

Notice of Meeting and Agenda Social Work, Health & Well-being Policy Board

Date	Time	Venue
Tuesday, 03 November 2015	13:00	Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

KENNETH GRAHAM
Head of Corporate Governance

Membership

Councillor Maria Brown: Councillor Lorraine Cameron: Councillor Christopher Gilmour:
Councillor Roy Glen: Councillor Jim Harte: Councillor Jacqueline Henry: Councillor John Hood:
Councillor Mags MacLaren: Councillor Eileen McCartin: Councillor Cathy McEwan: Councillor
Stephen McGee: Councillor Jim Sharkey:

Councillor Iain McMillan (Convener): Councillor Derek Bibby (Depute Convener)

Members of the Press and Public

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

Further Information

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

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

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

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

- | | | |
|----------|---|-----------------|
| 1 | Revenue Budget Monitoring Report | 5 - 10 |
| | Joint report by the Chief Finance Officer, Renfrewshire Health and Social Care Partnership and Director of Finance & Resources. | |
| 2 | Capital Budget Monitoring Report | 11 - 16 |
| | Report by Chief Officer, Renfrewshire Health and Social Care Partnership. | |
| 3 | Inspection of Registered Adult Social Care Services by the Care Inspectorate | 17 - 22 |
| | Report by Chief Officer, Renfrewshire Health and Social Care Partnership. | |
| 4 | Adult Social Care Risk Management Plan 2015-16 Mid-year Update | 23 - 58 |
| | Report by Chief Officer, Renfrewshire Health and Social Care Partnership. | |
| 5 | Social Work Service Improvement Plan 2014-17: Mid-year Monitoring Report | 59 - 76 |
| | Report by Chief Officer, Renfrewshire Health and Social Care Partnership. | |
| 6 | Renfrewshire Autism Strategy | 77 - 92 |
| | Report by Chief Officer, Renfrewshire Health and Social Care Partnership. | |
| 7 | Senior Management Structure for Renfrewshire's Health and Social Care Partnership | 93 - 100 |
| | Report by Chief Officer, Renfrewshire Health and Social Care Partnership. | |

**8 Integration of Health and Social Care Services in
Renfrewshire - Update**

101 - 116

Report by Chief Officer, Renfrewshire Health and Social Care Partnership.

To: Social Work, Health and Wellbeing Policy Board

On: 3 November 2015

Report by: Director of Finance and Resources and Director of Children's Services

Heading: Revenue Budget Monitoring to 18 September 2015

1. **Summary**

1.1 Gross expenditure is £6,000 (0.0%) over budget and income is £6,000 (0.1%) greater than anticipated which results in a **net breakeven position** for the services reporting to this Policy Board. :

Division / Department	Current Reported Position	% variance	Previously Reported Position	% variance
Adult Services	Breakeven	-	Breakeven	-

2. **Recommendations**

2.1 Members are requested to note the budget position.

2.3 Members are requested to note there have been net budget realignments of (£115,004) processed since the last report. These are is primarily related to transfers to the corporate landlord, the reallocation of previously agreed savings and the transfer of Citizens Advice Bureau funding to Miscellaneous Services.

3. **Adult Services**

Current Position: Breakeven
Previously Reported: Breakeven

3.1 **Older People**

Current Position: Net underspend £13,000
Previously Reported: Net overspend of £39,000

The net underspend within Older People services reflects pressures within the care at home service which are mitigated by an underspend in the external care home placement budget reflecting higher than anticipated turnover levels.

In addition to pressures within the care at home service, there continues to be an under recovery of income from the Council's residential Care Homes due to the current levels of under occupancy.

3.2 **Physical Disabilities**

Current Position: Net overspend of £41,000
Previously Reported: Net overspend of £14,000

As previously reported this overspend is due to increases in the purchase of equipment to support service users to stay in their own homes reflecting the shift in the balance of care to the community and their associated needs.

3.3 **Learning Disabilities**

Current Position: Net underspend of £130,000
Previously Reported: Net underspend of £112,000

This under spend is mainly due to the time taken to recruit to new posts within the Learning Disability day services.

3.4 **Mental Health**

Current Position: Net overspend of £30,000
Previously Reported: Net overspend of £28,000

This overspend is mainly due to higher than anticipated payroll costs.

3.5 Additions

Current Position:	Net overspend of £72,000
<i>Previously Reported:</i>	<i>Net overspend of £31,000</i>

This overspend is mainly due to higher than anticipated payroll cost.

3.6 Projected Year End Position

The Adult Services budget is, at this stage, reporting a year end projected breakeven position.

Implications of the Report

1. **Financial** – Net revenue expenditure will be contained within available resources.
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 of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – none
11. **Privacy Impact** – none

List of Background Papers

None

Author: David Forbes, Extension 6424

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RENFREWSHIRE COUNCIL
REVENUE BUDGET MONITORING STATEMENT 2015/2016
1st April 2015 to 18 September 2015

POLICY BOARD : Social Work, Health & Well Being : ADULT SERVICES

Description (1)	£000's	Revised Annual Budget (2)	£000's	Revised Period Budget (3)	£000's	Actual (4)	£000's	Adjustments (5)	£000's	Revised Actual (6) = (4 + 5)	£000's	Budget Variance (7)	%	
Employee Costs		23,876		10,605		10,698		0		10,698		(93)	-0.9%	overspend
Property Costs		1,021		367		376		0		376		(9)	-2.5%	overspend
Supplies & Services		1,424		489		539		0		539		(50)	-10.2%	overspend
Contractors and Others		45,781		19,792		19,659		0		19,659		133	0.7%	underspend
Transport & Plant Costs		722		302		309		0		309		(7)	-2.3%	overspend
Administration Costs		242		117		100		0		100		17	14.5%	underspend
Payments to Other Bodies		4,178		681		678		0		678		3	0.4%	underspend
CFCR		0		0		0		0		0		0	0.0%	breakeven
Capital Charges		1,404		0		0		0		0		0	0.0%	breakeven
GROSS EXPENDITURE		78,648		32,353		32,359		0		32,359		(6)	0.0%	overspend
Income		(23,026)		(5,899)		(5,905)		0		(5,905)		6	0.1%	over-recovery
NET EXPENDITURE		55,622		26,454		26,454		0		26,454		0	0.0%	breakeven

£000's

Bottom Line Position to 18 September 2015 is breakeven of

0.0%

Anticipated Year End Budget Position is breakeven of

0.0%

RENFREWSHIRE COUNCIL
REVENUE BUDGET MONITORING STATEMENT 2015/2016
1st April 2015 to 18 September 2015

POLICY BOARD : Social Work, Health & Well Being : ADULT SERVICES

Description (1)	£000's	Revised Annual Budget (2)	Revised Period Budget (3)	Actual (4)	Adjustments (5)	Revised Actual (6) = (4 + 5)	Budget Variance (7)	
							£000's	%
Older People		35,420	15,200	15,187	0	15,187	13	0.1%
Physical or Sensory Difficulties		5,094	2,192	2,233	0	2,233	(41)	-1.9%
Learning Difficulties		12,585	6,554	6,424	0	6,424	130	2.0%
Mental Health Needs		921	1,365	1,395	0	1,395	(30)	-2.2%
Addiction Services		952	525	597	0	597	(72)	-13.7%
Adults Change Fund		650	618	618	0	618	0	0.0%
NET EXPENDITURE		55,622	26,454	26,454	0	26,454	0	0.0%

Bottom Line Position to 18 September 2015 is breakeven of 0.0%
Anticipated Year End Budget Position is breakeven of 0.0%

Agenda item 2

To: SOCIAL WORK, HEALTH & WELL-BEING POLICY BOARD

On: 3 NOVEMBER 2015

Report by: Director of Finance and Resources

Heading: Capital Budget Monitoring Report

1. Summary

- 1.1 Capital expenditure to 18th September totals £0.009m compared to anticipated expenditure of £0.009m for this time of year. This results in a breakeven position for those services reporting to this board, and is summarised in the table below:

Division	Current Reported Position	% Variance	Previously Reported Position	% Variance
Social Work Services(Adult Social Care)	£0.000m u/spend	0% u/spend	£0.000m u/spend	0% u/spend
Total	£0.000m u/spend	0% u/spend	£0.000m u/spend	0% u/spend

- 1.2 The expenditure total of £0.009m represents 2% of the resources available to fund the projects being reported to this board. Appendix 1 provides further information on the budget monitoring position of the projects within the remit of this board.

2. Recommendations

- 2.1 It is recommended that Members note this report.

3. **Background**

3.1 This report has been prepared by the Director of Finance and Resources.

3.2 This capital budget monitoring report details the performance of the Capital Programme to 18th September 2015, and is based on the Capital Investment Programme which was approved by members on 12th February 2015, adjusted for movements since its approval.

4. **Budget Changes**

4.1 Since the last report there have been no budget changes.

Implications of the Report

1. **Financial** – The programme will be continually monitored, in conjunction with other programmes, to ensure that the available resources are fully utilised and that approved limits are achieved.
2. **HR & Organisational Development** – none.
3. **Community Planning** –
Greener - Capital investment will make property assets more energy efficient.
4. **Legal** – none.
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** – The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. 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

- (a). Capital Investment Programme 2015/16 & 2016/17 – Council, 12th February 2015.

The contact officers within the service are:

- Geoffrey Borland (Finance and Resources)
- Anne McMillan (Children's Services)

Author: *Geoffrey Borland, Principal Accountant, 0141 618 4786, geoffrey.borland@renfrewshire.gov.uk.*

Appendix 1

CAPITAL PROGRAMME 2015/16 - BUDGET MONITORING REPORT TO 18 SEPTEMBER 2015 (£000s)

POLICY BOARD Department	Council Approved Programme	Current Programme	Share of Available Resources	Year to Date Budget to 18-Sep-15	Spent to 18-Sep-15	Variance to 18-Sep-15	% variance	Unspent Cash Flow For Year	% Cash Spent
Social Work, Health & Well Being Social Work Services(Adult Social Care)	0	519	519	9	9	0	0%	510	2%
TOTAL	0	519	519	9	9	0	0%	510	2%

To: Social Work, Health and Wellbeing Policy Board

On: 3 November 2015

Report by: Chief Officer, Renfrewshire Health and Social Care Partnership

Heading: Inspection of registered adult social care services by the Care Inspectorate

1. Summary

- 1.1 Social care services are subject to a range of audit and scrutiny activities to ensure that they are undertaking all statutory duties and are providing appropriate care and support to vulnerable individuals and groups. The last service-wide inspection took place in 2012 and the service has made good progress in implementing the improvement plan, which followed that inspection.
- 1.2 In addition to service-wide and multi-agency inspection, individually registered services are subject to regular inspection by the Care Inspectorate. Typically, residential facilities will be subject to two inspections per year, including at least one unannounced inspection. Other services are likely to be inspected once a year or less frequently.
- 1.3 Inspections are undertaken by the Care Inspectorate and the model of inspection is based on proportionate risk. Services which are graded as 'Good' or above are subject to low-intensity inspections. Services are assessed on up to four quality themes:
- Quality of Care and Support
 - Quality of Environment
 - Quality of Staffing
 - Quality of Management and Leadership

- 1.4 Renfrewshire Council adult Social Care currently provides 15 registered services, broken down as follows:
- Learning disability services – 5 services
 - Older adult services – 8 services
 - Other registered services – 2 services
- 1.5 Gradings which can be awarded to each service against the four themes are as follows:
- 1 – Unsatisfactory
 - 2 – Weak
 - 3 – Adequate
 - 4 – Good
 - 5 – Very Good
 - 6 – Excellent
- 1.6 The Care Inspectorate may impose requirements and/or make recommendations in its inspection reports. Requirements are legally enforceable and set out what is required by a care service to comply with the Regulation of Care (Scotland) Act 2001 or with the conditions of registration. A recommendation will set out an action that would improve or develop the quality of the service, but failure to meet a recommendation would not result in enforcement.
- 1.7 This report summarises the latest findings from inspections conducted since the previous update to the Social Work, Health and Wellbeing Board in May 2015.
- 1.8 The inspection activity undertaken shows that social care services provided through Renfrewshire Council continue to be of a high quality, providing a high standard of care and support. The services inspected have been graded as “Good”, “Very Good” or “Excellent” across all measures.

