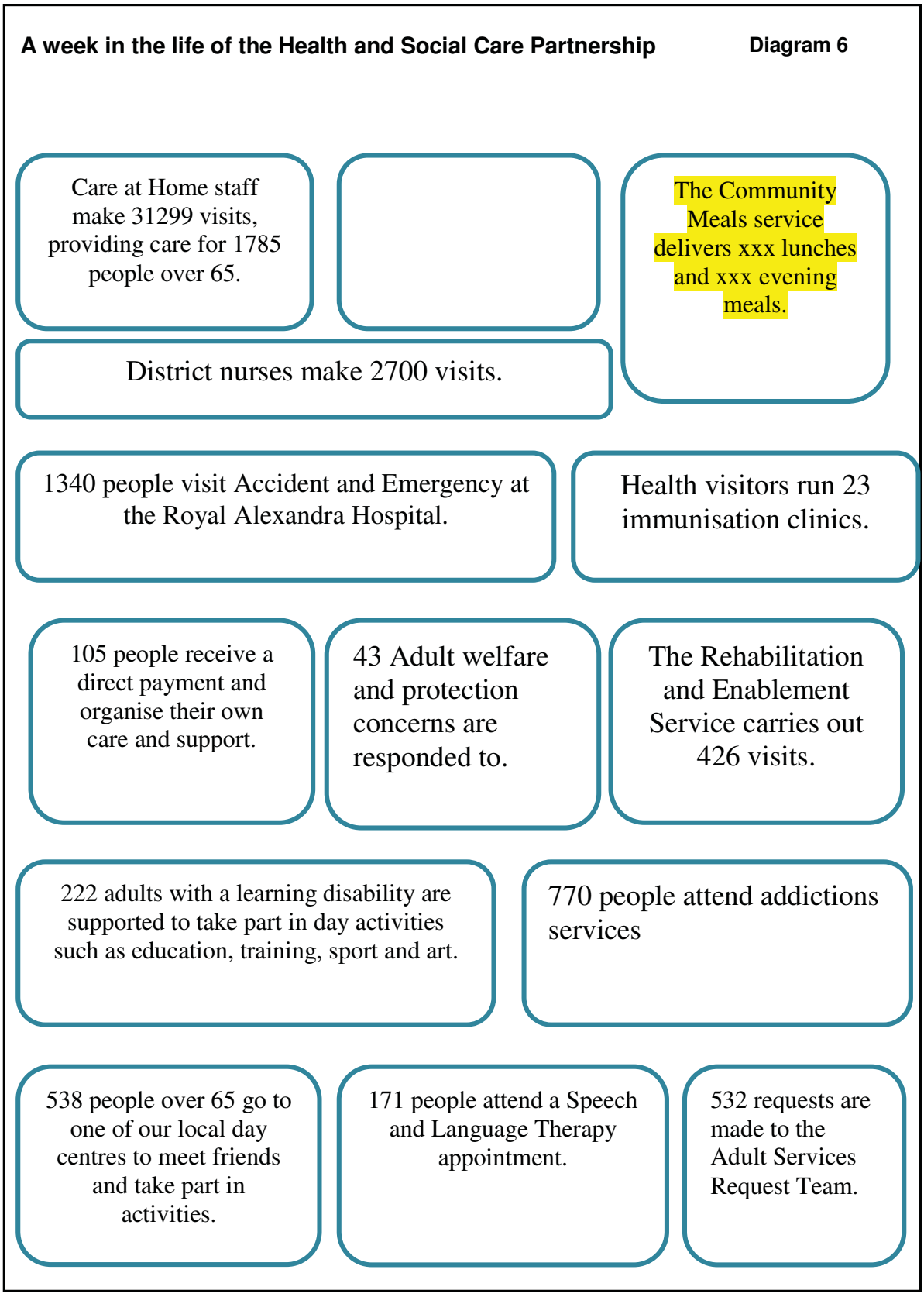
9.1 We deliver services from a range of clinics and centres, but also in people's homes and in care homes. We also commission services from private and third sector providers.

**Our Places** **Diagram 5**

| | | | |
|---|---|---|---|
| 2 hospitals | 3 locality fieldwork offices | 29 GP practices | 19 optometrists 43 pharmacies 32 dentists |
| 3 residential homes for older people | 1 respite unit for people with learning disabilities | 8 Care at Home locality teams providing a service in homes across Renfrewshire | 5 community clinics |
| 4 centres providing day opportunities for people with learning disabilities | 1 centre providing day opportunities for people with physical disabilities | 5 day centres for older people | 6 health centres |

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

**A week in the life of the Health and Social Care Partnership** **Diagram 6**



# 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.

Voting members of the IJB represent the local authority and the health board. In Renfrewshire, these are:

- Four elected members from Renfrewshire Council, and
- Four non-executive directors of NHS Greater Glasgow & Clyde.

