

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

Date	Time	Venue
Friday, 31 January 2020	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James MacLaren: Dr Donny Lyons: Margaret Kerr: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Shilpa Shivaprasad: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Amanda Kelso: Dr Stuart Sutton: David Leese: Sarah Lavers: John Trainer.

Councillor Jacqueline Cameron (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 <http://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.

- | | | |
|-----------|--|------------------|
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| | Minute of meeting of the Integration Joint Board (IJB) held on 17 November 2019. | |
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| 10 | Review of Arrangements for the Renfrewshire IJB Audit Committee | 103 - 112 |
| | Report by Chief Officer. | |

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Board 2020/21

Report by Clerk.

12 Date of Next Meeting

Note that the next meeting of the IJB will be held at 10.00 am on 20 March 2020 in the Abercorn Conference Centre.



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

Date	Time	Venue
Friday, 22 November 2019	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

Present

Councillor Jacqueline Cameron, Councillor Lisa-Marie Hughes and Councillor James MacLaren (all Renfrewshire Council); Dr Donny Lyons, Margaret Kerr and Dr Linda de Caestecker (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); Louise McKenzie (Council staff member involved in service provision); Alan McNiven (third sector representative); Graham Capstick (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership); and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

Councillor Jacqueline Cameron, Chair, presided.

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Carron O'Bryne, Head of Health and Social Care (Paisley), Frances Burns, Head of Strategic Planning and Health Improvement and Jean Still, Head of Administration (all Renfrewshire Health and Social Care Partnership).

Apologies

Councillor Jennifer Adam-McGregor (Renfrewshire Council); Dorothy McErlean (Greater Glasgow & Clyde Health Board); and John Boylan (Trade Union representative for Council).

Declarations of Interest

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

Order of Business

In terms of Standing Order 4.1 (iii), the Chair intimated that she proposed to alter the order of business to facilitate the conduct of the meeting by considering item 6 of the agenda after item 11 of the agenda.

Welcome and Introductions

Prior to the start of the meeting, the Chair welcomed everyone to the meeting and invited members and officers to introduce themselves.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 20 September 2019 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

It was noted that a brief update on the health provision for the housing development at Dargavel would be provided when available.

DECIDED: That the rolling action log be noted.

3 Financial Report 1 April to 30 September 2019

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 September 2019 and the projected year-end position for the year ended 31 March 2020.

The overall revenue position for the HSCP for the year-to-date and projected outturn for 2019/20 was an underspend, as detailed in the report, prior to the transfer of balances to General and Earmarked Reserves at the financial year-end. The key pressures were highlighted in section 4 of the report.

The revenue budget position of the HSCP and Health for the financial period 1 April to 30 September 2019 and the year-end position was detailed in Appendices 1 to 4 of the report. The revenue budget position of Adult Social Care and 'other delegated services' for the period 1 April to 13 September 2019 and the year-end position was detailed in appendices 5 to 7 of the report. Appendices 8 and 9 to the report provided a reconciliation of the main budget adjustments applied this current financial year and Appendix 10 to the report detailed the projected movement in reserves.

The report also provided information on Scottish Government funding 2019/20; reserves; the Living Wage increase for 2019/20; and the National Care Home Contract 2019/20.

DECIDED:

(a) That the in-year position as at 30 September 2019 be noted; and

(b) That the projected year-end position for 2019/20 be noted.

4 Medium Term Financial Plan 2020/21 to 2025/26

The Chief Finance Officer submitted a report relative to the IJB's Medium-term Financial Plan 2020/21 to 2025/26, a copy of which was appended to the report.

The financial plan outlined the financial challenges and opportunities for the HSCP faced over the next five-years and provided a framework which would support the HSCP to remain financially sustainable. It complimented the HSCP's Strategic Plan and highlighted how the principles would support the delivery of the IJB's strategic objectives and priorities.

The report provided detail on the medium-term financial outlook; the projected budget gap; the financial challenge; responding to the local financial challenge; and the medium-term financial strategy. The Chief Officer and Chief Finance Officer would work with IJB members to take forward the Medium-term Financial Strategy to deliver financial balance whilst delivering safe and sustainable services.

The Chief Finance Officer advised that some typographical corrections which did not change the figures in the report had been made to the report since publication with the agenda for this meeting and that the updated report would be provided to members.

DECIDED:

(a) That the assumptions and context of the financial plan for 2020/21 to 2025/26 and the levels of uncertainty that existed in relation to a range of these assumptions be noted;

(b) That the Medium-term Financial Plan 2020/21 to 2025/26 and associated financial planning principles be approved; and

(c) That it be noted that some typographical corrections which did not change the figures in the report had been made to the report since publication with the agenda for this meeting and that the updated report would be provided to members.

5 Performance Management Mid-year Report 2019/20

The Chief Officer submitted a report relative to the Performance Management Mid-year Report 2019/20 covering the period April to September 2019.

The performance dashboard which summarised progress formed Appendix 1 to the report and the full scorecard which updated all performance measures formed Appendix 2 to the report.

There were 67 performance indicators of which 42 had targets set against them. Performance status was assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target. At the mid-year point, the scorecard detailed the status of the 42 indicators which had targets set against them. It was noted that 11 had red status, 9 had amber status and 22 had green status.

DECIDED: That the Performance Management Mid-year Report 2019/20 for Renfrewshire HSCP be approved.

Sederunt

John Trainer entered the meeting during consideration of the following item of business.

6 Moving Forward Together - NHSGGC Transformation Strategy

The Chief Officer submitted a report providing an update on the progress of implementing NHSGGC's Moving Forward Together vision. The update report Moving Forward Together: From Blueprint to Action formed the appendix to the report.

The report provided detail on the key principles of the strategy; the phased approach and three immediate priorities as outlined in the update report; and highlighted the HSCP's role in supporting the delivery of the transformation programme.

DECIDED: That the content of the report and the Moving Forward Together: From Blueprint to Action, which formed the appendix to the report, and which was considered by the NHSGGC Board in October 2019, be noted.

7 NHSGGC Transformational Change Programme: Sexual Health Services Implementation Plan

The Chief Officer submitted a report relative to the Transformational Change Programme for Sexual Health Services.

The report intimated that a new service model was proposed which would provide services in a tiered way with routine, scheduled and unscheduled, urgent and complex, and highly specialist services being provided in the tiers.

The current Renfrewshire sexual health service would be developed into a tier 2 service providing routine scheduled, emergency and urgent care on five full days each week with enhanced staffing levels. The new tier 2 model of service would be established in the current Paisley location. An evening service for young people would be provided from a suitable location to be agreed with HSCP partners.

The report outlined the proposed changes which would begin to be put in place from January 2020.

Rhoda McLeod, Head of Sexual Health Services and Nicky Coia, Health Improvement Manager, delivered a presentation to members on the new service model.

DECIDED:

(a) That the proposed timescale for implementation of the service changes as part of the new service model be noted; and

(b) That the presentation be noted.

8 Rapid Rehousing Transition Plan for Renfrewshire 2019/24

The Chief Officer submitted a report relative to the Rapid Rehousing Transition Plan for Renfrewshire 2019/24, a copy of which was appended to the report.

The report intimated that in July 2018, the Scottish Government issued guidance to local authorities on the production of five-year Rapid Rehousing Transition Plans where were required to demonstrate how local authorities and partners would ensure that those who were homeless were provided with a settled housing option as quickly as possible, therefore minimising the use of temporary accommodation.

The HSCP worked in partnership with Renfrewshire Council and representatives from the Renfrewshire Homelessness Partnership to develop this plan and would continue to support the implementation of the action plan with a specific focus on improving the health and wellbeing of all users of the homeless service.

DECIDED:

(a) That the IJB continues to support the work of the Renfrewshire Homelessness Partnership; and

(b) That the Rapid Rehousing Plan for Renfrewshire 2019/24 be endorsed.

9 Annual Report of the Chief Social Work Officer 2018/19

There Chief Social Work Officer submitted a report relative to the 2018/19 annual report by the Chief Social Work Officer (CSWO). In Renfrewshire this role was held by the Head of Child Care and Criminal Justice, Renfrewshire Council

The report provided an overview of the role of the CSWO, outlined local arrangements for the discharge of the functions of the post, highlighted key areas of activity of the CSWO locally, detailed the issues and challenges encountered during 2018/19 and provided an overview of activities undertaken by social work services together with the key priorities.

A copy of the annual report by the CSWO was appended to the report. The report intimated that the scope of the CSWO role covered all social work and social care services, whether provided directly by the local authority, or in partnership with others. Where these services were purchased or commissioned from external providers, the CSWO had responsibility to advise on the specification, quality and standards of services commissioned.

It was proposed that the Chief Social Work Officer be requested to submit a report to a future meeting of the IJB in relation to the role of Renfrewshire Mental Health Officers on emergency detention under mental health legislation. This was agreed.

DECIDED:

(a) That the key activities outlined in the report be noted;

- (b) That it be noted that the annual report had been submitted to the Office of the Chief Social Work Advisor at the Scottish Government;
- (c) That it be agreed that annual reports would continue to be provided to the IJB; and
- (d) That the Chief Social Work Officer submit a report to a future meeting of the IJB in relation to the role of Renfrewshire Mental Health Officers on emergency detention under mental health legislation.

10 Renfrewshire HSCP - Winter Plan 2019/20

The Chief Officer submitted a report relative to the Renfrewshire HSCP Winter Plan 2019/20.

The report intimated that Health Boards and IJBs had received guidance from the Scottish Government to support planning and preparation for winter 2019/20. Health Boards required to be satisfied that potential disruption to NHS services, patients and carers was minimised. HSCPs in NHS GGC had produced Winter Plans to support the NHS GGC Board Winter Plan. The Winter Plan for Renfrewshire had been produced by the HSCP in collaboration with Acute Services and Renfrewshire Council. The final draft of the Winter Plan formed the appendix to the report.

DECIDED:

- (a) That the Renfrewshire HSCP's draft Winter Plan 2019/20 be approved; and
- (b) That the collaborative work carried out with NHS GGC and the Winter Plan approved by the Board on 22 October 2019 be noted.

Sederunt

Dr Linda de Caestecker left the meeting during consideration of the following item of business.

11 Strategic Delivery Plan

The Head of Strategic Planning and Health Improvement gave a presentation to members which set out the context for delivery of the strategic plan; emerging driving principles; the proposed approach and governance; and transformational funding.

It was noted that there would be continued engagement to refine thinking; that a Programme Board would be established and workshops held to develop scope; that a further IJB development session would be held in January; and that a more detailed strategic delivery plan report would be submitted to the next meeting of the IJB.

DECIDED: That the direction of travel be endorsed.

12 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 31 January 2020 in the Abercorn Conference Centre, Renfrew Road, Paisley.

Valedictory

The Chair intimated that this would be the last meeting of the IJB for Graham Capstick. She acknowledged Graham's input to the work of the Board and wished him well for the future.

The Chief Officer also thanked Graham for his input into the work to the Board and wished him well in his retirement.

IJB Rolling Action Log

Date of Board	Report	Action to be taken	Officer responsible	Due date	Completed
20/09/19	MoU between IJBs and Hospices	Report update on local delivery in Renfrewshire to future meeting	Frances Burns	31/01/20	
	Change and Improvement Programme	Submit Tier 1 financial planning proposals to IJB meeting in late 2019/early 2020 for approval	Frances Burns	31/01/20	
22/11/19	Annual Report of the Chief Social Work Officer 2018/19	Submit report to future meeting re role of Renfrewshire Mental Health Officers on emergency detention under mental health legislation	John Trainer	20/03/20	

To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Head of Administration

Heading: IJB Membership Update

1. Purpose

- 1.1. The purpose of this report is to update on the membership arrangements of Renfrewshire IJB.
-

2. Membership Changes

- 2.1. Graham Capstick has retired from NHS Greater Glasgow & Clyde (NHSGGC) and, as such, has ceased to hold his position as a member on Renfrewshire IJB.
- 2.2. Amanda Kelso will replace Graham Capstick, as the Trade Union (Health) member on the IJB, effective from 31 January 2020.
-

3. Recommendation

It is recommended that the IJB:

- Note the content of this report.
-

Implications of the Report

- 1. Financial** – None.
- 2. HR & Organisational Development** – None.
- 3. Community Planning** – None.
- 4. Legal** – The membership of the Integration Joint Board is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations.
- 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 – Procedural Standing Orders for Meetings of the Integration Joint Board (18 September 2015)

Author: Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration (Jean.Still@ggc.scot.nhs.uk / 0141 618 7659)

To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2019 to 30 November 2019

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 30 November 2019 and the projected year end position for the year ended 31 March 2020.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 30 November 2019; and
- Note the projected year-end position for 2019/20.

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position and projected outturn for 2019/20 is an underspend, prior to the transfer of balances to General and Ear Marked Reserves at the financial year end.

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £2,215k	Underspend £3,289k

- 3.2. The key pressures are highlighted in section 4.
- 3.3. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 8 and 9 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Pressures

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £2,215k	Underspend £3,289k

- 4.1. The overall net underspend for the HSCP at 30 November 2019 is an underspend of £2,215k, with an anticipated year-end underspend of £3,289k, assuming that the current trajectory of spend continues throughout this financial year.
- 4.2. Members should note that the current and projected year end position for Action 15, and the Primary Care Improvement Programme (PCIP), assumes a breakeven position, as any underspends will be transferred to ear marked reserves at the

financial year end, to be drawn down in future years in line with their respective SG allocations.

- 4.3. The current and projected underspend includes a draw down from ear marked reserves as detailed in the following table and in Appendix 10.

Earmarked Reserves	Amounts Drawn Down in 2019/20
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	-39
Primary Care Improvement Program (19/20)	-816
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	-305
Primary Care Transformation Fund Monies	-39
Single Point of Access Implementation (19/20)	-28
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	-150
Health Visiting	-148
Tannahill Diet and Diabetes Pilot Project	-15
Mental Health Action 15 (19/20)	-306
Mile End Refurbishment	-100
Westland Gardens Refurbishment	-105
Care @ Home Refurbishment and Uniform Replacement	-70
Additional Support Costs for Transitioning Placement	-60
TOTAL EARMARKED RESERVES DRAWN DOWN	-2,181

- 4.4. The main broad themes of the current and projected outturn include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £1,063k	Underspend £1,560k

- 4.4.1. The main pressures within Adults and Older People remain in line with previous reports to the IJB throughout 2019/20, and mainly relate to:

- *Continued pressures within the Care at Home service* – the impact of keeping delayed discharges to a minimum continues to have a significant impact on this budget.
- *Employee costs - Adult Social Care*
Underspends in employee costs reflecting vacancies due to recruitment issues, throughout all service areas. These underspends offset pressures within third party payments (payments for externally commissioned services) for the Care at Home service and the Adult placement budget reflecting the impact of increasing demand.
- *Addictions (including ADP)*
Underspend, reflecting the previous planned hold on recruitment, to enable new structures to be put in place, in line with the findings of the review of addiction services. Recruitment to posts within the new structure is now actively under way.
- *Adult Community Services*
Underspend, reflecting ongoing turnover and recruitment issues across the Rehabilitation and District Nursing services.

Children's Services	Year to Date Position	Year End Outturn
	Underspend £205k	Underspend £308k

- 4.4.2. As previously reported, the underspend within Children's Services reflects vacancies due to recruitment issues across the service, including: School Nursing; Children and Adolescent Mental Health, Speech and Language Therapy, and Occupational therapy.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £268k	Underspend £402k

- 4.4.3. The underspend in Hosted Services is mainly due to vacancies within the Primary Care screening service which are currently being recruited to, and, vacancies within the Podiatry Service which is in the final stages of implementing their new workforce profile.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £467k	Underspend £700k

- 4.5. To assist in mitigating risks associated with prescribing cost volatility, the IJB, as part of its financial planning for 2019/20, agreed a net increase of £2.1m to the prescribing budget. This net increase was based on a number of assumptions including the delivery of prescribing efficiencies and initiatives across NHSGGC, and the potential impact of tariff reductions and discount clawbacks.