2. **Recommendations**

- 2.1 It is recommended that elected members:
- Note the strong performance of Renfrewshire Council adult Social Care registered services, with all services graded as Good, Very Good or Excellent for Quality of Care and Support

3. **Overview of Inspection Activity**

- 3.1 Social care services provided through Renfrewshire Council continue to provide a high standard of care and support in its registered services, as evidenced in the gradings awarded by inspectors. All services are

graded on Quality of Care and Support, and all continue to be graded as 'Good', 'Very Good' or 'Excellent' in this regard, with most also demonstrating this high standard of achievement across all measures.

4. Latest Inspection Activity in Adult Services

- 4.1 Two services have been inspected since the last update to Board – Montrose and Renfrew Care Homes for older adults. Renfrew was graded “Good” on all dimensions and Montrose was graded “Very Good” for Quality of Staffing and “Excellent” on all other areas.
- 4.2 Renfrew Care Home has a requirement in relation to providing up to date training in Moving and Assisting for all staff. Inspectors have also made recommendations regarding; following best practice guidance in relation to administration and recording of prescribed medication, ensuring the temperature within the service can be controlled by residents and staff, and completion and review of documentation for residents with distressed reactions.
- 4.3 There are no requirements in respect of Montrose Care Home. Inspectors have made a recommendation that the service ensures full explanation of “Promoting Positive Behaviour,” a learning programme that offers positive ways of working with service users who may be presenting with behaviour that is challenging, to residents and their relatives.
- 4.4 Action to address all requirements and recommendations is in place. Full details are given in Appendix 1.

5. Recurring Themes

- 5.1 The findings of recent inspections demonstrate continuing high standards of care and support across Social Care’s registered services and the commitment to continuous improvement.
- 5.2 One unit had a recommendation pertaining to staff practice in the administration of medication, which has been the subject of previous requirements and recommendations. This is an area, which is increasingly complex as the care needs of service users increase. The Care Inspectorate’s increased focus on this area is welcome in light of the growing complexity and support the service in improving practice in light of changing needs. The service is developing a policy on medication administration, which is based on the Care Inspectorate best practice guidance and consultation includes pharmacy colleagues, training colleagues and trade unions.

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 of individuals' human rights have been identified arising from the recommendations contained in the report it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** - None
9. **Procurement** – None
10. **Risk** - Failure by services to meet and exceed the National Care Standards could lead to poor inspection results and enforcement action from the Care Inspectorate, as well as negative outcomes for service users and carers.
11. **Privacy Impact** - None

List of Background Papers

- (a) None

Author: Laura McIntyre, Principal Officer Planning and Performance

Appendix One: Summary of Care Inspectorate Reports

Date of last inspection	Grades	Number and Detail of Requirements	Number and Summary of Recommendations	Progress since inspection
<p>Montrose Care Home Mar 2015</p>	<p>Care: 6 Environment: 6 Staffing: 5 Leadership: 6</p>	<p>None.</p>	<p>One.</p> <p>The service should ensure that the way in which "Promoting Positive Behaviour" is used is fully explained to residents and relatives. This should include their right not to engage in the process</p>	<p>Progress against recommendations:</p> <p>Briefings on the full use of Promoting Positive Behaviour have taken place at staff meetings and are scheduled for relevant carers/service user meetings. Discussions will be facilitated to promote effectiveness.</p>
<p>Renfrew Care Home Mar 2015</p>	<p>Care: 4 Environment: 4 Staffing: 4 Leadership: 4</p>	<p>One.</p> <p>The provider must ensure that up to date training in Moving and Assisting is completed by all staff.</p>	<p>Three.</p> <p>The administration and recording of prescribed medication should always follow best practice guidance.</p> <p>The service should ensure that the temperature within the service can be adequately regulated by residents and staff.</p> <p>For residents with distressed reactions, the related paperwork should be fully completed and appropriately signed. It should also be regularly reviewed and updated.</p>	<p>Progress against requirements:</p> <p>A Moving and Assisting training programme has been established, with all staff having completed the training.</p> <p>Progress against recommendations:</p> <p>Following a comprehensive review, new medication administration and recording systems are being implemented, which are designed around the best practice guidance.</p> <p>A review of heating systems has been conducted, with methods for improvements identified.</p> <p>Manager and staff briefing sessions have taken place to identify and action improvements in recording and feedback processes for residents with distressed reactions.</p>

To: Social Work, Health and Well-Being Policy Board

On: 3 November 2015

Report by: Chief Officer, Renfrewshire Health and Social Care Partnership

Heading: Adult Social Care Risk Management Plan 2015-16 Mid-Year Update

1. Summary

1.1 In May 2015, the Policy Board approved the Social Work Adult Services Risk Management Plan for 2015-16. This paper provides a mid-year progress report in relation to this plan. A copy of the Risk Register, detailing service risks, planned actions and progress, is included as Appendix 1.

1.2 The 2015-16 Plan set out a risk profile as follows:

Evaluation:	Low	Moderate	High	Very High
No. of Risks:	0	9	4	1

1.3 The Health and Social Care Partnership monitors these risks throughout the year to ensure they reflect service developments and shifting pressures. At the mid-year point, the risk profile for the service remains as above.

1.4 The top five risks for the service are unchanged and are as follows:

Financial and demographic pressures: If these pressures on the service are not effectively planned for and managed over the medium- to long-term, it would impact on the ability of the service to deliver services to

the most vulnerable people in Renfrewshire. This is deemed a very high risk. **(Very high risk)**

Public protection: As the strategic and operational lead for adult social care services, the Chief Officer is responsible for ensuring services fulfil their role in relation to adult protection, and maintains effective partnerships in relation to child protection and protecting the public from offending behaviour. These multi-agency arrangements are critical to ensuring risk is appropriately managed. **(High risk)**

Integration of Health and Social Care: Failure to be fully prepared for full implementation from April 2016 could result in significant challenges to the delivery of effective integrated services and to financial governance, and result in serious reputational risk to both agencies. These preparations include establishing clear and robust interfaces with Children's Services to ensure strong links between children's health and social care, and between social work services for adults and children. **(High risk)**

Self-directed support: Failure to fully embed and deliver according to the legislation could lead to service users not having effective choice and control over the support they require. **(High risk)**

Workforce Planning & Organisational Development: A flexible, skilled workforce is essential to the delivery of high quality social care services. If planning and development activity is not prioritised, it could lead to short- and long-term workforce difficulties. **(High risk)**

- 1.5 This paper provides a mid year progress report on the management of service risks and the progress in relation to actions which mitigate these risks.
- 1.6 A Risk Management Policy and strategy has been developed and approved by the Integration Joint Board. The IJB will assume responsibility for monitoring risk when services are delegated in 2016.

Recommendations

- 2.1 It is recommended that Board:
 - Notes the progress made by the Partnership in relation to the management of risks
 - Notes that from 1 April 2016 monitoring of risks in adult social care will be the responsibility of the Integration Joint Board.

Background

- 3.1 In line with Renfrewshire Council's corporate approach to risk management, services produce an annual Risk Management Plan and a mid-year progress report on the management of these risks.
- 3.2 Functions relating to adult social work will be formally delegated to the Integration Joint Board by 1 April 2016 and risks will be reported to that body. The Senior Leadership Group of the Renfrewshire Health and Social Care Partnerships will have strategic and operational responsibility for managing risk. This group will maintain links with the Council's Risk Manager and will submit an annual report to the Council's Leadership Board.
- 3.3 The top five risks for the service are unchanged from the position in May 2015. The table below summarises these risks.

Risk	Overview
<p>If the service's financial and demographic pressures were not effectively planned for and managed over the medium to longer term, this would impact on the ability of the service to deliver services to the most vulnerable people in Renfrewshire.</p>	<p>Effective management of the adult social care budget is critical. Whilst this area of service has made a substantial contribution in terms of the council's efficiency programmes principally around service redesign and effective procurement, the council has also committed significant levels of additional funding to the social work service in recognition of the real demographic pressures it faces across all client groups:</p> <ul style="list-style-type: none"> • in adult services where people with disabilities are living longer and more independent lives in the community with significant support from the social work service and often from ageing carers, • in relation to the increasing numbers of older people requiring a range of supports to continue to live independently in their own homes, and, where this is no longer possible, requiring residential or nursing care.
<p>Services providing social care have a public protection role relating to child and adult</p>	<p>Public protection remains a critical duty of social care services. Work in relation to adult protection</p>

<p>protection and offending behaviour. Effective partnership working with key agencies and the police is critical to ensuring risk to and from individuals is effectively managed.</p>	<p>is also subject to continuous development with partners through the multi-agency Adult Protection Committee. An Adult Protection Officer leads on social work practice in this area, and a Lead Officer works with the committee.</p>
<p>The integration of health and social care services will have a significant impact on the development and delivery of services across Renfrewshire. Shadow arrangements are now in place, with full responsibility to be delegated to the Integration Joint Board from 1 April 2016.</p>	<p>Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce development and performance and financial management. Work is progressing well and all workstreams are on track to deliver within required timescales.</p> <p>A significant number of joint teams and joint working arrangements between health and social care have operated for a number of years and partner agencies will build on existing experience in this area to develop a full range of integrated adult health and social care services.</p>
<p>Self-directed support: Failure to adequately prepare for and deliver according to the new legislation could lead to service users not having effective choice and control over the support they require. (High risk)</p>	<p>The Social Care (Self-Directed Support)(Scotland) Act 2013 aims to ensure that service users and carers can benefit from a personalised approach to social care services by using a range of options including Direct Payments and individualised budgets to choose the delivery of their care services. The legislation came into force on 1 April 2014/15 and is now being embedded into day to day operational practice.</p>
<p>Workforce Planning & Organisational Development: A flexible, skilled workforce is essential to the delivery of high quality social care services. If planning and development</p>	<p>Given the challenges facing the service and the Council more widely, it is more important than ever that our staff have the abilities, skills and flexibility to take forward planned service</p>

activity is not prioritised, it could lead to short- and long-term workforce difficulties. (High risk)	improvements, and that they are supported to do this. Central to this is ensuring that staff receive the information and training they need.
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- 3.4 Risks in this plan are linked to actions in the Social Work Service Improvement Plan 2014-17, which is currently in Year 2. There are no areas of concern in relation to these actions.
- 3.5 In addition to service level risks adult social care services continue to manage and address risks to individuals at an operational level. The Chief Social Work Officer (CSWO) for the Council is the Director of Children’s Services. The CSO continues to be the professional lead for social work staff within the Renfrewshire Health and Social Care Partnership, sits on the Integration Joint Board and has direct responsibility for Mental Health Officers and Guardianships. In addition, he takes a prominent role in a number of national groups. As part of his role, the CSWO will sit on the newly-established Renfrewshire Health and Social Care Partnership Executive Governance Group. He will also chair twice-yearly meetings of senior social care managers as part of his professional leadership and governance role.
- 3.6 The Head of Adult Services is the Social Work lead in relation to the care and protection of vulnerable adults. There has been a significant increase in the number of adult protection referrals made to Social Work in recent years and this is closely monitored. Renfrewshire Adult Protection Committee has oversight of the multi-agency arrangements in place.

Implications of the Report

1. **Financial** – the Senior Leadership Group are satisfied that recurring costs in relation to the management of risks and the delivery of mitigating actions are proportionate to the level of risk.
2. **HR & Organisational Development** – Risks related to the workforce are noted in the report above and in Appendix 1.
3. **Community Planning** – Any risks relating to Community Planning themes are reflected in Appendix 1.

