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

Date	Time	Venue
Friday, 10 March 2017	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Membership

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

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

Further Information

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

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

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

Members of the Press and Public

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

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

1 **Minute** **3 - 8**

Minute of meeting of the Integration Joint Board (IJB) held on 20 January 2017.

2 **Chairman's Update**

Verbal report by Chair.

3 **Financial Report 1 April 2016 to 31 January 2017** **9 - 24**

Report by Chief Finance Officer.

4 **2017/18 Health and Social Care Budget Update**

Report by Chief Finance Officer. (not available - copy to follow)

5 **Commissioning Unscheduled Care 2017/18** **25 - 118**

Report by Chief Officer.

6 **Performance Management Update - Exception Reports** **119 - 130**

Report by Chief Officer.

7 **Quality, Care and Professional Governance Annual Report 2016** **131 - 158**

Report by Chief Officer.

8 **Joint Inspection of Services for Adults** **159 - 160**

Report by Chief Officer.

9 **Date of Next Meeting**

Note that the next meeting of the IJB will be held at 9.30 am on 23 June 2017 in the Abercorn Conference Centre.

Minute of Meeting
Renfrewshire Health and Social Care Integration Joint Board

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

PRESENT

Councillors Iain McMillan, Michael Holmes, Jacqueline Henry and Derek Bibby (all Renfrewshire Council); Dr Donny Lyons, Morag Brown and John Legg (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Dr Stuart Sutton (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); 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.

APOLOGIES

Dorothy McErlean (Greater Glasgow & Clyde Health Board) and Alan McNiven (third sector representative).

IN ATTENDANCE

Ken Graham, Head of Corporate Governance (Clerk), Iain Beattie, Head of Health and Social Care (Paisley), Elaine Currie, Senior Committee Services Officer and Mark McGeever, Communications Officer (all Renfrewshire Council); and Fiona Mackay, Head of Strategic Planning & Health Improvement, Katrina Philips, Head of Mental Health, Addictions and Learning Disability Services, Mandy Ferguson, Head of Health and Social Care (West Renfrewshire), Jean Still, Head of Administration, Clare Walker, Planning and Performance Manager, Craig Ross, RES Team, Lynsay Copley, School Nurse and James Higgins, Health and Social Care Integration Project Officer (all Renfrewshire Health and Social Care Partnership).

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 Convener welcomed Dr Stuart Sutton to the meeting.

SEDERUNT

Morag Brown entered the meeting prior to consideration of the following item of business.

1 **MINUTE**

The Minute of meeting of the Integration Joint Board (IJB) held on 25 November 2016 was submitted.

DECIDED: That the Minute be approved.

2 **FINANCIAL REPORT 1 APRIL TO 30 NOVEMBER 2016**

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April to 11 November 2016 for Social Work and from 1 April to 30 November 2016 for the Health Board, as detailed in appendices 1 and 2 to the report.

The report provided an update on the budget allocation for 2016/17 in respect of the Health Board contribution to the IJB and the implementation of the Living Wage.

The overall revenue position for the Renfrewshire Health and Social Care Partnership (HSCP) at 30 September 2016 was an overspend of £914,000, as detailed in Appendix 2 to the report, with a projected year-end adverse variance of £1.378 million. The key pressures were highlighted in sections 4 and 5 of the report. Appendices 3 and 4 to the report provided a reconciliation of the main budget adjustments applied this current financial year.

Since the meeting of the IJB held on 25 November 2016 the Chief Finance Officer had worked with the Chief Officer, the Chair of the IJB and parent organisations to agree a way forward in order to deliver financial balance at 31 March 2017. The NHSGG&C Director of Finance had confirmed an additional non-recurring allocation of up to £1.378 million in-year. The reference to 'up to' was simply to give the flexibility that if there was an underspend on the health budget in 2016/17 a draw-down of the full allocation might not be required. The report intimated that this was a fair approach and was consistent with the arrangements in place for other IJBs.

It was noted that there would be a requirement for the IJB to address this funding issue on a recurring basis as part of approving its 2017/18 budget. It was proposed that the 2017/18 budget be discussed at the planned development session on 3 February 2017 and that members be provided with the most up-to-date information available in relation to both the Council and Health Board budget allocations to the IJB prior to the development session. This was agreed.

DECIDED:

(a) That the content of the report be noted;

(b) That the additional allocation of up to £1.378 million of non-recurring resources in 2016/17 from NHSGG&C be noted;

(c) That the requirement for the IJB to address this funding issue on a recurring basis as part of approving its 2017/18 budget be noted;

(d) That it be noted that a date for the IJB to consider the 2017/18 budget had still to be set; and

(e) That the 2017/18 budget be discussed as the planned development session on 3 February 2017 and that members be provided with the most up-to-date information available in relation to the both the Council and Health Board budget allocations to the IJB prior to the development session.

3 PERFORMANCE MANAGEMENT UPDATE - EXCEPTION REPORTS

Under reference to item 4 of the Minute of the meeting of this Joint Board held on 25 November 2016 the Chief Officer submitted a report providing an update on four indicators from the performance scorecard 2016/17.

The exception reports, which formed the appendices to the report, provided an update on the 95% of patients presenting with diabetic active foot disease seen by member of Multi-disciplinary Team within 48 hours; percentage of new referrals to podiatry service with four weeks; number of carers' assessments completed for adults (18+); and the average number of clients on the occupational therapy waiting list.

DECIDED:

(a) That the updates on performance in podiatry, carers' assessments and occupational therapy be noted; and

(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 23 June 2017.

4 UPDATE ON 2016/17 CHANGE AND IMPROVEMENT SERVICE

Under reference to item 6 of the Minute of the meeting of this Joint Board held on 24 June 2016 the Chief Officer submitted a report providing a mid-year update on the progress being made by the HSCP to implement the 2016/17 Change and Improvement Programme and deliver its intended benefits and outcomes.

The report intimated that the purpose of the 2016/17 Change and Improvement Programme was to establish a health and social care service which was managed and delivered through a single organisational model in order to optimise the benefits which could be derived from integration; and frame the delivery of social care savings and service improvement work.

DECIDED:

(a) That the progress being made to deliver the HSCP's 2016/17 Change and Improvement Programme, as detailed in the appendix to the report, be noted;

(b) That it be noted that the current programme of work, at present, did not take into account NHSGG&C saving targets to be delivered during 2016/17;

(c) That it be noted that a further update report would be submitted to the next meeting of the IJB and that a final Programme Closure report would be submitted to the meeting of the IJB scheduled to be held on 23 June 2017;

(d) That it be noted that the Chief Officer would continue to work with his senior management team and with other Chief Officers and their management teams to develop a longer term transformational vision and approach to change which would deliver on the IJB's priorities and outcomes set out in the Strategic Plan in line with its Financial Plan;

(e) That it be noted that a draft 2017/18 Change and Improvement Programme would also be submitted to the meeting of the IJB to be held on 23 June 2017; and

(f) That it be noted that an annual report on the delivery of the HSCP's Organisational Development and Service Improvement Strategy would be submitted to the next meeting of the IJB. This report would provide reassurance to members on the work being progressed by the HSCP to ensure staff and managers were supported through the change process, to build greater capability for change within the organisation, and to ensure staff were appropriately equipped to carry out the requirements of their job roles.

5 RENFREWSHIRE ALCOHOL AND DRUG PARTNERSHIP (ADP) ANNUAL REPORT 2015/16

The Chief Officer submitted a report relative to the Renfrewshire Alcohol and Drug Partnership (ADP) Annual Report 2015/16, a copy of which formed the appendix to the report.

The report intimated that the ADP had key responsibility for implementing the National Policy Framework and driving forward local action to reduce the impact of alcohol and drugs. ADPs in Scotland produced annual reports for submission to the Scottish Government and to ensure consistency, the Scottish Government had developed a standard template designed to allow consistent reporting on how ADPs were meeting national and local priorities.

DECIDED: That the content of the report be noted.

6 CHANGES TO INTEGRATION JOINT BOARD MEMBERSHIP AND CHANGE TO DATE OF NEXT MEETING

The Head of Administration submitted a report advising that Dr Stuart Sutton would formally take up the role of Clinical Director from 16 January 2017 and would assume the non-voting position of Registered Medical Practitioner (GP) on the IJB.

The report proposed that, following discussion with the Chair and Vice-chair of the IJB, the meeting of the IJB scheduled to be held on 24 March 2017 be rescheduled to 10 March 2017.

DECIDED:

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

(b) That the meeting of the IJB scheduled to be held on 24 March 2017 be rescheduled to 10 March 2017.

To: **Renfrewshire Integration Joint Board**

On: **10 March 2017**

Report by: **Chief Finance Officer**

Heading: **Financial Report 1 April 2016 to 31 January 2017**

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 6 January (Social Work) and 31 January 2017 (Health).

2. Recommendation

2.1. It is recommended that the IJB:

- Note the contents of the paper.

3. Summary

3.1. The overall revenue position for the HSCP at 31 January 2017 is showing an underspend of £6k as detailed in the table below (and Appendices 1 and 2), with a projected year-end break even position.

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	£6k underspend	£4k underspend
Renfrewshire Health Services	breakeven	£918k overspend
Total Renfrewshire HSCP	**£6k underspend**	**£914k overspend**

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.

4. Social Work – Adult Services

Current Position: **Net underspend £6k**
Previously Reported: **Net underspend £4k**

4.1. **Older People**
Current Position: Net underspend of £326k
Previously Reported: Net underspend of £279k

Currently, the position within Older People's services is an overall underspend. As previously reported, there are increasing and substantial pressures within the care at home service, which is currently projecting a £2.2m overspend in

2016/17. This overspend is partially offset by vacancies within our HSCP managed, Local Authority owned Care Homes. These posts are actively being recruited to.

In order to bring the overall position of adult social care back into a breakeven position, Social Care Integration monies (allocated as part of the Scottish Government 2016 Financial Settlement) are being used to fund the current pressures within the homecare service.

Members should note the requirement to use these monies in 2016/17 has reduced the planned resource available to assist in managing demand and other service pressures in 2017/18. Any remaining balances will be moved to the IJB's reserves at the close of 2016/17 pending allocation to relevant budget lines in 2017/18. Details of which will be brought to the IJB early on in the financial year 2017/18.

4.2. **Physical Disabilities**

Current Position:	Net overspend of £229k
Previously Reported:	Net overspend of £219k

As previously reported, the overspend within Physical Disabilities is mainly in relation to pressures within the Adult Placement Budget reflecting both the impact of increasing demand and Self Directed Support (SDS).

4.3. **Learning Disabilities**

Current Position:	Net overspend of £64k
Previously Reported:	Net overspend of £88k

As previously reported, this overspend is due to ongoing pressures within the Adult Placement budget.

4.4. **Mental Health**

Current Position:	Net overspend of £9k
Previously Reported:	Net overspend of £50k

The overspend within Mental Health Services relates to pressures within the Adult Placement budget reflecting both the impact of increasing demand and SDS. This overspend is partially mitigated by higher than anticipated levels of charging income.

4.5. **Addictions**

Current Position:	Net overspend of £18k
Previously Reported:	Net underspend of £82k

The overspend within Addiction Services reflects the current client profile of care packages within this area.

4.6 **Budget Realignment**

As part of the 2017/18 financial planning exercise a review of all budget lines within Adult Social Care will be carried out to take into account the full year impact of:

- Living Wage on all external care packages
- Increasing demand levels and changes in provider rates

- SDS
- Impact of 2016/17 council budget decisions on charging budgets

This exercise will ensure that where possible budgets (using the additional resources allocated by the Scottish Government in 2016/17 and 2017/18) are aligned to reflect client group spend profiles and demand pressures throughout the service.

5. Renfrewshire Health Services

Current Position: **Breakeven**
Previously Reported: **Net overspend (£918k)**

5.1. **Addiction Services**

Current Position: Net underspend of £77k
Previously Reported: Net underspend of £49k

Currently, the net position within Addiction Services is an underspend which reflects additional non-recurring monies for a specialist Hepatitis C Virus post, and underspends due to recruitment timescales for medical staffing posts.

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

Current Position: Net underspend of £151k
Previously Reported: Net underspend of £116k

As previously reported, the overall underspend within Adult Community Services reflects: the high levels of staff turnover within the District Nursing and the Rehabilitation Service. In addition, there continues to be an underspend within podiatry, due to a combination of service redesign, staff turnover and maternity / unpaid leave, some of which are covered by bank staff. These underspends continue to offset pressures in relation to the community equipment budget (EQUIPU), and other non-pay related expenditure.

5.3. **Children's Services**

Current Position: Net underspend of £262k
Previously Reported: Net underspend of £170k

As previously reported, the overall underspend within Children's services is mainly due to an underspend in the CAMHS due to lower than anticipated payroll costs reflecting the position staff are currently placed on the pay scale and staff turnover. In addition, there are a number of vacancies within the School Nursing and Child smile teams due to service redesign, retirals, and an increase in the number of nurses (Band 5) leaving to undertake the health visiting course.

5.4. **Learning Disabilities**

Current Position: Net underspend of £78k
Previously Reported: Net underspend of £63k

As previously reported, the under spend within Learning Disabilities reflects staff turnover within this area of the service and the allocation of the revised RAM (Resource Allocation Methodology) budget. The additional posts associated with the revised RAM have now mainly been recruited to.

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

Current Position: Net underspend of £205k
Previously Reported: Net underspend of £152k

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

5.6. **Mental Health**

Current Position: Net overspend of £561k
Previously Reported: Net overspend of £417k

Overall, Mental Health services are reporting an over spend of £561k. This overspend is due to a number of contributing factors within both adult and in-patient services.

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

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

Current Position: Net overspend of £241k
Previously Reported: Net overspend of £1,051k

This overspend is due to the impact of commitments against reserves (the cost centre for which sits under 'Other Services' in the ledger) where there are a number of agreed future commitments to fund specific fixed time period posts and refurbishments of mental health wards into 2017/18. Overall, the health budget is showing a breakeven position including the provision set aside for these commitments.

5.8. **Prescribing**

Current Position: Breakeven
Previously Reported: Breakeven

The reported GP Prescribing position is based on the actual position for the year to 30 November 2016 (Appendix 5). The overall position across all Partnerships to 30 November 2016 is an underspend of (£0.531m) with Renfrewshire HSCP reporting a £0.46m underspend. However, under the risk sharing arrangement across NHSGGC this 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.

6. 2016/17 Capital Programme

Description	Original Budget	Revised Budget	Spend to Date	Still to Spend
Anchor Centre Roof Replacement	£400k	£400k	£242k	£158k
Total SW	**£400k**	**£400k**	**£242k**	**£158k**

6.1. Work on the roof replacement is now complete. The project has been delivered at less than the original contract value, therefore, the balance of the budget will be used to fund areas of damage from historical water ingress to the ceilings and light-wells (serving the roof-lights).

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	£228k	£284k	£369k
Housing Adaptations	£932k	£630k	£449k	£932k
Total	**£1,228k**	**£858k**	**£733k**	**£1,301k**

7.1. The summary position for the period to 6 January 2017 is reported in the table above, and reports an overall spend of £733k to date, with an anticipated year-end overspend on the Garden Assistance Scheme budget of £73k. As previously reported to members, in line with the due diligence carried out on this area of the budget, at present Renfrewshire Council's Housing Revenue Account budget is liable for any overspends on this budget.

7.2. Members are reminded that the current year's budget for Housing Adaptations includes one-off additional non-recurring monies (£174k) to assist with waiting list issues.

Implications of the Report

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

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	25,784	20,263	19,871	392	1.9%	underspend
Property Costs	384	235	211	24	10.2%	underspend
Supplies and Services	1,555	871	837	34	3.9%	underspend
Contractors	44,756	37,143	38,064	(921)	-2.5%	overspend
Transport	722	529	476	53	10.0%	underspend
Administrative Costs	239	147	121	26	17.7%	underspend
Payments to Other Bodies	9,162	2,960	2,906	54	1.8%	underspend
Capital Charges	-	-	-	-	0.0%	breakeven
Gross Expenditure	**82,602**	**62,148**	**62,486**	**(338)**	**-0.5%**	**overspend**
Income	(21,800)	**(21,817)**	(22,161)	344	-1.6%	underspend
NET EXPENDITURE	**60,802**	**40,331**	**40,325**	**6**	**0.01%**	**underspend**

Position to 6th January is an underspend of **£6k** **0.01%**
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	41,536	18,207	17,881	326	1.8%	underspend
Physical or Sensory Difficulties	5,469	3,595	3,824	(229)	-6.4%	overspend
Learning Disabilities	11,911	14,208	14,272	(64)	-0.5%	overspend
Mental Health Needs	539	2,521	2,530	(9)	-0.4%	overspend
Addiction Services	697	590	608	(18)	-3.1%	overspend
Integrated Care Fund	650	1,210	1,210	-	0.0%	breakeven
NET EXPENDITURE	**60,802**	**40,331**	**40,325**	**6**	**0.01%**	**underspend**

Position to 6th January is an underspend of **£6k** **0.01%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Appendix 2

Health Revenue Budget Position
1st April 2016 to 31st January 2017

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	44,557	36,741	36,208	533	1.5%	underspend
Property Costs	20	17	27	(10)	-58.8%	overspend
Supplies and Services	19,068	11,961	12,521	(560)	-4.7%	overspend
Purchase of Healthcare	89	82	45	37	45.1%	underspend
Resource Transfer	16,872	14,060	14,060	-	0.0%	breakeven
Family Health Services	80,783	67,664	67,664	-	0.0%	breakeven
Savings				-	#DIV/0!	breakeven
Capital Charges				-	0.0%	breakeven
Gross Expenditure	**161,389**	**130,525**	**130,525**	**-**	**0.0%**	**breakeven**
Income	**(5,131)**	**(4,125)**	**(4,125)**	-	0.0%	breakeven
NET EXPENDITURE	**156,258**	**126,400**	**126,400**	**-**	**0.00%**	**breakeven**

Position to 31st January is a breakeven **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Addiction Services	2,502	1,768	1,691	77	4.4%	underspend
Adult Community Services	14,001	10,883	10,732	151	1.4%	underspend
Children's Services	5,370	4,463	4,201	262	5.9%	underspend
Learning Disabilities	1,112	927	849	78	8.4%	underspend
Mental Health	18,970	15,697	16,258	(561)	-3.6%	overspend
Hosted Services	3,694	3,070	2,865	205	6.7%	underspend
Prescribing	35,260	29,282	29,282	-	0.0%	breakeven
GMS	22,772	18,907	18,907	-	0.0%	breakeven
Other	20,471	17,596	17,596	-	0.0%	breakeven
Planning and Health Improvement	1,340	915	885	30	3.3%	underspend
Other Services	10,406	7,836	8,078	(242)	-3.1%	overspend
Resource Transfer	16,872	14,060	14,060	-	0.0%	breakeven
Integrated Care Fund	3,490	996	996	-	0.0%	breakeven
NET EXPENDITURE	**156,260**	**126,400**	**126,400**	**-**	**0.00%**	**breakeven**