Due to the uncertain, externally influenced nature of prescribing costs, this remains an area of potential financial risk to the IJB.

As GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed, this means expenditure information is only available for April – September (6 months). The current year-end projection based on the latest available data is an underspend of £700k. At this stage it is therefore not anticipated that all the additional funding allocated to prescribing through the budget process for 19/20 will be required. This position will continue to be closely monitored throughout the year as more data emerges, including, the full impact of the tariff reductions and discount clawbacks.

5. Scottish Government Funding 2019/20

- 5.1. As previously highlighted to members, the 2019/20 allocations for the: Primary Care Improvement Fund (PCIF); Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) have been issued. The Scottish Government have confirmed that although the current year allocations have been reduced by the level of earmarked reserves held by the IJB, this will not reduce the overall totality of their commitment to fund specific policy initiatives.
- 5.2. In line with Scottish Government requirements, regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce and delivery of stated outcomes.
- 5.3. The following table provides an update on the current position of these three programmes:

Funding Description	2018/19				2019/20			
	Allocation	Received 1 st /2 nd Tranche	Balance held by SG for future years	Transfer to Earmarked Reserves	Allocation	Drawdown from Reserves	Received @ 31st December	Outstanding
	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Improvement Fund	1.554	1.465	0.089	0.792	1.861	0.792	0.264 *	1.597
Mental Health Action 15	0.374	0.333	0.041	0.306	0.575	0.306	0.097	0.478
Alcohol and Drug Partnership	2.139	2.139	0	0.321	2.229	0	2.229	0
TOTAL	4.067	3.937	0.13	1.419	4.665	1.098	2.326	2.075

* Please note allocation not currently held by HSCP - Awaiting transfer of Budget from NHS GGC Corporate

6. **Reserves**

Current Reserves Position

- 6.1 As detailed in Appendix 10, the opening reserves position for the IJB for 2019/20 was £5.473m, of which £4.543m was earmarked to support the delivery of projects which span financial years and is required to enable the IJB to deliver on national outcomes. The remaining balance of £0.930m is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. This equates to 0.45% of the IJB's net budget.
- 6.2 Based on current projections for 2019/20 a total of £2.181m of ear marked reserves have been drawn down.
- 6.3 The table in Appendix 10 provides further details on the remaining balances held in reserves by the IJB.
- 6.4 At its meeting of 20 September 2019, the IJB approved the CFO's recommendations to:
- create a 'Transformation Programme' reserve to provide resources to mitigate the risk of change, and to support the transition of HSCP services; and
 - to work towards achieving a 2% general reserve balance in recognition of the level of risk which the organisation is likely to be exposed to over the medium term;
- 6.5 The creation of the above reserves is dependent on the final outturn position for 2019/20, and assumes:
- the continuation of the current trajectory of spend throughout this financial year;
 - the transfer of any year end underspends in relation to the Action 15, PCIP and ADP monies to ear marked reserves;
 - that any remaining underspend will be allocated to the 'Transformation Programme' reserve and general reserve, with the proportional split over each reserve to be approved by IJB members towards the end of the financial year.

7. **Living Wage Increase 2019/20**

- 7.1. As previously reported to the IJB, the new Living Wage rate was set at £9.00 from the 1 May 2019. In line with previous years practice, a % increase has been applied including the impact of on-costs. The new rate of £9.30 for 2020, was

announced on 11 November at the start of Living Wage week and will be applicable from 1 May 2020.

- 7.2. All contracted providers of care at home services and supported living services have been offered an increase to allow the payment of the new Living Wage rate. To date, 5 Care at Home providers have accepted the increase and the remaining 2 providers have confirmed that although their staff receive the SLW rate they are currently unable to accept the increase due to ongoing discussions with their staff groups. For supported living services all 10 providers have accepted the uplift.
- 7.3. The 3 contracted providers of adult residential services within Renfrewshire have agreed to an increase of 3.40% in line with the 2019/20 increase for the National Care Home Contract (NCHC).
- 7.4. On acceptance of offers made, all Living Wage uplifts will be backdated to 1st May 2019.
- 7.5. Work continues in relation to the review out of area placements. Where placements have been made using Scotland Excel's national framework for Adult Residential services all rates currently paid are based on the current Scottish Living Wage. Where placements have been made off contract, host local authority rates are considered if applicable. If there is no host local authority rate available, the providers will be offered a % increase to allow the payment of the new Living Wage from 1st May 2019.

Implications of the Report

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

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk / 0141 618 6824)
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Appendix 1

HSCP Revenue Budget Position 1st April 2019 to 30th November 2019

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Employee Costs	51,916	2,824		790	-	55,530	53,690	1,840	3.4%	underspend
Property Costs	649	1		142		793	814	(21)	-2.6%	overspend
Supplies and Services	13,907	(220)	(8,169)	490		6,008	6,206	(197)	-3.2%	overspend
Third Party Payments	39,959	965		42		40,965	41,169	(205)	-0.5%	overspend
Purchase Of Healthcare	1,644	200		-		1,844	1,880	(36)	-1.9%	overspend
Transport	557	-		-		557	537	20	3.7%	underspend
Family Health Services	53,737	3,683		-		57,420	56,955	465	0.8%	underspend
Support Services	48	-		-		48	42	6	14.8%	underspend
Transfer Payments (PTOB)	2,538	(127)		-		2,411	2,313	98	4.2%	underspend
Resource Transfer	12,691	1,284	(13,975)	-		-	-	-	0.0%	breakeven
Set Aside	20,828	-		-		20,828	20,828	-	0.0%	breakeven
Gross Expenditure	198,475	8,611	(22,145)	1,463	-	186,405	184,433	1,971	1.1%	underspend
Income	(20,747)	(630)			(1,463)	(22,840)	(23,085)	244	-1.1%	overspend
NET EXPENDITURE	177,728	7,981	(22,145)	1,463	(1,463)	163,565	161,348	2,215	1%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Adults & Older People	44,735	763		136	(136)	45,498	44,435	1,063	2.4%	underspend
Mental Health	14,044	1,108		205	(205)	15,152	15,217	(65)	-0.4%	overspend
Learning Disabilities	10,872	129		114	(114)	11,000	10,889	111	1.0%	underspend
Children's Services	3,609	478		99	(99)	4,087	3,881	205	5.3%	underspend
Prescribing	23,535	946		-	-	24,481	24,014	467	1.9%	underspend
Health Improvement & Inequalities	586	84		-	-	670	574	96	16.8%	underspend
FHS	28,770	2,493		-	-	31,263	31,263	(0)	0.0%	breakeven
Resources	2,201	196		761	(761)	2,397	2,327	71	3.0%	underspend
Hosted Services	7,053	500		147	(147)	7,553	7,285	268	3.7%	underspend
Resource Transfer	12,691	1,284	(13,975)			-	-	-	0.0%	breakeven
Social Care Fund	8,169		(8,169)			-	-	-	0.0%	breakeven
Set Aside	20,828					20,828	20,828	-	0.0%	breakeven
Other Delegated Services	635					635	635	-	0.0%	breakeven
NET EXPENDITURE	177,728	7,981	(22,145)	1,463	(1,463)	163,564	161,348	2,215	1%	underspend

Appendix 2

HSCP Revenue Budget Position 1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	76,648	4,232		1,185		82,065	79,339	2,726	3.4%	underspend
Property Costs	939	2		205		1,146	1,179	(33)	-2.8%	overspend
Supplies and Services	20,766	(330)	(12,254)	732		8,914	9,201	(287)	-3.1%	overspend
Third Party Payments	57,718	1,394		60		59,172	59,466	(294)	-0.5%	overspend
Purchase Of Healthcare	2,466	300		-		2,766	2,820	(54)	-1.9%	overspend
Transport	805	-		-		805	776	29	3.7%	underspend
Family Health Services	80,605	5,525		-		86,130	85,432	698	0.8%	underspend
Support Services	70	-		-		70	61	9	14.8%	underspend
Transfer Payments (PTOB)	3,666	(184)		-		3,482	3,341	141	4.2%	underspend
Resource Transfer	19,037	1,926	(20,963)	-		-	-	-	0.0%	breakeven
Set Aside	31,242	-		-		31,242	31,242	-	0.0%	breakeven
Gross Expenditure	293,963	12,865	(33,217)	2,182	-	275,793	272,857	2,936	1.1%	underspend
Income	(30,083)	(940)			(2,182)	(33,205)	(33,558)	353	-1.1%	underspend
NET EXPENDITURE	263,880	11,925	(33,217)	2,182	(2,182)	242,588	239,299	3,289	1.4%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Adults & Older People	65,079	1,105		198	(198)	66,184	64,624	1,560	2.4%	underspend
Mental Health	20,975	1,658		307	(307)	22,633	22,732	(99)	-0.4%	overspend
Learning Disabilities	15,744	190		165	(165)	15,934	15,767	167	1.1%	underspend
Children's Services	5,413	717		149	(149)	6,130	5,822	308	5.3%	underspend
Prescribing	35,302	1,419		-	-	36,721	36,021	700	1.9%	underspend
Health Improvement & Inequalities	880	126		-	-	1,006	861	145	16.8%	underspend
FHS	43,155	3,740		-	-	46,895	46,895	(0)	0.0%	overspend
Resources	3,302	294		1,142	(1,142)	3,596	3,490	106	3.0%	underspend
Hosted Services	10,580	750		221	(221)	11,330	10,928	402	3.7%	underspend
Resource Transfer	19,037	1,926	(20,963)			-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)			-	-	-	0.0%	breakeven
Set Aside	31,242	-				31,242	31,242	-	0.0%	breakeven
Other Delegated Services	917	-				917	917	-	0.0%	breakeven
NET EXPENDITURE	263,880	11,925	(33,217)	2,182	(2,182)	242,588	239,299	3,289	1.4%	underspend

Appendix 3

Health Revenue Budget Position 1st April 2019 to 30th November 2019

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Employee Costs	29,864	2,739		790	-	33,394	32,170	1,224	4%	underspend
Property Costs	24	-		-		24	66	(42)	-63%	overspend
Supplies and Services	12,188	(229)	(8,169)	441		4,232	4,273	(41)	-1%	breakeven
Purchase Of Healthcare	1,644	200		-		1,844	1,880	(36)	-2%	overspend
Family Health Services	53,737	3,683		-		57,420	56,955	465	1%	underspend
Set Aside	20,828	-		-		20,828	20,828	-	0%	breakeven
Resource Transfer	12,691	1,284	(13,975)	-		-	-	-	0%	breakeven
Gross Expenditure	130,977	7,678	(22,145)	1,231	-	117,742	116,171	1,571	1%	underspend
Income	(2,080)	(534)			(1,231)	(3,845)	(3,845)	-	0%	breakeven
NET EXPENDITURE	128,897	7,144	(22,145)	1,231	(1,231)	113,896	112,326	1,571	1%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Addiction Services	1,790	15		-	-	1,803	1,639	164	10%	underspend
Adult Community Services	6,524	49		19	(19)	6,573	6,279	295	5%	underspend
Children's Services	3,609	478		99	(99)	4,087	3,881	205	5%	underspend
Learning Disabilities	723	60		-	-	783	693	90	13%	underspend
Mental Health	12,418	1,039		205	(205)	13,456	13,542	(86)	-1%	overspend
Hosted Services	7,053	500		147	(147)	7,553	7,285	268	4%	underspend
Prescribing	23,535	946		-	-	24,481	24,014	467	2%	underspend
Gms	14,673	1,241		-	-	15,913	15,913	(0)	0%	breakeven
FHS Other	14,097	1,253		-	-	15,350	15,350	(0)	0%	breakeven
Planning & Health Improvement	586	84		-	-	670	574	96	17%	underspend
Primary Care Improvement Prog	-	68		741	(741)	68	68	-	0%	breakeven
Resources	2,201	128		20	(20)	2,329	2,259	71	3%	underspend
Set Aside	20,828	-		-	-	20,828	20,828	-	0%	breakeven
Resource Transfer	12,691	1,284	(13,975)	-	-	-	-	-		
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-		
NET EXPENDITURE	128,897	7,144	(22,145)	1,231	(1,231)	113,896	112,326	1,571	1%	underspend

Appendix 4

Health Budget Year End Position 1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	44,796	4,109		1,185		50,090	48,255	1,835	4%	Underspend
Property Costs	36					36	99	(63)	-63%	Overspend
Supplies and Services	18,283	(343)	(12,254)	662		6,348	6,409	(61)	-1%	breakeven
Purchase Of Healthcare	2,466	300				2,766	2,820	(54)	-2%	Overspend
Family Health Services	80,605	5,525				86,130	85,432	698	1%	Underspend
Set Aside	31,242					31,242	31,242	-	0%	breakeven
Resource Transfer	19,037	1,926	(20,963)			-	-	-		
Gross Expenditure	196,466	11,517	(33,217)	1,847	-	176,613	174,257	2,356	1%	Underspend
Income	(3,120)	(801)			(1,847)	(5,768)	(5,768)	-	0%	breakeven
NET EXPENDITURE	193,346	10,716	(33,217)	1,847	(1,847)	170,845	168,489	2,356	1%	Underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Addiction Services	2,684	22				2,706	2,459	247	10%	underspend
Adult Community Services	9,786	74		28	(28)	9,860	9,418	442	5%	underspend
Children's Services	5,413	717		149	(149)	6,130	5,822	308	5%	underspend
Learning Disabilities	1,085	90				1,175	1,040	135	13%	underspend
Mental Health	18,626	1,558		307	(307)	20,184	20,313	(129)	-1%	overspend
Hosted Services	10,580	750		221	(221)	11,330	10,928	402	4%	underspend
Prescribing	35,302	1,419				36,721	36,021	700	2%	underspend
Gms	22,009	1,861				23,870	23,870	(0)	0%	breakeven
FHS Other	21,146	1,879				23,025	23,025	(0)	0%	breakeven
Planning & Health Improvement	880	126				1,006	861	145	17%	underspend
Primary Care Improvement Prog		102		1,112	(1,112)	102	102	-	100%	underspend
Resources	3,302	192		30	(30)	3,494	3,388	106	3%	underspend
Set Aside	31,242					31,242	31,242	-	0%	breakeven
Resource Transfer	19,037	1,926	(20,963)			-	-	-		
Social Care Fund	12,254		(12,254)			-	-	-		
NET EXPENDITURE	193,346	10,716	(33,217)	1,847	(1,847)	170,845	168,489	2,356	1%	underspend

**Adult Social Care Revenue Budget Position
1st April 2019 to 6th December 2019**

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Employee Costs	22,022	85	-		22,107	21,490	617	3%	underspend
Property Costs	244	1	142		387	366	21	6%	underspend
Supplies and Services	1,709	9	48		1,767	1,923	(156)	-8%	overspend
Third Party Payments	39,959	965	42		40,965	41,169	(204)	0%	overspend
Transport	554	-			554	534	20	4%	underspend
Support Services	48	-			48	42	6	15%	underspend
Transfer Payments (PTOB)	2,291	(127)			2,163	2,066	98	5%	underspend
Gross Expenditure	66,826	933	232	-	67,992	67,590	402	1%	underspend
Income	(18,630)	(96)		(232)	(18,958)	(19,203)	244	-1%	underspend
NET EXPENDITURE	48,196	837	232	(232)	49,033	48,387	646	1%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Older People	31,787	595	118	(118)	32,382	31,668	714	2%	underspend
Physical or Sensory Difficulties	4,173	104	-	-	4,277	4,407	(130)	-3%	overspend
Learning Difficulties	10,149	69	114	(114)	10,218	10,196	22	0%	underspend
Mental Health Needs	1,626	69	-	-	1,695	1,675	21	1%	underspend
Addiction Services	461	-	-	-	461	442	19	4%	underspend
NET EXPENDITURE	48,196	837	232	(232)	49,033	48,387	646	1%	underspend