4. **Legal** – Any risks that may have legal implications are reflected within Appendix 1.
5. **Property/Assets** – Any risks that may have property implications are reflected within Appendix 1.
6. **Information Technology** - Any risks that may have ICT implications are reflected within Appendix 1.
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety-** Any risks relating to health and safety are reflected within Appendix 1.
9. **Procurement** - Any risks relating to procurement are reflected within Appendix 1.
10. **Risk** – The risk profile shows that the Social Work service manages significant risks. The senior management team believe that these risks can be managed and contained, and all areas of the service have been consulted to ensure that all relevant risks have been identified. Risk scores are believed to be a realistic reflection of the level of risk and the effectiveness of mitigating actions. Many of the risks are long-term in nature.
11. **Privacy Impact** - Any risks relating to privacy matters are reflected in Appendix 1.

List of Background Papers

None

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Appendix 1



Renfrewshire
Council

Social Work Adult Services

Risk Management Plan

April 2015

1. Risk management arrangements within Adult Social Care

- 1.1 Social work services have a statutory duty to provide care and protection to the most vulnerable people across Renfrewshire. This includes a public protection role relating to child and adult protection and offending behaviour and works with partners to ensure risk to and by individuals is effectively managed.
- 1.2 Since 1 April 2015, the Chief Officer for the Renfrewshire Health and Social Care Partnership has held strategic and operational responsibility for the delivery of adult social care services in Renfrewshire. However, the Integration Joint Board has no formal role in relation to these services until it has approved a strategic commissioning plan and can legally have responsibility delegated to it. As such, risks in relation to adult social care services will continue to be reported to this Board until the Integration Joint Board has formally been delegated responsibility for services. The Director of Children's Services, in his role as Chief Social Work Officer, will continue as the professional practice lead for all social work services.
- 1.3 During 2014/15, the Social Work Service implemented a range of standard procedures in keeping with the council's risk management strategy, 'Risk Matters'. This includes using the agreed risk management process and the standardised risk matrix for analysis and evaluation of risk within the service.
- 1.4 Previously, the Social Work Service developed and published a Risk Management Plan on an annual basis, and provided six-monthly updates on the plan to the Social Work, Health and Wellbeing Policy Board. The Risk Management Plan for Children's Services (which includes Criminal Justice Social Work) is now reported to the Education and Children Policy Board.
- 1.5 Each service risk identified within the plan is allocated to a responsible officer. Information updates are provided through the Covalent performance management system, to inform quarterly reports made by the Council's Risk Manager to the Corporate Risk Management Group. Internal arrangements to manage risk on a joint basis will be developed during this transition year.

2. Report on service's contribution to relevant strategic risk management objectives

- 2.1 Risk assessment and management is central to the range of tasks encompassed by Adult Social Care, whether the service is supporting people to live as independently as possible in their own homes or communities, or working with key partners such as the Police and Health to discharge its public protection role.
- 2.2 Social care services contribute to the Council's strategic risk management objectives by:
 - Implementing robust procedures in relation to adult and child protection activities in partnership with other organisations such as the Police, Education and Health.

- Promoting awareness of risk management, training on which is an integral part of the service's continuous professional development programme.
- Working with partners to identify and manage risks to and from individuals and communities.
- Embedding risk management into the service improvement planning process.
- Having clear lines of responsibility for the management of risk.
- Monitoring the effectiveness of risk management through reports to senior managers
- Reporting on risk management arrangements to elected members on a six monthly basis.
- Participating actively in the Corporate Risk Management Group, and in all development work flowing from that group.

3. Report on previous year's Risk Management Plan

- 3.1. The Adult Social Care Risk Management Plan which was approved by the Social Work, Health and Wellbeing Policy Board in May 2015, identified 14 service risks at that time. The risk profile of the service in relation to the 14 identified risks, was as follows:

Evaluation:	Low	Moderate	High	Very High	Total
No. of Risks:	0	9	4	1	14

- 3.2. A number of required actions were identified and carried out as planned throughout the year. These actions were believed to be proportionate and cost effective in relation to the level of each risk. The Board received a midyear report on the progress being made in relation to this activity.

4. Current business context for Adult Social Care

- 4.1. The development of this risk register was undertaken in tandem with the development of the service improvement plan update in order to ensure that appropriate risk management considerations were embedded into the service's key planning and financial prioritisation processes.
- 4.2. In preparing the service improvement plan update, the views of employees, service users, carers, key stakeholders and partners, which were gained on an ongoing basis during 2014/15, were taken into account. Key consultation methods included:
- Engagement with staff through the roll-out of the Public Service Improvement Framework across the service, which has generated a number of improvement actions to be progressed by the service.
 - Consultation on future developments with health partners through the Joint Planning and Performance Implementation Groups (JPPIGs).
 - Engagement with the Extended Senior Management Team in the former Social Work Service and through that services' Strategic Risk and Review Group, chaired by the Director of Social Work.
 - Consultation on strategic plans / commissioning plans

- 4.3 The Adult Social Care Service Improvement Plan Update and Risk Management Plan for 2015/16 reflect a dynamic and transitional environment in which the service is currently operating. Strategic and operational responsibility for adult social care now rests with the Chief Officer of the new integrated partnership; however, the Integration Joint Board currently operates in shadow form and will not assume responsibility for services until its strategic plan is approved. As such, this Policy Board will continue to have oversight of risk in relation to adult social care services.
- 4.4 In addition to planned integration and enhanced partnership working, the policy landscape, changing demographics and increasing demands on resources suggest a dynamic operational environment for social care services going forward. A number of key priority areas have been identified by senior managers:

Priority	Description
<p>Maintaining appropriate levels of service provision</p>	<p>One of the key challenges for the Social Work Service over recent years has been the development of strategies and approaches which allow the service to continue to provide high quality outcome-focused services to individuals in the community who require them within the resources which the Council has available. Preventative and rehabilitative approaches will continue to be mainstreamed as business as usual across the whole service serving both to protect or improve outcomes for local people and to achieve financial sustainability.</p>
<p>Developing integrated service arrangements with health services</p>	<p>The integration of health and social care services will have a significant impact on the development and delivery of services across Renfrewshire. Shadow arrangements are now in place, with full responsibility to be delegated to the Integration Joint Board no later than 1 April 2016.</p> <p>Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce development and financial and performance management.</p> <p>The Renfrewshire Development Programme, linked to the NHS Greater Glasgow & Clyde Clinical Services Review, continues to take forward service developments targeted at reducing hospital admissions through enhanced working between community health, social care, GP and hospital services.</p>
<p>Developing person-centred approaches to service delivery, including self-directed support</p>	<p>The Social Care (Self-Directed Support)(Scotland) Act 2013 ensures that service users and carers can benefit from a personalised approach to social care services by providing a range of options including Direct Payments and individualised budgets to choose the best way in which their assessed needs can be met. The legislation came into force on 1 April 2014.</p> <p>The greater choice and control offered to service users may have an impact on the demand for internal services and will require</p>

	<p>the Council to work proactively with the local providers and to provide information to service users about community based supports which may meet some of their lower level care needs.</p>
<p>Promoting independent living and supporting reablement of service users</p>	<p>The Reablement Service has been rolled out over recent years, and since 2014 has been available to adults aged under 65. It works with partners to support people to live at home or in a homely setting for as long as possible, including investment in reablement, preventative and early intervention services.</p> <p>Work in relation to employability services will remain a key focus for the service partners, with specific initiatives being progressed to develop opportunities for adults with learning disabilities and for adults with addictions issue through a recovery cafe.</p>
<p>Reshaping Care for Older People</p>	<p>This remains a key strategic priority and is a critical element of partnership working. The 10 year Plan for Older People was published in May 2014 with a year 1 review conducted earlier in 2015.</p> <p>Significant changes are required across the partnership to shift the balance of care from bed based to community based services. The ageing population, increasing prevalence of dementia and other complex health conditions will require services to refocus both care home and care at home services to meet the needs of the local population. Participation in the European funded telehealthcare development programme with several other local authorities and health boards will ensure that local services continue to be developed as national best practice.</p>
<p>Effectively discharging our public protection role</p>	<p>Public protection remains a core duty of social care services provided by the Directorate of Children’s Services and by the Health and Social Care Partnership.</p> <p>The Adult Protection Committee will continue to promote and develop practice across partner agencies and work on implementing a self-evaluation framework.</p>
<p>Supporting vulnerable people affected by the current programme of welfare reform</p>	<p>The UK Government introduced wide-ranging reforms to the benefits system from April 2013 which have had a major impact on the Council and on the people who use our services. Social Work has been working closely with other services across the Council and with health to ensure that local people have access to information and practical support.</p>
<p>Strategic commissioning</p>	<p>It is a legal requirement that health and social care partnerships agree a strategic commissioning plan for adult health and social care services before responsibility can be delegated to the Integration Joint Board. These plans should be informed by robust needs assessments across partnerships, which inform appropriate decision making regarding the future shape of services for local people.</p>

	Strategic commissioning plans for individual care groups will also be developed in partnership as part of the planning and delivery of integrated services, and this will build on the best practice established from the production of a strategic commissioning plan for older people's services.
Wider partnership working	<p>The service recognises that no single agency can meet the needs of local people in isolation. A range of partnership opportunities will continue to be progressed, particularly in relation to developments supported by the Integrated Care Fund.</p> <p>A key strand in 2015/16 will be to work with the third and community sector to continue to build community capacity to shape and deliver services with support from other organisations where appropriate.</p>
Tackling inequality in Renfrewshire	The Equality Act (2010) was passed in October 2010 and came into force in April 2011. Regulations on specific duties came into effect in May 2012 and they set out a framework to assist public authorities to meet the general duty. Statutory services in Renfrewshire serve an increasingly diverse range of people, all of whom have different needs and requirements and deserve to be treated in an equal and fair way.

4.5 On the basis of the above review of the business context for adult social care services, the following key risks have been identified for 2015/16.

5. The service risk profile and top risks going forward from April 2015

5.1 The detailed service risk management plan from April 2015 is provided in the attached appendix. The risks are aligned to the themes of the Council's business plan, "Better Future, Better Council, a High Performing Council."

5.2 By way of summarising the information contained within the appendix, the remainder of this section provides:

- Table 5.2.1: the service risk profile in terms of low, moderate, high and very high risks
- Table 5.2.2: all service risk areas ranked in descending order of significance;
- Table 5.2.3: the top 5 risks with a brief narrative overview.
- Table 5.2.4: an overview of how risks relate to the themes of the council's business plan.