Position to 31st January is a breakeven **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven **£0** **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 rental

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
Adjustments to Base Budget:	
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**
Disclosure Scotland budget virement from Corporate	66.4
Property budget virements to Corporate (Rates / Rents)	-39.0
Adult Social Care Budget as reported @ 11 November 2016	**60,802.4**
Adult Social Care Budget as reported @ 6 January 2017	**60,802.4**

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**
Budget Adjustments posted in month 7	
Drugs Uplift	32.0
Rates budget to Corporate sector	-280.5
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)	89.6
Additional non-recurring budgets from centre	-28.1
	-187.0
Health Budget as reported @ 31 October 2016	**154,886.0**
Budget Adjustments posted in month 8	
Drugs Uplift	-
Rates budget to Corporate sector	-31.5
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)	-6.0
Additional non-recurring budgets from centre	-
	-37.5
Health Budget as reported @ 30 November 2016	**154,848.5**
Budget Adjustments posted in month 9	
Drugs Uplift	-
Rates budget to Corporate sector	0.0
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)	-0.4
Additional non-recurring budgets from centre	-
	-0.4
Health Budget as reported @ 31 December 2016	**154,848.1**
Budget Adjustments posted in month 10	
Drugs Uplift	-
Rates budget to Corporate sector	0.0
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)	-0.4
Additional non-recurring budgets from centre	1,412.2
	1,411.8
Health Budget as reported @ 31 January 2017	**156,259.9**

Appendix 5

GP Prescribing - 2016/17 to November (£000)

	Budget	Actual	Variance	Var %	Prev Mth Var %
Glasgow South	31,417	31,402	15	0.0%	0.5%
Glasgow North East	27,564	27,118	446	1.6%	2.1%
Glasgow North West	26,608	26,229	379	1.4%	1.7%
Glasgow City	**85,589**	**84,749**	**840**	**1.0%**	**1.4%**
Renfrewshire	23,313	23,267	46	0.2%	0.5%
West Dunbartonshire	12,775	12,845	-70	-0.5%	-0.1%
East Dunbartonshire	12,436	12,620	-184	-1.5%	-0.9%
Inverclyde	11,890	12,058	-168	-1.4%	-0.9%
East Renfrewshire	10,286	10,288	-2	0.0%	0.6%
Total HSCPs	**156,289**	**155,827**	**462**	**0.3%**	**0.7%**
Central Services	4,128	4,059	69	1.7%	2.1%
Total (GIC)	**160,417**	**159,886**	**531**	**0.3%**	**0.7%**

To:	**Renfrewshire Integration Joint Board**
On:	**10 March 2017**
Report by:	**Chief Officer**
Heading:	**Commissioning Unscheduled Care 2017/18**

1. Summary

1.1 This paper presents Renfrewshire HSCP's draft strategic commissioning intentions for unscheduled care services. It has been developed in partnership with the other HSCPs in the Greater Glasgow and Clyde area.

2. Recommendation

2.1 It is recommended that the IJB:

- Approve the draft strategic commissioning intentions for unscheduled care services and present these intentions to NHS Greater Glasgow and Clyde Health Board; and
- Approve the Strategic Commissioning Plan 2016/19 at Appendix 1.

3. Background

3.1 This paper builds on two previous papers noted and approved by the IJB in 2016:

- Strategic Planning in Renfrewshire HSCP – 16th September 2016
- Unscheduled Care – 25th November 2016

3.2 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. In Renfrewshire, most emergency admissions (86%) are to the RAH, with 8% going to the Queen Elizabeth University Hospital (QEUH).

3.3 The Acute Services Transformation paper was approved by the NHS Board in February 2017 (available at: http://www.nhsggc.org.uk/media/241076/nhsggc_board_paper_17-10.pdf). This paper sets out the need to transform the delivery of acute services in NHS Greater Glasgow and Clyde to continue to deliver the highest quality of care to patients over the short, medium and longer term. The approach described in the paper is in line with the National Clinical Strategy and the National Delivery Plan launched in December (available at http://www.gov.scot/Resource/0051/00511950.pdf). NHS

Greater Glasgow and Clyde's Unscheduled Care Report, November 2016, puts forward four improvement programme recommendations:

i. Improve discharge rates in Assessment Units (AUs) – scheduling of GP referral activity and alternatives to admission.
ii. Spread 'Exemplar' wards – improve earlier in the day discharge, reduce boarding and generate specialty capacity to facilitate movement in receiving units.
iii. Implement the full suite of ambulatory care pathways across all sites – stream patients away from AU unless there is deemed to be value added activity.
iv. Reduce Low Acuity Demand – work with Primary Care to explore alternatives to admission.

3.4 For Renfrewshire HSCP, these proposed strategic commissioning intentions should be read in the context of our Strategic Plan 2016/19 at Appendix 1. For 2017/18, we have focused our commissioning intentions on three priority areas:

i. A&E performance
ii. Unplanned admissions
iii. Delayed discharges

We also plan to work closely with acute services on the following three areas:

iv. Occupied bed days for unscheduled care
v. End of life care, and
vi. The balance of spend across institutional and community services.

These six areas are highlighted in Geoff Huggins' letter to Chief Officers (19/01/17) about measuring performance under integration. The Ministerial Strategic Group (MSG) for Health and Community Care agreed to track these priority areas.

3.5 These proposed Strategic Commissioning intentions have been developed collaboratively with the other HSCPs in the Greater Glasgow and Clyde area and with Acute Services. Over the next two months we will develop a set of agreed metrics which will be measured during 2017/18.

4. A&E Performance

4.1 Our review of A&E performance has focused on a number of key indicators – waits of greater than 4 hours, attendance rates for Renfrewshire residents and referral to A&E from Renfrewshire GPs.

4.2 RAH A&E waits of less than 4 hours were 88.1% in December 2016, against the national target of 95% over the last 12 months.

RAH A&E Waits Less than 4 hours – Target 95%

Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
84.1	90.5	88.6	92.6	89.5	92.0	90.4	91.2	94.0	90.4	91.6	88.1

Renfrewshire patients were 5% more likely to breach the 4 hour wait out of hours, than in hours (Mon-Fri 8am – 6pm).

4.3 Renfrewshire's A&E attendance rate is shown in the table below. Our rates are higher than the Greater Glasgow and Clyde average.

A&E Attendances – Crude Rate per month per 100,000 population

	Jan 15 – Dec 15	Jan 16 – Dec 16
East Dunbartonshire HSCP	1424	1447
East Renfrewshire HSCP	1518	1435
Inverclyde HSCP	2976	3096
Renfrewshire HSCP	2639	2730
West Dunbartonshire HSCP	1574	1562
Glasgow City HSCP	2377	2303
All Greater Glasgow and Clyde	2560	2533

4.4 The number of Renfrewshire patients attending A&E after a GP assessment has been falling over the last year, from 164 per 100,000 population in December 2015 to 126 per 100,000 population in December 2016.

A&E Attendances where GP is the source of referral

	Dec 15	Jun 16	Dec 16
Monthly attendances	286	251	220
Rate/100,000 population	164	144	126
GP referrals as % of all A&E referrals	6.5%	5.0%	4.9%

During the in hours period (Mon-Fri 8am – 6pm), 29% of A&E attendances are admitted. This increases slightly to 30% out of hours.

4.5 In 2017/18, we will work with Acute Services to focus on reducing attendance at A&E services.

In Primary Care and Community	In Hospital
Increase the use of ACPs and summaries on eKis. Raise awareness in primary and community services of supports available in local communities. Raise awareness among the general population of how to use the appropriate NHS and other services (Know Where to Turn) Implement our local Falls Strategy, launched in December 2016, raising awareness of risks assessment and delivering comprehensive training. Improve access to GP and other primary care services, particularly building on the two indicators identified as impacting on emergency admissions: • ability of patient to see preferred GP; • proportion of patients who find it 'very easy' to speak to somebody at their surgery on the telephone. Work with ISD LIST post to identify those with a care package in excess of £50k who regularly attend A&E. Work with ISD LIST post to identify regular A&E attenders, and their profile. This information to be shared with clusters in primary care.	Create mechanisms whereby GPs can access advice from senior acute medical staff to avoid admission. Establish a system whereby all clinicians routinely use Anticipatory Care Plans (ACPs) and summaries recorded on eKis as part of the assessment process. Create and implement redirection pathways back to primary care and minor injuries units. Evidence effectiveness of this by collection of data. Establish a process whereby GPs are able to access agreed imaging investigations to support diagnosis and decision making. Review the balance of staffing in A&E departments to ensure that frail older patients have speedy access to appropriate clinical support, imaging and investigations.

5. Unplanned Admissions

5.1 Renfrewshire's rate of emergency admissions per 100,000 population is higher than Scottish average, shown in the table overleaf.

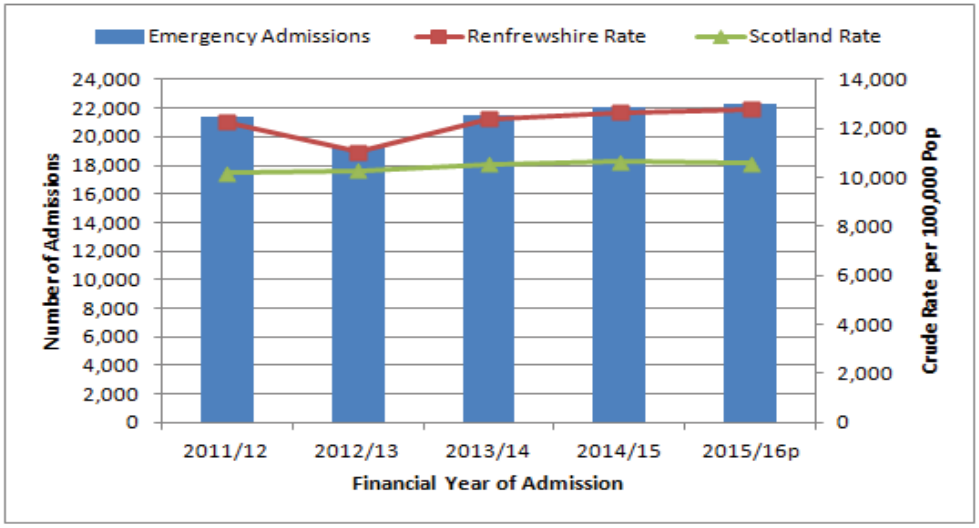
Emergency admissions to hospital - Renfrewshire

HSCP	2011/12	2012/13	2013/14	2014/15	2015/16p
Renfrewshire	21,412	19,273	21,555	22,032	22,291
Renfrewshire Rate per 100,000 population	12,256	11,057	12,395	12,645	12,794
Scotland Rate per 100,000 population	10,193	10,280	10,537	10,648	10,572

Source: ISD Scotland

The information in the table above is displayed in chart form below.

Renfrewshire Emergency Admissions 2011/12-2015/16p



Source: ISD Scotland. These data were extracted from SMR01 in September 2015. p: provisional

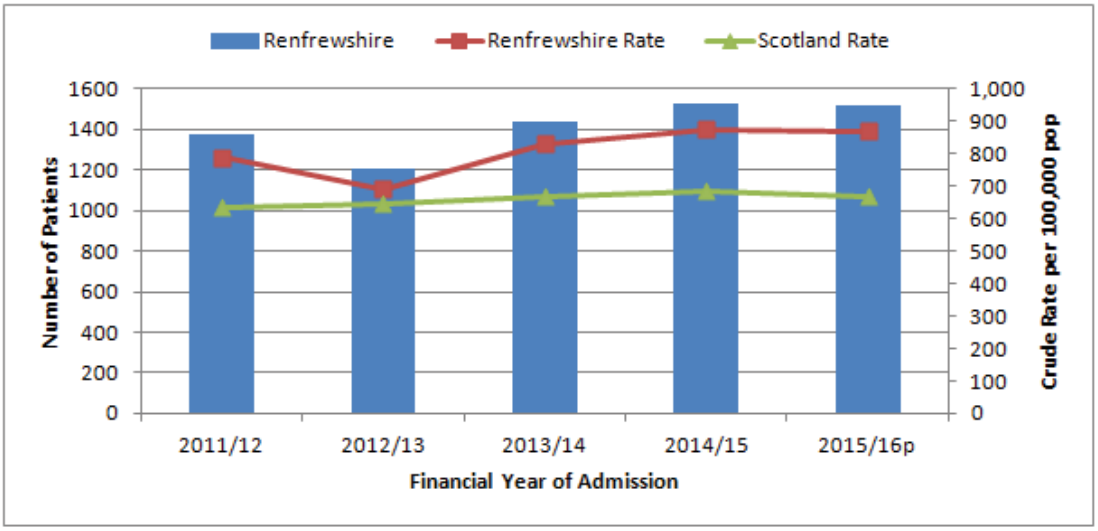
5.2 The table below shows how many bed days are occupied due to emergency admissions.

Emergency Bed Days Occupied Renfrewshire

HSCP	2011/12	2012/13	2013/14	2014/15	2015/16p
Renfrewshire	152397	122639	128596	136156	127002
Renfrewshire Rate per 100,000	87234	70357	73948	78147	72893
Scotland Rate per 100,000	75609	75412	74966	76271	73210

5.3 Our crude rate per 100,000 population of multiple emergency admissions (3 or more in a year) in Renfrewshire is also higher than the national average.

Rate and number of patients with 3 or more emergency admissions Renfrewshire 2011/12 – 2015/16p



Data source: ISD Scotland National Statistics Publication - October 2016 p: provisional

The bed days consumed for patients with multiple emergency admissions is increasing at a greater rate in Renfrewshire than Scotland: Renfrewshire: 2011/12 rate per 100,000 = 789, 2015/16p = 871 Scotland: 2011/12 rate per 100,000 = 635, 2015/16p = 670.

5.4 Rates of admission to hospital from all Renfrewshire care homes vary greatly, even among our three local authority units. Total admissions from all care homes to hospital have been fairly consistent over the last 3 years but admissions range from a low of 8 per year to a high of 60. It is estimated that 11 inpatient beds at any one time are accounted for by admissions from Renfrewshire care homes.

5.5 In line with the Greater Glasgow and Clyde average, deaths in hospital for Renfrewshire residents have reduced significantly over the last five years. This is due to the close working with hospices and GPs to support end of life care to be delivered at home.

Deaths in Acute Hospitals

	Age 65+	Age 75+
Jan-Dec 2011	51.9%	51.2%
Jan-Dec 2012	45.7%	45.0%
Jan-Dec 2013	43.0%	41.8%
Jan-Dec 2014	46.3%	44.9%
Jan-Dec 2015	42.8%	43.1%
Jan-Dec 2016	41.3%	40.4%

5.6 In 2017/18, we will work in partnership with GPs and acute colleagues to have a targeted approach to reducing the emergency admission rate. We will focus on repeat admissions and admissions to hospital from care homes. We will continue to support end of life care at home through our work with primary care, district nursing and hospices.

Primary/Community Services	**Hospital Services**
Continue to invest in 4 care home liaison nurses to support care homes to maintain residents at home and prevent admission. Explore the possibility of this work extending to the 3 local authority care homes. Also continue to invest in mental health input to nursing homes. Identify care homes where there have been four or more admissions in the last two months. Maintain and increase the coverage of ACPs in care homes (currently 87%) Develop the Single Point of Access to include district nursing services. Invest in Home Care and support a significant recruitment drive. Review the Care at Home and re-ablement pathways. Identify High Resource Individuals, in terms of use of health and social care services. Investigate the use of GP SCI system for GPs to make referrals directly for social care services. Improve uptake of seasonal flu vaccine by developing a nurse led system across the HSCP – this is resource dependent. Explore the use of Advanced Nurse Practitioners (ANPs) to prevent hospital admission.	Establish GP access to a range of options to prevent admission e.g. urgent next day outpatient appointments by specialty. Review, streamline and standardise admission pathways across acute sites, with a view to reducing inappropriate variation. Demonstrate progress in working towards the externally benchmarked upper quintile length of stay per speciality across all sites. Establish a consistent system whereby HSCPs are given early notice by Acute Services of patients who require end of life care. Acute Services to explore the transfer of responsibility for management of community geriatricians and their teams to HSCPs.

6. Delayed Discharges

6.1 Renfrewshire HSCP (and the former CHP and Social Work Department) have led an evidence based programme of work. This has delivered and sustained a reduction of 77.6% in bed days lost due to delayed discharges has been recorded since 2009/10. This is equivalent to 35 beds. This has been achieved by:

- Single point of contact Adult Services Referral Team (ASeRT)
- Investment in the Social Work team in the RAH (12 wte)
- Development of in reach from the Rehabilitation and Enablement Services Team and District Nurses
- Investment in more Mental Health Officers
- Direct ward call up to Care at Home
- Care at Home re-ablement and focus on independence.

No transfer in resource has accompanied this reduction in bed use.

6.2 In 2017/18, we will continue to prioritise and sustain effective and safe discharge to maintain and reduce the number of bed days lost due to delayed discharge. We will continue to invest in a multi-disciplinary way of working.

Primary Care/Community Services	**Hospital Services**
Raise awareness of Technology Enabled Care Service (TECs), particularly among health staff, increasing learning from the demonstration site. Align the pharmacy support staff with GP practices. Re-align Rehabilitation and Enablement Service resources from weekend services to a focus on avoidance of admission. Participate in daily huddle meetings at the RAH to improve discharge planning. Learn from the four practices that are testing new pharmacy support models funded through Primary Care investment.	Strengthen discharge planning between acute teams and community teams. Optimise discharge processes across all sites and specialties to create an earlier in the day discharge profile and increase weekend discharges. Establish a consistent system whereby HSCPs are alerted by Acute Services at point of admission of all patients over 65 years who may require community services. Establish formal process to review NHS continuing care beds in the light of the introduction of revised complex care definitions.

7. Financial Impact and Shifting the Balance of Spend

7.1 Renfrewshire Council has invested in and protected home care services, which has been key to our ability to prioritise safe and effective discharge. Total investment in home care services has increased from £9.1m in 2012/13 to £13.7m in 2016/17. This investment has been accompanied by a review of contracts with third party providers of home care, and an active recruitment and retention programme for home care workers.

7.2 The redefinition of eligibility for NHS continuing complex care has reduced significantly the demand for acute beds in the RAH. This creates potential to transfer resources to community services.

Primary Care/Community Services	Hospital Services
Carry out benchmarking work with other HSCP areas and review alternative models which contribute to a shift in the balance of care. Use Redesign Opportunities paper from Healthcare Improvement Scotland.	Acute Services to review and ensure effective medicines management at point of admission and discharge. Agree a way between Acute Services and all six HSCPs through which a proportion of set aside budget is used to support the development of interface services in the community.