**Adult Social Care Revenue Budget Year End Position
1st April 2019 to 31st March 2020**

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Employee Costs	31,809	123			31,932	31,041	891	1%	underspend
Property Costs	352	2	205		559	529	30	6%	underspend
Supplies and Services	2,469	13	70		2,552	2,778	(226)	-8%	overspend
Third Party Payments	57,718	1,394	60		59,172	59,466	(294)	0%	overspend
Transport	800				800	771	29	4%	underspend
Support Services	70				70	61	9	15%	underspend
Transfer Payments (PTOB)	3,309	(184)			3,125	2,984	141	5%	underspend
Gross Expenditure	96,527	1,348	335	-	98,210	97,630	580	1%	underspend
Income	(26,910)	(139)		(335)	(27,384)	(27,737)	353	-1%	underspend
NET EXPENDITURE	69,617	1,209	335	(335)	70,826	69,893	933	1%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Older People	45,915	859	170	(170)	46,774	45,743	1,031	2%	underspend
Physical or Sensory Difficulties	6,028	150			6,178	6,366	(188)	-3%	overspend
Learning Difficulties	14,659	100	165	(165)	14,759	14,727	32	0%	underspend
Mental Health Needs	2,349	100			2,449	2,419	30	1%	underspend
Addiction Services	666				666	638	28	4%	underspend
NET EXPENDITURE	69,617	1,209	335	(335)	70,826	69,893	933	1%	underspend

Renfrewshire Council 'Other Delegated Services'
1st April 2019 to 6th December 2019

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	30	30	-	0%	breakeven
Property Costs	381	381	-	0%	breakeven
Supplies and Services	10	10	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	247	247	-	0%	breakeven
Gross Expenditure	672	672	-	0%	breakeven
Income	(37)	(37)	-	0%	breakeven
NET EXPENDITURE	635	635	-	0%	breakeven

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	574	574	-	0%	breakeven
Women's Aid	61	61	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	635	635	-	0%	breakeven

1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	43	43	-	0%	breakeven
Property Costs	551	551	-	0%	breakeven
Supplies and Services	14	14	-	0%	breakeven
Transport	5	5	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	357	357	-	0%	breakeven
Gross Expenditure	970	970	-	0%	breakeven
Income	(53)	(53)	-	0%	breakeven
NET EXPENDITURE	917	917	-	0%	breakeven

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	829	-	0%	breakeven
Women's Aid	88	88	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	917	917	-	0%	breakeven

2019/20 Adult Social Care Base Budget and In-Year Adjustments

	£k
2019/20 Renfrewshire HSCP Opening Budget:	69,617.0
<u>Additions:</u>	
Non Recurring Drawdown of Council Reserves	1,231.7
SWIFT Hosting Costs	-23.0
	70,825.7

2019/20 Health Base Budget and In-Year Adjustments		£k
2019-20 Renfrewshire HSCP Financial Allocation		162,104.0
Add: Set Aside		31,242.0
less: Budget Adjustments		
Social Care Fund		-12,254.0
Resource Transfer		-20,662.0
	= base budget rolled over	160,430.0
Additions:		
Continuing Care - Transfer		1,128.0
Budget Uplift - 2.54%		3,040.0
Family Health Service Adjustment		969.9
Smoking Cessation Funding		65.2
		5,203.1
Non-Recurring:		
Cognitive Behavioural Therapist Posts - Psychology review		150.0
Budget allocated as per 2019/20 Financial Allocation 31st May 2019		165,783.1
Budget Adjustments posted in month 3		
Non-Recurring:		
Funding from Health Board for Primary Care Screening Posts		86.7
Health Budget as reported @ 30th June 19		165,869.8
Budget Adjustments posted in month 4		
Additions:		
Superann Increase - Funding from Scottish Government		2,055.8
Non-Recurring:		
Transfer to Resource Transfer		-300.0
Health Budget as reported @ 31st July 19		167,625.6
Budget Adjustments posted in month 5		
Additions:		
Hospice Superann		56.0
Reductions:		
Primary Care Contract transferred to Board		-100.5
Non-Recurring:		
ADP Funding		256.2
Action 15		96.8
Prescribing Tariff Swap		-698.6
GMS Adjustment		911.9
		566.3
Health Budget as reported @ 31st August 2019		168,147.4
Budget Adjustments posted in month 6		
Additions:		
GP Subcommittee Funding		111.8
Reductions:		
Violence Reduction Post - Moved to Glasgow City		-50.0
Non-Recurring:		
GP Premises Supporting Improvements		101.5
Primary Medical Services (PMS) - Provision & Support		360.9
		462.4
Health Budget as reported @ 30th September 2019		168,671.6
Budget Adjustments posted in month 7		
Additions:		
GMS Adjustment		1,860.9
Non-Recurring:		
Scottish Government - Funding for Paid As If At Work 17-18		14.4
Primary Care Screening - HPV Boys Campaign		25.9
		40.3
Health Budget as reported @ 31st October 2019		170,572.8
Budget Adjustments posted in month 8		
Non-Recurring:		
Mental Health Outcomes Funding from Scottish Government		279.6
GMS Adjustment		-7.8
		271.8
Health Budget as reported @ 30th November 2019		170,844.6

Appendix 10

Movement in Reserves

Earmarked Reserves	Opening Position 2019/20 £000's	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20 £000's	Movement in Reserves in 2019/20	To be Drawn Down 2019/20 c.£000's	To be Drawn Down 2020/21 c.£000's	Ongoing c.£000's
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	419	-39		380	-39	-23	✓	✓
Primary Care Improvement Program (19/20)	816	-816		0	-816	-816		
GP Premises Fund - Renfrewshire share of NHS GGC funding for GP premises improvement	562	-305		257	-305	✓	✓	
Primary Care Transformation Fund Monies	39	-39		0	-39	-39		
District Nurse 3 year Recruitment Programme	161			161	0	✓	✓	✓
Prescribing	557			557	0	✓		
ADP Funding (19/20)	321			321	0	-321		
Tec Grant	20			20	0	-20		
Single Point of Access Implementation (19/20)	28	-28		0	-28	-28		
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	150	-150		0	-150	-150		
Health Visiting	181	-148		33	-148	✓	✓	
Tannahill Diet and Diabetes Pilot Project	15	-15		0	-15	-15		
Mental Health Improvement Works	150			150	0	✓	✓	
Mental Health Action 15 (19/20)	306	-306		0	-306	-306		
ICT Swift Update Costs	27			27	0			
Information Communication Funding - Care @ Home Scheduling System	0		232	232	232		✓	
Mile End Refurbishment	100	-100		0	-100	-100		
LA Care Home Refurbishment	300			300	0	-300		
Westland Gardens Refurbishment	105	-105		0	-105	-105		
Eclipse Support Costs (2 Year)	156			156	0	-78	-78	
Care @ Home Refurbishment and Uniform Replacement	70	-70		0	-70	-70		
Additional Support Costs for Transitioning Placement	60	-60		0	-60	-60		
TOTAL EARMARKED RESERVES	4,543	-2,181	232	2,594	-1,949			

General Reserves	Opening Position 2019/20 £000's	Amounts Drawn Down in 2019/20	Projected New Reserves	Closing Position 2019/20 £000's	Movement in Reserves in 2019/20
Renfrewshire HSCP - Health delegated budget under spend carried forward	930			930	0
TOTAL GENERAL RESERVES	930	0	0	930	0
OVERALL RESERVES POSITION	5,473	-2,181	232	3,524	-1,949

To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Chief Officer

Subject: Performance Management Report

1. Summary

- 1.1 The purpose of this report is to update members on performance benchmarking analysis against national indicators which was carried out in December 2019, and highlights some of the work being undertaken locally to better manage demand and improve outcomes.
- 1.2 Renfrewshire HSCP measured performance against the other Health and Social Care Partnerships within the Greater Glasgow and Clyde area (East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde and West Dunbartonshire) and also within our 'Family Group', as determined by Healthcare Improvement Scotland. Our Family Group consists of Stirling, Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, South Ayrshire, South Lanarkshire and West Lothian. Councils are arranged in 'family groups' so the comparisons are similar in terms of the type of population (e.g. relative deprivation and affluence) and the type of area (e.g. urban, semi-rural, rural).
-

2. Recommendation

It is recommended the IJB:

- Note the contents of this report.
-

3. Benchmarking Performance in 2019/20

- 3.1 This analysis is based on the most recent National Core Suite of Integration Indicators data (Appendices 1 and 2) and the most up to date data from the ScotPHO Health and Wellbeing Profiles (Appendices 3 and 4), which are updated quarterly, annually and bi-annually depending on the frequency of the data. These present a range of indicators to provide an overview of health and its wider determinants at a local level.
- 3.2 Results from the 2019 Survey are expected to be published in April 2020 and we will bring a full comparison of results to a future IJB meeting once available.
- 3.3 In Appendices 1 and 2, the benchmarking tables provide Renfrewshire data for the National Core Integration Indicators, comparing our

performance against the national average, our HSCP family group (Appendix 1); and all NHS Greater Glasgow and Clyde HSCPs (Appendix 2).

- 3.4 In Appendices 3 and 4, the benchmarking tables provide Renfrewshire data for the Health and Wellbeing Profile Indicators, comparing our performance against the national average, our HSCP family group (Appendix 3); and all NHS Greater Glasgow and Clyde HSCPs (Appendix 4).
- 3.5 The tables are coloured to show where performance is similar, better or worse than the Scottish average and also show the best overall group result.
- Pink: the same as the Scottish average
 - Green: better than the Scottish average
 - Orange: less favourable than the Scottish average
 - Blue: the best Group result.

National Core Integration Indicators: Family Group and GGC HSCPs (Appendices 1 and 2)

- 3.6 Indicators 1-9 from the Core Suite of Integration Indicators come from the National Health and Care Experience Survey which is carried out every two years and asks for people's experiences of: accessing and using their GP practice and Out of Hours services; aspects of care and support provided by local authorities and other organisations; and caring responsibilities and related support.
- 3.7 The analysis for indicators 1 – 9 is based on the most recent Health and Care Experience Survey carried out in 2017/18. In Renfrewshire we had a 20% response rate, below the national response rate of 22%. The sample size was 20,694 and 4,074 survey responses were completed in Renfrewshire.
- 3.8 Renfrewshire had the best Family Group result for two indicators:
- Readmission to hospital within 28 days (rate per 1,000 population)
 - Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population.
- 3.9 Renfrewshire is similar or above the Family Group average for another three indicators:
- The percentage of people with a positive experience of the care provided by their GP
 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
 - The percentage of adults with intensive care needs receiving care at home.

3.10 Renfrewshire's performance is below the national average for 12 of the 19 indicators, although for some of these the difference is small e.g. indicator 8 on carers; indicator 12 on emergency admissions; and indicator 15 on the proportion of last 6 months of life spent at home or a community setting. Section 4 has more detail on what we are doing to improve performance on these indicators.

3.11 Of the NHS Greater Glasgow & Clyde HSCPs, the best results for the National Core Integration Indicators are in East Dunbartonshire HSCP.

Health and Wellbeing Profile Indicators – Family Group (Appendix 3)

3.12 Renfrewshire's results are poorer than the Scottish average in all but two indicators, Child Healthy Weight in Primary 1 (%) and Deaths from Suicide (rate per 100,000 population). Renfrewshire also has a number of indicators that are less favourable than the Family Group HSCP average e.g. Alcohol Related Hospital Stays and Alcohol Related Mortality. Reducing Alcohol Related Hospital Stays and Alcohol Related Mortality is a key priority for the HSCP and Section 4 details some of the work we are doing to improve on these indicators.

3.13 Overall, the best results for the Health and Wellbeing Profile indicators are in Stirling.

Health and Wellbeing Profile Indicators – Greater Glasgow & Clyde HSCPs (Appendix 4)

3.14 Renfrewshire's results are better than the Greater Glasgow & Clyde average for Alcohol Related Mortality, Deaths from Suicide (rate per 100,000 population), and Drug Related Hospital Stays (rate per 100,000 population).

3.15 The best results for these indicators are in East Renfrewshire and East Dunbartonshire HSCPs.

2019/2020 Comparison

3.16 Comparing results year on year, performance has deteriorated for two National Core Indicators in Renfrewshire: 'Proportion of last 6 months of life spent at home or in a community setting' which was 89% in January 2019 and is now 87% at January 2020; and Renfrewshire's 'Falls rate per 1,000 population', which increased from 19 to 22, although it remains in line with the Scottish average fall rate. Section 4 has more detail on our work to improve performance in relation to these 2 indicators.

3.17 There are two new indicators included in the Health & Wellbeing Profile, against which Renfrewshire is doing well when comparing our results against the Scottish average. For the 'Child Healthy Weight in P1' indicator Renfrewshire has a rate of 76.7% which is slightly above the Scottish average of 76.5%. Results for the 'Healthy Birthweight' indicator show Renfrewshire at 85.1%, above the Scottish average of

83.5%. However these results cannot be compared with 2019 data as they have replaced the previous indicators 'Child Obesity in P1 and 'Low Birthweight '.

4. Managing Demand and Improving Outcomes

- 4.1 Renfrewshire HSCP remains committed to providing the best possible outcomes for our communities. We have adopted the Scottish Government's Health and Social Care Standards which are underpinned by the five principles of; dignity and respect; compassion; inclusion; responsive care; and support and wellbeing.
- 4.2 As a result individuals can expect to:
1. Experience high quality care and support that is right for them.
 2. Be fully involved in all decisions about their care and support.
 3. Have confidence in the people who support and care for them.
 4. Have confidence in the organisation providing their care and support.
 5. Experience a high quality environment.
- 4.3 The Partnership remains proactive in its approach to addressing performance in a variety of ways. Some key areas of focus including alcohol, support for carers, end of life care, and falls prevention are highlighted in sections 4.3 to 4.6.
- 4.4 Work is ongoing in Renfrewshire to help improve life outcomes for people in our communities affected by alcohol and drugs. Renfrewshire Community Planning Partnership's Alcohol and Drugs Commission, which is one of the first of its kind in Scotland, is working to build a true picture of alcohol and drug use across Renfrewshire. The Commission is engaging with service users to determine future priorities to address alcohol and drug issues.
- 4.5 We are also in the process of appointing to an Alcohol Brief Intervention post. Brief interventions have proven to be an effective and evidenced-based early intervention for individuals who are drinking at hazardous and harmful levels to moderate their level of drinking and thereby reduce their risk of developing more serious alcohol-related problems. Brief interventions provide an important opportunity to highlight potentially harmful behaviours and provide individuals with the tools to make informed choices about how they drink and reduce the risk to their health.
- 4.6 Two new alcohol out-reach nurse posts will also be appointed to in early 2020. These posts will target those individuals who do not currently engage with community services to help improve their life outcomes while reducing attendances at the Emergency Department. This will further enhance the work of the two Navigator posts who started at the Royal Alexandra Hospital in November 2019.