Table 5.2.1: Service Risk Profile

Evaluation:	Low	Moderate	High	Very High	Total
No. of Risks:	0	9	4	1	14

Table 5.2.2: Risk Areas in Order of Significance

Risk areas	Likelihood	Impact	Score	Evaluation
Financial and demographic pressures	04	05	20	Very High Unacceptable and significant
Public protection	03	05	15	High Tolerable and significant
Integration of Health and Social Care	03	04	15	High Tolerable and significant
Self directed support	03	04	12	High Tolerable and significant
Workforce planning and organisational development	03	04	12	High Tolerable and significant
Failure of major providers	03	03	9	Moderate Tolerable
Health Inequalities	03	03	9	Moderate Tolerable
Equality Act	03	03	9	Moderate Tolerable
Data Protection	03	03	9	Moderate Tolerable
Developing self-evaluation arrangements	03	03	9	Moderate Tolerable
Health and Safety	02	04	8	Moderate Tolerable
Incident response management	02	03	6	Moderate Tolerable
Business continuity	02	03	6	Moderate Tolerable
Investment in services to support independent living	01	04	4	Moderate Tolerable

Table 5.2.3: TOP Risks

Title	Score	Risk	Overview
Financial and demographic pressures	20	If the service's financial and demographic pressures were not effectively planned for and managed over the medium to longer term, this would impact on the ability of the service to deliver services to the most vulnerable people in Renfrewshire.	<p>Effective management of the adult social care budget is critical. Whilst this area of service has made a substantial contribution in terms of the council's efficiency programmes principally around service redesign and effective procurement, the council has also committed significant levels of additional funding to the social work service in recognition of the real demographic pressures it faces across all client groups:</p> <ul style="list-style-type: none"> in adult services where people with disabilities are living longer and

Title	Score	Risk	Overview
			<p>more independent lives in the community with significant support from the social work service and often from ageing carers,</p> <ul style="list-style-type: none"> • in relation to the increasing numbers of older people requiring a range of supports to continue to live independently in their own homes, and, where this is no longer possible, requiring residential or nursing care.
Public protection	15	Services providing social care have a public protection role relating to child and adult protection and offending behaviour. Effective partnership working with key agencies and the police is critical to ensuring risk to and from individuals is effectively managed.	Public protection remains a critical duty of social care services. Work in relation to adult protection is also subject to continuous development with partners through the multi-agency Adult Protection Committee. An Adult Protection Officer leads on social work practice in this area, and a Lead Officer works with the committee.
Integration of Health and Social Care	15	The integration of health and social care services will have a significant impact on the development and delivery of services across Renfrewshire. Shadow arrangements are now in place, with full responsibility to be delegated to the Integration Joint Board no later than 1 April 2016.	<p>Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce development and performance management.</p> <p>A significant number of joint teams and joint working arrangements between health and social care have operated for a number of years and partner agencies will build on existing experience in this area to develop a full range of integrated adult health and social care services.</p>
Self directed support	12	Failure to fully embed and deliver according to the legislation could lead to service users not having effective choice and control over the support they require.	The Social Care (Self-Directed Support)(Scotland) Act 2013 aims to ensure that service users and carers can benefit from a personalised approach to social care services by using a range of options including Direct Payments and individualised budgets to choose the delivery of their care services. The legislation came into force on 1 April 2014/15 and is now being embedded into day to day operational practice.
Workforce planning and organisational development	12	A flexible and skilled social care workforce is essential to the future development of high quality services, and may lead to short and longer term workforce difficulties should this not be prioritised.	Given the challenges facing the service and the Council more widely, it is more important than ever that our staff have the abilities, skills and flexibility to take forward planned service improvements, and that they are supported to do this. Central to this is ensuring that staff receive the information and training they need.

Table 5.2.4: Relationship with council business plan

1: A Better Future

Investment in services to support independent living	Encompassing (1) Service developments (2) Implementation of new structures and approaches across services
Public protection	Encompassing (1) Adult and child protection (2) Effective risk management (3) Management of high-risk offenders (4) Multi-agency training and procedures
Self directed support	Encompassing (1) Social Care (Self-Directed Support) (Scotland) Act 2013 (2) Personalised approach to social care services (3) Individual budgets
Health Inequalities	Encompassing (1) Health Improvement (2) Partnership

2: A Better Council

Failure of major providers	Encompassing (1) Monitoring of external commissioning / procurement activity
Workforce planning and organisational development	Encompassing (1) Workforce planning: structural change and having a flexible, motivated and skilled workforce (2) Organisational development: management development, individual personal / employee development and performance management (3) Leadership and culture
Equality Act	Encompassing (1) Meeting main duties flowing from Act (2) Promoting access to care and support across minority groups
Health and Safety	Encompassing (1) Employee safety and wellbeing in the community
Financial and demographic pressures	Encompassing (1) Medium and longer term financial planning (2) Corporate and service review activities (3) Strategic commissioning approach (4) Development of cost care models
Data Protection	Encompassing (1) Subject Access Requests (2) Data sharing agreements (3) Information governance

3: A High Performing Council

Integration of Health and	Encompassing
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Social Care	(1) Development of integrated services across adult health and social care (2) Establishing strong links between services which remain the responsibility of Renfrewshire Council and those transferred to the Integration Joint Board
Incident response management	Encompassing (1) Disruptive events that impact on the community, the environment, our employees or the reputation of the service.
Business continuity	Encompassing (1) Non-availability of premises, employees or systems impacting on services/functions
Developing self-evaluation arrangements	Encompassing (1) Public Service Information Framework (2) Consolidation of CSE accreditation (3) Supported self-evaluation with the Care Inspectorate (4) Case file auditing programme

- 5.3 A risk management plan for integrated adult health and social care is in development and will be formally reported to the Integration Joint Board from 2016/17. Information on specific significant risks will be reported to the Corporate Risk Management Group and the Corporate Management Team as required on an exceptional basis.

Appendix

Risk Matrix for Adverse Impact

Introduction

Risk should be analysed consistently across the council in terms of the significance of its impact and the likelihood of occurrence. The Risk Matrix is therefore the tool that is to be used for this purpose. The impact element of the same matrix may be used for the grading of adverse events, complaints or claims.

Impact

When considering the consequences of a potential risk, all scenarios must be considered. It may even be appropriate to consider the worst case scenario, however, those undertaking the risk analysis must be able to provide a robust rationale and have evidence to support their selection. For example, if 'death' could be the ultimate potential impact in relation to a specific problem, the risk assessors must have knowledge that this outcome has occurred in the past either internal or external to Renfrewshire Council. (A full list of descriptions to assist in analysing consequence is contained on the following two pages of this appendix);

Likelihood

Similarly when considering the likelihood of occurrence, the risk assessor's judgement must be based on the prevalence of the event/ circumstance and outcome, backed up by experience and data such as relevant incidents/ events, complaints and/ or claims.

Evaluation

As shown in the matrix below, Impact x Likelihood produces an evaluation of the significance of risk, described as 'Low', 'Moderate', 'High' or 'Very High'.

How a risk is evaluated will determine how the risk is then treated:

Likelihood	Consequent Impact				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

Low (1-3), Moderate (4-9), High (10-16), or Very High (17-25)

Consequence Impact

"Domains"	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and Projects	<ul style="list-style-type: none"> Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to clients/staff.	<ul style="list-style-type: none"> Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Incident leading to death or major permanent incapacity.

Client experience / outcome	<ul style="list-style-type: none"> Reduced quality of client experience / outcome not directly related to service delivery. 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome directly related to service provision – readily resolvable 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, continued ongoing long term effects.
Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to direct service provision 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving inappropriate service. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claim.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to service. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of client care Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Non delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to insufficient training/ implementation of training.
Service / business interruption	<ul style="list-style-type: none"> Interruption in a service which does not impact on the delivery of client care or the ability to continue to provide service 	<ul style="list-style-type: none"> Short term disruption to service with minor impact on client care. 	<ul style="list-style-type: none"> Some disruption in service with unacceptable impact on client care. Temporary loss of ability to provide service. 	<ul style="list-style-type: none"> Sustained loss of service which has serious impact on delivery of client care resulting in major contingency plans being invoked. 	<ul style="list-style-type: none"> Permanent loss of core service or facility. Disruption to facility leading to significant “knock on” effect.
“Domains”	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Financial	<ul style="list-style-type: none"> Negligible organisational financial loss (£< 1k). 	<ul style="list-style-type: none"> Minor organisational financial loss (£1-10k). 	<ul style="list-style-type: none"> Significant organisational financial loss (£10-100k). 	<ul style="list-style-type: none"> Major organisational financial loss (£100k-1m). 	<ul style="list-style-type: none"> Severe organisational financial loss (£>1m).
Inspection / assessment / audit	<ul style="list-style-type: none"> Small number of recommendations which focus on minor quality improvement issues. 	<ul style="list-style-type: none"> Minor recommendations made which can be addressed by low level of management action. 	<ul style="list-style-type: none"> Challenging recommendations but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> Enforcement Action. Low rating. Critical report. 	<ul style="list-style-type: none"> Prosecution. Zero Rating. Severely critical report.

Adverse publicity / reputation	<ul style="list-style-type: none"> No media coverage, little effect on staff morale. 	<ul style="list-style-type: none"> Local Media – short term. Minor effect on staff morale / public attitudes. 	<ul style="list-style-type: none"> Local Media – long term. Impact on staff morale and public perception of the organisation. 	<ul style="list-style-type: none"> National Media (< 3 days). Public confidence in the organisation undermined. Usage of services affected. 	<ul style="list-style-type: none"> National Media (> 3 days). MP / MSP Concern (Questions in Parliament).
Council / Personal Security, and Equipment	<ul style="list-style-type: none"> Damage, loss, theft (£< 1k). 	<ul style="list-style-type: none"> Damage, loss, theft (£1-10k). 	<ul style="list-style-type: none"> Damage, loss, theft (£10-100k). 	<ul style="list-style-type: none"> Damage, loss, theft (£100k-1m). 	<ul style="list-style-type: none"> Damage, loss, theft (£>1m).

Likelihood


	1 Remote	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Probability	<ul style="list-style-type: none"> Will only occur in exceptional circumstances 	<ul style="list-style-type: none"> Unlikely to occur but definite potential exists 	<ul style="list-style-type: none"> Reasonable chance of occurring – has happened before on occasions 	<ul style="list-style-type: none"> Likely to occur – strong possibility 	<ul style="list-style-type: none"> The event will occur in most circumstances


Adult Social Care Risk Register

Generated on: 06 October 2015




Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.01 Investment in services to support independent living Encompassing: 1) Service developments 2) Implementation of new structures and approaches across services	If the service did not continue to invest in and develop modern and flexible services, local people would not receive the support they need to live as independently as possible in local communities.		<ul style="list-style-type: none"> * Implementation of self directed support options * Provision of reablement care at home services, community alarms, telecare, community meals, day services * Specialist sensory impairment and physical disability resources availability * Occupational therapy services and aids and adaptations * Development of outcomes focused assessments and care management plans * Joint work with local health services to develop and provide community based services which facilitate prompt hospital discharge and promote independent living * Low level support services such as ROAR health and wellbeing services and Food Train funded through the Change Fund to support local older people. 	01	04	4
Action Codes	Linked Actions	Latest Note	Assigned To	Due Date	Status	
SWSIP1402b	Work with the housing and care providers to review the existing service model for adults with learning disabilities and identify options for redesign.	Housing and associated support models will be included in the learning disability joint strategic commissioning plan. Revised due date is 2016 as part of the Integration Joint Board's Strategic Plan. The forthcoming Local Housing Strategy (2016-19) will address the particular housing needs of people with learning disabilities and autism.	Joint Learning Disability Services Manager	31-Mar-2016		
SWSIP1402c	Continue to develop the care at home reablement service and extend provision to people aged under 65.	Extension of the service to people aged under 65 years is now in place and service outcomes are being reviewed.	Care at Home Manager	31-Mar-2016		


Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.02 Public protection Encompassing: 1) Adult and child protection 2) Effective risk management 3) Management of high-risk offenders 4) Multi-agency training and procedures	Social work services have a public protection role relating to child and adult protection and offending behaviour. Effective partnership working with key agencies and the police is critical to ensuring risk to and from individuals is effectively managed.		<ul style="list-style-type: none"> * Multi-agency child and adult protection committees well established, with independent chair in place for both. * Chief Officers Group, comprising of leaders from all relevant partners agencies, meet on a regular basis to discuss key issues. Joint Communications sub-group now established. * Multi-agency child and adult protection training programme in place, facilitated by dedicated trainer. * Regular programme of case file auditing undertaken by the adult and child protection committee. Social Work Service implementing an internal case file audit programme. * Practice and service quality subject to regular external scrutiny by Care Inspectorate and other bodies as required. * Multi-agency action plan developed to progress recommendations of Significant Case review * Annual conferences held by both the adult and child protection committees * Self-evaluation activities undertaken on an annual basis by both the adult and child protection committees. * Management and supervision policies in place and levels of management review established. * Recording protocols and data quality checks undertaken * Lead officers for child and adult protection, and MAPPA identified with Social Work. * Development work undertaken with STRADA in relation to work with families where parental addiction exists. * Contract monitoring undertaken * Information management and security policies in place corporately. 	03	05	15
Action Codes SWSIP1401d	Linked Actions Develop self-evaluation framework for the Adult Protection Committee	Latest Note A multi-agency case file audit was completed in 2014 and another will take place before the end of this financial year. The committee has now adopted the Hogg self-evaluation framework. A self-evaluation exercise is scheduled for early 2016, to be completed within 6 months. Proposals for a new schedule of self evaluation activity will be put to the RAPC before the end of 2015.		Assigned To Adult Services Manager	Due Date 31-Mar-2015	Status 