7.3 Through the actions described in the sections above, we expect to see the following outcomes and improvements in services:

- A 10% reduction in bed days consumed due to unscheduled admissions. The current level 2015/16p for Renfrewshire = 127,002.
- An increase in the number of people with anticipatory care plans, particularly among care home residents.
- An increase in the number of people with intensive care needs supported to live at home.
- A reduction in variation in the level of avoidable admission to hospital from care homes.
- Maintain the level of delayed discharges at current performance.
- Continue the reducing trend in the number of people who die in hospital.
- A reduction in the level of multiple emergency admissions (more than three per year).

Implications of the Report

1. **Financial - None**
2. **HR & Organisational Development – None**
3. **Community Planning – None**
4. **Legal – None**
5. **Property/Assets – None**
6. **Information Technology – None**
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts

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

8. **Health & Safety – None**
9. **Procurement – None**
10. **Risk – None**
11. **Privacy Impact – None.**

List of Background Papers

- Strategic Plan

Author: Fiona MacKay
Head of Strategic Planning and Health Improvement

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.

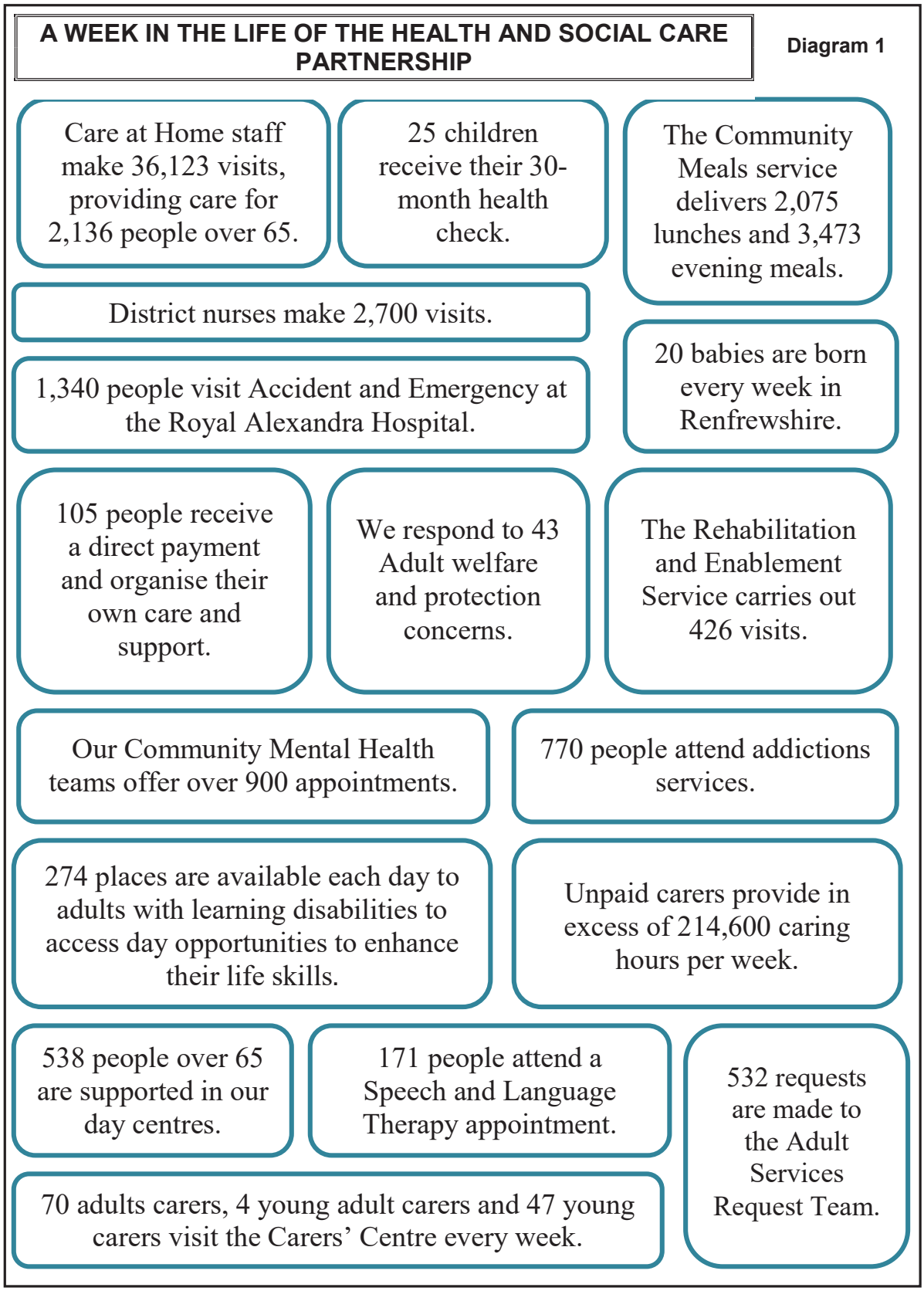
3.11 From the work of the Renfrewshire Tackling Poverty Commission, we know that there are real local challenges with poverty and that the link between poverty and poor health is strong. In Renfrewshire, there are 30,121 children aged 0-15 and 8,143 young people aged 16-19. More than 1 in 5 of our children 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

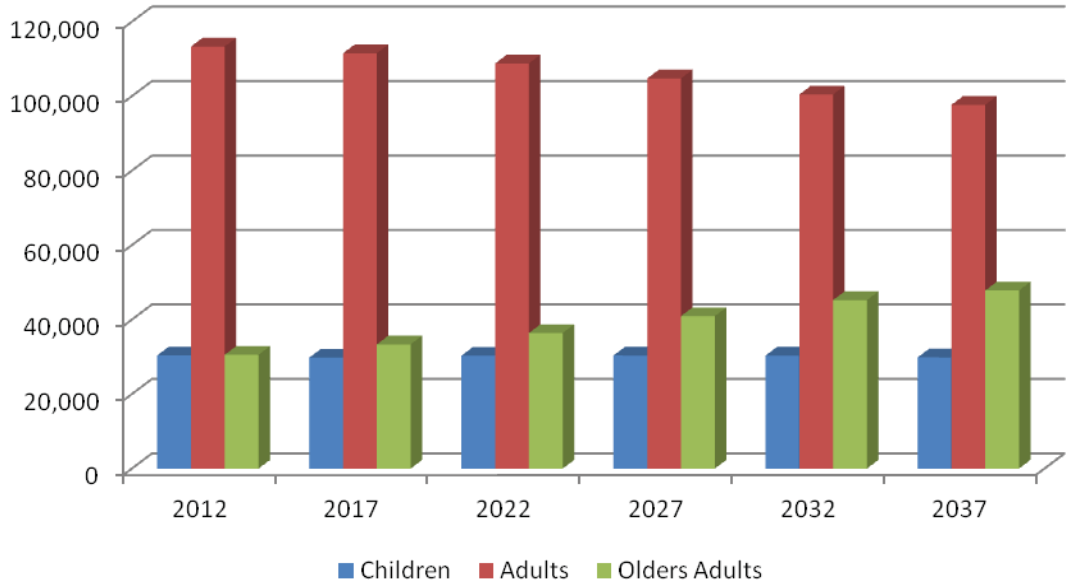
caring for people with palliative and end of life care needs.

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

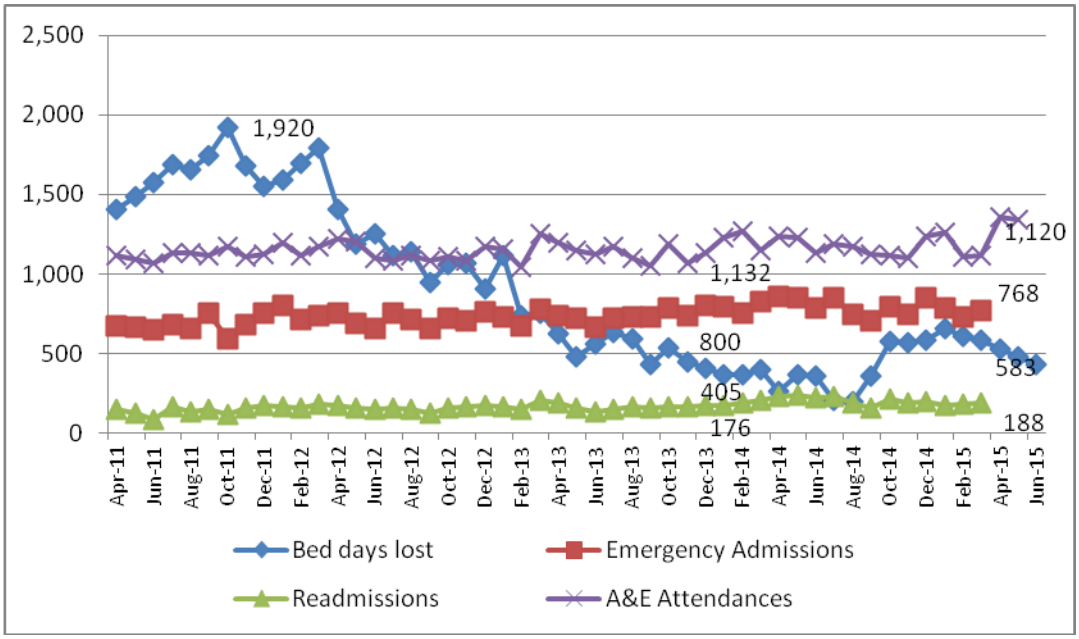
Renfrewshire has made significant progress in reducing hospital bed days lost due to delayed discharges (where a person is medically fit to leave hospital but services, adaptations and supports are not in place to allow a safe discharge).

- 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.

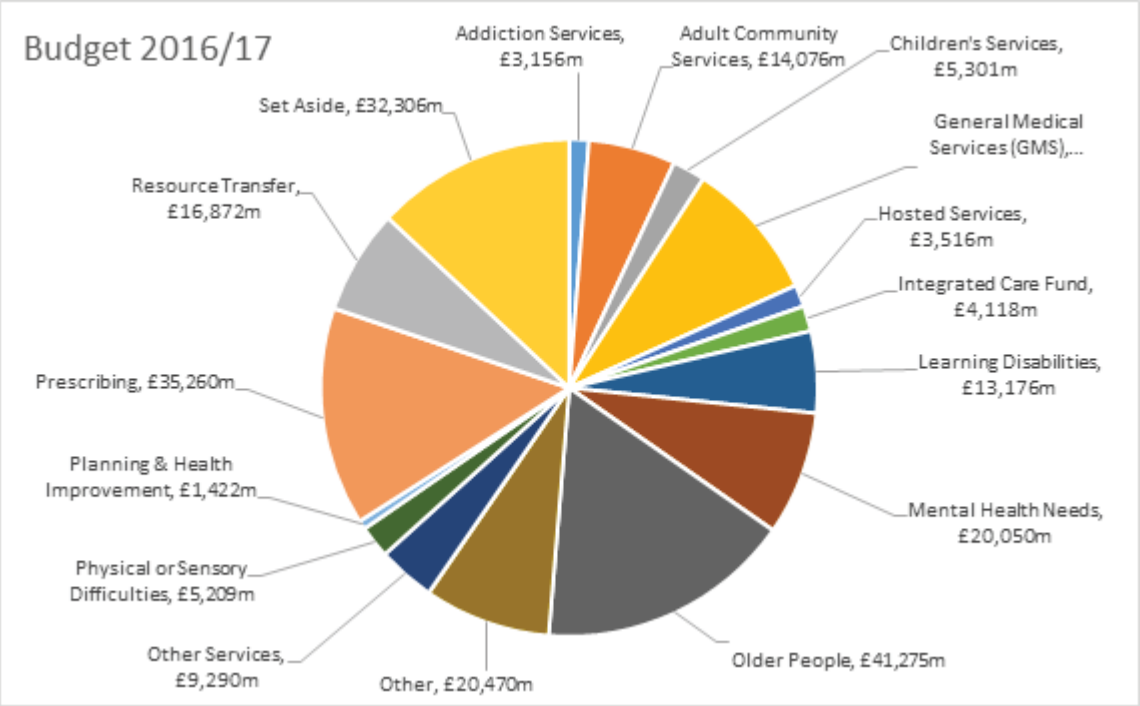
- At a practical level, health and social care staff are uniquely placed to identify and respond to disclosures of abuse and they may provide the one and only chance for an abused person to get the help and support they need.

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

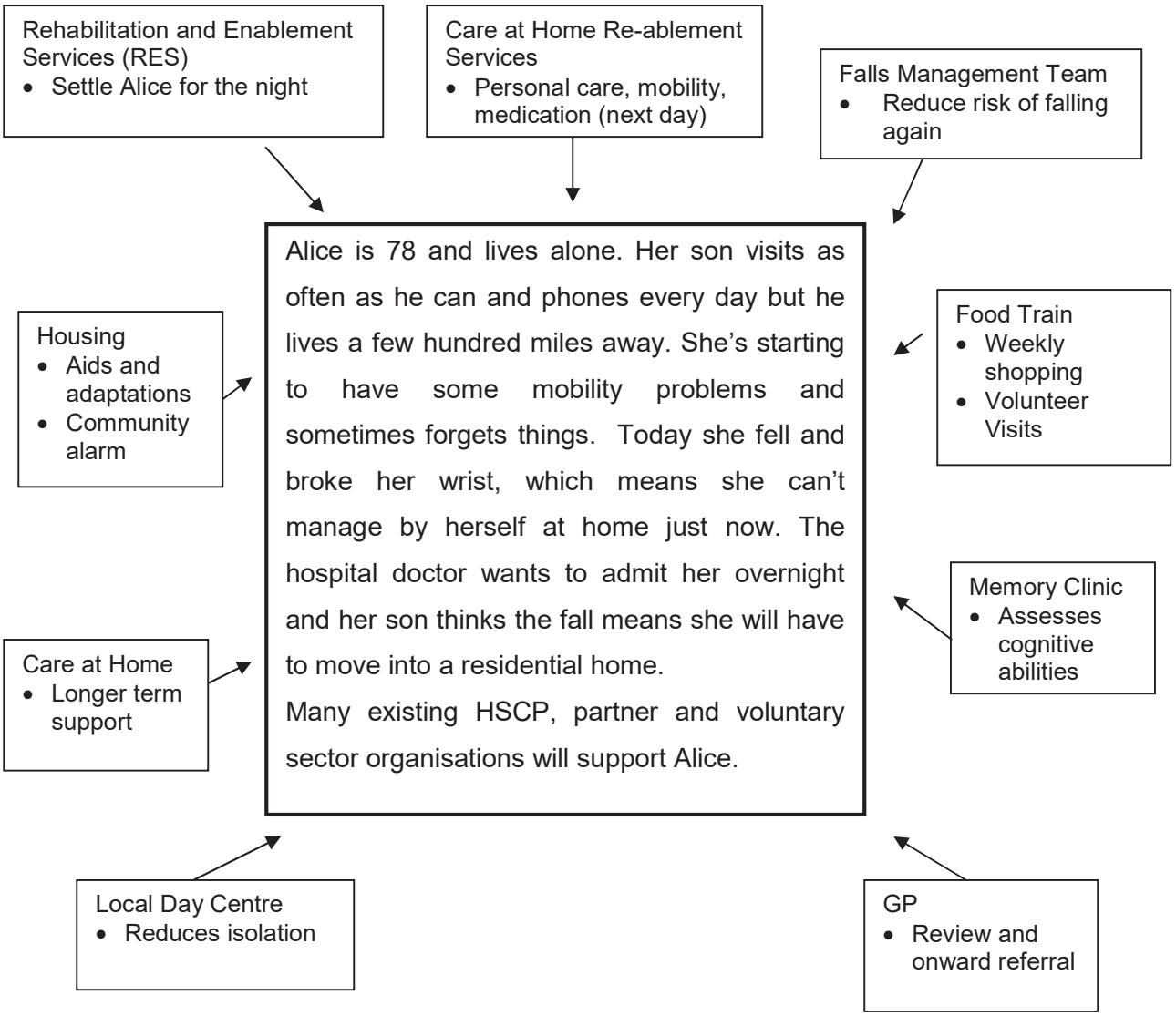
10.6 Embed self-directed support model in locality teams.	Locality managers assume day to day management responsibility for budget monitoring and care planning for service users eligible for SDS.	June 2016	8
10.7 Implement a scheduling system within Care at Home services.	System operational.	March 2017	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