- 4.7 Renfrewshire is slightly below the national average for Indicator 8 – total combined % carers who feel supported to continue in their caring role (Renfrewshire: 36%; Scotland: 37%). Carers make a significant and highly valued contribution to those they care for and the wider community of Renfrewshire. In collaboration with carers and our partners, the HSCP is developing a Carers’ Strategy for 2020-22. The Strategy recognises the contribution carers make and sets out how we will support carers to continue in their caring role whilst not compromising their own health and wellbeing. Previous local surveys have indicated higher levels of satisfaction with support received.
- 4.8 Renfrewshire is slightly above the national average for Indicator 12 - emergency admission rate per 100,000 population for adults (Renfrewshire: 12,404; Scotland: 12,195) and slightly below the national average for Indicator 15 – proportion of last 6 months of life spent at home or in a community setting (Renfrewshire: 87%; Scotland: 88%). The HSCP is developing a Palliative Care Strategy to improve the quality of life of patients and support their families, living and dealing with a life limiting illness, ensuring everyone receives person centred, dignified and compassionate care and individual choices are respected. We also work closely with the two hospices in Renfrewshire, Accord and St. Vincent’s and have a planning session in February organised to review future hospice service provision and palliative and end of life care in Renfrewshire.
- 4.9 Our work with partners to reduce falls in Renfrewshire includes three local Falls Prevention Groups. Each group has a slightly different focus, although the overarching principles are to support active ageing, promote self-management, physical activity and person-centred plans in order to help reduce or prevent injuries from falls, particularly in our older population.
- 4.10 Work is also underway to produce a Strategic Commissioning Plan for Unscheduled Care Services in NHS Greater Glasgow and Clyde. Our services are facing an unprecedented level of demand and major change is required to meet this demand and provide patient centred care.
- 4.11 The plan includes a major public awareness campaign to ensure people know what services to access for their needs, so they are seen by the right person, at the right time, and in the right place. We want people to remain at home or be supported in other community settings where appropriate, in order to reduce demand on emergency departments.
- 4.12 Renfrewshire’s GMS Contract/Primary Care Improvement Plan (PCIP) - work is ongoing to expand teams of HSCP and NHS Board employed health professionals to support patients who do not need to be seen by a General Practitioner (GP).

- 4.13 There has been positive progress made in Renfrewshire including:
- Almost 2,000 housebound patients/carers vaccinated by the HSCP Flu Team in 2019.
 - Pre-school Community Immunisation Clinics are in place.
 - School-based vaccinations are being provided by the NHSGGC School Health Immunisation Team.
 - Additional Pharmacist & Pharmacy Technician support is freeing up more GP time.
 - 19 GP practices are benefiting from a new Phlebotomy Service.
 - 2.6 new Advanced Nurse Practitioners have been aligned to 5 GP practices.
 - 2.6 new Advanced Physiotherapy Practitioners have been aligned to 5 GP practices
 - Community Link Workers have been aligned to all 29 GP practices in Renfrewshire.
-

5. Next Steps

- 5.1 Through our emerging Transformation Programme, the HSCP Senior Management Team will work with partners to identify and implement evidence-based approaches that seek to improve outcomes for individuals and communities in Renfrewshire.
-

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
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List of Background Papers – None.

Author Clare Walker, Planning and Performance Manager

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National Core Integration Indicators - HSCP Family Group - October 2019

	INDICATOR	SCOTLAND	Renfrewshire	Family Group Average	% difference between Renfrewshire & Family Group Average	Stirling	Clack'shire	Dumfries & Galloway	South Ayrshire	South Lanarkshire	West Lothian	Fife	Falkirk
1	Percentage of adults able to look after their health very well or quite well	93	93	93	-	94	93	93	94	92	92	94	92
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81	79	81	-2	84	77	85	82	81	80	82	83
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76	73	75	-2	73	74	80	77	69	77	74	76
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74	71	77	-6	76	77	83	85	74	76	75	72
5	Total % of adults receiving any care or support who rated it as excellent or good	80	76	80	-4	79	75	85	85	78	84	81	81
6	Percentage of people with positive experience of the care provided by their GP practice	83	84	83	1	86	87	86	88	81	75	81	81
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80	79	81	-2	81	76	86	87	82	82	80	78
8	Total combined % carers who feel supported to continue in their caring role	37	36	37	-1	38	39	40	36	32	42	32	37
9	Percentage of adults supported at home who agreed they felt safe	83	81	84	-3	88	83	87	85	82	85	84	84
10	Percentage of staff who say they would recommend their workplace as a good place to work	INDICATOR UNDER DEVELOPMENT											
11	Premature mortality rate per 100,000 persons; by calendar year	432	465	408	14% higher	353	402	318	419	421	434	410	449
12	Emergency admission rate per 100,000 population for adults	12,195	12,404	12,751	2.7% lower	9,157	11,128	13,114	17,899	14,594	11,853	13,215	11,391
13	Emergency bed day rate per 100,000 population for adults	116,485	129,952	122,290	6.3% higher	96,973	119,305	132,707	158,844	117,090	101,083	118,593	126,067
14	Readmission to hospital within 28 days (rate per 1,000 population)	103	88	105	16.2% lower	99	109	90	127	98	109	114	114
15	Proportion of last 6 months of life spent at home or in a community setting	88%	87%	87%	-	89%	86%	88%	86%	88%	88%	89%	86%
16	Falls rate per 1,000 population aged 65+	22	22	21	4.8% higher	20	19	18	24	22	20	26	22
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	87%	86%	1% higher	92%	97%	81%	80%	83%	85%	86%	86%
18	Percentage of adults with intensive care needs receiving care at home	62	63	63	-	64	71	62	61	61	69	55	65
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	793	246	827	336% lower	540	654	608	1,354	1,025	1,214	628	1,178
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	26%	25%	1% higher	22%	24%	26%	29%	24%	23%	26%	23%

Same as Scottish average
 Better than Scottish average
 Worse than Scottish average
 Best result of Group



National Core Integration Indicators - Greater Glasgow and Clyde HSCPs - October 2019

No.	INDICATOR	SCOTLAND	Renfrewshire	Glasgow City	East Renfrewshire	East Dunbartonshire	West Dunbartonshire	Inverclyde
1	Percentage of adults able to look after their health very well or quite well	93	93	90	94	96	91	91
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81	79	82	74	84	81	80
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76	73	80	64	86	80	77
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74	71	77	60	84	79	79
5	Total % of adults receiving any care or support who rated it as excellent or good	80	76	79	77	84	81	83
6	Percentage of people with positive experience of the care provided by their GP practice	83	84	86	84	90	85	83
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80	79	80	76	83	79	77
8	Total combined % carers who feel supported to continue in their caring role	37	36	38	37	41	40	40
9	Percentage of adults supported at home who agreed they felt safe	83	81	85	82	87	89	84
10	Percentage of staff who say they would recommend their workplace as a good place to work	INDICATOR UNDER DEVELOPMENT						
11	Premature mortality rate per 100,000 persons; by calendar year	432	465	625	308	274	556	530
12	Emergency admission rate per 100,000 population for adults	12,195	12,404	13,021	10,330	11,454	13,994	14,838
13	Emergency bed day rate per 100,000 population for adults	116,485	129,952	132,839	111,604	110,137	128,185	152,797
14	Readmission to hospital within 28 days (rate per 1,000 population)	103	88	98	79	74	93	93
15	Proportion of last 6 months of life spent at home or in a community setting	88%	87%	87%	86%	89%	89%	87%
16	Falls rate per 1,000 population aged 65+	22	22	30	23	25	26	25
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	87%	86%	84%	81%	89%	87%
18	Percentage of adults with intensive care needs receiving care at home	62	63	58	64	63	68	66
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	793	246	458	170	357	332	87
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	26%	25%	22%	23%	23%	24%

Same as Scottish average
 Better than Scottish average
 Worse than Scottish average
 Best result of Group



Health and Wellbeing Profile Indicators - HSCP Family Group - October 2019

No.	INDICATOR	SCOTLAND	Renfrewshire	Family Group Average	% difference between Renfrewshire & Family Group Average	Stirling	Clack'shire	Dumfries & Galloway	South Ayrshire	South Lanarkshire	West Lothian	Fife	Falkirk
1	Alcohol related hospital stays (rate per 100,000 population)	676.3	853.4	625.0	36.5%	419.5	614.3	477.3	758.1	706.6	600.2	651.9	543.8
2	Alcohol related mortality (rate per 100,000 population)	20.2	23.3	17.7	31.6%	16.5	19.7	11.8	14.1	21.9	18.4	17.3	16.5
3	Babies exclusively breastfed at 6-8 weeks (%)	29.7	22.2	24.9	-2.7%	38.4	19.4	25.8	21.2	21.7	27.3	27.5	20.3
4	Child healthy weight in Primary 1 (%)	76.5	76.7	76.6	0.1%	78.5	75.6	74.9	78.0	77.0	75.5	76.6	77.0
5	Deaths from suicide (rate per 100,000 population)	13.2	11.3	13.3	-15.0%	10.7	19.1	12.1	11.9	12.1	11.8	13.5	17.0
6	Drug related hospital stays (rate per 100,000 population)	180.5	184.5	182.2	1.3%	143.3	184.1	191.6	242.7	157.0	173.0	219.5	143.8
7	Life expectancy females	81.1	80.2	81.0	-1.0%	82.3	80.6	81.8	80.8	80.7	80.8	81.2	80.6
8	Life expectancy males	77.1	76.4	77.5	-1.4%	78.7	76.7	77.8	77.5	76.8	78.3	77.6	77.3
9	Healthy birth weight (%)	83.5	82.4	82.6	-0.2%	84.2	82.4	82.2	79.9	83.0	81.5	83.3	84.7
10	Patients with emergency hospitalisations (rate per 100,000 population)	7,601.0	8,504.2	7,799.6	9.0%	6,415.6	7,004.4	7,482.7	9,451.2	8,423.4	8,118.5	7,407.5	7,389.3
11	Population prescribed drugs for depression/anxiety/psychosis (%)	18.8	20.4	19.9	0.5%	16.6	21.8	19.01	21.3	20.9	19.2	19.6	20.1

Same as Scottish average
 Better than Scottish average
 Worse than Scottish average
 Best result of all areas



Health and Wellbeing Profile Indicators - Greater Glasgow & Clyde HSCPs - October 2019

No.	INDICATOR	SCOTLAND	Renfrewshire	Greater Glasgow & Clyde	Glasgow City	East Renfrewshire	East Dunbartonshire	West Dunbartonshire	Inverclyde
1	Alcohol related hospital stays (rate per 100,000 population)	676.3	853.4	990.8	1,232.8	413.3	468.9	1,065.1	1,050.2
2	Alcohol related mortality (rate per 100,000 population)	20.2	23.3	27.6	34.9	12.9	11.9	27.4	31.1
3	Babies exclusively breastfed at 6-8 weeks (%)	29.7	22.2	26.7	27.6	39.7	35.5	17.2	15.1
4	Child healthy weight in Primary 1 (%)	76.5	76.7	77.5	75.8	83.0	80.0	79.5	77.7
5	Deaths from suicide (rate per 100,000 population)	13.2	11.3	12.7	14.4	9.5	9.1	13.2	12.6
6	Drug related hospital stays (rate per 100,000 population)	180.5	184.5	248.7	315.8	71.6	85.4	244.3	331.9
7	Life expectancy females	81.1	80.2	80.1	78.9	83.5	83.5	78.9	80.1
8	Life expectancy males	77.1	76.4	75.3	73.4	80.1	80.1	74.7	75.6
9	Healthy birth weight (%)	83.5	82.4	85.1	85.9	85.0	84.4	84.7	85.7
10	Patients with emergency hospitalisations (rate per 100,000 population)	7,601.0	8,504.2	8,594.5	9,404.2	6,762.1	7,212.1	8,499.6	8,753.0
11	Population prescribed drugs for depression/anxiety/psychosis (%)	18.8	20.4	20.2	20.6	16.4	17.7	22.3	22.5

Same as Scottish average
 Better than Scottish average
 Worse than Scottish average
 Best result of all areas





To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Chief Officer

Heading: Change and Improvement Update

1. Summary

- 1.1. This report updates IJB members on Renfrewshire Health and Social Care Partnership's (HSCP) expanding Change and Improvement Programme.
 - 1.2. The report provides an update on our two-tiered model for addressing short term financial pressures whilst in parallel introducing a strategic approach to the medium service transformation and financial sustainability. This approach was approved by the IJB in November 2019.
-

2. Recommendation

It is recommended that the IJB:

- Note the content of this report;
 - Approve the Tier 1 savings proposals set out Section 4 of this report;
 - Note the progress made in engaging with stakeholders on the scope and structure of the Transformation Programme, in line with our Tier 2 medium term approach; and
 - Note that regular updates will continue to be brought to the IJB to report on progress and to seek approval for any material changes to scope of this evolving programme.
-

3. Financial Planning 2020/21

- 3.1. The IJB approved the Medium-Term Financial Plan for 2020/21 to 2025/26. This Plan provided an update to the IJB on the current assumptions and projected funding gap for the IJB over the next five years, including a range of potential outcomes based on potential future funding scenarios.

- 3.2. The Financial Plan also set out the IJB's two-tiered model for delivering the Medium-Term Financial Plan by addressing short-term financial pressures whilst in parallel introducing a more strategic approach, focusing on the financial sustainability of the organisation in the medium term.
- 3.3. This report provides an update on Tier 1 savings which have been identified by HSCP Heads of Service and their management teams. Total savings identified for 2020/21 and 2021/22 are circa **£1.9m**.
- 3.4. These savings form one element of the HSCP's ongoing efforts since 2015 to identify efficiency and productivity improvement opportunities, as part of wider coordinated efforts to deliver financial sustainability. In addition, as part of this exercise, the Senior Management Team has identified areas where we can deriving benefits from a more integrated organisational structure, in line with our transformation programme principles.
- 3.5. Wider initiatives which are supported by these Tier 1 savings include:
- The development and implementation of a prudent reserves policy, which includes a commitment to build up a transformation reserve and reflects the IJB's approval to work towards achieving a 2% general reserve balance in recognition of the level of risk which the organisation is likely to be exposed to over the medium term;
 - The implementation of enhanced spending controls in FY 2019/20 on non-essential spend unless approved; and
 - Continued review of resource and budget alignment to realise further benefits from integrated working, ensure the delivery of the HSCP's statutory requirements and support the delivery of emerging Scottish Government policy.
- 3.6. It is also noted that considerable uncertainty continues to exist with regards future budget settlements for the HSCP. Following the UK Election in December 2019, it has been announced that a UK Budget will be delivered on 11th March 2020, following the UK's exit from the European Union on 31st January 2020. The Scottish Government's budget announcement will take place on 6th February. Consequently, it is not possible to determine any potential gap between savings proposals and requirements at this stage, and it is anticipated that uncertainty over a final budget settlement will remain until the full implications of the UK Budget are understood.

4. Tier 1 Savings

4.1. As a result of the above, the HSCP Heads of Service and their management teams have identified total savings of circa **£1.9m - £1,678k**, which can be delivered by the end of FY 2020/21 and the remaining **£256k** in FY 2021/22.

4.2. The 2020/21 savings are summarised below:

Savings Theme	FTE	2020/21 £000's	2021/22 £000's
1. General Efficiencies	-	£71.7	-
2. Financial Governance	-	£475.00	-
3. Payroll Turnover	-	£315.00	-
4. Contract Management	-	-	£115.00
5. Podiatry Transformation Prog.	3.60	£144.00	-
6. Integrated Service Redesign	16.70	£672.65	£141.00
TOTAL	20.30	£1,678.35	£256.00
Total savings		£1,934.35	

4.3. The savings identified are categorised as follows:

4.5.1 General Efficiencies (£71.7k) - made through more effectively managing non-staffing budgets and discretionary spend such as marketing materials, venue hire and staff expenses.