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.03 Self-directed support		Ongoing review of the implementation of the 4 options available under the legislation will be required to ensure that agreed and assessed outcomes for service users are met with available resources.		<ul style="list-style-type: none"> *New business process established *Training and development programme for staff well embedded *Development work undertaken with providers and service user/carer organisations *Communication materials published *Development of resource directory being progressed to assist staff, service users and carers. *Initial Procurement process developed and established *Financial allocation systems developed and tested *Formal authorisation group operational to authorise individual decisions *Assessment and care management documentation being developed for staff to ensure consistency with self-directed support process. 	03	04	12
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status
SWSIP1405a	Continue to implement and develop local arrangements to facilitate self-directed support options locally in line with national legislation		Social Work has made good progress with Self Directed Support around the development of procedures and systems; managing the financial sustainability of new processes; training plans for staff; developing a suite of communications materials including Easy Read leaflets and online content to raise awareness in both the Council and its partners; progress with Option 2; building an online resource directory of local community assets, supports and services; and the development of the strategic evaluation framework.		Self-Directed Support Manager	31-Mar-2016	

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.04 Health Inequalities Encompassing (1) Health Improvement (2) Partnership	Health inequalities resulting from long-term conditions, income inequalities and individual risk-taking behaviours results in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.		<ul style="list-style-type: none"> * Joint Health Improvement Manager * Support for community led health activities * Activity co-ordinators in local authority residential homes for older people * Targeted events such as AgeFest and Feelgood Renfrewshire 	03	03	9
Action Codes	Linked Actions	Latest Note	Assigned To	Due Date	Status	

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.05 Failure of major providers Encompassing (1) Monitoring of external commissioning / procurement activity	Failure or loss of a major service provider may impact on our capacity to protect vulnerable children and adults.		<ul style="list-style-type: none"> * Appraisal of providers conducted as part of procurement process. * Purchasing patterns monitored by Finance Team and senior managers. * Programme of reviews of all service providers. * Main providers registered and inspected by Care Commission, with reports accessible for review. Participation in local and national contingency arrangements relating to providers facing financial uncertainty to ensure minimal impact on local service users. 	03	03	9
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status


Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.06 Workforce planning and organisational development Encompassing (1) Workforce planning: structural change and having a flexible, motivated and skilled workforce (2) Organisational development: management development, individual personal / employee development and performance management (3) Leadership and culture	A flexible and skilled social care workforce is essential to the future development of high quality services, and may lead to short and longer term workforce difficulties should this not be prioritised.		* Social Work is represented on the Council's Workforce Development & Equality Group (WDEG) which is tasked on an ongoing basis with reviewing competency requirements for all job roles. * As key competencies are agreed these are linked directly to Performance and Development Review (PDR) discussions within all services. * A Learning Management System (iLearn) in place to enhance access to learning and development. This includes a number of e-learning modules which support managers and employees to deal with change and redeployment positively.	03	04	12
Action Codes SWSIP1406g	Linked Actions Working with the palliative care services within the NHS, develop the training programme for all Care at Home staff to include reablement and palliative care approaches.	Latest Note Home Care Managers have had a series of meetings with Accord Hospice. A programme of training in palliative care has commenced and will continue over the next year.		Assigned To Care at Home Manager	Due Date 31-Mar-2016	Status 

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.07 Equality Act Encompassing (1) Meeting main duties flowing from Act (2) Promoting access to care and support across minority groups	New duties relating to the Equality Act come into force on 1 April. If relevant activities are not prioritised by the service, there may be a risk of future legal or financial challenge.		<ul style="list-style-type: none"> * The Equality Impact Assessment toolkit is being implemented * Equality implications are identified as part of the board paper checklist * Equality and diversity training is offered to all employees with access to the iLearn system * The service works with members of the Diversity and Equality Alliance in Renfrewshire Group to promote and raise awareness of equalities * Sensory Impairment Team provide specialist advice and support to local people and to Council staff. * Forums with minority groups established e.g. Disability Access Panel * Signposting events held with West of Scotland Racial Equality Council * Participation in community planning and corporate equalities groups. 	03	03	9
Action Codes SWSIP1403d	Linked Actions Implement a service-specific action plan which takes cognisance of the Strategic Outcomes agreed by the Council in mainstreaming the Equalities Act 2010.	Latest Note A social work services plan has been developed however has been superseded by work required in relation to equalities legislation for the Integration Joint Board. The local work will be used to inform the development of equalities plans for the Partnership.	Assigned To Principal Officer, Planning & Performance	Due Date 31-Mar-2015	Status 	

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.08 Health and Safety	<p>Encompassing (1) Employee safety and wellbeing in the community</p>	<p>The Health and Safety of frontline staff is supported through a comprehensive range of policies and procedures. If full compliance is not achieved this may impact on the ability of the service to provide a safe working environment for staff (including violence to staff).</p>		<ul style="list-style-type: none"> * Completion of individual risk assessments for clients * Warning flag system in place on SWIFT/AIS * Interview rooms in location fitted with alarms and toughened glass where appropriate. * Moving and Handling training provided as part of ongoing programme of staff training on health and safety issues. * Recording of accidents and violent incidents, with statistics reviewed on a regular basis by Social Work Health and Safety Committee. * Guidance on driving and transport use * Guidance on effective use of equipment in place 	02	04	8
Action Codes							

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.09 Financial and demographic pressures Encompassing (1) Medium and longer term financial planning (2) Corporate and service review activities (3) Strategic commissioning approach (4) Development of cost care models	If the service's financial and demographic pressures were not effectively planned for and managed over the medium to longer term, this would impact on the ability of the service to deliver services to the most vulnerable people in Renfrewshire.		<ul style="list-style-type: none"> * Demand management review undertaken * Long term financial planning processes, including strategic commissioning plans * Budget monitoring processes in place and subject to ongoing review * Client group budget management meetings held * Programme of financial management training in place for budget holders * Eligibility criteria established as appropriate * Programme of service reviews in place * Investment in service redesign opportunities to improve efficiency and effectiveness. 	04	05	20
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status
SWSIP1404c	Work with partners to implement a 10 year Joint Commissioning Plan for Older People's Services	A 1 year review of the Older People's Joint Commissioning has been undertaken and presented to the Older People's Joint Planning & Performance Implementation Group. Considerable progress has been made towards achieving the milestones set out in the 10 year plan.		Head of Adult Social Care	31-Mar-2016	
SWSIP1404d	Work with procurement and wider partners to develop a market shaping strategy for older people	An officer workshop led by the Institute of Public Care (Oxford Brookes University) took place in April 2014 to agree overall structure and content of Market Position Statement. An officer steering group was established comprising planning and performance, procurement and contracts team officers and has drafted a market position statement for consideration by the Change Fund Sub Group. Initial discussions with providers' forums on the role of a market position statement have taken place and will be finalised following the publication of the Strategic Plan in 2016.		Head of Adult Social Care	31-Mar-2016	
SWSIP1404i	Continue to develop strategic commissioning, and deliver Joint Commissioning Plans for all areas of Adult Services	Initial work has been undertaken on strategic commissioning plans for Learning Disability Services, Mental Health Services and Physical Disability & Sensory Impairment Services. In order to meet legislative requirements in relation to the integration of health and social care, officers have prioritised the development of an overarching strategic plan for the new partnership. This will be published by 1 April 2016. Care group plans will be produced during 2016/17.		Principal Officer, Planning & Performance	31-Mar-2016	
SWSIP1407f	In line with the work underway as part of the Reshaping Care for Older People Change Fund, develop community-based preventative and early intervention services, including building the capacity of local communities.	A number of pilot projects are being co-produced with third sector partners using funding from the Reshaping Care programme. These pilots are Community Connectors (social prescribing in partnership with GPs), Community Health Champions (a volunteer-led approach to promoting physical activity) and Community Information Hubs (central points of contact for information and advice). Very positive feedback reported initially with projects subject to final review.		Principal Officer, Planning & Performance	31-Mar-2016	

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.10 Data protection Encompassing (1) Subject Access Requests (2) Data sharing agreements	Failure to develop and implement robust procedures around data protection could lead to inappropriate sharing of sensitive information and potential sanctions from the Information Commissioner.		* Process developed for responding to requests for personal data * Process developed for managing electronic and manual record containing personal data * Data protection training and awareness sessions offered to relevant staff within the service	03	03	9
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status

Page 31Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.11 Integration of Health and Social Care	<p>Encompassing</p> <p>(1) Development of integrated services across adult health and social care</p> <p>(2) Establishing strong links between services which remain the responsibility of Renfrewshire Council and those transferred to the Integration Joint Board.</p>	<p>If the Council does not prepare effectively for the implementation of the Public Bodies (Joint Working)(Scotland) Act, there is a risk that legislative requirements to form a Health and Social Partnership by 1 April 2015 will not be met on time with potential consequences in terms of logistics and reputation.</p>			03	05	15
Action Codes	Linked Actions	Latest Note	Assigned To	Due Date	Status		
SWSIP1404g	Work with NHS and corporate colleagues and partners to agree plans to deliver integrated health and social care in Renfrewshire in line with legislative provisions and timescales	The integration scheme was approved by the Scottish Government in June 2015 and the Integration Joint Board has been formally constituted. At the first full meeting on 18 September 2015, the appointments of the Chief Officer and the Chief Finance Officer were ratified. Workstreams are progressing well and the strategic plan will be published by 1 April 2016.	Head of Resources	31-Mar-2016			

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.12 Incident response management	<p>Encompassing (1) Disruptive events that impact on the community, the environment, our employees or the reputation of the service.</p>	<p>Any ineffective preparation and planning for potential disruptive events such as those reflected within the Community Risk Register, that directly relate to the services statutory obligations (e.g. Management of offenders, child and adult protection etc.) may result in the services inability to effectively respond and manage the event in a way minimises harm to the community, our employees and the reputation of the service.</p>		<ul style="list-style-type: none"> * Senior Manager participation in corporate and service level working groups to discuss and develop civil contingencies arrangements. * Business continuity plans in place for all units and subject to ongoing review. Service has assessed risks and identified areas where there is no acceptable tolerance for the non-delivery of services. * Civil contingencies training for senior managers and relevant staff. * Electronic care records developed and held for all children, and being rolled out across other client groups. This is crucial to the ability of staff to access files required off-site. 	02	03	6
Action Codes							