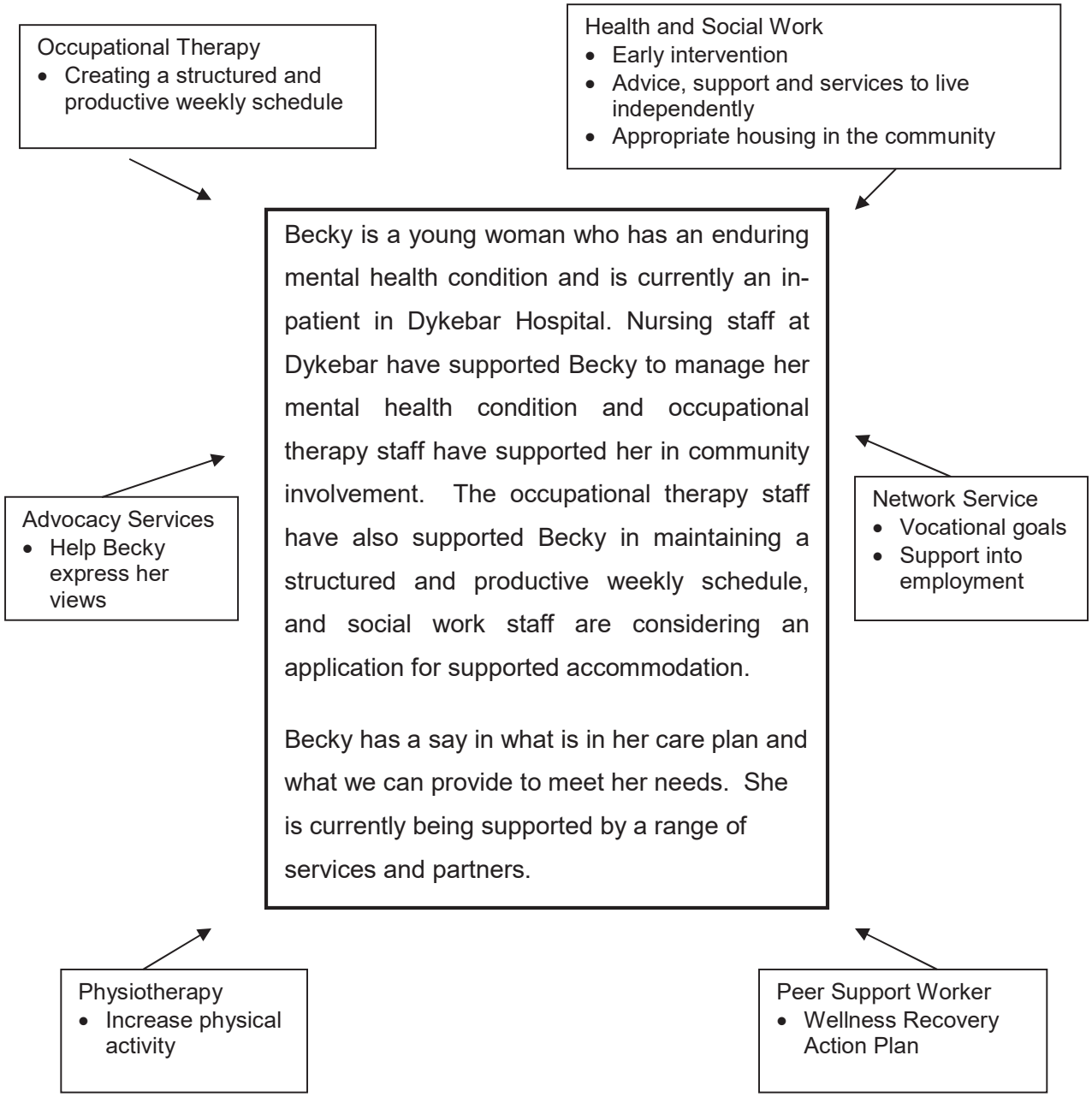
1. Case Studies

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



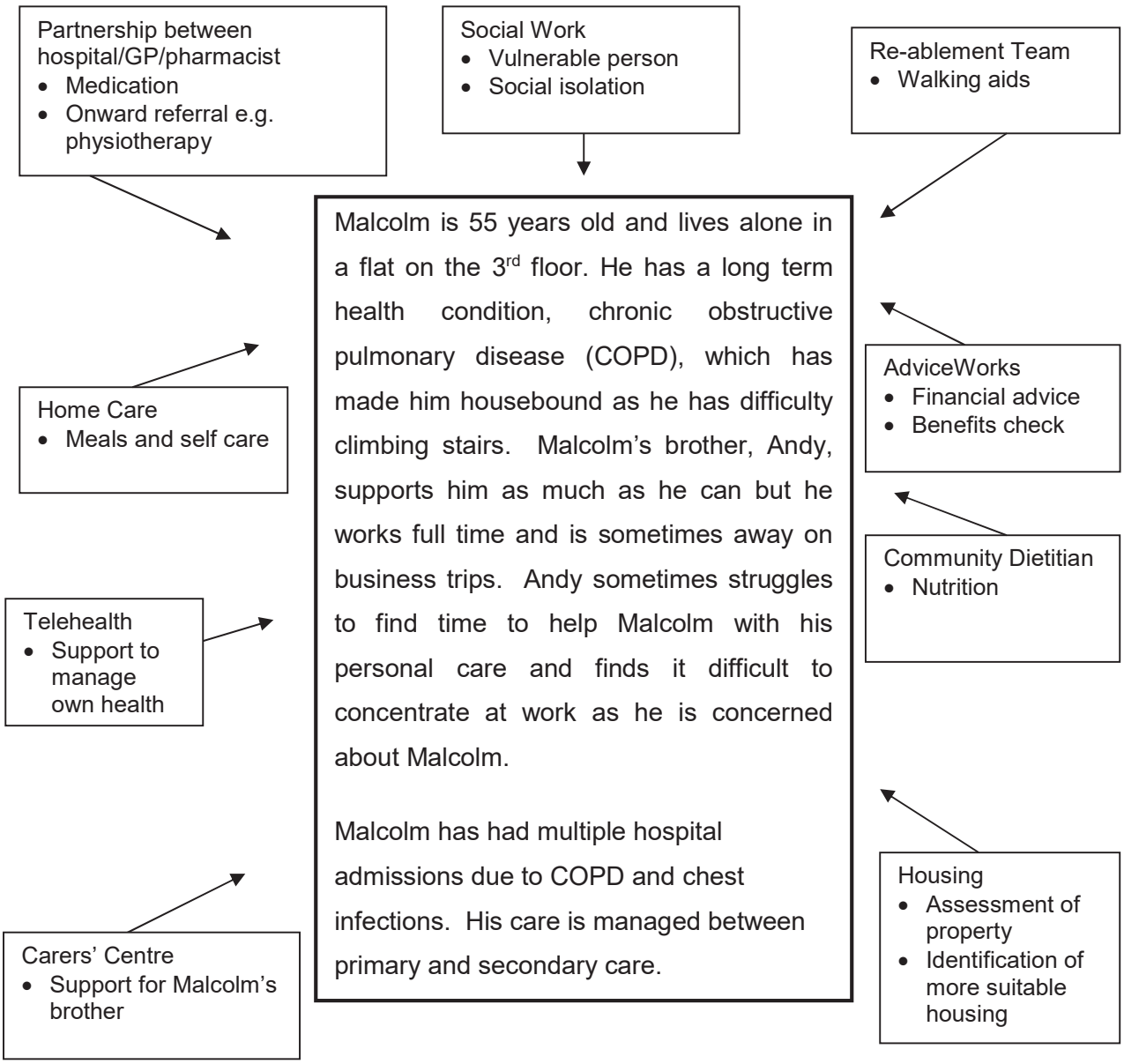
How the Partnership will improve services for Alice in the next 3 years	Action Plan Reference
Work with partners to develop a range of physical activity options to reduce barriers to access and target less active people.	1.3
Increase the number of people benefiting from the Community Falls pathway.	4.1
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.

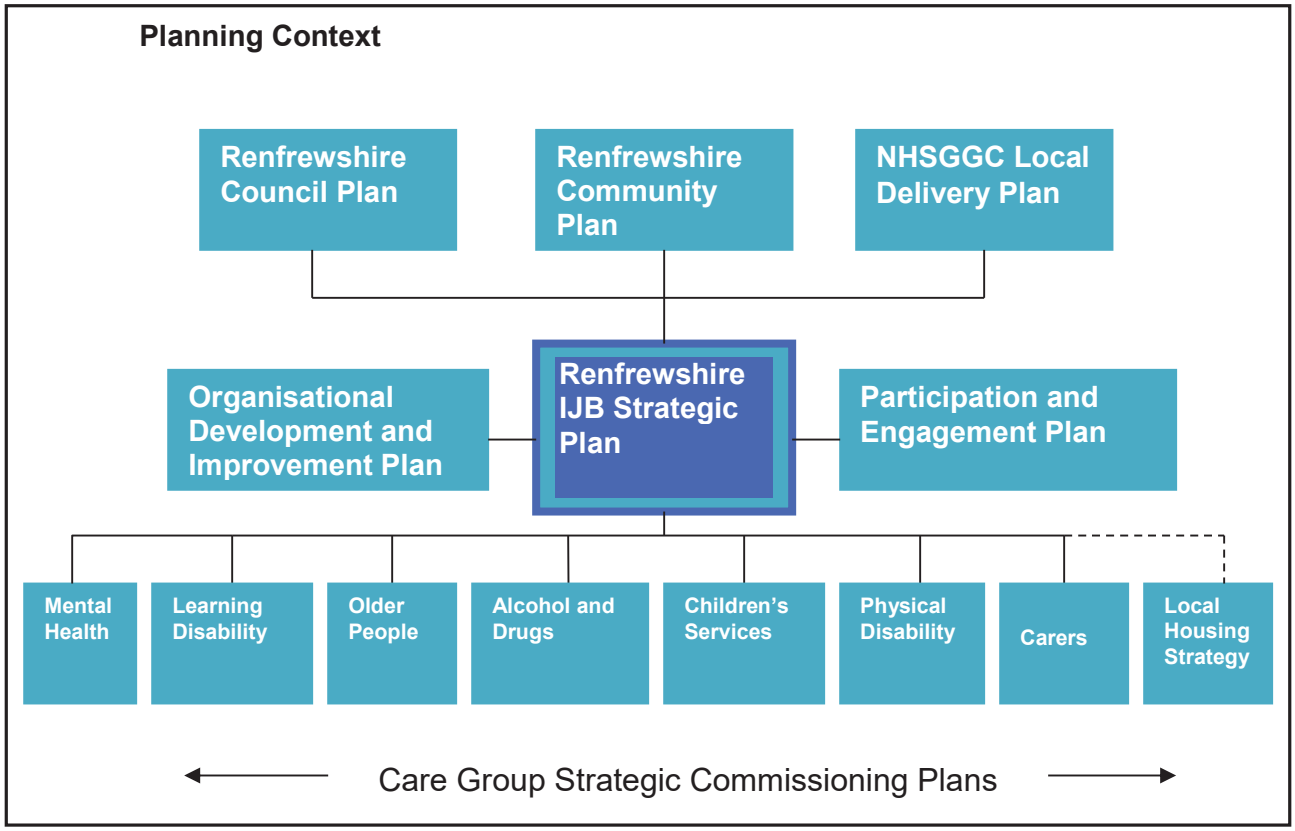
The Carers' (Scotland) Bill was introduced to Parliament in March 2015. It covered a range of areas relating to supporting carers, such as Adult Carer Support Plans, Young Carers' Statements and Carer Involvement. The Bill proposed a number of new duties and requirements, including a duty to support 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

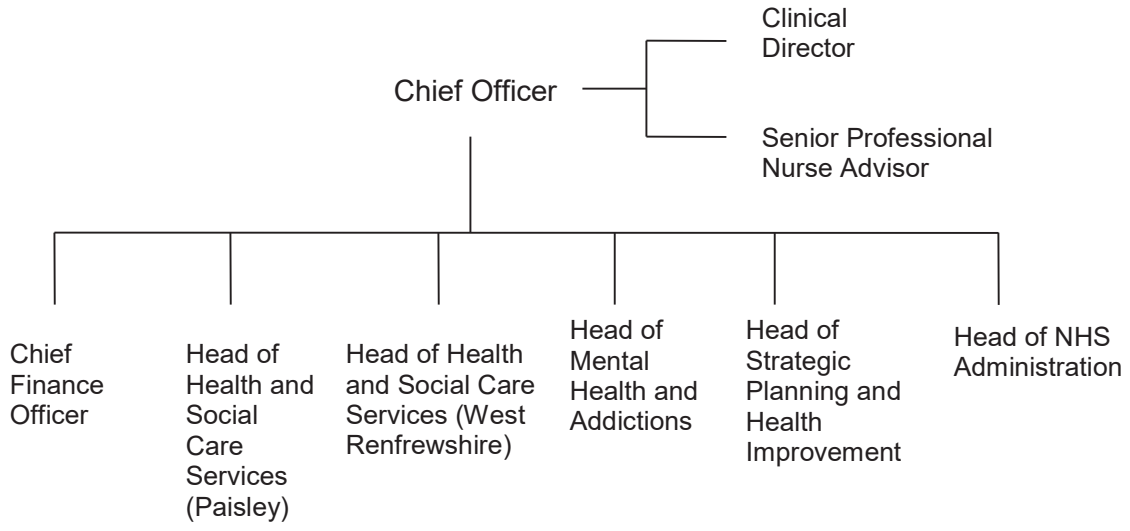
- Accident and Emergency services provided in a hospital
- Inpatient hospital services relating to the following-
  (a) general medicine
  (b) geriatric medicine
  (c) rehabilitation medicine
  (d) respiratory medicine
  (e) psychiatry of learning disability.
- Palliative care services provided in a 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.

To:	**Renfrewshire Integration Joint Board**
On:	**10 March 2017**
Report by:	**Chief Officer**
Subject:	**Performance Management Update - Exception Reports**

1. Summary

1.1 An update on performance is presented at all IJB meetings. The full Scorecard updating all performance measures will be presented twice yearly, with the next one being reported at the 23 June 2017 meeting.

1.2 This exception report provides an update on four areas:

- Speech & Language Therapy – number waiting more than 18 weeks from paediatric assessment to appointment.
- Care at Home – percentage of long term care clients receiving intensive Care at Home.
- Occupational Therapy – the average number of clients on the Occupational Therapy waiting list is not to exceed 350.
- Adult Protection Repeat Referrals – reduction in the proportion of adults referred under adult protection to Renfrewshire Health and Social Care Partnership (RHSCP) Social Work Department with three or more incidents of harm in each year.

2. Recommendation

2.1 It is recommended that the IJB:

- Note the updates on performance in Speech & Language Therapy, Care at Home, Occupational Therapy and Adult Protection; and
- Note that the next full Scorecard updating all performance measures will be presented at the 23 June 2017 meeting.

3. Exception Reporting

Background

3.1 An exception report on one health measure and three social work measures are included in this report.

3.2 Detailed exception reports are included in Appendix 1.

3.3 Red Status Indicators

While the indicator remains red for the number waiting more than 18 weeks for paediatric Speech and Language Therapy assessment to appointment, there has been a reduction in the number of children waiting. The figure has dropped from 199 at November 2016 to 154 at January 2017. Further information on the remedial action being taken

is detailed in the attached exception report and the downward trend is expected to continue.

3.4 Amber Status Indicators

Performance is above the target of 350 for the occupational therapy waiting list at Quarter 3 2016/17, with 376 on the waiting list. This is primarily due to increasing demand. Remedial action is detailed in the attached exception report and demand will continue to be monitored.

Quarter 3 has seen the first dip in performance for the percentage of long term care clients receiving intensive Care at Home services - 27% against a target of 30%. A needs based service review is currently underway to ensure users are receiving the correct level of service.

3.5 Green Status Indicators

There has been a significant reduction in the proportion of adults referred to Social Work Services with three or more incidents of harm in each year. The figure has reduced from 11.4% in 2014/15 to 6.4% in 2015/16, against the performance target of 12%. This improvement has been achieved despite increased demand and an increase in the numbers of adult protection/welfare concerns received during the past three years.

Implications of the Report

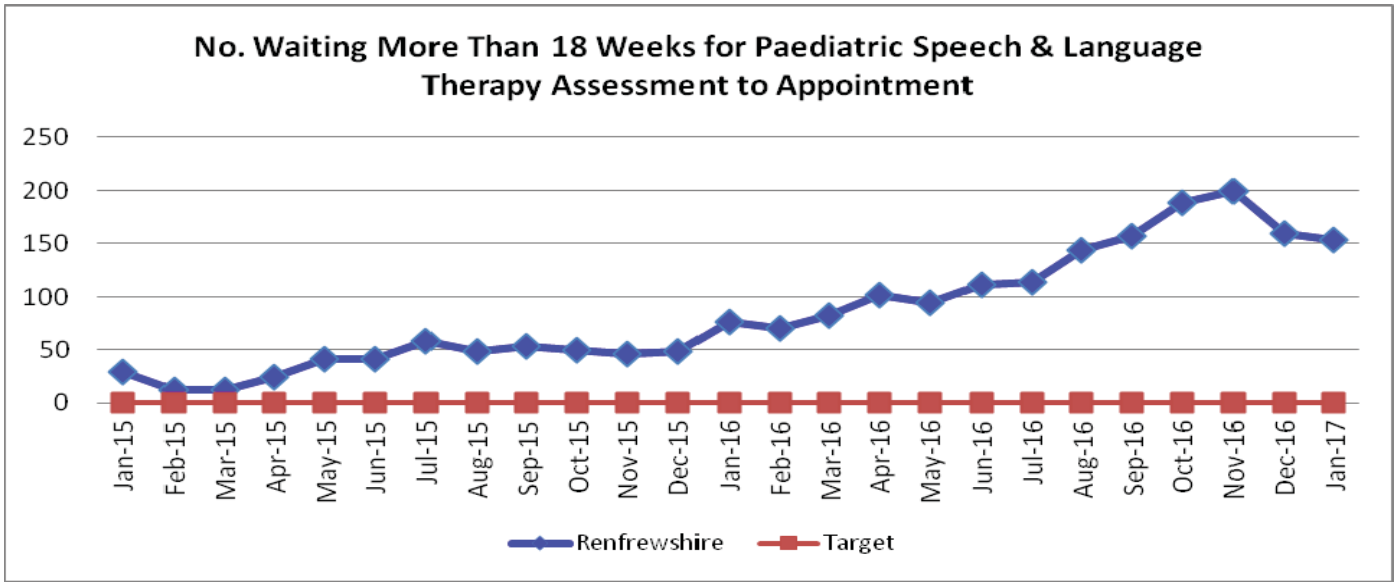
1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations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

Author:

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

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 January 2017, 154 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 31 January 2017, there were 154 children waiting more than 18 weeks for a treatment appointment following assessment. All children waiting over 35 weeks were invited to opt in for an appointment. Those who requested a further appointment have been offered a choice of appointment dates in January or February 2017.

The current waiting time standard is 18 weeks and the longest wait for appointment at January 2017 was 35 weeks. This has further reduced as of 20th February to 29 weeks. Current status remains red.

Referrals to the service fluctuate from month to month and although the average is approximately 43 per month, some months referrals increase to between 70 and 80.

Actions to Improve Performance

- Staff recruited on a temporary basis to cover 3 maternity leaves
- Agreed plan for predicted future service gaps (a further maternity leave and vacancy pending)
- Staff supported to maximise self-managed care approaches in line with national and professional policy frameworks
- Offering Opt-In approach as waiting list validation - approximately 30% of those offered an appointment did not accept or stated they no longer required this (particularly pre-school children). Where there is high parental concern an appointment is offered without opt in.
- Small test of change to be implemented in one area exploring benefits of Drop in Clinics to reduce

the need for referral and provide advice to parents directly via signposting from Children and Families and Early Years establishments. This will be developed with a Support Improvement Advisor following data analysis which suggests that one third of pre-school referrals require simple assessment and advice or home programme.

Timeline For Improvement

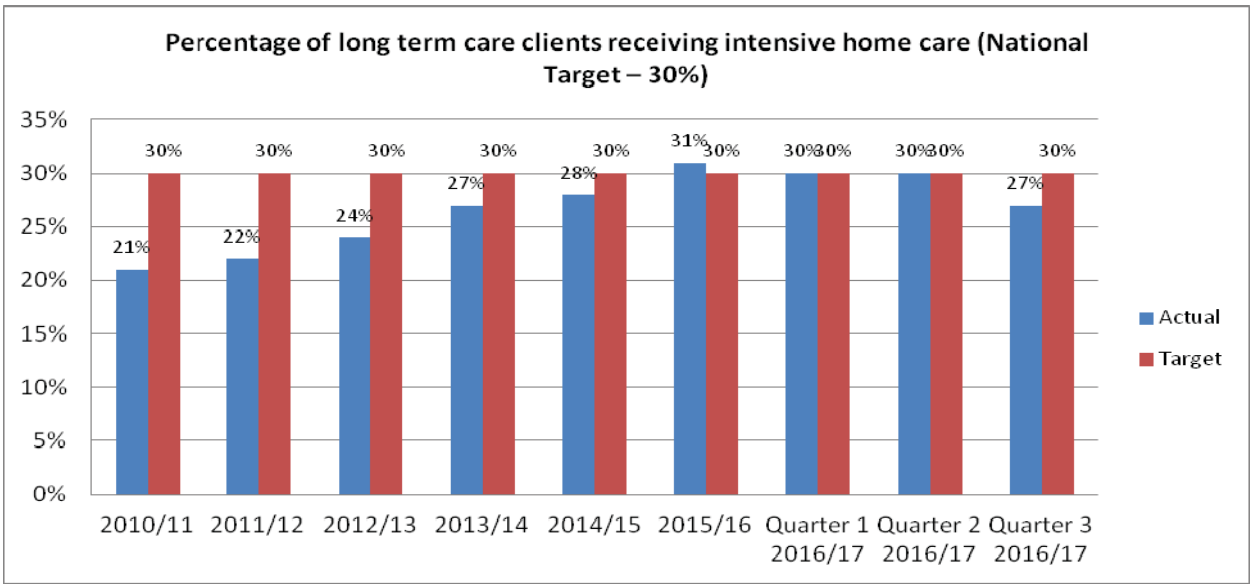
There are less children waiting for an appointment and the overall waiting times have dropped.
SLT experienced extremely high referral rates in February and March 2016 (74 and 71 respectively compared to a monthly average of 43) and this along with significant pressures on staffing has resulted in lengthy waits.