The non-voting members are:

- The Chief Officer of the Health and Social Care Partnership
- The Chief Finance Officer
- The Chief Social Work Officer
- A Registered Nurse representative
- A registered medical practitioner representing GPs
- A registered medical practitioner representing other medical interests
- A member of staff from social work representing front-line delivery
- A member of staff from the NHS representing front-line delivery
- A third sector representative representing front-line delivery
- A service user representative
- A carer representative

The IJB has also agreed the following additional non-voting members:

- A staff-side representative for NHS Greater Glasgow & Clyde staff undertaking work on behalf of the Partnership
- A staff-side representative for Renfrewshire Council staff undertaking work on behalf of the Partnership

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 |
| Trade union representative - Council staff | John Boylan |
| Trade union representative - Health Board staff | Graham Capstick |

# Membership of Strategic Planning Group

| Membership | Nominees |
|---|---|
| Chief Officer | David Leese |
| Nomination(s) by Renfrewshire Council | Anne McMillan, Corporate Planning<br>Ian Beattie, Head of Adult Services<br>Lesley Muirhead, Development and Housing |
| Nomination(s) by NHS Greater Glasgow and Clyde | Fiona MacKay, Head of Planning & Health Improvement<br>Mandy Ferguson, Operational Head of Service<br>Katrina Phillips, Operational Head of Service<br>Jacqui McGeough, Head of Acute Planning (Clyde) |
| Health Professionals (doctors, dentists, optometrists, pharmacists, nurses, AHPs) | Chris Johnstone, Associate CD<br>John Carmont, District Nurse<br>Rob Gray/Sinead McAree, Mental Health Consultant<br>Susan Love, Pharmacist<br>Caroline Horn, Physiotherapist<br>Lynda Mutter, Health Visitor |
| Social Care Professionals (social worker or provider) | Jenni Hemphill, Mental Health Officer<br>Anne Riddell, Older People's Services<br>Aileen Wilson, Occupational Therapist<br>Jan Barclay, Care at Home |
| Third Sector bodies carrying out activities related to Health and Social Care | Stephen McLellan, Recovery Across Mental Health |
| Carer of user of social care<br><br>Carer of user of health care | Diane Goodman, Carers' Centre<br>Maureen Caldwell<br>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 |
| 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 |

## Action Plans by Care Group

| 1. Older People | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 1.1 Increase the number of people benefiting from the Community Falls pathway. | | | 2 |
| 1.2 Evidence the provision of 12 months post diagnostic support for people with dementia. | | | 4 |
| 1.3 Support nursing homes through the LES and liaison nurses to prevent inappropriate hospital admissions. | | | 2 |
| 1.4 Maintain target levels of lost bed days. | | | 2 |
| 1.5 Reduce number of bed days lost due to AWI | | | 2 |
| 1.6 Increase the uptake of flu vaccinations in the over 65 age group. | | | 4 |
| 1.7 Implement Year 4 of the Reshaping Care for Older People Change Fund plan with partners (incorporating full review of all funded activities). | | | 2 |
| 1.8 Work with partners to implement a 10-year joint Commissioning Plan for Older People's Services. | | | 2 |
| 1.9 In line with the review and implementation of the national dementia strategy, develop and implement a programme of dementia awareness training across all services. | | | 4 |
| 1.10 Working with the palliative care services within the NHS, develop the training programme for all Care at Home staff to include reablement and palliative care approaches. | | | 2 |
| 1.11 Promote the uptake of Power of Attorney. | | | |

| 2. Population Health and Wellbeing | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 2.1 Support a defined number of people from the 40% most deprived areas to quit smoking for 12 weeks. | | | |
| 2.2 Meet national targets for cancer screening for breast, bowel and cervical. | | | |
| 2.3 Develop a range of physical activity options to reduce barriers to access and target less active people. | | | |
| 2.4 Test a social prescribing model in three practices. | | | |
| 2.5 Implement health and homelessness standards, and actions from previous homeless service users' consultation. | | | |
| 2.6 Increase referrals to financial inclusion and employability services. | | | |
| 2.7 Implement a sexual health policy (with partners) for looked after and accommodated children. | | | |
| 2.8 Develop self-evaluation framework for the Adult Protection Committee. | | | |
| 2.9 Support women at risk of domestic violence through a range of targeted initiatives. | | | |
| 2.10 Support communities to lead their own health improvement activities, or to co-produce ideas and services with local people. | | | |
| 2.11 Implement the Carers' Strategy. | | | |
| 2.12 Reduce unintended pregnancies for those over 20 years of age. | | | |