4.5.2 Consistent Application of Financial Assessment (£100k) - The investment of dedicated Data Quality & Assurance Officers, responsible for the application of charging policies and financial assessment data collection, has resulted in a material increase to the level of income generated through charges to users.

This change to establishment and revised business process aligns the collection of service user's financial information with subject matter experts in the Assurance Team.

Investing in this dedicated resource removes the administrative task from operational staff and returns capacity to frontline services. As subject matter experts capture financial data and distinguish chargeable services there is a consistent application and recording of the financial assessment process which has increased the level of income generated from charges to users.

4.5.3 Consistent Application of Eligibility Criteria (£375k) - By ensuring our existing well-developed eligibility criteria thresholds are consistently applied to all service user packages (both new

and ongoing review of existing packages). This will provide an opportunity to match operational activity to available resources and still meet statutory requirements in supporting those in need

4.5.4 Payroll Turnover Adjustment (£315k) – the HSCP has been able to make a saving through adjusting the current payroll budget to more accurately reflect recruitment timescales to fill vacant posts due to combination of available workforce, required reference and PVG checks and associated partner bodies required recruitment checks. These timescales are evidenced in the current years employee budget underspends as reported to the IJB. In addition, this reduction is only applied to those posts where staff ratios (eg care homes; day care) do not apply.

4.5.5 Contract Management (£115k) - As part of our continuous review of existing contracting arrangements, efficiency savings have been identified with no direct impact to the level of care service users receive.

Service users would transfer to existing equivalent services and the HSCP will ensure that their assessed outcomes continue to be met. A consultation process will be undertaken with the existing service users to ensure a smooth transition.

4.5.6 Podiatry (£144k) - residual savings from Podiatry Transformation Programme have been identified through the planned redesign of domiciliary service to standardise treatment times and criteria for house calls.

4.5.7 Integrated Service Redesign (£813.35k) – Range of proposals which will contribute to establishing a more integrated organisational model. These proposals fall within the following categories:

- Lease saving through co-location;
- Managing turnover to support service redesign objectives;
- Efficiencies gained through integration of teams and management structures;
- Integrating specialist services within locality structures to create greater resilience and upskill knowledge/awareness across the HSCP; and
- Opportunities to streamlining processes through digital automation and reducing inefficiency as part of our commitment to continuous improvement.

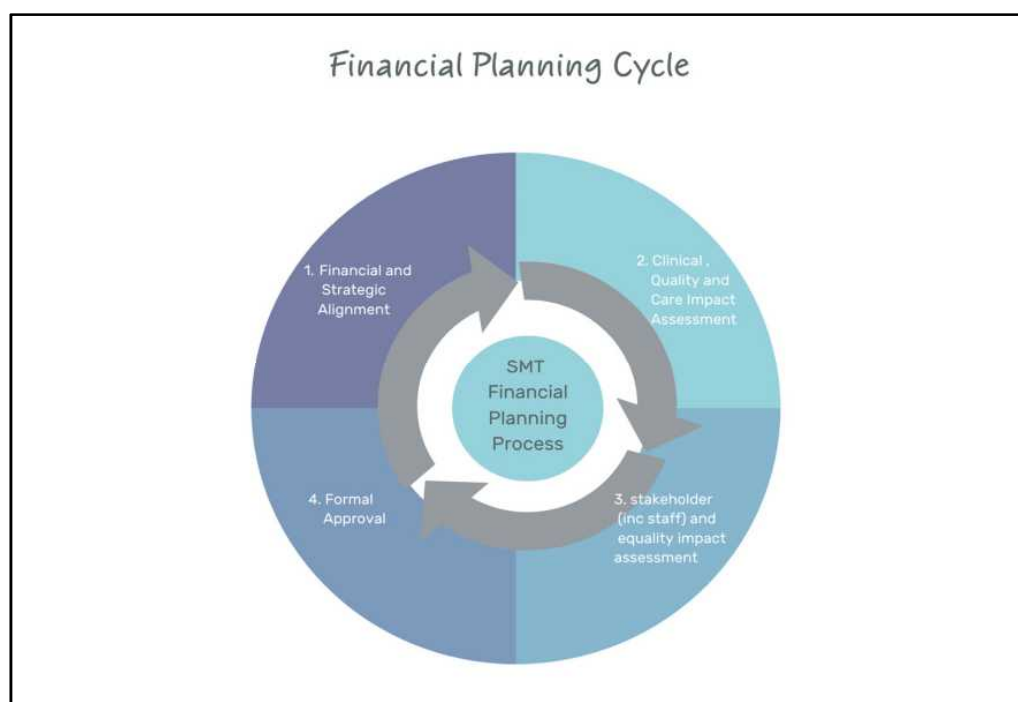
- 4.4. Savings released from managing turnover has enabled the HSCP to adapt skill mix and optimise use of resources. Where appropriate, funding has been reinvested within services and priority areas to further integrate service models and to support continuous improvement in line with national direction. Whilst these savings will release posts, overall there is an upward trend in the overall FTE establishment in both health and social care.

Establishment FTEs			
Year	Health FTE	Social Care FTE	Total
2018/19	1,086.1	971.8	2,057.9
2019/20	1,104.2	1,007.0	2,111.2
2020/21 (forecast)	1,132.8 (includes forecast PCIP* recruitment)	1,019.8	2,152.6

* Primary Care Improvement Plan

- 4.5. In line with our financial planning process, as outlined in the diagram below, the Chief Officer has met with the Professional Advisory Group (PAG), in their capacity as Professional Leads, in order that they are fully sighted on this work and to assess the level of clinical care risk these could present.

Diagram 1: Financial Planning Process



- 4.6. The table below summary the risk RAG status that was presented. The Group has agreed all proposals should be progressed, and were

satisfied the identified mitigation for the proposals risk rated 'amber' are effective.

PAG Risk Table		
Savings theme	Clinical and Social Care	Mitigation
1. General Efficiencies	GREEN	N/A
2. Financial Governance	GREEN	N/A
3. Payroll Turnover	GREEN	N/A
4. Contract Management	AMBER	Effective monitoring and communication & engagement strategies to be implemented
5. Podiatry Transformation Prog.	GREEN	N/A
6. Integrated Service Redesign	GREEN (£396.8k)	N/A
	AMBER (£416.8k)	Proactive monitoring of front-line service delivery levels through robust caseload supervision and performance tracking. Effective change and workforce management

4.7. Trade Unions have been briefed on the Tier 1 proposals, and we will continue to work with the Staff Partnership Forum (SPF) on this work as it progresses.

4.8. All proposals have been subject to an initial Equality Impact Assessment Screening (EQIA) by an Equality Officer and further work will be completed, where required, to ensure equality of opportunity continues to be core to service delivery.

5. Tier 2 Approach: Transforming how the HSCP delivers

5.1. The HSCP's medium term approach (Tier 2), to develop an approach to transforming the way in which the HSCP delivers services, recognises that we must make a step change in the way we work to ensure the sustainability of health and social care services going forward. The delivery of the right services, accessed in the right place and at the right time is core to our 2019–22 Strategic Plan, which was approved by the IJB in March 2019.

5.2. A key element of the Tier 2 approach is the implementation of the HSCP's Transformation Programme. This programme will enable a strategic approach to be taken to the prioritisation of transformational activity, the review of current service provision and the design of future, innovative service models.

- 5.3. Initial thinking on the structure and scope of this programme was discussed with the IJB in November 2019. Subsequent work has been undertaken to further develop this thinking and to establish a Programme Board which will provide governance and oversight of progress. The first meeting of the Programme Board took place on 13th January 2020, at which early thinking on a draft programme blueprint and approach were discussed. Further workshops to develop the scope, governance and priority areas of focus for the programme are planned to take place in February.
- 5.4. Through implemented governance structures, all transformational activity will reflect and contribute to the delivery of four guiding principles which have been refined following discussion with the IJB and further engagement with key stakeholders. These principles have also been developed to align with the key principles set out in the Financial Plan:

Guiding Principle	Description	Alignment with Financial Plan principles
We share responsibility and ownership with our communities	<i>We take collective responsibility and ownership with communities to make best use of all community resources and assets to improve people's health and wellbeing.</i>	<ul style="list-style-type: none"> • Social Contract • 'Asset-based' working • Shared purpose and consistent messaging
We take a citizen-led approach to public health and wellbeing	<i>We work co-productively with citizens and partners to create person-centred support which focuses on prevention and early intervention and tackles inequalities.</i>	<ul style="list-style-type: none"> • Engagement based approach • Partnership working
We provide realistic care	<i>We adopt a strengths-based approach which seeks to maximise service users' independence and enable self-management and recovery, preventing unnecessary over-provision of services.</i>	<ul style="list-style-type: none"> • Promoting independence
We deliver the right services at the right time and in the right place	<i>Care is consistent across Renfrewshire and makes most effective use of HSCP resources. We look to delivery innovatively where this is beneficial and we ensure our approach to transitions and crisis intervention is integrated and seamless.</i>	<ul style="list-style-type: none"> • Workforce engagement and development • Digital opportunities

- 5.5. These guiding principles have been developed to ensure alignment with national, NHS GGC and local strategic guidance and priorities. These linkages will be continually managed as the programme progresses and include:
- The Scottish Government's Health and Social Care Delivery Plan;
 - National Clinical Strategy;
 - NHSGGC's Public Health Strategy, 'Turning the Tide through prevention';
 - Right for Renfrewshire;
 - Moving Forward Together and work across GGC HSCPs to develop joint opportunities; and
 - Ongoing engagement with Strategic Planning Group partners, Community Planning and Local Partnership stakeholders.
- 5.6. The next phase of workshop sessions with Programme Board members will further develop the approach to delivering the required change. In particular, these sessions will focus on:
- Developing the proposed scope;
 - Further planning to reflect priority areas of focus;
 - Discussion of examples of the work we have been undertaking across services to date which provide helpful learning for us;
 - Programme governance and effectively managing the relationship between the transformation programme and existing groups and change activity including Right for Renfrewshire and Moving Forward Together to avoid duplication and maximise shared benefits; and
 - Branding and communications.
- 5.7. A further update will be brought to the next IJB meeting in March 2020.

Implications of the Report

1. **Financial** – the Tier 1 savings and Tier 2 transformation programme approach set out in this report support the delivery of the Financial Plan 2020/21 to 2025/26.
2. **HR & Organisational Development** – there are implications for NHS and Council posts. HR and OD work in close liaison with the existing Change and Improvement programme and will be closely involved at a Programme Board and project level in the developing Transformation Programme.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process.
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be

sought at appropriate junctures throughout the delivery of the Transformation Programme.

5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – Digital has been identified as a key enabler of the required transformational activity. Appropriate technology-enabled solutions will be identified as part of the service design process.
7. **Equality & Human Rights** – the proposals contained within this report place due regard on equality requirements.
8. **Health & Safety** – health and safety procedures will continue to be reviewed to ensure safe and effective joint working as integration progresses and service models develop
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – the report identifies risks associated with proposals presented and these will continue to be monitored and managed through appropriate governance mechanism.
11. **Privacy Impact** – n/a.

List of Background Papers – None.

Author: Frances Burns, Head of Strategic Planning and Health Improvement

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement Frances.Burns@renfrewshire.gov.uk / 0141 618 7621)

To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Chief Officer

Subject: Renfrewshire Alcohol & Drug Partnership (ADP) Annual Report 2018/19

1. Summary

- 1.1 Renfrewshire Alcohol and Drug Partnership (ADP) has key responsibility for implementing the National Policy Framework and driving forward local action to reduce the impact of alcohol and drugs.
 - 1.2 In accordance with governance and accountability arrangements all ADPs in Scotland are expected to produce an Annual Report and submit to Scottish Government. To ensure consistency the Scottish Government has developed a standard template to aid this process. It was designed to allow consistent reporting on how ADPs are meeting national and local priorities.
 - 1.3 The ADP Annual Report (Appendix One) sets out the Financial Framework which is used to deliver our local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which are recovery and outcome focused. The Report also reflects on progress achieved against the Ministerial priorities, outlining improvement goals.
 - 1.4 The national frameworks for both drugs and alcohol have recently been refreshed. In light of these new frameworks it is envisaged that there will be new reporting procedures developed by the Scottish Government from 2020.
-

2. Recommendations

It is recommended that the IJB:

- Note the contents of this report.

3. Background

- 3.1 The ADP is tasked with the implementation and delivery of the Scottish Government's Strategic Framework. "Rights, Respect and Recovery, 2018 and the Alcohol Framework, 2018. Key messages within the framework include:-
 - Everyone has the right to health and to live free from the harms of alcohol and drugs.

- Everyone has the right to be treated with respect and dignity and for their individual recovery journey to be fully supported.

This strategy is, therefore, about how people who are affected by alcohol and drugs are best supported - taking a human rights-based, public health approach to ensure the delivery of the best possible care, treatment and responses for individuals and communities

- 3.2 A new Performance Framework, currently being developed by the Scottish Government, will replace the current reporting arrangements and it is expected to be in place by the autumn 2020.

ADP Annual Report 2018/19

- 3.3 The ADP Annual Report sets out the Financial Framework which is used to deliver our local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which are recovery and outcome focused. The Report also reflects on progress achieved against the Ministerial priorities, outlining improvement goals.

Key areas of progress include:-

- **Preparing local systems to comply with the new Drug and Alcohol Information System (DAISy)** – A structure has been set up to ensure a smooth transition from current recording systems towards implementation of DAISy and await an implementation date from Information and Statistics Division (ISD). Training will also be delivered when a timetable has been agreed.
- **Tackling drug and alcohol related deaths** – Renfrewshire ADP has updated their drug deaths action plan and remains a working document. Key areas include investigating all drug related deaths and trends and reviewing (any) areas for intervention. There were 50 drug related deaths in Renfrewshire in 2018. This represents a 31.6% increase compared with 2017, but is a 28.6% increase on the 5 year average of 36. The rate of alcohol related deaths has seen an increase from 45 in 2017 to 53 in 2018. A number of specific initiatives and projects have taken place including implementing national alcohol campaigns; the setting up of an Alcohol and Drug Commission with the key aim of addressing the impact of alcohol and drug use on individuals, families and the wider community; an audit of frequent attenders at the RAH to address unmet need; and the development of the Drug Action Partnership Group led by Police Scotland which was set up in response to the number of drug related deaths in Renfrewshire.
- **Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated throughcare arrangements** – Joint working between Community Justice Renfrewshire and the ADP enabled a funding proposal to be submitted to the national Change Fund which aims to improve the clinical pathways into the Alcohol and Drug Recovery Service for people who have convictions; the ADP has established links with KAIROS which is a women's

initiative led and created by women providing a vibrant and safe place to come together to access social activities.

- **Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the Quality Principles** – an independent review of addiction services has been completed which will inform a change programme to shape a new service delivery model to remain person-centred and recovery and outcome focused. The Review has reached an implementation phase and to date have secured premises for the development of a Recovery Hub for Renfrewshire; enhanced role of peer support workers with a successful bid being made to the Corra Foundation; two Navigator posts have been recruited who will be based in the RAH to help individuals change their lives and engage with local services and the establishment of specialist GP Shared Care Team.

3.5 The ADP Annual Report was developed in partnership with Renfrewshire Health and Social Care Partnership, Renfrewshire Council, Police Scotland, Scottish Fire and Rescue, Scottish Prison Service and the third sector.

3.6 The Report will be approved at the next meeting of the ADP scheduled to take place in February 2020

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

List of Background Papers: - None.