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.13 Business Continuity Encompassing (1) Non-availability of premises, employees or systems impacting on services/functions	Non availability of (1) premises either through fire or flood etc; (2) key staff or significant numbers of front-line staff and/or (3) systems (telephony, Swift, power failure etc) may result in adverse impact on service provision.		<ul style="list-style-type: none"> * Corporate Landlord management of properties and associated procedures in place. * Investment programme undertaken to ensure premises are fit for purpose. * Business continuity plans in place for every social work unit and subject to ongoing review * Programme of audit undertaken by Health and Safety Service, with feedback provided to wider staffing group. * Corporate policies and processes in place regarding system failure e.g. helpdesk * SWIFT/AIS guidance regularly updated and communicated to staff, with system subject to ongoing programme of upgrading. * Rigorous implementation of corporate absence management and support policies. 	02	03	6
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.14 Developing self-evaluation arrangements Encompassing (1) Public Service Improvement Framework (2) Consolidation of CSE accreditation (3) Supported self-evaluation with the Care Inspectorate (4) Case file auditing programme	Self-evaluation of performance and practice is key to the continuous improvement of the service. There is a risk that insufficient development of this agenda will impact on service development activity and increase the burden of external scrutiny.		* Regular programme of external scrutiny by Care Inspectorate * Registered services subject to regular inspections by Care Inspectorate * Support received from Care Inspectorate to develop self-evaluation arrangements through for example a case file auditing programme. * Inspection overview submitted to board on 6 monthly basis * Programme of self assessment rolled out across service using PSIF. * Complaints monitoring allows for key areas of development to be identified - update	03	03	9
Action Codes	Linked Actions	Latest Note	Assigned To	Due Date	Status	

To: Social Work, Health and Well-Being Policy Board

On: 3 November 2015

Report by: Chief Officer, Renfrewshire Health and Social Care Partnership

Heading: Social Work Service Improvement Plan 2014-17: Mid Year Monitoring, Year 2 – Adult Services

1. Summary

- 1.1 The Social Work Service Improvement Plan 2014-17 was approved by the Social Work, Health and Wellbeing Policy Board in March 2014. The plan set out the priorities for the development of the service over a three year period and detailed the actions which will contribute to the implementation of the Council Plan and Community Plan.
- 1.2 2015/16 is a transition year for social care services. Services for adults now fall under the strategic and operational responsibility of the Chief Officer as part of Renfrewshire Health and Social Care Partnership, whilst services for Children & Families and Criminal Justice Social Work form part of the new Directorate of Children's Services. However, the functions of Social Work cannot be delegated to the Integration Joint Board until that Board has approved its Strategic Plan and full delegation will take place by 1 April 2016. This Board will continue to receive updates on progress within adult social care until such time as functions are delegated.
- 1.3 Over the past six months, the key achievements in adult social care have been:
- Producing a self-evaluation framework for adult protection

- In partnership with NHS colleagues, maintaining excellent performance in relation to reducing hospital bed days lost due to delayed discharge
- Developing arrangements for the integration of adult health and social care, and of Social Work Children's and Criminal Justice Services and Education
- Rolling out additional training in palliative care to Care at Home staff

1.4 Over the next six months, the key actions to be delivered are:

- Finalising arrangements for the formal delegation of adult social care functions to the Renfrewshire Health and Social Care Partnership
- Working with partners to complete the overarching strategic plan for health and social care in Renfrewshire.
- Further developing the provision of telecare and telehealth locally
- Working within the service to mitigate demand-led pressures
- Undertaking a number of pilot community-based projects with third sector partners.

1.5 The integration of adult health and social care, and the integration of Children's and Criminal Justice Social Work Services with Education Services in Renfrewshire will influence the shape of future planning and performance activity going forward. A clearer picture of how this will be structured will emerge as integration plans are taken forward.

2. Recommendations

2.1 It is recommended that the Social Work, Health and Wellbeing Policy Board:

- Notes the progress that has been made on service performance
- Notes that responsibility for adult social care services will be delegated to the Integration Joint Board by 1 April 2016.

3. Background

3.1 The Service Improvement Plan is a comprehensive statement of the outcomes the service aims to achieve, and the actions it will take to achieve these. It fits within the wider planning framework of the Council by taking account of Community Planning themes and Council priorities. It enables elected members to have oversight of developments within the service and to consider and develop policy options which reflect customer need and resource availability.

- 3.2 The Service Improvement Plan also provides a mechanism by which elected members can evaluate the performance of the service. The appendices to the plan contain an action plan and performance indicators against which progress can be measured. This mid-year monitoring report provides an update on progress against the 2014-17 Plan.
- 3.3 Section 4 of this report provides details of the service's achievements over the period April to October 2015. As well as summarising achievements against each of the service's seven outcomes, it highlights areas of significant progress and gives clear targets for completing actions which have been reviewed or delayed, or addressing performance which is below target. Further detail is provided in the Action Plan which forms Appendix 1 and the Performance Scorecard which forms Appendix 2.

4. Service Update

- 4.1 Elected members will be aware of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014, which creates integrated health and social care partnerships in all local authority areas.
- 4.2 Significant progress has been made in relation to the integration of health services and adult social care. The partnership has been formally constituted and the first formal meeting of the Integration Joint Board took place on 18 September 2015. At this meeting, the IJB ratified the appointment of the Chief Officer and the Chief Financial Officer.
- 4.3 Social care services for children and criminal justice social work services are now being delivered by the Directorate of Children's Services, which includes education services. Activity in this new service is now reported to the Education and Children Policy Board.

5. Performance in Adult Social Care

- 5.1 Social work services have a statutory duty to provide care and protection to the most vulnerable people in society, and as a result, many of our service users do not engage with us on a voluntary basis. Access to most services is on the basis of an assessed need, and social work staff work in partnership with individuals, families, communities and other agencies to meet this need within available resources.
- 5.2 The Service Improvement Plan 2014-2017 set out seven high level outcomes that Social Work will aim to achieve in conjunction with partners. A Year 2 update covering adult social care was provided to this Board in May 2015, outlining achievements in 2014/15 and setting out priorities for 2015/16.

- 5.3 Good progress is being made with preparations for full delegation of adult social care services to the Integration Joint Board. A senior management structure has been agreed, a Strategic Planning Group has been established and officers are preparing the first draft of the strategic plan for the new partnership.
- 5.4 New carers legislation is progressing through the Scottish Parliament and officers are working with partners to ensure that effective preparations for implementation are in place.
- 5.5 A one-year review of the Joint Strategic Plan for Older People has been undertaken and demonstrates considerable progress towards the milestones in that plan. Initial findings have been presented to the Older People's Joint Planning & Performance Implementation Group and will be disseminated more widely.
- 5.6 A multi-agency self-evaluation approach has now been agreed by Renfrewshire Adult Protection Committee. The committee will now agree a schedule for future self-evaluation activity.
- 5.7 A performance framework for integrated services is being developed and the Integration Joint Board will assume responsibility for performance monitoring. The number of Standardised Shareable Assessments undertaken by social work staff continues to rise. Average time on Occupational Therapy waiting lists are reducing and this area will continue to be monitored closely as part of regular performance meetings.

6. Priorities over the next six months

- 6.1 As noted above, the service is preparing to implement new structural arrangements. This is a significant programme of transformational change for the service, with major changes to the governance of social care services. From 1 April 2016, health and social care services for adults will be integrated. The joint service will be managed by an integration board which will include representatives from Renfrewshire Council and NHS Greater Glasgow and Clyde. A Chief Officer and Chief Finance Officer are both in post and a senior management structure has been agreed. The new management team will be in place by 1 April 2016.
- 6.2 Planning arrangements will change as the new structures are embedded and governance arrangements confirmed.

Implications of the Report

1. **Financial** – The report highlights resourcing pressures arising from increasing demand for services and the current financial environment
2. **HR & Organisational Development** - none
3. **Community Planning**
Children and Young People – none
Community Care, Health & Well-being - the report details the progress made to promote independent living, help carers of vulnerable people and reduce health inequalities across the community
Empowering our Communities – the report details the to support people to live safely in their communities and for communities to be active participants in service delivery
Greener – the report details the health improvement activities undertaken which promote a greener Renfrewshire
Jobs and the Economy – the report details the activities in maximising income and supporting access to education, employment and training for vulnerable groups and individuals
Safer and Stronger - the report details the progress made to protect vulnerable children and adults, reduce offending behaviour and increase community safety.
4. **Legal** - none
5. **Property/Assets** – none
6. **Information Technology** – Service developments relating to mobile/remote working and information technology are key enablers of service improvement and modernisation and support service-level and corporate objectives
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None

9. **Procurement** – the report details the activities being undertaken to promote more efficient and effective commissioning and procurement
10. **Risk** – Risks related to the delivery and management of social care services are regularly monitored by the service and included in the Adult Social Care Risk Register.
11. **Privacy Impact** – none

List of Background Papers

- (a) Social Work Service Improvement Plan 2014-17

Author: The contact officer is Laura McIntyre, Principal Officer, Planning & Performance, 0141 618 6807.

Appendix 1 - SW SIP 2014-2017 Year 2 Adult Services

Report Type: Actions Report
Generated on: 07 October 2015





Title Service Outcome 1: Vulnerable adults and children feel protected and live as safely as possible in the community


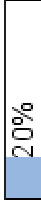


Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1401d	Develop self-evaluation framework for the Adult Protection Committee	31-Mar-2015	<div style="width: 100%; height: 15px; background-color: #0070C0; border: 1px solid black;"></div> 100%	A multi-agency case file audit was completed in 2014 and another will take place before the end of this financial year. The committee has now adopted the Hogg self-evaluation framework. A self-evaluation exercise is scheduled for early 2016, to be completed within 6 months. Proposals for a new schedule of self evaluation activity will be put to the RAPC before the end of 2015.	Adult Services Manager

Title Service Outcome 2: Our services focus on early intervention and rehabilitation so that people have the opportunity to improve their quality of life and live independently in the community for as long as possible.

Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1402b	Work with the housing and care providers to review the existing service model for adults with learning disabilities and identify options for redesign.	31-Mar-2016 Revised due date 31 March 2017	<div style="width: 20%; height: 15px; background-color: #0070C0; border: 1px solid black;"></div> 20%	Housing and associated support models will form part of the Integrated Joint Board's Strategic Plan, due in 2016. Client group plans (including for learning disabilities services) will then be prioritised for completion during 2016/17. The forthcoming Local Housing Strategy (2016-19) will address the	Joint Learning Disability Services Manager









Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1402c	Continue to develop the care at home reablement service and extend provision to people aged under 65.	31-Mar-2016		Extension of the service to people aged under 65 years is now in place and service outcomes are being reviewed.	Care at Home Manager
					particular housing needs of people with learning disabilities and autism.	







Title Service Outcome 3: Local people are healthy and active, regardless of who they are and where they come from

Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1403a	Develop and implement joint strategy for adults with a physical disability or sensory impairment	31-Mar-2016 Revised due date 31 March 2017		The physical disability and sensory impairment joint strategic commissioning plan will form part of the Integrated Joint Board's Strategic Plan, due in 2016. Client group plans will then be prioritised for completion during 2016/17. Sensory impairment is covered by the Scottish Government's See Hear Strategy (2014) containing specific recommendations to raise awareness and improve opportunities for people with sensory impairment. These recommendations are being implemented in Renfrewshire.	Adult Services Manager
	SWSIP1403d	Implement a service-specific action plan which takes cognisance of the Strategic Outcomes agreed by the Council in mainstreaming the Equalities Act 2010.	31-Mar-2015		A social work services plan has been developed however has been superseded by work required in relation to equalities legislation for the Integration Joint Board. The local work will be used to inform the development of equalities plans for the Partnership.	Principal Officer, Planning & Performance

Title Service Outcome 4: Our services work in partnership with other organisations and with communities to ensure that vulnerable people can get the



right support, from the right person, at the right time.

Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1404b	Implement the Carers' Strategy	31-Mar-2016		We are continuing to implement the Carers Strategy, with partners. There is significant new legislation relating to carers currently working through the Scottish Parliament and officers are working with partners to prepare effectively for implementation.	Principal Officer, Planning & Performance
	SWSIP1404c	Work with partners to implement a 10 year Joint Commissioning Plan for Older People's Services	31-Mar-2016		A 1 year review of the Older People's Joint Commissioning has been undertaken and presented to the Older People's Joint Planning & Performance Implementation Group. Considerable progress has been made towards achieving the milestones set out in the 10 year plan.	Principal Officer, Planning & Performance
	SWSIP1404d	Work with procurement and wider partners to develop a market shaping strategy for older people	31-Mar-2016		An officer workshop led by the Institute of Public Care (Oxford Brookes University) took place in April 2014 to agree overall structure and content of Market Position Statement. An officer steering group was established comprising planning and performance, procurement and contracts team officers and has drafted a market position statement for consideration by the Change Fund Sub Group. Initial discussions with providers' forums on the role of a market position statement have taken place and will be finalised following the publication of the Strategic Plan in 2016.	Head of Adult Social Care
	SWSIP1404e	Develop and implement proposals with health colleagues to reduce local hospital admissions through a	31-Mar-2015 Revised due date		The Clinical Services Review project team of partners from NHS, CHP and Social Work has	Head of Adult Social Care



Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
		demonstrator programme linked to the Clinical Services Review and possible proposals around children's services	31 December 2015		developed five proposals to address hospital admissions. These were approved July 2014 and are currently active. Social Work involvement focusses on care at home, early assessment and treatment and anticipatory care planning.	
	SWSIP1404g	Work with NHS and corporate colleagues and partners to agree plans to deliver integrated health and social care in Renfrewshire in line with legislative provisions and timescales	31-Mar-2016		The integration scheme was approved by the Scottish Ministers in June 2015 and the Integration Joint Board has been formally constituted. At the first full meeting on 18 September 2015, the appointments of the Chief Officer and the Chief Finance Officer were ratified. Workstreams are progressing well and the strategic plan will be published by 1 April 2016, allowing formal delegation of budgets and services to the Integration Joint Board.	Head of Resources
	SWSIP1404h	Develop telecare and telehealth through the Smartcare Project and United 4 Health in partnership with neighbouring authorities	31-Mar-2016		The recruitment of service users is underway and has been particularly successful in relation to service users with diabetes. Person-held files are being piloted as part of Smartcare. The programme is now entering the formal evaluation phase.	Head of Adult Social Care
	SWSIP1404i	Continue to develop strategic commissioning, and deliver Joint Commissioning Plans for all areas of Adult Services	31-Mar-2016 Revised due date 31 March 2017		Initial work has been undertaken on strategic commissioning plans for Learning Disability Services, Mental Health Services and Physical Disability & Sensory Impairment Services. In order to meet legislative requirements in relation to the integration of health and social care, officers have prioritised to the development of an overarching strategic plan for the new partnership. This will be	Principal Officer, Planning & Performance



Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
					published by 1 April 2016. Care group plans will be produced during 2016/17.	

Title Service Outcome 5: Local people are treated as individuals and are able to make choices about the support they receive




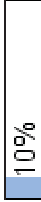


Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1405a	Continue to implement and develop local arrangements to facilitate self-directed support options locally in line with national legislation	31-Mar-2016		Social Work has made good progress with Self Directed Support around the development of procedures and systems; managing the financial sustainability of new processes; training plans for staff; developing a suite of communications materials including Easy Read leaflets and online content to raise awareness in both the Council and its partners; progress with Option 2; building an online resource directory of local community assets, supports and services; and the development of the strategic evaluation framework.	Self Directed Support Manager

Title Service Outcome 6: Our staff are skilled, knowledgeable, efficient and effective at delivering services.

Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1406f	In line with the review and implementation of the national dementia strategy, develop and implement a programme of dementia awareness planning across all services.	31-Mar-2016		10 service coordinators and 1 manager all accredited to train staff groups. 64 home care workers have all completed a 6 month course and achieved certificates for their coursework. 12 home care workers beginning a new course with ongoing training planned. Plans are underway to deliver training to adult service coordinators and other assessment	Care at Home Manager









Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1406g	Working with the palliative care services within the NHS, develop the training programme for all Care at Home staff to include reablement and palliative care approaches.	31-Mar-2016		Home Care Managers have had a series of meetings with Accord Hospice. A programme of training in palliative care has commenced and will continue over the next year. The programme will be reviewed in March 2015.	Care at Home Manager
					staff during 2015/16. Home care worker training has continued throughout 2015. Assessment staff training will be offered across all adult service areas in partnership with plans for Adult Mental Health online training.	

Title Service Outcome 7: The views of service users, the community and staff will shape our services and we will work with communities to help them develop their own supports.



Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
	SWSIP1407d	Complete review of the current process and performance in terms of service level complaints	30-Apr-2014 Revised due date – 31 March 2016		Initial review of the current process is complete. Further progress cannot be made until new legislation is passed which is now significantly delayed. Work is underway to co-ordinate the approach to complaints between the Council and Health and Social Care Partnership.	Principal Officer, Planning & Performance
	SWSIP1407e	Ensure the service is fully prepared to adopt the new Social Work Complaints policy proposed by the new Scottish Public Services Ombudsman.	30-Nov-2015 Revised due date – 31 March 2016		National legislation governing this area is anticipated in 2016/17. A consultation exercise has been launched by the Scottish Government and responses are due in December.	Principal Officer, Planning & Performance
	SWSIP1407f	In line with the work underway as part of the Reshaping Care for Older People Change Fund, develop community-based preventative and early intervention services,	31-Mar-2016		A number of pilot projects are being co-produced with third sector partners using funding from the Reshaping Care programme. These pilots are Community Connectors	Principal Officer, Planning & Performance

Status	Task Code	Action Title	Due Date	Progress Bar	Progress on actions	Assigned To
		including building the capacity of local communities.			(social prescribing in partnership with GPs), Community Health Champions (a volunteer-led approach to promoting physical activity) and Community Information Hubs (central points of contact for information and advice).	



Adult Services Scorecard 2015/16

PI Status		Direction of Travel	
	Alert		Improvement
	Warning		Deterioration
	OK		Same as previous reporting period
	Unknown		
	Data Only		

Service Outcome 1. Vulnerable adults and children feel protected and live as safely as possible in the community.

PI code & name	2013/14		2014/15		Q1 2015/16		Target	Direction of Travel	Status
	Value	9.4%	Value	11.4%	Value	Not measured for Quarters			
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year							12%		

Service Outcome 2. Our services focus on early intervention and rehabilitation so that people have the opportunity to improve their quality of life and live independently in the community for as long as possible.

PI code & name	2013/14		2014/15		Q1 2015/16		Target	Direction of Travel	Status
	Value	84%	Value	86%	Value	86%			
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)							85%		

HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target – 30%)	27%	28%	28%	28%	30%		
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	447	499	499	Not measured for Quarters	Years	-	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	99%	99%	99%	Not measured for Quarters	Years	-	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight.	55%	59%	59%	59%	Quarters	-	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	17.17	21.37	21.37	Not measured for Quarters	Years	-	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks	-	-	-	21%	7%		
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	-	-	-	252	200		

Service Outcome 3. Local people are healthy and active regardless of who they are or where they are from.




PI code & name	2013/14	2014/15	2015/16	Target	Direction of Travel	Status
	Value	Value	Value			

Service Outcome 4. Our services work in partnership with other organisations and communities to ensure that vulnerable people get the right support, from the right person, at the right time.







PI code & name	2013/14	2014/15	2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£16.81	-	Not measured for Quarters	-	-	
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.3%	-	Not measured for Quarters	-	-	

RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	381.9	-	Not measured for Quarters	-	-	
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Service Outcome 5. Local People are treated as individuals and are able to make choices about the support they receive.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/AS/CO/01 Number of carers reporting they are better supported in their caring role	85.6%	-	Not measured for Quarters	-	-	
HSCP/AS/RC/18 Total number of weeks of respite care provided (all clients groups)	3,517	4,233.4	Not measured for Quarters	4,150		

Service Outcome 6. Our staff are skilled, knowledgeable, efficient and effective at delivering services.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
FCSCREDSW01f % of invoices paid within 30 days by Social Work Services	95.84%	96.91%	96.58%	90.5		
RSW08 % of FOI requests in a quarter completed within target by Social Work	100%	100%	100%	100%		
RSWLP101 % of complaints with a final response within 10 working days (corporate standard)	-	-	81%	88%		

Service Outcome 7. The views of service users, the community and staff will shape our services and we will work with communities to help them develop their own supports.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	155	147	Not measured for Quarters	185	↑	🛑
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	104	81	Not measured for Quarters	-	-	📊

To: Social Work Health and Well-Being Policy Board

On: 3 November 2015

Report by: Chief Officer, Renfrewshire Health and Social Care Partnership

Heading: Renfrewshire Autism Strategy 2014 – 2017: Progress Update

1. Summary

- 1.1. In 2011 the Scottish Government published *The Scottish Strategy for Autism*. This national strategy set out a clear vision for individuals living with autism, underpinned by the principles of dignity, privacy, choice, safety, realising potential, and equality. It contained 26 recommendations with goals to be met over a ten-year period.
- 1.2. Following this, the Scottish Government required that all Scottish local authorities produce local autism strategies based around the national strategy. In August 2014 the Community and Family Care Policy Board agreed the *Renfrewshire Autism Strategy 2014 – 2017*, which was subsequently approved by the Scottish Government. The local Renfrewshire strategy set out 11 recommendations to improve the delivery of autism services in Renfrewshire, and also detailed the actions required to address those parts of the national strategy that are relevant to Renfrewshire.
- 1.3. An important aim of the Renfrewshire Autism Strategy was to build capacity within Renfrewshire for children and adults with autism to live full and meaningful lives through improved access to information, advice, support and services.
- 1.4. The purpose of this report is to provide an update for the Social Work, Health and Wellbeing Policy Board on the progress made on the 11 recommendations within the Renfrewshire Autism Strategy and to seek the Board's approval to develop the strategy further.

2. Recommendations

- 2.1. The Social Work Health and Well Being Policy Board is asked to note the progress made to date in the implementation of the Renfrewshire Autism Strategy; in the improvements made to services; and in creating better opportunities for children and adults with autism across Renfrewshire.

3. Background

- 3.1. The 2014-17 Renfrewshire Autism Strategy set out eleven recommendations for the development and improvement of autism services in Renfrewshire. Details of these recommendations and the progress made against them is contained in the Autism Strategy Work Plan (see Appendix 1).
- 3.2. The first recommendation recognised that in order to take forward the strategy and build sustainable services, it would be necessary to ensure ownership of the autism agenda across all key partners in Renfrewshire. A Renfrewshire Autism Working Group (AWG) was established to progress the actions identified in the strategy. The group membership was made up of representatives from education, housing, health, social work, and other partner organisations to reflect the diverse range of issues affecting people with autism.
- 3.3. The AWG has made progress in certain key areas of the autism strategy including, for example, the development of autism services for children and adults with learning disabilities and the improvement of transition arrangements between children and adult services. Also of note is that the particular housing needs of people with autism will, for the first time, be addressed within the forthcoming Local Housing Strategy.
- 3.4. The Renfrewshire Health & Social Care Partnership (RHSCP) and the newly established Renfrewshire Children's Services provide important opportunities for the AWG to bring together both council and health services for children and adults. These include the Children with Disabilities Team; Education (psychological services and additional support needs); Learning Disabilities; Mental Health including Children and Adult Mental Health Services (CAMHS); and primary care services including health visiting. All of these services already play important roles in assessing, diagnosing and supporting people with autism, and their carers, but by collaborating more closely these services should become more efficient and effective in delivering successful outcomes.
- 3.5. Improving data recording and information sharing is being viewed as essential to inform future planning. In order to make progress in this area, membership of the AWG will be extended to ensure appropriate representation from key partners in these areas.
- 3.6. It is recognised that there remains a need to engage with a wider group of stakeholders, including carers and people diagnosed with autism. It is therefore intended to hold a public event in November 2015 which will be aimed at publicising the strategy, increasing awareness of autism, and attracting wider ownership of the autism agenda.
- 3.7. The AWG will continue to explore funding and development opportunities to support this approach within Renfrewshire. An application has been made to

the Scottish Government's Autism Innovation and Improvement Fund. This bid is aimed at financing a project to improve autism information across Renfrewshire. The outcome of this bid should be known by November.