| 3. Learning and Physical Disabilities | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 3.1 Deliver agreed number of health checks to clients with learning disabilities. | | | |
| 3.2 Improve oral health in this population. | | | |
| 3.3 Improve the transition experience for young people moving into adult services. | | | |
| 3.4 Work with the housing and care providers to review the existing service model for adults with learning disabilities and identify options for redesign. | | | |
| 3.5 Continue to develop the care at home reablement service and extend provision to people aged under 65. | | | |
| 3.6 Develop and implement joint strategy for adults with a physical disability or sensory impairment. | | | |
| 3.7 Continue to implement and develop local arrangements to facilitate self-directed support options locally in line with national legislation. | | | |

| 4. Mental Health | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 4.1 Ongoing review of clinical pathways in community mental health to continue to provide access to psychological therapies within the agreed standard. | | | |
| 4.2 Deliver waiting time targets for primary mental health services, ensuring equality of access for all (age, sex, SIMD). | | | |
| 4.3 Deliver suicide awareness training to front line staff and implement suicide prevention policy for schools, with Children's Services. | | | |
| 4.4 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. | | | |
| 4.5 Support people in mental health and addictions services to access employment opportunities. | | | |
| 4.6 Demonstrate changed practice in inpatient and community services as a result of listening to patient feedback. | | | |

| 5. Child and Maternal Health | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 5.1 Continue to implement Family Nurse Partnership, as we move into year 2. | | | |
| 5.2 Increase uptake of the 30 month check and share information appropriately to maximise readiness for schools. | | | |
| 5.3 Work in partnership to support more women to breastfeed and to focus on women from more deprived areas. | | | |
| 5.4 Develop sustainable services for children and new mums who are overweight. | | | |
| 5.5 Continue to support a population based model of parenting through Triple P. | | | |
| 5.6 Continue to support the Families First model in the original and three new areas. | | | |
| 5.7 Deliver CAMHS referral to treatment waiting times target. | | | |
| 5.8 Reduce speech and language therapy waiting times in community paediatrics. | | | |
| 5.9 Launch and implement an integrated Children's Services Plan. | | | |
| 5.10 Reduce conceptions in young people under 20 years old. | | | |
| 5.11 Support improvements in sexual health and relationships education in schools and community settings. | | | |

| 6. Drugs and Alcohol | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 6.1 Influence the availability of alcohol through partnership working with the Licensing Forum, ADP and local communities. | | | |
| 6.2 Reduce harm caused by misuse of drugs and alcohol. | | | |
| 6.3 Deliver Alcohol Brief Interventions in primary care and in wider settings. | | | |
| 6.4 Maintain standard of access to services to ensure it continues to meet national waiting times targets. | | | |
| 6.5 Evidence user involvement in the development and monitoring of services. | | | |
| 6.6 Continue to monitor the use of the STAR Outcomes tool across drug and alcohol services. | | | |
| 6.7 Implement Quality Principles in all drug and alcohol services. | | | |

| 7. Primary Care | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 7.1 Support GPs to implement and improve Anticipatory Care planning across Renfrewshire. | | | |
| 7.2 Support Primary Care staff to deliver target number of Alcohol Brief Interventions. | | | |
| 7.3 Support GPs into new contract arrangements from April 2016. | | | |
| 7.4 Address barriers to effective GP contributions to child protection case conferences. | | | |
| 7.5 Work with GPs in clusters to pilot improved ways of working with community and social care staff. | | | |
| 7.6 Develop the use of Practice Activity Reports and other data to support primary care. | | | |

| 8. Long Term Conditions | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 8.1 Establish a single route into web based information about long term conditions. | | | |
| 8.2 Improve pathways between primary and secondary care for those with diabetes. | | | |
| 8.3 Support the respiratory early supported discharge initiative. | | | |
| 8.4 Develop telecare and telehealth through the Smartcare Project and United 4 Health in partnership with neighbouring authorities. | | | |

| 9. Carers | | | |
|---|---|---|---|
| **Action** | **Indicator** | **Target** | **National Outcome** |
| 9.1 Work in partnership to increase the number of carers identified | | | |
| 9.2 Involve carers, local carer organisations, and other Third Sector organisations, as appropriate in the planning and shaping of services and support. | | | |
| 9.3 Provide up-to-date, accurate and relevant information | | | |
| 9.4 Support carers to access a break from caring | | | |
| 9.5 Support carers to look after their own health and well being | | | |
| 9.6 Support carers to access training opportunities relevant to their caring role | | | |
| 9.7 Support young adult carers in the transition from young carer to young adult carer | | | |