The appointment of fixed term posts to cover maternity leave and the implementation of strategies described above are making a positive impact which should be sustained.

Risks to be managed by the SLT service manager and team leads include: monitoring caseloads to ensure throughput of cases; manageable workloads for staff; and predicted future staffing gaps as described.

Exceptions Report: % of Long Term Care Clients receiving Intensive Care at Home

Measure	Percentage of long term care clients receiving intensive Care at Home (national target: 30%) from the Social Work Department.
Current Performance	In Quarter 3 of 2016/17, performance reduced to 27%, against the 30% target.
Lead	Ian Beattie, Head of Health & Social Care Services (Paisley) and Mandy Ferguson, Head of Health & Social Care Services (West Renfrewshire)



Commentary

The service has been actively reviewing the needs of users to ensure that services correctly meet their needs.

Year	Care at Home Clients	Care at Home Hours	Care at Home Total Spend
2011/12	1,264	7,820	£8,759,725
2012/13	1,377	9,841	£9,876,143
2013/14	1,496	11,163	£11,190,351
2014/15	1,743	12,636	£12,142,363
2015/16	1,707	13,530	£13,237,222
% increase 2011/12 – 2015/16	+35%	+73%	+51.1%

The above figures exclude support provided via the Community Meals Service and Telecare. These services have been successful in releasing time previously spent supporting individuals with food preparation in the Care at Home Service.

Demand on the service in terms of client numbers has risen consistently from 2011/12-2014/15. The number of clients receiving Homecare has increased by 35% from 1,264 in 2011/12 to 1,707 in 2015/16.

The service increasingly supports clients with more complex needs.The number of hours of Homecare supplied by Renfrewshire also increased in this period from 7,820 hours in 2011/12 to 13,530 hours – an increase of 73%.

The total spend on Care at Home has also increased year on year. Spend in 2011/12 was £8,759,725 and increased by 51% to £13,237,222 in 2015/16.

Actions to Address Performance

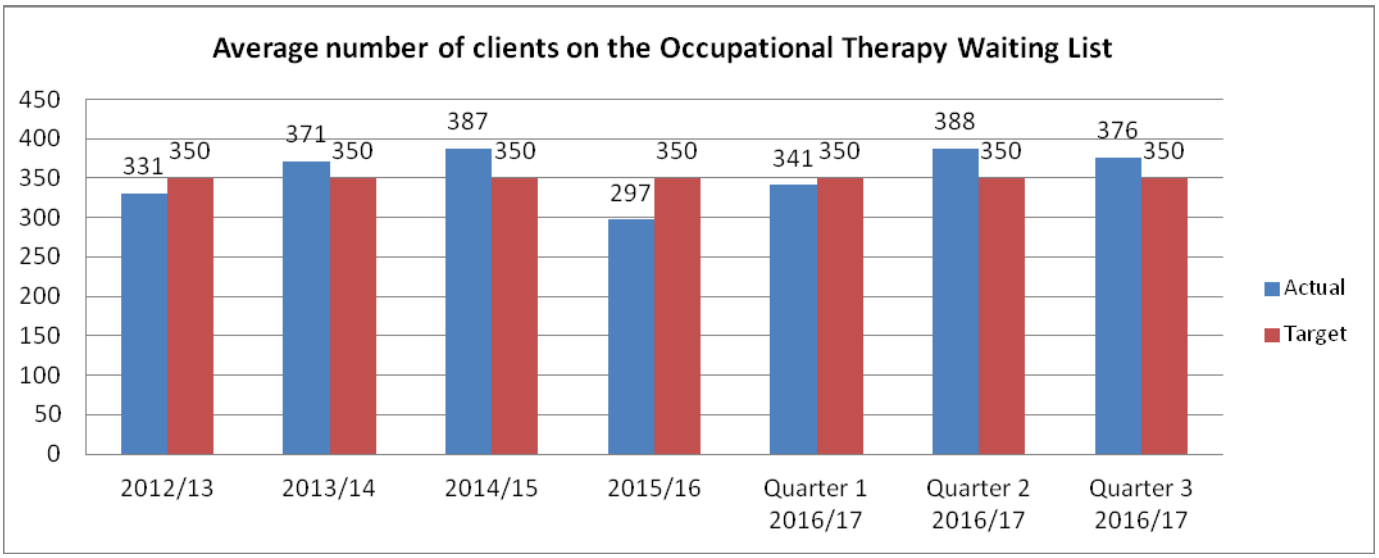
- Care at Home Services continue to focus on reablement intervention and reviewing care packages to ensure the most vulnerable clients receive the right level of support and independence is maximised where possible.
- A major recruitment campaign is underway to appoint 50 Care at Home workers to enable the service to meet increasing demand.

Timeline For Improvement

- We continue to review the levels of service on a case by case basis to ensure clients receive the appropriate level of support to meet their individual care needs.

Exceptions Report: **Occupational Therapy Waiting List**

Measure	The average number of clients on the occupational therapy waiting list. This target applies to the social work occupational therapy service only and not the health occupational therapy service.
Current Performance	In Quarter 3 of 2016/17, this indicator failed to meet the target of an average of 350 clients on the occupational therapy waiting list.
Lead	Ian Beattie, Head of Health & Social Care Services (Paisley) and Mandy Ferguson, Head of Health & Social Care Services (West Renfrewshire)



Commentary

In Quarter 3, 2016/17 performance continued to remain above target. The average number of people on the waiting list was 376, 7% above the target level of 350 clients on average. Although target was not met there was a small reduction in the number of clients on the waiting list from Quarter 2 (388).

There has been a significant increase in referrals to adult services over the past three years. Requests for OT assessment constitute a substantial element of these referrals, resulting in considerable additional demand on OT services.

Trends
Over this period the OT service has been redesigned, resulting in improved working practice. Despite this, the upward trend in referral rates has continued, while the resource to respond has remained static.

The Adult Services contacts have increased by 26.6% in the period from 2012/13 to 2015/16.

There has also been an increase in the number of Standardised Shareable Assessments (SSAs) completed by the service. In 2012/13, 1,740 assessments were completed. By 2015/16 this figure increased to 3,052 assessments. This 75% increase shows the continuing challenge of growing demand.

Year	Adult Services Contacts	Number of Assessments Completed 18+
2012/13	22,338	1,740
2013/14	25,030	2,805
2014/15	26,864	2,794
2015/16	28,292	3,052
% increase 2012/13-2015/16	+26.6%	+75.4%

While demand for Occupational Therapy has always been high, local demographic projections indicate this demand will continue to rise as older people and people with disabilities continue to live in their own homes.

Caseloads
The average caseload per full-time equivalent Occupational Therapist in Quarter 3 of 2016/17 was 27. The role of the Occupational Therapist is now more holistic. It involves case management and Self Directed Support.

- In 2012/13, there were orders for 2,644 items of equipment; and 67 stair lifts installed; and;
- In 2016/17 to Quarter 3, there were orders for 2,833 items of equipment; and 92 stair lifts installed.

Actions to Address Performance

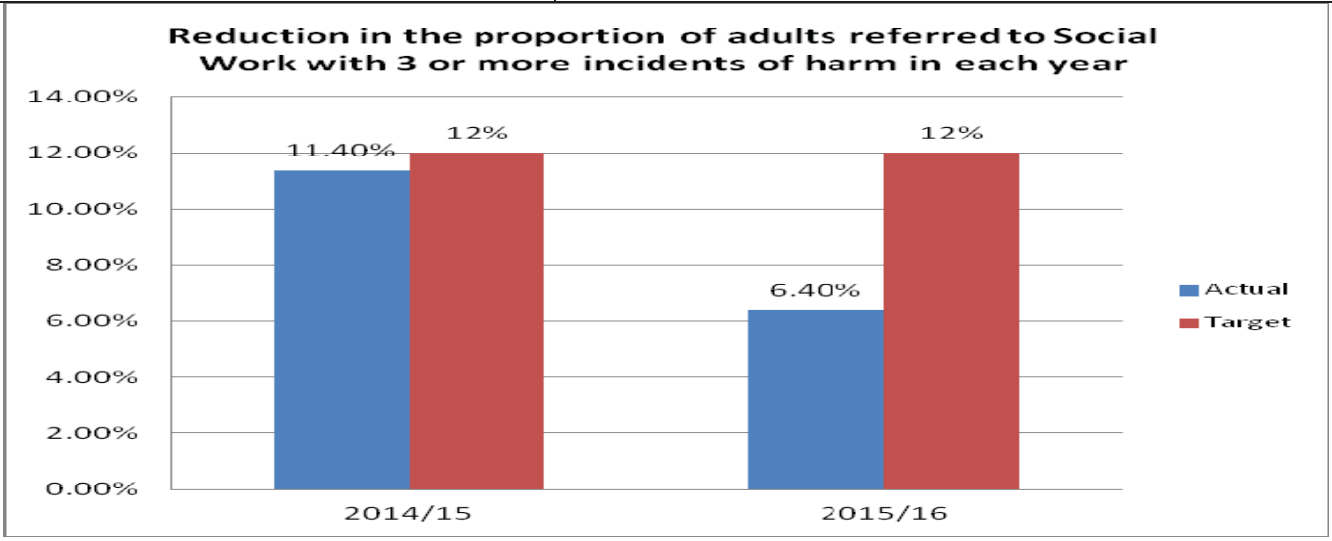
- To address high levels of demand in particular areas, managers allocate OT work across their locality to ensure a more even distribution
- OT duty systems are ensuring non complex cases are dealt with quickly
- Urgent cases are seen more quickly and lower priority may wait longer
- Increased collaboration and pathways between community based social care and health OTs should be beneficial in the short term. The impact of this change in practice on both services will be evaluated.

Timeline For Improvement

Over the next 12 months overall performance and waiting times will be closely monitored.

Exceptions Report: Adult Protection Repeat Referrals

Measure	Reduction in the proportion of adults referred under adult protection to Renfrewshire Health and Social Care Partnership (RHSCP) with 3 or more incidents of harm in each year.
Current Performance	At year end 2015/16, 6.4% of adults were referred to RHSCP with 3 or more incidents of harm.
Lead	Ian Beattie, Head of Health & Social Care Services (Paisley), Mandy Ferguson, Head of Health & Social Care Services (West Renfrewshire) and Katrina Phillips, Head of Mental Health, Learning Disabilities and Addictions.



Commentary

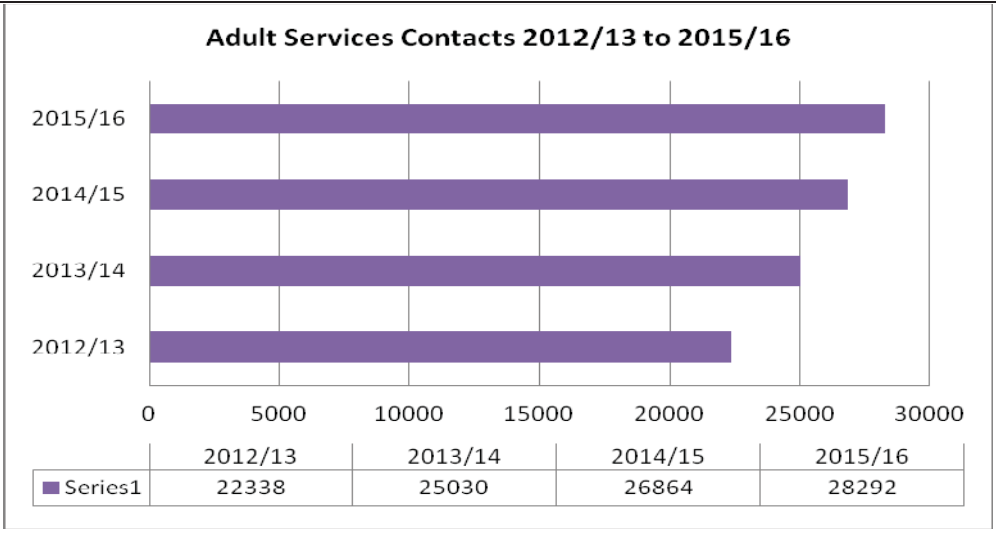
The aim of this measure is to minimise at a level of less than 12%. The service has met the performance target of 12% for the last 2 years. In 2014/15, the actual rate was 11.4%. In 2015/2016, this has reduced by 5% to 6.4%.

It is expected that continued joint agency working will continue to impact positively on the service.

Improved performance has been achieved despite: (a) increasing overall demand for Adult Social Work Services, and (b) a sustained increase in the numbers of adult protection/welfare concerns received during the past three years.

Adult Services Contacts

From 2012/13 to 2015/16, the numbers of adult services contacts has seen a year on year increase. In 2012/13, the service received 22,338 contacts. By 2015/16, this figure had reached 28,292, an increase of 26.7% over the period.



To achieve this indicator, effective partnership working will ensure this vulnerable client group receives the right support from the right professionals at the right time. The achievement of this target is notable given the local and national shortage of Mental Health Officers and this presents a challenge in terms of achieving and maintaining this indicator's performance.

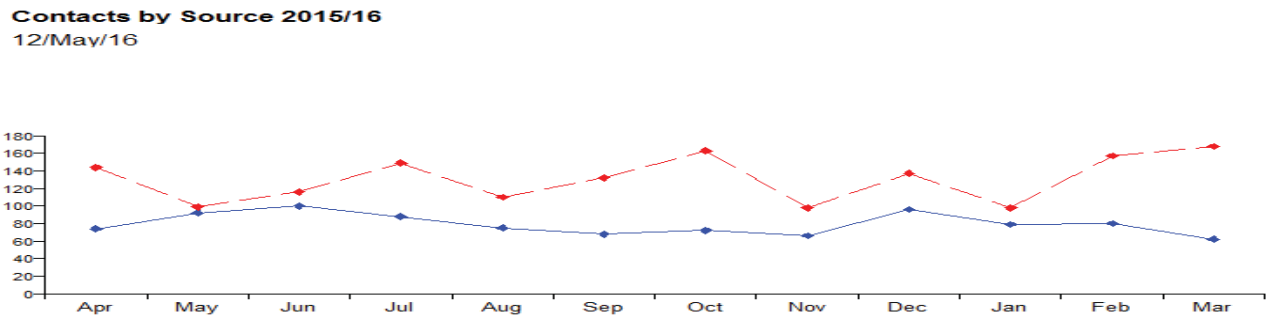
An initiative to further improve partnership working is the Renfrewshire Community Safety Partnership Daily Tasking Group, which takes place each day within the Community Safety Partnership Hub. Key agencies, including police, fire and rescue, health, housing and social care representatives, meet to review relevant incidents that have occurred over the past 24 hours to agree how best to respond.

Adult Protection Contacts

Specifically in relation to Adult Protection, considerable improvements have been made to systems capturing data in a consistent framework. As a result, it has become easier to compare data and use this to analyse emerging patterns.

In 2014/15 there were 1,708 referrals to social work under adult protection. In 2015/16, changes were agreed to the system for reporting referrals under adult protection that separated Adult Protection concerns from Adult Welfare Concerns.

Adult Welfare and Adult Protection Concerns



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Sum:
Adult Welfare Concern	144	99	116	149	110	132	163	98	137	98	157	168	**1571**
Adult Protection Concern	74	92	100	88	75	68	72	66	96	79	80	62	**952**
Sum:	**218**	**191**	**216**	**237**	**185**	**200**	**235**	**164**	**233**	**177**	**237**	**230**	**2523**

In 2015/16, there were 952 Adult Protection concerns and 1,571 Adult Welfare Concerns; a combined total of 2,523. It should be noted that all referrals are initially treated as potential adult protection cases, and therefore go through a process of initial enquiries, progressing to adult protection investigation if required.

Actions to Maintain Performance

- In order to maintain this indicator the service will continue to focus on partnership working and early intervention to ensure that the most vulnerable clients receive the right level of support.
- We will continue to monitor repeat referrals trends to ensure we maintain effective protection of the most vulnerable adults and provide them with the correct level of support.

To:	**Renfrewshire Integration Joint Board**
On:	**10 March 2017**
Report by:	**Chief Officer**
Heading:	**Quality, Care and Professional Governance Annual Report 2016**

1. Summary

1.1 This paper is to present the Renfrewshire Quality, Care and Professional Governance Annual Report for the period January – December 2016 to the Integrated Joint Board. The full report is attached in Appendix 1.

1.2 The report provides a variety of evidence to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Link: http://www.gov.scot/Resource/0049/00491266.pdf

1.3 Core components of RHSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.

2. Recommendation

2.1 It is recommended that the IJB:

- Note the content of the report (Appendix 1); and
- Note that future annual reports will be produced in line with NHS Greater Glasgow & Clyde's reporting cycle (April – March).

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

- Renfrewshire HSCP Quality, Care & Professional Governance Framework (approved by the IJB on 18 September 2015)

Author: Katrina Phillips, Head of Mental Health, Addictions and Learning Disability Services

Appendix 1

Report: Renfrewshire HSCP Quality, Care & Professional Governance Annual Report (January – December 2016)

Date: February 2017

Authors: Katrina Phillips, Head of Mental Health, Addictions and Learning Disability Services, Ian Beattie & Mandy Ferguson, Head of Health and Social Care Services (Paisley/West Renfrewshire)

1. Purpose

1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period January to December 2016. The report provides a variety of evidence to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Link**:** http://www.gov.scot/Resource/0049/00491266.pdf.

Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient & Effective.

2. Introduction

2.1 Renfrewshire Health and Social Care Partnership is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire.

Services included are:

- Renfrewshire Council's adult and older people community care services e.g. Addictions, Learning Disability, Residential Care Homes, Care at Home.
- Renfrewshire Community Health services, e.g. district nurses, health visitors, mental health and learning disability services.
- Elements of housing services relating to adaptations and gardening assistance.
- Aspects of Acute services (hospitals) relating to unscheduled care.