Author:

- Donna Reid, Lead Officer, Renfrewshire ADP
- ADP Chair: David Leese, Chief Officer, Renfrewshire HSCP
- Christine Laverty, Head of Mental Health, Addiction and Learning Disability Services

Any enquiries regarding this paper should be directed to Christine Laverty, Head of Mental Health, Addiction and Learning Disability Services (Christine.Laverty@renfrewshire.gov.uk / 0141 618 6820)
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Document Details:

ADP Reporting Requirements 2018-19

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to:
alcoholanddrugdelivery@gov.scot copied to Amanda.adams@gov.scot

July 2019

1. FINANCIAL FRAMEWORK - 2018-19

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	preventing and reducing alcohol and drug use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£2,139,718
Additional funding from Integration Authority (excludes Programme for Government Funding)	
Funding from Local Authority	£1,093,968
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	£564,611
Total Funding from other sources not detailed above	
Carry forwards	
Total (A)	£3,798,297

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£273,834
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£3,203,463
Dealing with consequences of problem alcohol and drug use in ADP locality	
Total (B)	£3,477,297

C) 2018-19 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£3,798,297	£3,477,297	£321,000

D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	£2,139,718	£1,818,718	£321,000
Carry-forward of Scottish Government investment from previous year (s)			

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

Please describe in bullet point format your local Improvement goals and measures for delivery in the following areas during 2018-19:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	Ensure local implementation processes are agreed to meet the requirements of DAISy.	<ul style="list-style-type: none"> Implementation of DAISy has been delayed by Scottish Government - new timescales for implementation are currently being reviewed. ADP Support Staff continue to attend national DAISy meetings to cascade information locally. Relevant business support staff along with Team Leaders have been identified to become 'super users' who will be responsible for cascading training. A local group has been set up as we await further guidance from Information and Statistics Division colleagues. As reported previously to ISD, data will be provided by manual upload as local IT systems are not compatible. The volume of legacy data will also have an impact on services when transferring to the DAISy system. This will require additional resources to ensure effective implementation. 	
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the	Reduction in the number of drug and alcohol related deaths Recommended minimum annual	<ul style="list-style-type: none"> The Drug Deaths Action Plan remains a working document with detailed actions, timescales and leads identified and monitored by the ADP Delivery Group. 	

<p>reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>supply of Naloxone kits: 330 by March 2019 (current performance: 306)</p> <p>Reduce Drug Related Hospital Stays Target: 170 target exceeded (per 100,000 population - current performance 156.1</p> <p>Alcohol Related Hospital Stays Target: 8.9 target exceeded - current performance is 7.7</p>	<p>Some of the key actions which have been progressed include improving access to the provision of needle exchange with a fixed site currently provided by Renfrewshire Drug Service; those identified as injectors will be prioritised and offered rapid start and titration of ORT. This involves access within three working days from completion of the initial assessment for high risk cases; the naloxone competency framework has been rolled out across all sites providing naloxone supply which allows improved accessibility, naloxone training has been expanded and includes wider key stakeholders and families, all library staff have been trained, police custody staff have recently attended Naloxone training the trainer, a number of housing and homeless accommodation hold a supply of Naloxone for staff to use; overdose awareness campaigns run twice per year, Physical Healthcare Policy for Mental Health and Addictions launched to improve health outcomes including dental for this marginalised group; Hep C treatment provided on site to improve engagement with this client group; 50 deaths occurred within Renfrewshire which represents a 31.6% increase on 2017, but is a 28.6% increase on the 5 year average of 36;</p> <ul style="list-style-type: none"> • ADP Alcohol Licensing Lead in post which is funded in partnership with Glasgow City ADP with the key aim of responding to licensing applications and work with key 	
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		<p>stakeholders to address areas over-provision in Renfrewshire. The post also supports and drives forward the work of Renfrewshire Licensing Forum.</p> <ul style="list-style-type: none"> • National campaigns proactively promoted across the area i.e Know Your Numbers. • NHS Greater Glasgow and Clyde Prevention and Education Model has been refreshed and a process will be agreed to implement locally. • ABIs – performance at March 2019 was 306 compared to 549 in the previous year. To improve performance funding is now in place to recruit a dedicated ABI post for Renfrewshire. • During 2018/19 Renfrewshire Community Planning Partnership established an independent Commission to establish a true picture of drug and alcohol use in Renfrewshire and to make recommendations on what partners can do together to support local people and communities adversely affected by alcohol and drugs. A report with a full suite of recommendations is due to be published early 2020. • Frequent attenders at the Emergency Department are being monitored which has resulted in an agreed process where specialist services along with GPs will review the patient/client contact and make appropriate arrangements to identify any unmet need. • Drug Action Partnership Group led by Police Scotland has been set up in 	
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		response to the number of drug deaths.	
3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women		<ul style="list-style-type: none"> • Community Justice Team is co-located with local drug and alcohol services. Where individuals are released from custody subject to statutory post release supervision, or engage in voluntary supervision they are referred/supported by criminal justice social work staff to engage with local addiction services for assessment and appropriate intervention. • Where individuals are released from custody subject to statutory post release supervision, or engage in voluntary supervision, they are referred/supported by criminal justice social work staff to engage with local addiction services for assessment and appropriate intervention. Services for women involved in the criminal justice system are co-located with addiction services. • The extension of the Presumption Against Short Sentences (PASS) from 3 to 12 months commenced on 4 July 2019, it is anticipated that this will reduce the numbers of individuals being released after short prison sentences, instead increasing numbers subject to community sentences. • Joint working between CJR and Renfrewshire Alcohol and Drug Partnership enabled a funding proposal to be submitted to the Scottish Governments Change Fund. The project aims to improve the clinical pathways into addiction services for People with 	

		<p>convictions in Renfrewshire. This bid was successful and the 'Just Recovery' project will be progressed throughout 2019/20.</p> <ul style="list-style-type: none"> • Renfrewshire ADP has established links with the new women's group – KAIROS. The project is a new women's initiative created and led by local women. A vibrant, safe and relaxing women-only space where they can come together for social activities, courses and classes. • Community justice practitioners are co-located within Low Moss Prison on a weekly basis; <ul style="list-style-type: none"> - Homeless Services New Start officer - Housing Addictions Liaison - EIJF Just Learning project Coordinator (employability services) <p>This allows for improved sharing of information between the partners and ease of access to a range of services for prisoners prior to their release.</p>	
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<ul style="list-style-type: none"> • Waiting Times Target: 91.5% of individuals waiting no more than three weeks from referral to treatment • STAR Outcome Tool – All new referrals will have recovery care plan. 	<ul style="list-style-type: none"> • An independent review of addiction services has been completed which will inform a change programme to shape a new service delivery model to remain person-centred and recovery and outcome focused. A number of actions have been agreed:- <ul style="list-style-type: none"> ○ Recovery Hub premises have been identified and is currently being refurbished to enhance recovery opportunities in Renfrewshire; 	

		<ul style="list-style-type: none"> ○ Funding has been secured to recruit a further two peer support workers with lived experience; ○ Home alcohol detox will be available early next year. ○ ADP funded Navigator Posts will be established within the Royal Alexandra Hospital Emergency Department in partnership with Police Scotland's Violence Reduction Unit. ○ Establishment of a specialist GP Shared Care Scheme; • ADP Recovery Forum has been established – Recovery Action Plan will be developed; • Questionnaire based on the Quality Principles continues to be completed in partnership with service users – results are used to inform the Recovery Action Plan. • Recovery Communities in Renfrewshire will continue to expand with the establishment of the Recovery Hub with the expectation that there will be 'satellite hubs' being developed across Renfrewshire delivered in partnership with individuals with lived experience. • Waiting Times - Performance has seen a steady decrease from 98.8% at June 2016 (green status) to a low of 71.5% at March 2019 (red status). However the latest data at Q1 2019/20 for the period April to June shows an increase to 79.3%. 	
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* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?	<p>The ADP has developed a structure in Renfrewshire which ensures all relevant partners are involved to deliver the priorities detailed within local and national strategic frameworks. Delivery Plans, Annual Reports and Performance Reports are developed by the ADP Delivery Group circulated and reviewed by the agreed accountability route as detailed below.</p> <p>Renfrewshire ADP is chaired by the Chief Officer of the HSCP and reports directly to Renfrewshire Integration Joint Board. Strong links have also been established with Community Planning Partnership, Chief Officer's Group for Public Protection, Member Officer's Group for Public Protection and the Community Justice Steering Group.</p>
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In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

APPENDIX 1:

- 1. Please provide any feedback you have on this reporting template.**



To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Chief Officer

Heading: Loneliness and Social Isolation

1. Summary

- 1.1. Loneliness and social isolation were identified as a key theme in Renfrewshire's Health and Wellbeing Survey of 2017/18. In response, the Strategic Planning Group (SPG) recognised this as a priority area for 2018/19 and established a Short Life Working Group to explore how we can best address this locally.
 - 1.2. This paper updates members on the report produced by the Short Life Working Group and outlines how its findings / recommendations will be taken forward.
-

2. Recommendation

It is recommended that the IJB:

- Note the content of the attached report (Appendix 1); and
 - Agree the approach outlined.
-

3. Background and Context

- 3.1. Renfrewshire's Health and Wellbeing Survey 2017/18 showed that 1 in 14 (7%) residents felt isolated from family and friends, and that this rose to 15% in the most deprived areas. Loneliness and social isolation have also been a recognised theme across service reviews of Older People, Addictions and Learning Disabilities.
- 3.2. In response, the Strategic Planning Group identified loneliness and social isolation as a priority issue and, in April 2019, set up a Short Life Working Group (SLWG) to explore how best to address this. The Group subsequently developed a report which identifies key contributory factors; recommended actions to take forward locally; and a plan to develop this further in the coming months

3.3. The Group, led by Stephen McLellan from Recovery Across Mental Health (RAMH), met four times between May and September 2019 and involved representatives from the HSCP, Council, third sector and community groups.

3.4. The report, attached in Appendix 1, makes a range of proposals and recommendations to address loneliness and social isolation based on the input from the representatives on the Group and the Scottish Government's Social Isolation and Loneliness Strategy.

4. **Key Findings**

4.1. The report outlines the background and issues around loneliness and social isolation, and puts them into the context of the Renfrewshire population.

4.2. The report identifies actions around a number of recognised contributory factors:

- To promote and improve **Access to Information** and **Activities** utilising all methods of communication including social media;
- To carry-out an audit of **Physical Spaces** available for use by groups/clubs, etc;
- To examine what could be done to improve **Transport**;
- To support and promote action to improve **Safety**; and
- To target those who are most at risk of loneliness, including those affected by homelessness, people requiring housing support, and those with mental health issues, all of whom are the **least connected**.

4.3. In addition, the report goes on to make a number of specific recommendations to be taken forward in the coming months:

- Identify a 'champion' to highlight and promote work around loneliness and social isolation – this will help us to embed it into all strands of work and the public consciousness;
- Promote information sources such as ALISS and online self-management apps – the group felt that it helps if people know what is available to them in their local area and that we should be making best use of digital opportunities;
- Identify potential transport models to enhance connectivity – transport has been highlighted as a key barrier for some people to get involved in activities that would enhance their connectedness;
- Support and endorse the work of the Community Falls Prevention Group – this was felt to be an important area, particularly for older

people, to enhance feelings of safety and confidence in getting out and about;

- Provide training to staff, public and retailers on promoting connectedness – it was felt that the more people involved in the conversations and aware of the issues the better so that everyone can play their part.

5. Next Steps

‘Understanding who are the socially isolated and lonely within the wider population is an essential pre-requisite for public health action.’

(Scottish Public Health Network, Social Isolation and Loneliness)

- 5.1. The HSCP welcome the findings of this report which will help inform our ongoing commitment to prioritise public health. The importance of improving health and wellbeing/public health is clearly articulated within the NHS GGC’s public health strategy ‘Turning the Tide’, and locally recognised as a priority area in our HSCP’s Strategic Plan and emerging transformation programme. By working collaboratively, and in conjunction with our local communities and third sector organisations, we aim to address the social determinants of health, including loneliness and social isolation, to improve the health and wellbeing of our local population and help stem the demand on already stretched Acute Services. This priority is also intrinsic to our partner organisations’ own transformation programmes – Moving Forward Together (NHSGG&C), and Right for Renfrewshire (Renfrewshire Council).
- 5.2. Furthermore, Stephen McLellan shared the findings of the report with the Community Planning Executive Group in December 2019 on behalf of the Strategic Planning Group. Social Isolation is one of the Renfrewshire Community Planning Partnership’s 6 priorities for 2020/21 and the SPG was asked, in its capacity as a Community Planning Group, to take forward this agenda on behalf of the Executive Group and report back in March 2020 on how it intends to implement the report findings.
- 5.3. At the Strategic Planning Group meeting on 11th December, there was a focus on how the reports findings and recommendations could best be taken forward. From discussions at this meeting, taking account of the information in the report, the Strategic Planning Group agreed that work would initially focus on 3 key areas:
1. Young people – in a survey carried out by ACUMEN in 2017/18, people under 25 reported as twice as lonely as those over 65 (the caveat being that there was a relatively small number of respondents n=300);
 2. Older people – there is a lot of evidence that older people have a high risk of becoming lonely or socially isolated at certain stages in their lives and our ongoing review of older people’s services has

reinforced this, highlighting the need for joined up, person-centred approaches to ensuring people stay connected to whatever is important to them;

3. Those people least connected with services – certain characteristics such as homelessness and unemployment can mean that people do not access some services and therefore are at greater risk of becoming lonely and/or socially isolated.

5.4. It was agreed that a Delivery Group will be established with members of the original Short Life Working Group but also broadened out to include representation from Renfrewshire Leisure, DWP, West College Scotland, UWS and Skills Development Scotland to better reflect the wide ranging contributory factors and action areas identified within the report.

5.5. Given the scale and breadth of how loneliness and social isolation can affect people of all ages etc, the report recognises that a partnership, Renfrewshire-wide response is critical. The HSCP will look to support the Delivery Group to develop branding / communication for a Renfrewshire wide initiative. Furthermore, members of the Delivery Group, as well as providing specialist input based on their role, knowledge and experience, will act as 'champions' in tackling loneliness and social isolation within their own work areas.

5.6. RAMH have received funding from the second stage of the Aspiring Communities fund which they have agreed to link in to support this work. In addition, the Delivery Group will seek to identify any other supports/resources required and will link with the likes of the Culture, Arts, Health and Social Care (CAHSC) group, the Improving Life Chances group and the Forum for Empowering Communities to ensure that there is a broad and full consideration of opportunities to address the issues.

5.7. All Renfrewshire's Local Partnerships have identified loneliness and social isolation as priorities to be addressed, either explicitly or implicitly, and the Group will link with them to support any ideas or initiatives that they would like to take forward, as well as engaging them in any developments that the Group might initiate in their communities.

6. Future Reporting

6.1 The Group will bring a further update on its delivery plan to both the IJB and Community Planning Executive Group in March 2020.

Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None
 3. **Community Planning** – This work is being undertaken on behalf of the Community Planning Executive and will provide regular reports
 4. **Legal** – None
 5. **Property/Assets** – None
 6. **Information Technology** – None
 7. **Equality & Human Rights** – None
 8. **Health & Safety** – None
 9. **Procurement** – None
 10. **Risk** – None.
 11. **Privacy Impact** – None
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List of Background Papers – None.