Renfrewshire is a diverse area of towns, villages and countryside covering 270 square kilometres and situated 7 miles west of Glasgow City.

Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 20 community optometrists and 35 general dental practitioners, with a practice population of 179,796 (as at January 2017).

3. Clinical & Care Governance Arrangements

3.1 **Scottish Government's Policy Statement on Integration states that:**
"Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal committee structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care".

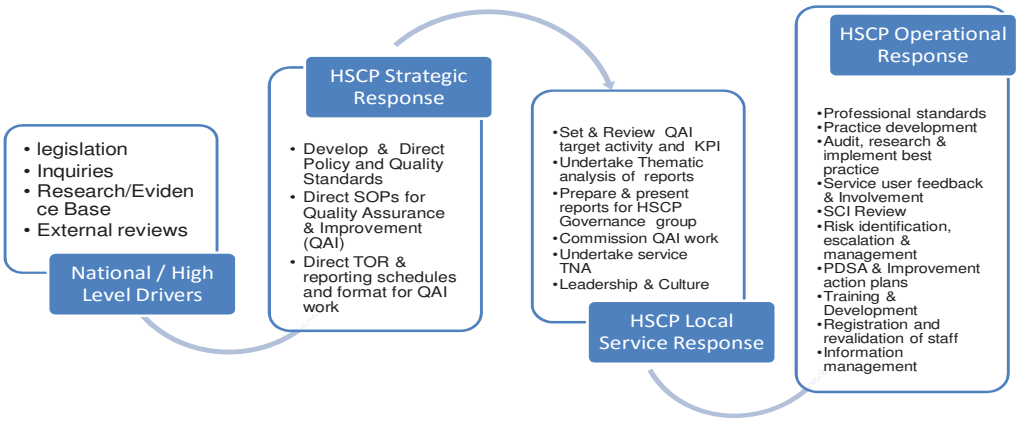
3.2 Over the last year Renfrewshire HSCP has established its supporting governance arrangements to ensure that the health & social care systems are working to a shared understanding and definition for Quality, Care & Professional Governance.

Supporting governance structures have now been fully established and embedded including:

- Renfrewshire HSCP Executive Governance Group (REGG)
- Renfrewshire HSCP Professional Executive Group (PEG)
- Renfrewshire HSCP Service Pod - Locality Services
- Renfrewshire HSCP Service Pod - Mental Health, Addictions and Learning Disability Services
- Renfrewshire Chief Social Work Officers Professional Group (CSWO)
- Renfrewshire Medicines Management Group.

A Renfrewshire HSCP Clinical & Care Governance Strategy Group has also been established that oversees all actions agreed at the above group meetings, in line with performance indicators and continuous improvement.

3.3 Quality, Care & Professional Governance arrangements within Renfrewshire are a dynamic process as illustrated below:



The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach.

4. Safety (Incident Management, Reporting and Investigation)

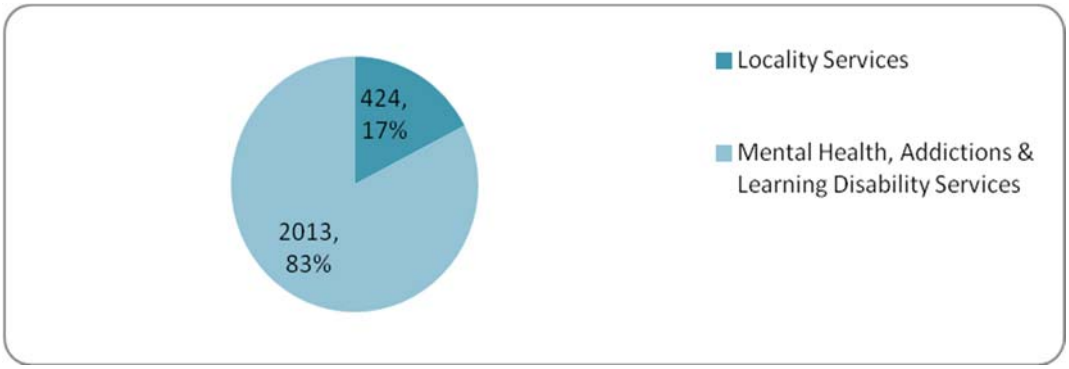
4.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. There are various systems currently used within Renfrewshire HSCP to capture this including:

- DATIX (Datix Incident Reporting System) – Health
- AIRD (Accident Incident Reporting Database) – Social Work
- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)
- Contracts Monitoring.

4.1.1 Datix

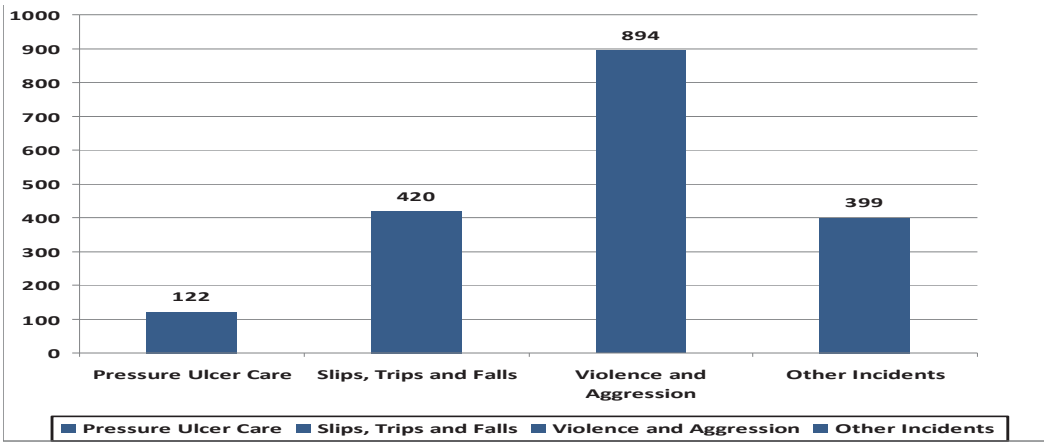
4.1.1.1 DATIX is used to provide a clear reporting structure to record clinical incidents, near misses and complaints. Datix is used to help improve safety for staff, visitors and contractors. Any incidents, near misses, complaints or concerns can be easily reported on the web based form. Managers can use this information to make informed decision on how to manage patient safety and identify those areas where risk is most in need of reduction.

There were **2437** incidents reported between January – December 2016:



4.1.1.2 Incident reports are produced and discussed on a quarterly basis at the Renfrewshire HSCP Locality Services meetings and bi-monthly at the Mental Health, Addictions and Learning Disability Services meetings. These reports detail the nature and range of incidents that have been reported through the Datix system and highlight the top four highest reported categories.

4.1.1.3 Over the last year the highest reported categories relate to:



4.1.1.4 **Actions in place to address the highest reported categories:**

Pressure Ulcer Care - NHS Greater Glasgow & Clyde Pressure Ulcer prevention guidelines are followed by all staff in Renfrewshire HSCP. This includes Datix reporting for all caseload acquired pressure ulcers, grade2 and above with a 'Red Day' review tool completed by the reporter and reviewed by the Practice Development Nurse/District Nurse Team Leader. This ensures that all actions have been undertaken and determines if the pressure ulcer was deemed avoidable or unavoidable. The Tissue Viability Nurses provide input to support staff and referral to this service is mandatory for grade 2, 3 and 4 pressure ulcers. Tissue Viability Nurses review the patient and confirm the grading of pressure ulcers is accurate.

Violence and Aggression - Training and refresher training are in place for staff in all wards and community departments and e-learning module is available. Violence Reduction service is available for staff within mental health to provide advice and support to staff around violence reduction and de-escalation strategies.

Slip/Trips and Falls - The Clinical Governance Facilitator is leading on a project to reduce the number of reported falls by 25% in 12 months in the Older People's Mental Health Wards (North and East). Effective falls prevention and management can make a significant contribution to achieving the proposed National Outcomes for Integration, specifically, supporting people to look after and improve their own health and wellbeing, live in good health for longer, live independently at home and maintain or improve the quality of their lives.

Other incidents - Work is ongoing board wide to further refine categories and descriptors and with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the "other" category if appropriate. This will enable better analysis and action planning of known incidents.

4.2 Significant Clinical Incident (SCI)

4.2.1 Significant Clinical Incidents are those events that have or, could have significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery).

The purpose of an SCI investigation is to determine whether there are any learning points for the partnership and wider organisation following an adverse event.

4.2.2 Over the last year a total of **10** SCIs have been commissioned:

Service	Month	Description
Community Mental Health	**Jan, Feb & Aug**	Suicide
Mental Health – In-patients	**Feb & Mar**	Suicide & Violence and Aggression
Child and Adolescent Mental Health Services	**Mar**	Child Protection Issue
Adult Services Multi Agency	**Jun**	Large Scale Investigation into Adult Protection at Older People's Care Home
Rehabilitation & Enablement Service	**Jul**	Patient Lost Records
Addictions Service	**Oct**	Suicide

4.2.3 All incidents are appropriately investigated to minimise the risk of recurrence through learning.

4.2.4 **Examples of shared learning/action following SCI investigation(s):**

Issue 1:

- A decision was taken by the Multi-Disciplinary Team relating to ongoing community mental health team input which had not involved the patient in the discussion. The patient was notified after the decision had been taken.

Recommendation:

- Where there is a change in the level of services provided to a patient, the patient must be offered the opportunity of attending the Multi-Disciplinary Team (MDT) review to enable involvement in the discussion.

Action: All clients open to the Community Mental Health Team are encouraged to proactively engage in the formulation of their care & treatment plan and all subsequent reviews.

Issue 2:

- Absence of shared IT systems across Mental Health Services including Out of Hours (OOH) Community Psychiatric Services.

  Inability to record on the Datix System accurate record of coding for missing person incident.

Recommendations:

- A shared IT system across all mental health services would improve the current system for Out of Hours Community Psychiatric Nurses passing on vital clinical information to the appropriate staff member on the next working day after an OOH assessment. It would also improve the current limited access to clinical information from other parts of the mental health services which is available to OOH Community Psychiatric Nurses and would improve risk assessment.

- **Action*:* Renfrewshire Mental Health Service has implemented EMIS Web in January 2017. This allows access by all community mental health staff to an accurate live record.**

- "Missing person" should be added as a drop-down option on the Datix system for reporting critical incidents.

- **Action: Absconded on DATIX has now been re-labelled as Absconded / Missing and now has a missing person sub category.**

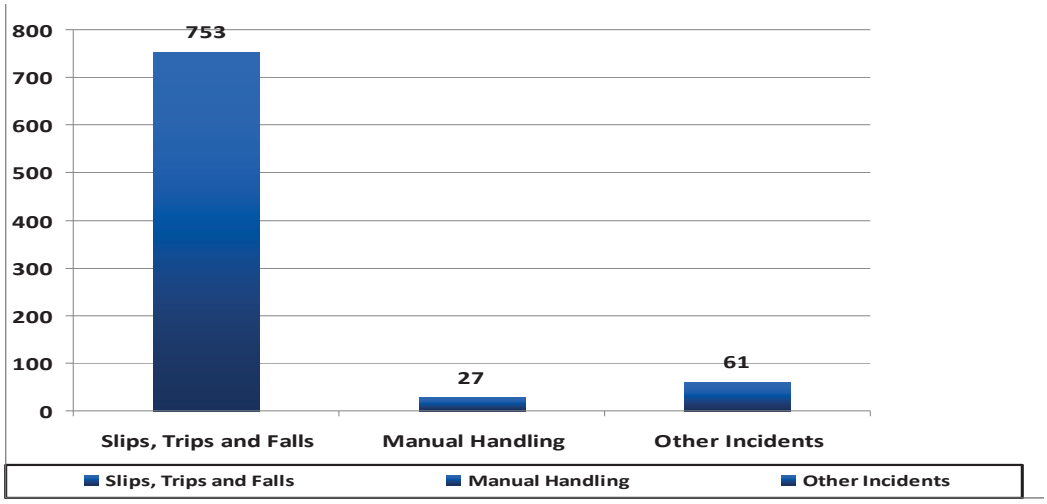
4.2.5 **Example of incident management/investigation/reporting improvements:**

- In November 2016, Renfrewshire Locality Services and Mental Health, Addictions and Learning Disability Services trained around 30 service managers/team leaders in Root Cause Analysis (RCA) methodology to support Significant Clinical Incident Reviews. RCA investigations help identify how and why incidents happen and analysis is used to identify areas for change and to develop recommendations which deliver safer care.
- Renfrewshire HSCP Social Work services have now adopted the "Rapid Alert" template used within health for serious incidents to ensure consistency in approach within the HSCP.
- A process is in place to share learning across all HSCP Governance Groups via status report template.

4.3 Accident Incident Reporting Database (AIRD)

4.3.1 The Accident Incident Reporting Database (AIRD) is a Lotus Notes based database which allows users within social work services to record accidents electronically.

During the period January – December 2016 there were a total of **903** accidents reported.



In term of the **Manual Handling** incidents; initial discussions have taken place with Care at Home management and Health and Safety in relation to reviewing arrangements.

Most of the **Slips/Trips & Falls** accidents reported have included management review on a case by case basis.

4.4 RIDDOR

4.4.1 RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. These regulations require organisations to report certain incidents to the Health & Safety Executive (HSE) that occur as a result of, or in connection with the work that is undertaken. If an incident meets the criteria stipulated in the regulations then it must be reported under RIDDOR within a set timescale.

4.4.2 Over the last year a total of **19** incidents were investigated as RIDDORs within health and social work services:

Area	Categories	Number of incidents investigated as RIDDOR
Mental Health, Addictions & Learning Disabilities	Slips/Trips & Falls	8
	Violence & Aggression	6
	Contact with an Object	1
	Other incidents	1
Locality Services	Moving & Handling	1
Care at Home	Slips/Trip & Falls	1
Learning Disability Service	Slips/Trip & Falls	1

4.4.3 For each of the incidents action plans were put in place and these are discussed at the Renfrewshire HSCP Health and Safety Committee to ensure shared learning.

4.4.4 **An example of the recommendations and actions from two of the Violence & Aggression incidents:**

Recommendation	Action(s)
Staff involved in incidents should attend the violence reduction training or refresher training.	All staff have been on training or are scheduled to go on training.
Where appropriate the injured person should be referred to the Occupational Health Service or encouraged to self-refer.	Staff have already been referred to the Occupational Health Service.

4.5 Contracts Management

4.5.1 The Contracts Management Team adopts both a proactive and reactive approach to the contract management of commissioned services as follow:

Proactive
Following an assessment of risk which priorities/identifies the services that require input, the team have undertaken:

- 17 full contract monitoring visits to services and completed detailed evidence based performance reports to assess performance across a broad range of key indicators.
- 24 follow up visits to evidence that actions required of the provider to improve services had been completed to the Council's satisfaction.
- 226 reviews of older adult placements in care homes to evidence that the home was delivering the best possible outcomes for the people living there.
- A further 31 reviews took place through a quality sampling process.

Reactive
The team have responded to:

- 765 significant event reports sent to the team's inbox by the commissioned services. The bulk of reports relate to notification of hospital admissions and incidents of significant challenging behaviours leading to assaults and serious falls.
- The majority of significant event reports come from care homes and Learning Disability/Mental Health supported living services.
- 68 significant events were forwarded for action through Adult Support and Protection measures. The team dealt with the majority of serious incidents by liaising with the services, families and care managers.

4.5.2 For the reporting period, 31 services have been identified on the risk assessment as requiring a proactive visit. The number of contracted services continues to grow each year.

4.5.3 Self Directed Support presents a challenge as people are able to opt to choose providers with little experience of delivering care and operating safe businesses.

4.5.4 **Examples of improvements within the Contracts Monitoring Team:**

- The team is attempting to identify ways to increase the resources available for contracts monitoring.
- Linking significant event reporting to Council IT platforms, rather than an in team spreadsheet.
- Supporting the development of fresh commissioning strategies and procurement exercises.

5. Risk Management

5.1 Renfrewshire HSCP aim to ensure that robust Risk Management processes, systems and culture are embedded within services. Risks are managed and escalated accordingly.

5.2 Staffing issues are a standing item at regular Locality Managers Groups and Team Leaders meetings and issues are discussed and action taken accordingly. Any high level risks are escalated to the HSCP Risk Register.

5.3 The Renfrewshire Health & Safety Committee is fully established and has responsibility for developing a coordinated framework for the management of health and safety issues within the HSCP. Health and Safety Management Manuals are also in place, with robust Risk Assessment processes in place.

5.4

Examples of risk management improvements:

- Combined HSCP high level risk register is in place and reviewed on a regular basis.
- NHS Greater Glasgow & Clyde risk management process has been adopted within social work for staffing risks.
- A number of service have developed risk registers which feed into HSCP Risk Register (as appropriate) for very high level risks.

6. Public Protection

6.1 Renfrewshire HSCP aims to ensure practice standards, procedures and guidance are adhered to, the main objective being to keep children and vulnerable adults safe from harm**.** A range of training is available to HSCP staff in different formats, including group training courses and learn-pro, the level of training being appropriate to their particular duties and responsibilities.

6.1.1 Adult Protection

6.1.1.1 The Renfrewshire Adult Protection procedures have been revised and updated to reflect the new Renfrewshire HSCP structure, roles and responsibilities.

6.1.1.2 An appreciative inquiry was undertaken following a Large Scale Investigation of adult protection concerns at an older people's care home in Paisley. This showed strengths in leadership and partnership working, but also challenges in terms of the intensity of the investigation, the demands on staff resources, and the resulting impact on other areas of work such as assessment and care management.

6.1.1.3 The Renfrewshire Adult Protection Committee's Biennial Report 2014-16 was submitted to the Scottish Government in November 2016. Key points from the report included:

- Service Users and Carers – difficulty engaging with hard to reach groups.
- Data collection and improvement planning – a need to develop co-operation and ownership.
- Developing greater public awareness of Adult Support & Protection (ASP).
- Advocacy – ensuring that independent advocacy is considered during ASP investigations of adults at risk of harm.

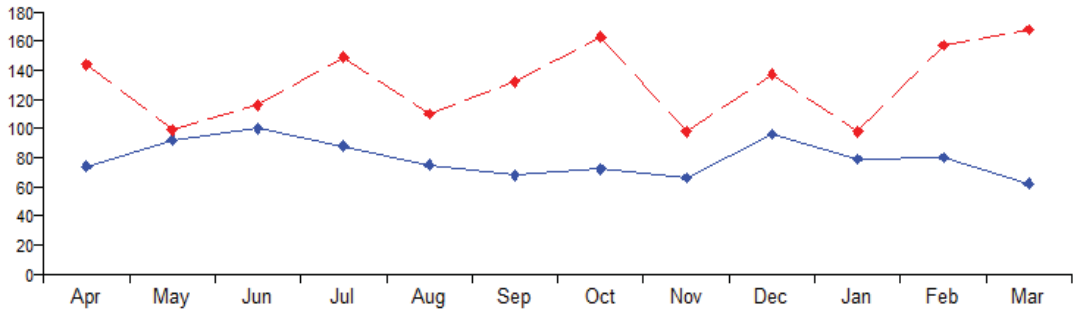
- Improving training resources – with staff vacancies during the Biennial period – it has been challenging to meet demand.
- Developing Council Officer/investigative capacity to keep pace with referral rates continuing to rise, year on year.
- Integration and the impact of changing roles and team structure, particularly in the context of the general management model adopted by Renfrewshire HSCP.
- Harm and the Adult Support & Protection Act – the difficulties of applying current criteria to self neglect, alcohol/addictions, personality disorder, and fluctuating capacity.

6.1.1.4 The number of referrals under adult protection has continued to increase year on year:

- In 2014-15 there were 1708 referrals to social work under adult protection.
- In 2015-16 changes were agreed to the system for reporting referrals under adult protection that separated adult *protection* concerns from adult *welfare* concerns.
- In 2015-16 there were 952 adult protection concerns and 1571 adult welfare concerns, making a combined total of 2523 adult protection and adult welfare concern referrals.
- It should be noted that *all* referrals are initially treated as potential adult protection cases.

Contacts by Source 2015/16

12/May/16



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Sum:
Adult Welfare Concern	144	99	116	149	110	132	163	98	137	98	157	168	1571
Adult Protection Concern	74	92	100	88	75	68	72	66	96	79	80	62	952
Sum:	218	191	216	237	185	200	235	164	233	177	237	230	2523

6.1.1.5 Other adult protection issues for services included:

- An Operational Manager has been identified to take a lead role for dealing with adult support and protection processes within Renfrewshire Mental Health, Addiction and Learning Disabilities Services.

- Concerns and processes relating to large scale inquiries/investigations are currently being highlighted by the Learning Disability Service Manager. Recommendations will be agreed via Operational Managers meeting.
- Addiction Services will now manage all Adult Protection referrals within their service and will convene Adult Protection Case Conferences as appropriate. Social work posts are now in situ within addiction services and updated training is available.

6.1.2 **Child Protection**

- A core link with the Women and Children First service has been established through Addiction Services.
- Learning Disability service will have representation on the Renfrewshire Child Protection Committee.
- Staff have been reminded of the importance of considering the vulnerability and welfare of children, particularly when undertaking home visits to adult clients.

7. Healthcare Associated Infections (HAI)/ Healthcare Environment Inspectorate (HEI)/Core Audits

7.1 Renfrewshire HSCP aim to comply with core audit schedules, ensuring improvements are implemented where required.

Some examples include:

- A core audit schedule is in place within District Nursing/Podiatry and Plan Do Study Act (PDSA) improvement is implemented as required. There are audit tools in place for Mental Health and Children & Families in relation to record keeping.
- The Mental Health Services are in the process of re-establishing their in-patient bimonthly meetings. This is chaired by the Mental Health Professional Nurse Advisor.
- Monthly Readiness Audits continue in the ward areas and any action plans resulting from these are reviewed at the HAI/HEI meetings and closed off when completed.
- Work is ongoing to enable the Senior Charge Nurses and Senior Managers to have access to the Healthcare Associated Infection Mental Health shared folder on the HSCP 'S' Drive. This drive will include Readiness Audits, Hand Hygiene Scores, Exception Reports, workplans and meeting minutes, with a view to these being transferred to an electronic dashboard once this system is in place.

8. Scottish Patient Safety Programme (SPSP)

8.1 The Scottish Patient Safety Programme in Primary Care aim is to reduce the number of events which could cause avoidable harm from healthcare delivered in any primary care setting. The work is supported by clinicians and staff from NHS Greater Glasgow & Clyde, Clinical Governance Support Unit.

8.2 **Some example of Renfrewshire participation in this programme:**

- Johnstone District Nursing Team are involved with testing of Catheter Associated Urinary Tract Infection (CAUTI) prior to roll out in 2017 across the service.
- Recording level 1 and level 2 falls within CNIS progressing through a working group.
- Review the application of the Falls Policy and use of enhanced observations as a control measure within the older adult NHS complex care wards.
- Renfrewshire Mental Health Services have been involved in number of work streams e.g. safer use of medicines, medication reconciliation, risk assessment and risk management.
- 27 of the 29 GP practices in Renfrewshire are participating in the Disease-Modifying Anti-Rheumatic drugs (DMARDs) Local Enhanced Service.
- A number of Renfrewshire GPs have been recruited in the Sepsis Workstream.

9. Professional Registration

9.1 Registration, revalidation and assurance are essential to maintaining a high level of professionalism. Current arrangements within Renfrewshire HSCP include:

9.1.1 Registration

Health: Across nursing services there is a database recording all registration and revalidation dates for clinical and non-clinical nursing staff. The database for registered nursing staff provides assurance to Renfrewshire HSCP, via the Senior Professional Nurse Advisor that systems and processes are in place to check the registration and revalidation dates of all nursing staff. Registration and revalidation responsibilities are those of the nurse, however systems and processes that are in place ensure that lapse of registration is minimised. There is a Board policy and process in place to address lapses in registration.

Process includes:

- A standard letter is emailed to member of staff to remind them to reregister/revalidate in advance of date.
- The Nursing and Midwifery Council (NMC) register is monitored weekly to check those due that month.
- A second letter is emailed 2 weeks prior to due date at which point Team Lead is copied in.
- A week before due date, member of staff is reminded and Service Manager is copied in.
- If staff are off sick/maternity leave, a standard letter should be sent to home address.
- A new database has been developed which will be more streamlined and includes the ability to design and run reports.

Social Work: HR/business support have access to information held by Scottish Social Services Council (SSSC) which allows them to provide reports on those registered, including relevant renewal dates. However, this is for each different parts of the register. (There are a number of different parts, currently about 16 parts which are relevant to council staff, with more due to open).

Process includes:

- If someone is lapsed, an e-mail goes to the business support team so that immediate action can be taken. In addition, they have access to those who

are late with either their annual fees or with their renewal to register. This is checked on a weekly basis and a reminder is sent to the employee directly (and/or their manager) in an attempt to deal with any issues to avoid their registration being lapsed.

- As each new part of the register opens, link is made with the relevant managers to progress this, in conjunction with the social work training team who are involved in ensuring as far as possible that people are appropriately qualified.

9.1.2 **Revalidation**

Health: Revalidation is the new process that all nurses need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). Revalidation has been in effect since April 2016 and happens every 3 years. Staff are required to collate evidence and undertake a professional reflective meeting and confirmation to demonstrate that they practise safely and effectively. Renfrewshire HSCP have a process in place to support revalidation, as well as board wide sessions and local workshops which the Senior Professional Nurse Advisor delivers.

Social Work: Practice in social work is that team managers meet with their direct report every 4/6 weeks. Issues relating to specific cases are recorded on AIS. Wider issues relating to are noted on a pro forma and actions agreed, signed off by both parties, and retained as an ongoing record.

9.1.3

Key professional registration developments include:

- A workshop was held in November 2016 to share an example process map for nursing in relation to registration/revalidation, to enable development of process maps across professions within Renfrewshire HSCP.

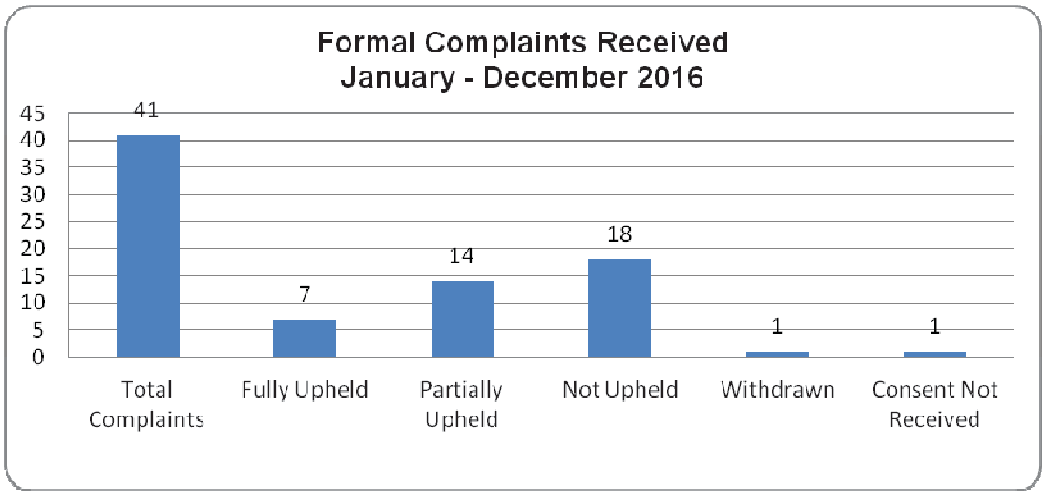
10. Patient Centred

10.1 Complaints

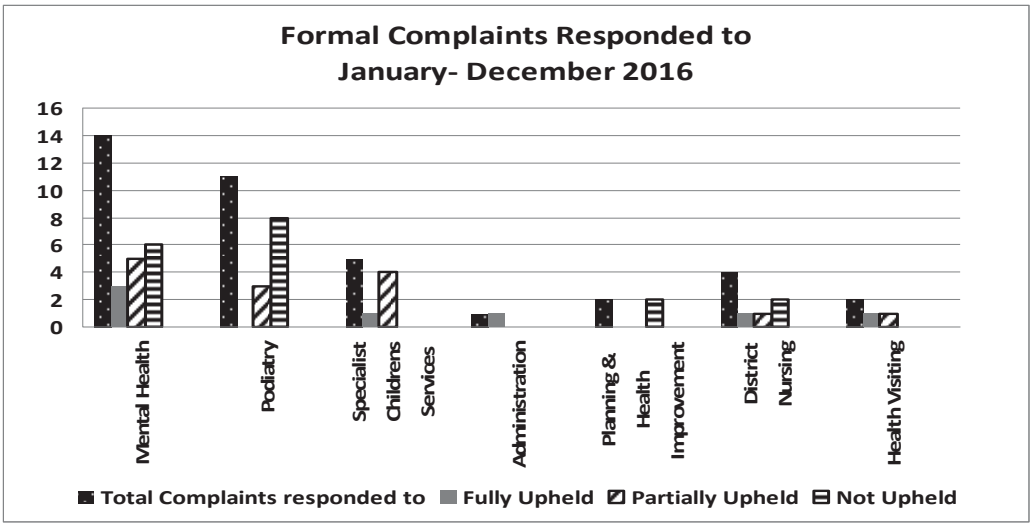
10.1.1 There are two distinct processes and recording mechanisms for health and social work complaints within the HSCP. Health complaints are logged on the Datix system and Social Work complaints are logged on Mail Track. Social Work do not record if complaints are fully, partially or not upheld.

10.1.2 **Health**

A total of **41** formal **Health** complaints were received during January – December 2016 as shown on the chart below.

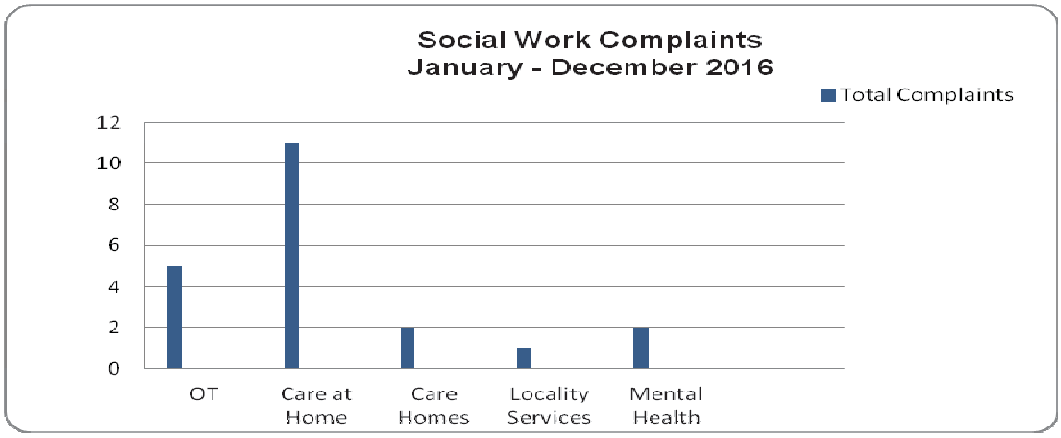


Out of the **41 Health** complaints received; (39) were investigated of which (36) were responded to within the target of 20 working days and (3) responses exceeded the target of 20 days.



10.1.3 **Social Work**

A total of **21 Social Work** complaints were received during January – December 2016 in different services as shown in the chart below:



Out of the **21** social work complaints received; (21) were progressed as formal complaints of which (14) were responded to within the target of 20 working days and (7) responses exceeded the target of 20 days.

10.1.4 **Issues & Themes**

The issues and themes identified from health and social work complaints included:

- Disagreement with clinical treatment/care plan;
- Staff attitude and behaviour;
- Delay in appointments and waiting times;
- Failure to follow agreed procedures;
- Communication; and
- Cut to services.

10.1.4.1 **Some of the actions taken in response to the above issues were as follows:**

- All current template letters have been reviewed to ensure that information provided by the team is equitable and promotes engagement for all adults within Renfrewshire; this was due to telephone number provided as contact details. Patient was profoundly Deaf. A process has been put in place to ensure interpreters are booked prior to appointments.
- Patient was unhappy with the way they were spoken to by the secretary. Manager agreed to raise concerns in relation to admin staff with their line manager re importance of demonstrating an appropriate and respectful manner at all times. New Community Psychiatric Nurse has also been allocated and complainant happy to work with new nurse to address current issues and complainant happy with this resolution.
- Patient raised issue of interval between podiatry appointments being extended from 6 to 16 weeks. Patient advised of Personal Footcare guidance and advised they could contact the service should any podiatry problems arise between appointments.

10.1.5 All actions that require to be reviewed must be reviewed by the Service Managers to ensure there are in place and that learning is shared with appropriate teams. Key members of staff have been trained to use the electronic actions module within Datix in order to track progress on actions.

10.2 Patient/Service User/Client and Carer Feedback

10.2.1 Renfrewshire HSCP has continued to ensure mechanisms are in place to obtain feedback from patients/service users/carers. Varies mechanisms have been used to capture experience of people who have been using/receiving our service(s) so that we can learn from them – for example, by understanding what works for people and what their priorities are.

The following are a few examples of work which have been taken forward within service areas over the last year:

- Specialist Children Services (SCS) Engagement Event offered a forum for families, service users and other agencies to comment on Specialist Children services and voice their thoughts on what could be improved. This encouraged staff from across SCS team to look at service user involvement. Small tests of change are being planned to look at the local voice of our service users and plan service accordingly where practical.
- Patient conversations continue within in-patient areas in mental health twice yearly in each ward. Dates are planned for the year in advance and patients and their carers are invited to an informal discussion about their experiences in the ward. After each meeting, feedback is provided on a poster which describes the positive comments and any concerns raised by patients and their carers and what was done in response. These visits are carried out by the Service Manager, Professional Nurse Advisor and a representative from the service user organisation - Mental Health Network.
- The Community Mental Health Team undertakes annual feedback surveys.
- “Just to say” cards are in every outpatient area.
- The Podiatry Service has a suggestion box in every clinic to give service users the opportunity to provide feedback.
- Patient involvement is embedded within Podiatry Service via patient led feedback sessions in Renfrew and Foxbar.
- Palliative care team: Implementation of a standard response to palliative care used Plan Do Study Act (PDSA) improvement approach and changed

project from output. Multi-Disciplinary Team meetings now in place and being tested. Currently working with GP practice and representatives from locality teams**.**

- Care Home Liaison Nurses (CHLNs): Implementation of person centred care planning utilising CNIS system within CHLN teams. PDSA approach used to implement. Referral form implemented across Renfrewshire.

10.2.2

Example of Patient Experience Initiative which has led to improvements in services based on feedback from patients/ carers:

- The Podiatry Service, Rehabilitation & Enablement Service and District Nursing Service have invited, a Volunteer into their service to have conversations with people we care for and their carers about their experience, treatment, involvement and care. Conversations were based on the 5 'Must Do with Me' areas being promoted and supported through the Person-Centred Health & Care Collaborative. Link: www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_programme.aspx. Each service area have received direct feedback following this initiative and supporting action plans are in place based on areas identified for improvement.

Quotes:

Réhabilitation & Enablement Service (RES)

"The management of RES would like to formally acknowledge the valuable contribution that this work has made to revealing insights into service provision, allowing for positive changes to be made within RES. We praise the volunteer for their highly insightful, caring, empathetic and professional manner in which this work was carried out, at all times ensuring that people's views were heard and acted upon".

Podiatry Service

"Working with the volunteer gave us in Podiatry the objectivity missing from the majority of patient experience work. The feedback was both confirming and challenging. We want to adopt this approach on a wider scale. It is truly innovative".

District Nursing Service

"The hard work and dedication from the volunteer within the carers experience project allowed for truly insightful conversations to take place which highlighted areas of good work but allowed for exploration and identification of improvements needed within the service. This work is innovative in its approach and provided a reflection opportunity for the service which we have never had before, this has allowed the service to develop an improvement plan to address the issues and concerns raised by carers".

Mental Health Service

Having to be referred to and supported by mental health services can feel both humiliating and alarming. Yet it can also be comforting to know that you are not alone and you are not 'crazy', 'mad' or 'weird'. I can literally say that I would not be alive today without the support, understanding and patience of a number of staff from particular services.

11. Mental Health Officer (MHO) Service

11.1 The Mental Health Officer Service provides a responsive service to requests for detentions under the Mental Health Act and ensures that individuals who are subject to detention receive information regarding their rights of appeal and access to advocacy services. The Mental Health Officer Service has robust processes to ensure new legislation requirements, changes and updates are disseminated to the Mental Health Officers group quickly and any relevant briefings or update training is provided.

11.1.1 The main demands on the Mental Health Officer (MHO) service were:

- Requests for consent to detentions under the Mental Health Act
- MHO reports required to support Adults with Incapacity applications
- Attendance at Mental Health Tribunals
- Requests for social circumstances reports and other court related matters such as applications for warrants and removal orders
- Supervision of Restricted Patients
- Input to Multi Agency Public Protection Arrangements (MAPPA); Adult Protection Case Conferences; and Care Programme Approach.

11.1.2 Demands for Mental Health Officer services continue to increase year on year and has resulted in additional investment to increase the numbers of MHOs available to undertake statutory work. The introduction of the 2015 Mental Health Act (expected Summer 2017) will add additional responsibilities and pressures on the MHO service.

11.1.3 **Examples of improvements within the Mental Health Officers Service:**

- Annual Mental Health Officer Continuing Professional Development day held.
- Registered Medical Practitioner/Mental Health Officer Clinical Development Forums have been established, ensuring exchange of learning and understanding between professionals.