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RENFREWSHIRE HSCP: STRATEGIC PLANNING GROUP SHORT-LIFE WORKING GROUP: LONELINESS AND SOCIAL ISOLATION

Report Authors:

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Ann Drennan, Health, Homelessness and Housing Lead, Renfrewshire HSCP

1st October 2019

‘Understanding who are the socially isolated and lonely within the wider population is an essential pre-requisite for public health action.’ (Scottish Public Health Network, Social Isolation and Loneliness)

What is the scope for Public Health Action? (McCann, Mackie and Conacher, May 2017)

1. INTRODUCTION

Renfrewshire’s Health and Wellbeing Survey 2017/18¹ showed that 1 in 14 (7%) residents felt isolated from family and friends, and that this rose to 15% in the most deprived areas. From this survey, the Strategic Planning Group identified loneliness and social isolation as a priority issue and, in April 2019, set up a Short Life Working Group (SLWG) to address this. Invitations were sent to statutory and third sector colleagues across Renfrewshire to contribute to the group.

A membership was constituted from interested parties and the group had an initial meeting in May 2019. It was determined that ‘loneliness’, albeit the determining aspect, was essentially a negative connotation and the group identified ‘Connectedness’ as a more positive concept, representing a successful vision upon which to build. The group has since met 4 times and this report represents the considered thoughts of the members.

Whilst Renfrewshire HSCP have taken the initiative to investigate the implications of ‘loneliness / connectedness’, the group are of the opinion that this is a wider, societal issue which has a plethora of supporting evidence to substantiate this view (Holt-Lunstad)². The impact of ‘loneliness’ may more obviously be seen in health and social care, in GP surgeries and associated budgetary pressures, but fundamental issues such as:

- Access to secure and suitable housing
- Public safety ‘fears’
- Public transport availability
- Injury prevention
- Public space and activity
- Anxiety and depression

¹ Renfrewshire Health and Wellbeing Survey 2017/18 (Ref. Page 41: Social Connectedness): <http://www.renfrewshire.hscp.scot/media/9026/NHS-GGC-HW-Survey-1718/pdf/..pdf?m=1548089480210>

² Julianne Holt-Lunstad: 3.4m participants were followed over an average of seven years. She found that those classed as lonely had a 26% higher risk of dying, and those living alone a 32% higher chance, after accounting for differences in age and health status.

are contributory factors which require a concerted approach, not only by agencies, but across the sphere of society, including schools, places of worship and the community.



2. BACKGROUND

Loneliness and Isolation are related, but distinct, concepts.

Loneliness is a subjective but negative experience: the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively (Perlman and Peplau, 1981).

Social Isolation is an objective measure reflecting an individual's lack of contacts or ties with others (family, friends, acquaintances, neighbours, potentially service providers) (Cited by T Schiff, Newcastle, 2016).

The Scottish Government through its Report: A Connected Scotland³ sets out its vision of 'a Scotland where individuals and communities are more connected.....'.

*'Social isolation and loneliness can affect anyone – at all ages and stages of life. As our society changes, there is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental wellbeing.'*⁴

³ A Connected Scotland: Our Strategy for tackling Social Isolation and Loneliness and building stronger Social Connections: The Scottish Government, 2018 ISBN:978-1-78781-459-2 (Crown copyright 2018)

⁴ Christina McKelvie, MSP, Minister for Older People and Equalities, Scottish Government, Foreword: A Connected Scotland (as above)

2.1 Profile for Renfrewshire

The true extent of social isolation and loneliness within Renfrewshire is uncertain due to affected hidden populations. However, there are risk factors, e.g., socio-economic disadvantage, those with poor physical and mental health, disabled people, those living alone, those who have been bereaved, men over 50, minority ethnic groups, and those from LGBTQI+ communities that mean people are more at risk of social isolation.

It's worth noting that loneliness and social isolation can affect people of all ages, genders and ethnicities. This means a robust response will be needed to address all age ranges from young to old. Also, people may not be willing to self-identify. It is recognised that building a meaningful rapport with someone who is socially isolated can take time in order to create a trusting relationship. However, through population estimates we can look at the current demographics to try and quantify potential at risk populations.

Current population estimates (Source: NRS population estimates, Mid 2018) for Renfrewshire are:

- 15-24 year olds = 20,013 or 11.26% of the population
- 25-44 year olds = 44,595 or 25.08% of the population
- 45-64 year olds = 51,520 or 28.98% of the population
- 65+ year olds = 33,288 or 18.72% of the population
- 75+ year olds = 14,842 or 8.35% of the population

By looking at the most recent Scottish Household Survey (2017), the figures for Renfrewshire are 18% of residents under the age of 65 live in a single household. In comparison, 13% of residents over 65 live alone.

71% of all male suicides are men who live alone or are unpartnered (Choose Life).

3. ADDITIONAL RESEARCH

3.1 ACUMEN and RAMH

Between October 2017 and March 2018 ACUMEN and RAMH carried out research on social connectedness within Renfrewshire⁵. The highest loneliness scores came from those who identified mental health problems as being a barrier to social connectedness. The research identified the importance of providing information on local services, including formal and informal peer support to build people's confidence in accessing services. The report went on to note that one of the key aspirations for individuals was to form relationships which were epitomised by 'greater intimacy' (more meaningful).

3.2 A Realistic Medicine Approach to Loneliness

Dr Catherine Calderwood, CMO at Scottish Government in her 2016 publication:

'A Realistic Medicine Approach to Loneliness' asked:

- Can we change our 'style' to extend shared decision making?
- Manage risk better?
- Build a personalised approach to care?
- Reduce unnecessary variation in practice and outcomes?

⁵ Connectedness in Our Communities: A Study on Social Connectedness, ACUMEN and RAMH, October 2017 – March 2018

- Become improvers and innovators?

4. PUBLIC HEALTH

NHSGG&C's 10 year Public Health Strategy: Turning the tide through prevention⁶ has at its core 6 Public Health Priorities which align with Scotland's 6 Public Health Priorities. Scotland's 6th: 'Community and Place' is addressed by NHSGG&C through their 6th Priority: 'Strengthen links to support community planning activities and engagement with communities and third sector organisations'. Addressing loneliness and social isolation is a major component in delivering this 6th Priority.

'Social Isolation and loneliness are public health and health inequalities issues. An unequal distribution of income, power and wealth and the experience of stigma and discrimination can result in social isolation and loneliness, and vice versa.'

(Dr. Andrew Fraser, Director of Public Health Science, NHS Health Scotland)

5. A BRIEF OUTLINE OF THE GROUP'S DISCUSSIONS

During the first 3 meetings of the Group a plethora of information, including web links, was gathered: examples were offered of places where people were already meeting including Men's Sheds, Gardening Clubs, Groups, etc.

However, it became apparent that these activities needed to be not only publicly available, but readily available, distributed widely and visibly throughout the localities.

At an early point during the Group's discussions an Action Plan was developed which identified key areas as follows:

No.	Action
1.	To promote and improve Access to Information and Activities utilising all methods of communication including social media.
2.	To carry-out an audit of Physical Spaces available for use by groups/clubs, etc.
3.	To examine what could be done to improve Transport
4.	To support and promote action to improve Safety
5.	To target those who are most at risk of loneliness, including those affected by homelessness, people requiring housing support, and those with mental health issues, all of whom are the least connected .

5.1 Access to Information and Activities

'If you don't know, you don't go' (RAMH beneficiary)

The Group acknowledged ALISS (A Local Information System for Scotland) (**ref.8.6**) as an available on-line resource, but not widely known of in communities. It was initially set up by the Health and Social Care Alliance to gather information on local clubs, groups and activities across Scotland and present them in an easily accessible way. However, not everyone has access to, or the ability to use, the internet. In addition, there is a

⁶ NHSGG&C, Turning the tide through prevention: Public Health Strategy 2018-2028

growing body of validated, verified self-management tools, including APPS, which provide related access to support.

Action: Promote ALISS and Digital Information resources, such as validated self-management resources to communities, schools and throughout the Council, the HSCP, partners and Local Partnerships, and provide support to access the internet.

Action: Work in concert with 'Digi Ren' (a Renfrewshire-wide group that includes private, public and third sector agencies talking about and sharing all things digital in Renfrewshire).

5.2 Physical Spaces

An audit of Physical Spaces available for use by groups, clubs and communities was recommended and led by the Chair of the Paisley West and Central Community Council. Research identified sources of information and provided the SLWG with links to the Council's Building Safer and Greener Communities Progress Report (May 2018) (ref. 8.3) (with an updated Report submitted to the Communities, Housing and Planning Board on 20th August); and to the Council's web-site for information contained within 'Your Home, Your Street, Our Community' (ref. 8.4).

A successful example of supporting 'connectedness' is West End Growing Grounds Association (WEGGA) which provides a gardening space in the West End of Paisley. The Project has proved a success not only in the produce grown, but in bringing people together for companionship in a safe and welcoming environment. Social isolation had been identified as a concern in the area with many people living alone. The Project has encouraged residents to join with others, some for the first time.

*'It's more than just a place to grow things; it's a place to meet.'*⁷ A video link to a short film on the Project can be found at 8.5.

5.3 Transport

Transport is regularly highlighted as an issue in consultations with communities. This topic has been the subject of numerous pieces of work but the situation appears static. There are good examples that may be useful to draw on from other parts of the country. Police Scotland have championed bus driver training and passenger safety through films and leaflets called 'Traveling with Confidence'. This has currently only been rolled out in the east of Scotland but there may be scope to extend to Renfrewshire.

Community Transport Association Scotland have a growing network and new models of community transport concepts. NHS Grampian have created a jointly funded post with Nestrans for a 'Health and Transport Action Plan Programme Manager', with the purpose of reducing missed health appointments and reducing injuries and isolation. NHS Borders have also recently calculated the cost of missed appointments and are looking to develop and fund community transport:

<http://www.nhsborders.scot.nhs.uk/patients-and-visitors/latest-news/2016/july/7/the-real-cost-of-a-missed-appointment/> Establishing community transport infrastructure can then be extended to activities beyond health.

⁷ A quotation from a member of WEGGA within an Article within Scottish Housing News, August 2019.

Action: A working group should be established to identify models that could be replicated in Renfrewshire.

5.4 Safety

Loneliness and social isolation can affect people of any age group however older people are particularly at risk of loneliness and isolation caused by a fall or fear of falling. Someone who is isolated is at higher risk of sedentary behaviour leading to a fall, and is also at much greater risk of financial harm. Renfrewshire Community Falls Prevention Group is a multi-agency and department collaboration. The purpose of the group is to work together to design and implement interventions that will reduce or prevent people, in particular older people, from injurious falls and health damaging loneliness.

Action: *Support and endorse the work of this group.*

5.5 Reaching out to the least connected

Pathways to enhance contact need to be robust and flexible. The key is identification, knowing what to do next, who can help, and how to engage with someone who is socially isolated, or at risk of social isolation and loneliness.

Identification of individuals most likely to be at risk is an important step in understanding the extent of loneliness and social isolation across Renfrewshire. Some people have contact with services from health, social care or housing. However, others have little interaction and no family or friends close by to support them. Therefore, when someone who is isolated comes into contact with a staff member within the Council, NHS or a frontline service such as a shop, restaurant or transport, it is key that the staff member feels able to provide an initial response. As such, having training materials that are designed for everyone is one way to equip staff, and the public, with the knowledge to enable them to signpost someone who they feel could be lonely or socially isolated to an appropriate group or service. This is not to say that frontline workers are to become experts but, should the occasion arise, sign-posting someone to advice and support would help to establish a supportive and inclusive environment.

Although there are commonalities, an individualistic approach is valuable as not everyone can, or would wish to, attend groups, or wants to engage in services that are designed for specific groups. This is particularly pertinent when looking at younger people and adults who are lonely, in particular men. Information databases such as ALISS could be useful in explaining what groups/clubs someone's community has to offer.

5.6 'Keep Safe' (I Am Me)

A possible model is the example of 'Keep Safe' (I Am Me) which is a charity that melds free and accessible information resources with a locally identified solution to safety. The charity has created a film, I Am Me along with a training pack to educate about the impact that bullying and harassment can have. The project also has an initiative called 'Keep Safe' which was developed in response to feedback from the local community, and was designed in collaboration with disabled people from across Renfrewshire. The initiative works in partnership with Police Scotland and a network of local businesses to create 'Keep Safe' places for disabled, vulnerable, and elderly people when out and about in the community. This is now a national initiative.

5.7 Housing

Having a viable, sustainable home is a fundamental pillar of a cohesive community. Homelessness can contribute to an individual's sense of isolation. Renfrewshire Council and FLAIR (Federation of Local (Housing) Associations in Renfrewshire) are more than simply providing a roof over someone's head, important though that is. Examples of FLAIR's specific projects and other work include:

Creative Pathways, Community Funds, Tenancy Sustainment, Health and Wellbeing, Challenging Poverty, Care and Repair Renfrewshire, Welfare Rights, Community Facilities and Meeting Spaces, Community Events, Arts and Culture, Creative Ageing, Employability, Car Clubs, Community Engagement, Environmental Works, Training for prospective Board Members, Digital Projects, and the very successful Community Connectors Project (an initiative comprising 3 local organisations: Recovery Across Mental Health (RAMH), Active Communities and Linstone Housing Association working together to provide a social prescribing initiative for people with complex, non-medical issues who frequently attend their GP).

Action: Promote the role of Community Connectors as well as information systems such as ALISS, which allow someone to access support and information.

5.8 Homelessness

In Renfrewshire in 2018/19, 848 people made a homeless application with over 75%⁸ of applications received from single person households. Over 57%⁹ of applications were received from single males and 18%¹⁰ were received from single females. A high proportion (62%)¹¹ of homeless applicants self-identify as having one or more support needs, with the highest proportion of support need identified as relating to mental health issues.

5.9 Housing Support

While Housing Support is offered to all homeless applicants during their stay in temporary accommodation, and is also available to those who feel they would benefit from it when moving into a new tenancy following a needs assessment, many people are reluctant to engage with statutory services to obtain this support. Housing Support is also available for people who already have their own home but who feel they may need some extra assistance and support. It is highly likely that a significant proportion of people who are homeless or are threatened with homelessness experience feelings of loneliness and isolation, either at the point they are staying in temporary accommodation, or when they move into a permanent tenancy.

⁸ Scottish Government Annual Report for Renfrewshire 2018/19

⁹ Scottish Government Annual Report for Renfrewshire 2018/19

¹⁰ Scottish Government Annual Report for Renfrewshire 2018/19

¹¹ Scottish Government Annual Report for Renfrewshire 2018/19

6. CONCLUSION

6.1 A Public Health and Societal Challenge

Loneliness is a public health and societal challenge. Developing a more socially connected community requires commitment from across the spectrum of public, private and community environs.

The weight of responsibility will inevitably fall on public sector agencies, however promotion of socially connected communities is fundamentally a cornerstone of a fair and caring society. However, Renfrewshire HSCP can take the initiative to promote a coherent approach to developing resilient communities throughout Renfrewshire. Creating a ***Confident Renfrewshire***, where individuals feel empowered to reach out to neighbours and acquaintances, transcends corporate or legislative imperatives.

Action: Roll out basic training to key retailers, frontline Council and Health staff and public transport providers, and provide a pocket-sized resource they can give to someone about available support.

6.2 Partnership-working

Renfrewshire's Local (Community) Partnerships all include addressing loneliness and social isolation as a priority issue which can only be delivered successfully through partnership-working. A real and sustained culture shift is needed to embed the consideration of loneliness and social isolation as a vital component within the everyday lives of communities, schools and health and social care staff, within working practices, and within joint needs assessments. The SLWG has comprehensively discussed the subject of loneliness and social isolation and have looked at what could be done to address this issue. It is hoped that the following Recommendations might offer a practicable and effective response.