12. Care Inspectorate

12.1 The Care Inspectorate regulates and inspects care services to make sure that they meet the right standards. They also jointly inspect with other regulators to check how well different organisations in local areas work to support adults and children. They carry out inspections of registered services such as care homes, day services and care at home and publish inspection reports which grade care services according to set criteria.

The performance of Renfrewshire's adult services in terms of gradings is detailed below:

Grading Scale: Grade 6 – Excellent, Grade 5 – Very good, Grade 4 – Good, Grade 3 – Adequate, Grade 2 – Weak, Grade 1 – Unsatisfactory

	Service	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
	Care @ Home	5		5	5
	Disability Resource Centre	6	Not Assessed	6	Not Assessed
Residential	Montrose	6	6	5	6
	Hunterhill	6	Not Assessed	Not Assessed	6
	Renfrew	4	Not Assessed	Not Assessed	4
	Weavers Linn	5	Not Assessed	6	Not Assessed

	Service	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Day Services	Ralston	5	5	5	5
	Montrose	6	Not Assessed	Not Assessed	5
	Renfrew	5	4	4	4
	Johnstone	6	6	5	5
	Falcon	5	5	5	5
Learning Disability Services	Milldale	4	Not Assessed	4	Not Assessed
	Mirin	4	4	4	4
	Spinners Gate	5	Not Assessed	5	5
	Anchor Centre	4	3	4	3

12.1.1 The performance of contracted services was varied, with some achieving excellent or very good grades, and others achieving good or satisfactory grades. There were isolated examples of weak or poor grades which have prompted our contracts team to take action and in one case to discontinue the contract.

12.1.2 Issue

A residential service run by the National Autistic Society has been given low grades by Care Inspectorate. Although this is located in another authority, Renfrewshire HSCP purchases four places there. The care facility now has a moratorium in place which means no more admissions to the facility at this current time. The HSCP continues to monitor this situation and is working with families to identify alternative accommodation if required.

13. Quality Improvement / Clinical Effectiveness

13.1 Renfrewshire HSCP aim to ensure that priorities are identified that lead to improvement in services.

The following are a few examples of improvements which have been developed in specific services over the last year.

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
LOCALITY SERVICES			
District Nursing			
Palliative care is everybody's business	• Development of tools and training to ensure all staff have awareness of palliative care needs. • To ensure that all individuals with palliative care needs are assessed	Development of Multi-Disciplinary Team WISER (weekly integrated standard response) meeting	Volume of Holistic needs assessment and development of care plans utilising statutory services and community resources as applicable. Transfer of information back to GP gold

			stand group
Improvement Aim	**Improvement Intervention**	**Outcome/ Learning**	**Progress Measure**
Podiatry (NHSGG&C Wide)			
Increase % of Diabetic Foot Ulcers seen within 24 hours	Identify capacity via Referral Management Centre	Improved performance and reduction in amputations and early death	Improved rate of <24hr intervention
Create equality in new to return ratios across all 4 quadrants	Ensure all quadrants are operating the same service model at all levels	Identify factors leading to inequality of service delivery	Equalised new to return ratios across NHS Greater Glasgow & Clyde
Integrate vascular and diabetic foot ulceration into Foot Protection Service	Implement Foot Protection Hubs in all localities	Improved performance and reduction in amputations and early death	Improved rate of <24hr intervention
Improve utilisation of Allied Health Professional Musculoskeletal Physiotherapy Service (MSK) Foot and ankle pathway	Increased number of clinicians using Foot & Ankle pathway for escalation of patients	Audit escalated cases for appropriateness and congruence with pathway hitherto	Measure clinician's hit rate on MSK pathway
Mental Health Officer Service			
Business Information	Revised Business Process introduced over past 18 months	Better understanding of level of activity around Mental Health Officer work and demand enabling more robust workforce planning	SWIFT/AIS system management reports
Specialist Children Services			
Reduce waiting time for Occupational Therapy	Change referral management to offer earlier face to face triage to decide on-going intervention or advice and discharge	Reduce length of time waiting and increase effectiveness of intervention	Data will be reviewed over next 6 months 9 (Jan to June 17)
Early Years: Health Visitor Training Phase 1: 27-30 month assessment, Physiotherapy	Training provided to Health Visitors (HVs) from Physiotherapists to look for signs of motor delay	HVs confident knowing when child requires advice support from Physiotherapy service or other means	For completion June 17
Improve pathways for children and young people with Cerebral Palsy	All Physiotherapists delivering on the Cerebral Palsy integrated pathways will have completed competency training	All Specialist Children Services physiotherapists assessing Cerebral Palsy children will be competent in	September 2017

	to ensure best practices is undertaken	pathway	
Improvement Aim	**Improvement Intervention**	**Outcome/ Learning**	**Progress Measure**
Nursing Team Disability Pathway: Standardisation of Nurse led sleep pathway	Nurse led sleep pathway developed with standardised documentation and interventions	Nursing staff are trained to have same skills to deliver standardised sleep service	Outcomes audited following implementation of pathway – timescales still to be agreed
Speech and Language Therapy: Reduction in overall direct referrals with 95% of referrals progressing to targeted level of support	Increase community based support for concerned parents via drop in advice and support sessions	Waiting times for treatment reduce and interventions are more appropriately staged and therefore more effective	Data measure will be agreed and reviewed over the 22 week project period
MENTAL HEALTH SERVICES			
Mental Health – Community			
A medical rota is now in place to support the Community Mental Health Team Duty Team to feedback all urgent referrals and assessments completed that day	All referrals and assessments will have the involvement of a member of the medical staff in the feedback and supporting any clinical challenges that present on a daily basis	Discussions and decisions will now involve a member of the medical staff, which will now be more robust in decisions made	Medical rota to be reviewed for effectiveness in 3 month time
Systems Training for Emotional Predictability and Problem Solving (STEEPS) Treatment Programmes for Borderline Personality Disorder (BPD) and Emotional Intensity Difficulties. The aim is that both Community Mental Health Teams will facilitate STEEPS groups to allow access for all clients in Renfrewshire	STEPPS is a manual-guided teaching programme.. In the STEPPS manual, BPD is often referred to as Emotional Intensity Disorder (EID). Participants learn about the behaviours and feelings that define BPD/EID, and also learn a variety of emotion management and behavioural skills to help manage the disorder	Paisley Community Mental Health Team (CMHT) has just completed their first 12-week STEEPS programme with 12 CMHT clients and is at present evaluating the course. West Renfrewshire CMHT will shortly be commencing their own STEEPS group for West Renfrewshire CMHT clients	Groups will be evaluated using STEPPS evaluation toolkit
Introduction of a Community Mental Health Team (CMHT) Information Leaflet	All clients will now receive at the point of being offered an assessment appointment with the CMHT an Information Leaflet	All clients will now have information on the CMHT and allow them to be more informed before attending for assessment	

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Mental Health – In-patients			
Dementia Improve environments for patients	Ward was painted in dementia friendly colours. Door frames to patient's bedroom and social area painted to be more easily identifiable	Reduce patients attempting to access clinical areas. Improve access to bedrooms	Patients are not attempting to access doors to clinical areas
	Flooring changes with darker areas to fire exit doors	Reduce the number of attempts by patients to access exit doors	Patients observed at times to not walk to exit doors. Patient commented "I don't like that black bit"
	Activity boards purchased to provide points of interest for patients.	Provide stimulation and points of interest for patients walking in the corridors	Patients observed to stop to use activity board
	Patio area developed with sheltered access, raised beds for patients, interring primary colours to provide points of interest	Improve access to outdoors space	Patients express pleasure at getting outside
Support on-going training for Promoting excellence Dementia Skilled	The Senior Charge Nurse is acting as a facilitator for 1 day training for Promoting excellence-Dementia Skilled	Improved skill level for staff working with patients with dementia	Senior charge nurses sign of those staff completing Promoting excellence-Dementia Skilled
Dementia Specialist Improvement lead course	Senior charge nurse undertaking the Dementia Specialist Improvement Lead (DSIL) course. Develop a programme of training and continuous improvement across South Clyde	Improved skill level for staff working with patients with dementia. Improve staff resilience	In development stage.
Palliative Care Joint partnership working	Senior charge nurse delivered awareness sessions to hotel services staff in local hospice -communicating with people with dementia		Verbal feedback from the staff involved that session provided greater understanding of the difficulties and strategies to improve their

			communication
Improvement Aim	**Improvement Intervention**	**Outcome/ Learning**	**Progress Measure**
Mental Heath – Occupational Therapy Service			
Inpatient Occupational Therapy (OT) staff with increased knowledge and skill in the provision and assessment of specialist seating	OT staff trained in the assessment of specialist seating	OT's will be informed seating specialist in all older adult wards	Links to current fall's project and fall reduction. Improvement in function and participation in activity/feeding. Improved pressure and postural management
Rehab and Recovery shop, cook and lunch group pilot established October 2016	Weekly sessions, each patient taking a rotating role, allowing all patients regular practice with all domestic activity tasks	Improved functional ability in domestic and shopping tasks	Weekly progress update. Amps assessment to review progress. Successful discharge and transition to the community
Joint OT/psychology group Cognitive Stimulation Therapy (CST) group in acute Dementia ward, November 2016	6 Weekly CST groups	Evidence based therapy jointly worked between Occupational Therapy and psychologist	Improved patient outcomes. Improved retention of memory and cognition
5 case qualitative 6 monthly audits November 2016	Audit of 5 randomly selected cases per Occupational Therapy	Improved patient outcomes, adherence to documentation standards	Achieved 91% in November's audit
Improve clinical knowledge of best practice	Community OT 'Journal Club' established	Influencing evidence based developments in current practice	Attendance Practice developments
Sharing of practice across Clyde	Clyde wide Occupational Therapy Development Day, Sept 16 'Outcome focussed practice'	Shared learning in clinical specialism's and learning from experts	Action commitments put into practice
Mental Health – Physiotherapy Service			
Development of standardised Mental Health Physiotherapy paperwork across Greater Glasgow & Clyde	Group collaboration with all Greater Glasgow & Clyde Team Leads and trained staff	Provision of documentation that meets HSCP professional standards of practice, including assessment tools and use of validated outcome measures	Completed: standardised Assessment paperwork for following: • Exercise Assessment Musculoskeletal Assessment • Falls Mobility Approved by

			Documentation governance group and now in practice
Improvement Aim	**Improvement Intervention**	**Outcome/ Learning**	**Progress Measure**
Development of working group for risk stratification, and management for adult inpatients for the use of exercise	I. Literature review. II. Discussion with Cardiology Consultants III. Discussion with Mental Health clinical director and Lead for Medical emergency Training. IV. Discussion with medical lead for Live Active Programme. V. Formulation of risk stratification protocols	Clear protocols for clients in relation to level of risk and level of exercise appropriate	i)- iv) completed Team Leads currently drafting protocols to be sent out for comment
Documentation audit again HSCP professional standards October 2016	Audit on qualified staff (5 randomly selected notes/clinician)	High adherence to professional documentation standards- mean >95%	Completed and sent to Allied Health Professionals (AHP) director as standard practice twice yearly
On-going Collaboration with Greater Glasgow & Clyde Physical Healthcare group on new Physical Healthcare Policy	Attend quarterly meetings	Use of specialised Physiotherapy knowledge to improve the physical health of those with mental illness through helping to shape the policy	Policy in progress
Renfrewshire Addiction Services			
Improve uptake of Blood Borne Viruses (BBV) testing to clients within alcohol services	Offer screening to individuals	Clients are aware of BBV and access to testing within alcohol services	In progress for implementation
Produce a client questionnaire which reflects service user's needs and Quality improvement Principles and Standards for Addiction Services	Pilot questionnaire carried out with service users and Recovery Development Worker	Clients views are fed back and questionnaires adjusted to reflect same	Bi annual questionnaire distributed within addiction services. Target returns set for each service
Peer Support Certificate training rolled out to addiction service users	7 service users are trained in Peer Support. 7 service users are accessing the Peer Development Award with a paid placement in addiction services		

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Increase the number of individual's receiving Alcohol Brief Intervention's, in particular older adults	Alcohol Brief Intervention's Training for Resettlement and Enablement Services carried out by Alcohol Liaison Team.	To increase the number of older adult's screened for problematic alcohol use. To develop a pathway for older adult's to facilitate early intervention	Number of staff trained in Alcohol Brief Intervention's in older adult's service
To raise awareness of the impact of complex trauma in vulnerable women in Addiction and Criminal Justice Service's	Improvements in service delivery and outcomes for service users.	Staff are trained and supervised in an evidenced based therapy carried out by a psychologist	Number of women receiving interventions in psychological therapies
Mental Health - Psychology			
Safe and patient centred care re communication standards	Refine guidance relating to standards of written communication pre move to EMIS system. Clearer and more appropriate guidance about case management with benefits for patient care	Clearer and more appropriate letters/correspondence	Almost completed
More effective, patient centred and equitable care for service users who struggle to engage	Setting up group supervision and leading on associated governance tasks for newly integrated Assertive Outreach component of Renfrewshire Community Mental Health Teams	Commenced March 2016	Achieved

14. Implementation of Guidance/Policies

14.1 Renfrewshire HSCP aim to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed at the Renfrewshire HSCP Locality Services and Mental Health, Addictions and Learning Disability Services meetings and actioned accordingly.

Over the last year Renfrewshire HSCP have been involved in a number of consultation exercises including:

- Consultation exercise with regard to Health Care Standards.
- Consultation in relation to Nursing & Midwifery Council Fitness to Practise changes, comments collated for Renfrewshire.

- Consultation with regards to 2030 Vision, toolkits circulated and central response collated from Senior Nurse Group. All staff groups had opportunity to be involved.
- Group meetings are being held to review, discuss and comment on revised policies and guidance that are out for consultation e.g. Psychiatric Emergency Plan (PEP), Significant Clinical Incident Policy, Clinical Risk Screening Policy and many others.

In addition to this:

- A short working group has been set up to benchmark and produce an implementation plan for the revised Community Mental Health Team Operational Framework.
- The Tawel Fan Quality Assurance Benchmarking Report is now completed. This was a report on an in-patient area in Wales and the Partnership Nurse Director requested that a benchmarking exercise be completed across NHS Greater Glasgow & Clyde to identify any actions as a result of the recommendations contained within the report. Action plan has been developed in conjunction with the Inpatient Service Manager and Professional Nurse Advisor and implemented within Older Adult Mental Health In-patient Services in Renfrewshire.
- Implementing the roll out of the national practice model with Children & Families Services.

15. Conclusion

15.1 Renfrewshire HSCP will work in a way that fosters continuous improvement in clinical, quality and safety at all times. We believe we have achieved an effective mechanism for assessment and assurance regarding quality, care & professional governance and we will strive to make improvement wherever possible.

15.2

Next steps for 2017:

Training

- Staff to be invited to participate in Significant Clinical Incident Masterclass session and shadowing opportunities to be arranged.
- Arrange Council Officers Training for Health Senior Managers and new Social Workers.
- Roll out further programme of Root Cause Analysis Training in 2017.
- Staff to be invited to participate in Risk Management/Register Development Session in March 2017.

Guidance

- Develop guidance to support the process of completing and quality assuring a Rapid Alert for Social Work Significant Incidents.
- Develop guidance around Large Scale Investigations.
- Review process in line with Duty of Candour. Link: www.gov.scot/Topics/Health/Policy/Duty-of-Candour

Communication

- Include regular 3 key messages communications around governance within Renfrewshire HSCP team brief.

Patient/Service User/Client and Carer Feedback

- Create a group of volunteers.
- Roll out further programme of Patient Experience initiatives.

Event

- Facilitate Annual & Care Governance Event to focus on Renfrewshire HSCP Quality, Care & Professional Governance journey, patient experience, significant incidents, complaint handling, quality improvement and to demonstrate how Renfrewshire HSCP will continue to support the Professional Governance agenda.

Governance

- Create visual map of professional lead arrangements for staff.

16. Recommendations

The Renfrewshire HSCP Quality, Care and Professional Executive Group, Integrated Joint Board and NHSGG&C Board are asked to:

- **Note** the content of this report.
- **Note** that future annual reports will be produced in line with NHS Greater Glasgow & Clyde reporting cycle of April – March.

To:	**Renfrewshire Integration Joint Board**
On:	**10 March 2017**
Report by:	**Chief Officer**
Heading:	**Joint Inspection of Services for Adults**

1. Summary

1.1 The Care Inspectorate and Healthcare Improvement Scotland advised Renfrewshire Health and Social Care Partnership by letter on 20 January 2017 of their intention to jointly inspect their services for adults during the course of 2017/18.

1.2 The national inspection guidance is currently being updated to reflect new partnership arrangements and the additional expectations around Strategic Commissioning.

1.3 The Care Inspectorate and Healthcare Improvement Scotland will provide 12 weeks notice before commencing any inspection.

1.4 Renfrewshire Health and Social Care Partnership will seek clarification on when the new inspection guidance will be available and what this is likely to mean in terms of preparation.

1.5 At the Chief Officers Group (COG) held on 13 February 2017, it was agreed that an action plan should be developed in preparation and anticipation of the joint inspection.

2. Recommendation

2.1 It is recommended that the IJB:

- Note the content of the report.

3. Background

3.1 On 20 January 2017, the Care Inspectorate and Healthcare Improvement Scotland advised they are proposing to undertake a joint inspection of services for adults within Renfrewshire during 2017/18. The formal notification of inspection is 12 weeks prior to the commencement of the process. We await this formal notification.

3.2 Joint inspection arrangements have still to be confirmed, as key aspects of inspection are being revised by both organisations. This is to take account of the new responsibilities on Strategic Commissioning.

3.3 There will be some important differences from the joint strategic inspections which have taken place to date. Currently, no further details on the shape, focus and specific arrangements have been shared on this. Both the Care Inspectorate and Healthcare Improvement Scotland have advised that they are happy to discuss the differences in procedures for joint inspection and to this end, Renfrewshire Health and Social Care Partnership will now seek clarification on the new joint inspection requirements.

3.4 At the Chief Officer's Group (COG) held on 13 February 2017, it was agreed that despite not yet receiving the 12 week prior to inspection formal notification from the Care Inspectorate and Healthcare Improvement Scotland an Action Plan should be developed in anticipation of the upcoming inspection to ensure we are sufficiently prepared and rigorous in our approach.

Implications of the Report

1. **Financial –** not applicable.
2. **HR & Organisational Development –** not applicable.
3. **Community Planning –** not applicable.
4. **Legal –** not applicable.
5. **Property/Assets –** not applicable.
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 –** not applicable.
9. **Procurement –** not applicable.
10. **Risk –** The recommendation within this report relate to ensuring that Renfrewshire Health and Social Care Partnership are sufficiently prepared for inspection. Inspection reports are made publicly available and so our performance must reflect the high standards we adhere and aspire to achieve.
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.

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