7. RECOMMENDATIONS

- 7.1 Identify a 'Champion' for 'Connectedness' (potentially a Renfrewshire Elected Member).
- 7.2 Identify a Lead Officer to ensure that the roll-out of information is readily available in public and private places, e.g., libraries, schools, leisure centres, town centres, GP surgeries, clubs, etc., utilising various types of platform to display information, e.g., posters, notices in local papers, touch-screens in public areas, etc.
- 7.3 Embed the consideration of 'connectedness' within all Joint Needs Assessments in the same vein as Routine Sensitive Enquiry.
- 7.4 Offer Awareness Sessions in Social Connectedness across the communities of Renfrewshire.
- 7.5 Note the Actions included throughout this report.
- 7.6 Review progress on Recommendations / Actions in 6 months' time by the SLWG.

8. ATTACHMENTS / WEBLINKS

8.1 A Connected Scotland: Our Strategy for tackling Social Isolation and Loneliness and building stronger Social Connections: The Scottish Government, 2018 ISBN:978-1-78781-459-2 (**Crown copyright 2018**): <https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/>.

8.2 Renfrewshire Health and Wellbeing Survey

2017/18: <http://www.renfrewshire.hscp.scot/media/9026/NHS-GGC-HW-Survey-1718/pdf/..pdf?m=1548089480210>

8.3 Council's Building Safer and Greener Communities Progress Report (May 2018):

<https://renfrewshire.cmis.uk.com/renfrewshire/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=7bVJWTiGBAo59%2fNARLur%2b6qbDKP2ZCG11yVMf6KcXQGnomEUJ%2f2Cfq%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9lXnlq%3d%3d=hFfIUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFfIUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qji0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d>

8.4 Your Home, Your Street, Our Community:

<http://www.renfrewshire.gov.uk/YourHomeYourStreet>

8.5 Web-link to the WEGGA video:

<https://www.youtube.com/watch?v=3jn5gK80PIA&feature=youtu.be>

8.6 Support in Your Local Community (including Local Clubs and Groups).

This web link: <https://www.renfrewshire.hscp.scot/article/5197/Local-Clubs--Groups> takes you to 3 separate web links:

Scotland's Services Directory: <https://www.nhsinform.scot/scotlands-service-directory>;

ALISS: <https://www.aliss.org/>; and;

NHS Inform: <https://www.nhsinform.scot/>.

Stephen McLellan, Chief Executive, RAMH

Ann Drennan, Health, Homelessness and Housing Lead, Renfrewshire HSCP

01.10.19

To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Chief Officer

Subject: Joint Inspection of Adult Support and Protection in the Renfrewshire Partnership Area

1. Summary

- 1.1 The purpose of this report is to advise the Integration Joint Board that on 7 January 2020, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland formally notified Renfrewshire Health and Social Care Partnership (HSCP) and Renfrewshire Council that they will undertake a joint inspection of adult support and protection arrangements in Renfrewshire partnership area commencing on Monday 16 March 2020.
- 1.2 This report outlines the preparation underway and the key dates for the joint inspection.
-

2. Recommendation

It is recommended the IJB:

- Note the information relating to the forthcoming Joint Inspection of adult support and protection in Renfrewshire;
 - Note a Core Steering Group is now in place which will oversee the preparation for inspection; and
 - Agree a regular update will be provided to IJB on joint inspection progress.
-

3. Background

- 3.1 On 7 January 2020, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland formally wrote to Renfrewshire HSCP and Renfrewshire Council to inform them that under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010 that they will undertake a joint inspection of adult support and protection arrangements in Renfrewshire partnership area commencing on Monday 16 March 2020.
- 3.2 The inspection is being undertaken at the request of Scottish Ministers and is part of a programme of scrutiny and assurance activity which will

take place over 2020 and 2021 in all the partnership areas in Scotland, except the six partnership areas which were included in the first independent scrutiny of adult support and protection practice in 2017.

The scrutiny is programmed around the 13 Police Scotland Divisional areas and their associated concern hubs and therefore an inspection in the Inverclyde partnership area will be undertaken concurrently.

3.3 The focus of the joint inspection will be to provide:

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported.
- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.
- An opportunity to identify good practice and support improvement more broadly across Scotland.

The inspection will focus on the two key areas:

1. Key adult support and protection processes.
2. Leadership for adult support and protection.

3.4 The Chief Officer has established a Core Steering Group which will oversee the preparation for inspection. The group consists of relevant senior officers from across the HSCP and the Council and is meeting on a weekly basis.

3.5 The planned timeline for the inspection is as follows:

- **15 January 2020:** Single point of contact for Renfrewshire Council and NHS Greater Glasgow and Clyde identified
- **20 January 2020:** Professional discussion between inspectors and senior managers and officers from Renfrewshire Council and NHS Greater Glasgow and Clyde.
- **From 3 February 2020 to 21 February 2020:** Staff survey
- **10 February 2020:** Submission of Position Statement, evidence etc.
- **Week commencing 16 March 2020** – Inspectors are onsite for file reading
- **16 April 2020** – Professional discussion and feedback from the Care Inspectorate
- **5 May 2020** – Inspection report published
- **6 May 2020** – Improvement plan issued

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

List of Background Papers – None.

Author Yvonne Farquhar, Service Planning and Policy Development Manager,
Chief Executive's Service.

Any enquiries regarding this paper should be directed to Shiona Strachan, Acting Head of Health and Social Care (Paisley) (shiona.strachan@renfrewshire.gov.uk / 0141 618 6855)

To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Chief Officer

Heading: Review of Arrangements for the Renfrewshire IJB Audit Committee

1. Purpose

1.1. The purpose of this report is to set out to the Integration Joint Board, for consideration and agreement, revisions to the operational arrangements and the Terms of Reference for the IJB Audit Committee.

2. Recommendation

It is recommended that the IJB:

- Approve the revised operational arrangements for the IJB Audit Committee;
- Approve the revised Terms of Reference for the IJB Audit Committee, as detailed within Appendix 1; and
- Approve the Audit Committee being renamed the Audit, Risk and Scrutiny Committee.

3. Background

3.1. Renfrewshire IJB established an Audit Committee which came into being on 1 April 2016. The Audit Committee has met in accordance with the Terms of Reference, i.e. three times per year, since it was established.

3.2. The original remit for the Audit Committee included areas such as:

- Internal Audit and External Audit
 - Approving the Internal Audit Plan on behalf of the IJB;
 - Receiving reports on internal audit activity and reviewing actions taken on recommendations;
 - Seeking assurance on the effectiveness of the internal controls in place, the arrangements for ensuring value for money and for managing the exposure to the risks of fraud and corruption;
 - Overseeing the independence, objectivity, performance and professionalism of internal audit as it relates to those services delegated to the IJB;
 - Considering the reports of external audit and inspection agencies, their implications for governance, risk management and control and the actions being taken to take forward recommendations;

- Supporting effective working relationships between internal audit and external audit, inspection agencies and relevant bodies.
- Risk Management
 - Reviewing the effectiveness of the risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate the identified risks.
- Assurance
 - Being satisfied that the IJB's annual assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it.
- Financial Reporting
 - Reviewing the annual financial statements, external audit opinion and report to the IJB and monitor management action in response to the issues raised by external audit.

4. Proposed Changes

- 4.1. Following a recent change in the Chairmanship of the IJB Audit Committee, discussions have taken place on the future operational arrangements for the Audit Committee.
- 4.2. A revised Terms of Reference reflecting the proposed changes to the Audit Committee which includes renaming to the Audit, Risk and Scrutiny Committee attached in Appendix 1.
- 4.3. It is further proposed that meetings of the Audit, Risk and Scrutiny Committee are increased in their frequency, from three to four meetings per annum, with these meetings taking place during the intervening periods of the IJB meetings.
- 4.4. To help support the Audit, Risk and Scrutiny Committee agenda, we would like to propose that an agenda management process is put in place. This process will ensure that all relevant business is planned in an annual cycle for the Audit, Risk and Scrutiny Committee. A draft of the agenda management process is attached in Appendix 2.

Implications of the Report

- 1. **Financial** – None.
- 2. **HR & Organisational Development** – None.
- 3. **Community Planning** – None.
- 4. **Legal** – The membership of the Integration Joint Board is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations.
- 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 – IJB Audit Committee Terms of Reference (April 2016)

Author: Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration (Jean.Still@ggc.scot.nhs.uk / 0141 618 7659)

**Renfrewshire Integration Joint Board
Audit, Risk and Scrutiny Committee**

Terms of Reference (Revised January 2020)

1. Introduction

- 1.1 The Audit, Risk and Scrutiny Committee, shall be a standing committee of Renfrewshire Integration Joint Board (IJB).
- 1.2 The Audit, Risk and Scrutiny Committee is not a decision making committee. Decisions shall rest with the IJB, to which the Audit, Risk and Scrutiny Committee may make recommendations.

2. Purpose

- 2.1 The overarching purpose of the Committee is to provide independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting annual governance processes. The Committee is responsible for reviewing audit and inspection reports; promoting the observance of high standards of financial propriety and for receiving updates on and scrutinising progress with key pieces of work across the HSCP.

3. Membership

- 3.1 Membership shall comprise of an equal number of voting members from both the Health Board and the Council. The Committee shall comprise two voting members from the Health Board, two from the Council and two from the non-voting membership.
- 3.2 The provisions in relation to duration of membership, substitution and removal of membership, together with those in relation to the code of conduct and declaration of interest, will be the same as those which apply to the IJB.

4. Chairmanship

- 4.1 The Chair of the IJB shall be a voting member chosen by the IJB. The Chair of the Committee must not be the Chair of the IJB, or be a representative of the same constituent authority as the Chair of the IJB. The IJB may also appoint a voting member as Vice Chair of the Committee.

5. Attendance

- 5.1 The Chief Officer, Chief Finance Officer and Chief Internal Auditor shall normally attend each meeting of the Committee. The External Auditor shall also have the right to attend.
- 5.2 The Chief Finance Officer will be the Executive Lead for the Committee.
- 5.3 At least one meeting, or part thereof, shall provide the internal and external auditor with the opportunity to meet the members of the Committee without senior officers present.
- 5.4 The Chief Internal Auditor and appointed External Auditor will have free and confidential access to the Chair of the Committee.
- 5.5 Other professional advisors and/or senior officers shall be invited by the Chair to attend, as required.

6. Meeting Frequency

- 6.1 The Committee shall meet four times per year.

7. Quorum

- 7.1 The quorum of members at any meeting of the Committee will be at least three members of the Committee. At least two members present shall be IJB voting members.

8. Remit

- 8.1 Internal Audit and External Audit
 - Review and approve the internal audit plan on behalf of the IJB;
 - Review and consider progress reports on the delivery of the internal audit plan;
 - Review and consider Internal Audit Annual Report and Assurance Statement;
 - Review and consider six monthly summaries of the work undertaken by the partnership bodies internal auditors;
 - Review and consider external audit plans;
 - Review and consider internal and external audit reports which relate to any issue falling within the remit of the IJB;
 - Review and consider reports of external inspections of health and social care services and facilities e.g. Mental Welfare Commission or Care Inspectorate;
 - To consider the external auditor's annual report and make recommendations to the IJB;
 - Seek assurance on the effectiveness of the internal controls in place, the arrangements for ensuring value for money and for managing the exposure to the risks of fraud and corruption;

- Supporting effective working relationships between internal and external audit, inspection agencies and other relevant bodies.

8.2 Risk Management

- Review of Risk Registers;
- Review the effectiveness of risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate identified risks;

8.3 Assurance

- Referring any issues to the IJB for its consideration which may have implications within its remit;
- Review the Annual Accounts and approve the Annual Governance Statement prior to presentation for audit;
- Assess the effectiveness of governance arrangements including the Local Code.

9. Reporting

9.1 The Committee shall provide updates to the IJB summarising areas of business that have been discussed and considered during their meetings. Minutes of the Committee meetings will be provided to the IJB.

9.2 The Committee shall also periodically review its own effectiveness and report the results to the IJB.

10. Conduct of Meetings

10.1 Meetings of the Committee will be conducted in accordance with the Standing Orders of the IJB.

**Renfrewshire Integration Joint Board
Audit, Risk and Scrutiny Committee**

EXAMPLE - Business Programme 2019/20

	Date of Meeting	Business
1 April 2020 – 30 June 2020	Xx June 2020	<ul style="list-style-type: none"> • Internal Audit Annual Report 2019/20 • Internal audit report on the adequacy and effectiveness of the Local Code of Corporate Governance • Annual Governance Statement • Audit Scotland Annual Audit Plan 2019/20 • Unaudited Annual Accounts 2019/20 • Local Code of Governance and Sources of Assurance
1 July 2020 to 30 September 2020	Xx September 2020	<ul style="list-style-type: none"> • Audited Annual Accounts 2019/20 • Annual Audit Report on IJB Accounts 2019/20
1 October 2020 to 31 December 2020	Xx December 2021	<ul style="list-style-type: none"> • Internal Audit Plan 2020/2021 - Progress • Summary of Internal Audit reports from partner bodies • Risk Registers
1 January 2021 to 31 March 2021	Xx March 2021	<ul style="list-style-type: none"> • Internal Audit Annual Plan 2021/22 • Internal Audit Plan 2020/21 – Progress • Summary of Internal Audit reports from partner bodies • Risk Registers – Progress • Local Code of Governance and Sources of Assurance • Dates of Meetings in 2021/22
1 April 2021 – 30 June 2021	Xx June 2021	<ul style="list-style-type: none"> • Internal Audit Annual Report 2019/20 • Unaudited Annual Accounts 2020/21

		<ul style="list-style-type: none"> • Internal audit report on the adequacy and effectiveness of the Local Code of Corporate Governance • Annual Governance Statement
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Planned business still to be scheduled

- Inspection Reports
- Planned internal audit assurance and governance reviews

To: Renfrewshire Integration Joint Board

On: 31 January 2020

Report by: Clerk

Heading: Proposed Dates of Meetings of the Integration Joint Board 2020/21

1. Summary

- 1.1 At the meeting of the Joint Board held on 22 March 2019 the IJB approved its timetable of future meetings to June 2020. It is proposed that the IJB consider its timetable of meeting dates in 2020/21.
- 1.2 Arrangements for ordinary meetings of the IJB are governed by the provisions of Standing Order 5.1 of the IJB's Procedural Standing Orders which state that:-
- 5.1 The IJB shall meet at such place and such frequency as may be agreed by the IJB, but not less than five times within each financial year. The IJB will annually approve a forward schedule of meetings.
- 1.3 Meetings of the IJB are scheduled to be held at 10.00 am on 20 March and 26 June 2020 in the Abercorn Conference Centre.
- 1.4 The suggested dates and times for future meetings are set out below, with meetings being held on Fridays at 10.00 am:
- 18 September 2020
20 November 2020
29 January 2021
26 March 2021
25 June 2021
- 1.5 It is proposed that meetings of the IJB are held in the Abercorn Conference Centre, Renfrew Road, Paisley, unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.
- 1.6 A further report will be presented to the IJB in due course to agree meetings post June 2021.
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2. Recommendations

- 2.1 That it be noted that meetings of the IJB will be held at 10.00 am on 20 March and 26 June 2020 in the Abercorn Conference Centre.
- 2.2 That the IJB approve the dates and times of meetings for 2020/21 as detailed in section 1.4 of the report; and
- 2.3 That meetings of the IJB be held in the Abercorn Conference Centre, Renfrew Road, Paisley, unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.

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 website.
 8. **Health & Safety** - none.
 9. **Procurement** - none.
 10. **Risk** - none.
 11. **Privacy Impact** - none.
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List of Background Papers – none.

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