- 3.8. An area where considerable progress has been achieved is in the building of capacity within health and social care services for practitioners to improve their understanding and awareness of autism.
- 3.9. A range of autism specific training has already been undertaken by key staff from the Renfrewshire Learning Disabilities Service (RLDS) who are based in the day services and respite teams. This includes:
 - Post Graduate Certificate in Autism,
 - Autism Trainers Award
 - Autism Awareness.
- 3.10. Assisted by a successful bid for funding from the Greater Glasgow and Clyde Augmentative, & Alternative Communication Project, a range of training opportunities associated with autism and general communication techniques have been provided to RLDS staff and partners. This includes:
 - Total Communication
 - Picture Exchange and Communication System (PECS)
 - Touch Trust
 - Directed Floor Time
 - Graphic Facilitation
 - Use of Smart-board Technology
- 3.11. To continue to build on these skills and to cope with demand for more specialised services, RLDS is reconfiguring parts of its service to create a new team which will be known as the Autism Support Initiative Team (ASIT). This team will work within learning disabilities day and respite services to enhance the skills of staff, support transitions, develop person-centred care plans for people with autism, and ensure support for family carers. The team will be enhanced by the secondment of a mental health specialist who will provide a link to the wider mental health service and help to develop clearer pathways.
- 3.12. The transition process for children with autism and learning disabilities moving into adult services has been improved. A link worker from the RLDS collates information about the child during their final year and assists in identifying the most appropriate future resource. This enables the development of a person centred care plan which is used to ensure that the new service addresses the individual's needs and wishes.
- 3.13. These children with autism will be allocated a key worker from ASIT to continue to build the care and support plan and link the child with the most appropriate service.
- 3.14. In a further development, it has been agreed that a day services manager from RLDS will be seconded on a temporary basis until 31st March 2016 to assist with widening the membership and active participation of key stakeholders on the AWG, to promote the aforementioned public event in

Implications of this report

1. Financial Implications

All costs are contained within existing budgets.

2. HR and Organisational Development Implications

All new posts have been created under Scheme of Delegation.

3. Community Plan/Council Plan Implications

Children and Young people	The development and implementation of the strategy should increase opportunities for young people at transitions.
Community Care, Health and Well-being	The strategy will provide children and adults with autism access to opportunities to meet outcomes.
Greener	None
Safer and Stronger	- The services will provide greater opportunities for planned social integration

4. Legal Implications

None.

5. Property/Assets Implications

None.

6. Information Technology Implications

None.

7. Equality and Human Rights Implications

- (a) The Recommendations contained within this report were previously assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights were identified arising from the recommendations and for noting only. If required following full 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 and Safety Implications

None.

9. Procurement Implications

None.

10. Risk Implications

None.

11. Privacy Impact

None.

List of Background Papers

The foregoing background papers will be retained within Renfrewshire Health and Social Care Partnership for inspection by the public for the prescribed period of four years from the date of the meeting. The contact officer within the service is Katrina Phillips, Head of Mental Health, Learning Disabilities and Addictions Services, 0141 314 4401, katrina.phillips@ggc.scot.nhs.uk

Author: Peter McCulloch, Acting Adult Services Manager

National policy on autism is contained within the *Scottish Strategy for Autism*, published by the Scottish Government in 2011. Alongside this, there are other policies and legislation that applies to people with autism and shapes how services should be delivered. For example, *The Keys to Life (TKTL)*, published in 2013, is the Scottish Government's 10 year strategy for learning disabilities. This specifically refers to people with learning disabilities who also have a diagnosis of autism, and states that TKTL strategy's 52 recommendations should apply equally to them.

The Education (Additional Support for Learning) (Scotland) Act 2009 places a duty on education authorities that they must consider whether each looked after child or young person for whose school education they are responsible requires a co-ordinated support plan (CSP). This will include children and young people across the full spectrum of autism.

The *Scottish Strategy for Autism* directed local authorities and their partners to develop local strategies to address the needs of people with autism in their areas. In 2014 the *Renfrewshire Autism Strategy* was approved by both Renfrewshire Council and Renfrewshire Community Health Partnership. The Renfrewshire Autism Strategy is a 3 year strategy with the aim of improving the lives of people with autism living in Renfrewshire.

The Renfrewshire strategy is based on the national policy but also reflects the local position on autism within Renfrewshire. In developing the local strategy the views and experiences of service users, carers and other stakeholders were taken into account. This led to 11 recommendations and a number of clear priorities for autism services in Renfrewshire, covering issues such as improved communication and co-ordination between agencies; better access to information for people with autism and their families; greater public and professional awareness of autism; clearer pathways through services; planning structures which a focus on achieving better outcomes for the individual; and smoother transition processes for service users as they move through key life stages. Using these priorities, the Renfrewshire strategy identified eleven key recommendations to improve autism services in Renfrewshire. Progress made on these recommendations during the past year is detailed in the *Work Progress Plan* (below) which also highlights some key achievements and actions requiring to be taken during the coming year to advance the local strategy

Appendix 1 : Autism Strategy Work Plan

RENFREWSHIRE AUTISM STRATEGY 2014 – 2017 WORK PROGRESS PLAN JULY 2015					
	Recommendation	Progress to Date	Future Plans	Responsible Person/Service	Timescale
1	Establish an Autism Working Group (AWG) to oversee service developments and take forward actions identified within the strategy.	Initial cross agency group established in November 2014. Although there is a broad membership reflecting the input into the Strategy, attendance has been problematic. As a result there has been some difficulty in taking forward actions. Funding has been identified to create a temporary post until 31 st March. Fiona Brown, RLDS day services manager, has been seconded and will undertake duties as the Autism Co-ordinator taking forward actions over the next 6 months.	To re engage with key partners and organisations to re-establish AWG. <ul style="list-style-type: none"> Set up specific working groups to take forward key recommendations / topics / care groups. Engage with new structures RHSCP, Corporate Structures with Renfrewshire Council etc. Try to enlist Autism Champions in each sector to set up a communication network AWG Meeting to be arranged with wider membership.	F Brown	December 15
2	Improve data recording and information sharing in relation to autism and the Renfrewshire population, so that this information can inform future planning.	The Social Work Business Improvement Team are aiming to develop the Adult Information System (AIS) to include autism as a category. This will help identify people with autism in receipt of care	All partner agencies to develop and improve their current systems for recording the numbers of people with autism in receipt of services.	F Brown	Update on progress meeting to be arranged December 15

Appendix 1 : Autism Strategy Work Plan

		services. Other sources of information will be required to more accurately identify the numbers of people with autism living in Renfrewshire.			
3	Adult health and social care services should undertake a review of pathways to assessment and diagnosis to ensure processes are clear and information on pathways is more easily accessible.	Although information on the numbers of people with a diagnosis of autism is available from individual services, there is a question over the reliability and accuracy of the data provided	Need to engage with appropriate services within the RHSCP; e.g. Mental Health, Learning Disabilities, Primary Care, Education, CAMHS, for children and adults to clarify pathways and the accuracy of information held.	F Brown	Update on progress meeting to be arranged February 16
4	Develop and implement an information strategy for autism, the first phase of which would focus on public and third sector agencies, with the second phase focussing on the general public.	Plan to publicise and re-launch the strategy within Renfrewshire at a public event.	Key partners and organisations will be encouraged to assist in the publication and re-launch of the Strategy. Need to identify possible alternative sources of funding, One Stop Shop approach / virtual networks / websites etc. An application has been made to the Scottish Autism Innovation and Improvement Fund to fund a small project to develop the information strategy across Renfrewshire.	K Hendry & F Brown	Update on progress meeting to be arranged January 16

Appendix 1 : Autism Strategy Work Plan

5	<p>Ensure practitioners across health and social services have a basic understanding of the nature of autism and have the opportunity to access further specialist training.</p>	<p>Autism Support Initiative Team (ASIT). The ongoing re design of RLDS Day services has enabled the creation of a small team to be called ASIT. The team will work within the day and respite services to enhance the skills of staff, support people in transition, develop person-centred care plans, and establish links with carers. The team will be further enhanced by the secondment of a mental health worker widening opportunities for links with mental health services.</p> <p>A range of autism specific training has already been undertaken by a number of RLDS staff based in the day and respite teams for example Post Graduate Certificate in Autism; PECs and Autism Trainers Award; Autism Awareness.</p> <p>In addition there has been some success in bids around training including; Scottish Autism Strategy funding, AA&C Grant which enables</p>	<p>To establish ASIT; continue to develop and create training and support opportunities for RLDS staff teams.</p> <p>Coordinate training and learning opportunities across partners e.g. Knowledge Skills Framework</p> <p>Continue to seek sources of funding to expand opportunities.</p> <p>Fiona Brown is working towards an Autism Trainers Award and in conjunction with her current skills and knowledge of autism will be support the above ASI and wider developments.</p>	<p>K Hendry & F Brown</p> <p>K Hendry & F Brown</p> <p>F Brown</p> <p>F Brown</p>	<p>Progress reported December 15</p>
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Appendix 1 : Autism Strategy Work Plan

6	<p>Review the current transitions arrangements between Children's Services and Adult Services to ensure they are effective, fit for purpose, and appropriate to the assessed needs of young people identified as being on the autistic spectrum and who will require ongoing support into adulthood.</p>	<p>training to be delivered.</p> <p>Transitions policy in place between school and adult services.</p> <p>RLDS have an identified senior officer whose role includes responsibility for transitions process and liaison with schools.</p> <p>To assist in the transitions process from the ASN schools, RLDS Services have identified a Transitions Link Worker. The post holder maintains links with the school and assists in identifying the most appropriate future RLDS resource. As required collated information is passed to the appropriate service to enable the development of the My Plan, the person centred care plan used with RLDS Services.</p> <p>ASIT will become actively involved in development of the care plan to ensure successful transitions.</p>	<p>Need to ensure that the new structures with the council and RHSCP are able to continue to support this policy.</p> <p>n.b. New additional support needs school is due to become operational in 2016/17. Link with Children's Services Education to ensure transitions planning continues to be supported and prioritised.</p> <p>Links with transitions planning and support to continue.</p>	<p>B Lithgow</p> <p>B Lithgow</p> <p>K Hendry</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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Appendix 1 : Autism Strategy Work Plan

7	Develop improved transition arrangements to support adults as they move through key life stages.	Strategic Commissioning plans are being developed as part of the new Renfrewshire Health and Social Care Partnership, and will include arrangements to support adults with autism. The draft Local Housing Strategy also includes a section on autism	<p>Need to ensure issues associated with individuals with autism and their families are reflected in the RHWCP strategic plan.</p> <p>Requirement to extend membership AWG and agree changes to remit of AWG including;</p> <ul style="list-style-type: none"> • AWG group to engage with partners to develop policy associated with transitions at key life stages. • AWG to link with the Commissioning Strategy to ensure transitions is supported. • AWG to engage with partners and where possible identify an Autism Champion. <p>AWG Meeting to be arranged December</p>	F Brown	December 15
8	Take into account the updated policy on Additional Support for Learning, and work with key agencies including Education and Leisure Services, health	Policy on the Education (Additional Support for Learning) (Scotland) Act 2009 is in place.	Establish appropriate links with the new structure of children's services within Renfrewshire Council and the HSCP, and include children's services within AWG		

Appendix 1 : Autism Strategy Work Plan

	and social work, to develop specific action on support for children and young people with autism.	Renfrewshire Council education developing strategy for children with autism	<ul style="list-style-type: none"> • AWG group to develop appropriate links and enlist representation. • AWG to engage with partners to ensure policy development in relation to autism <p>AWG Meeting to be arranged December</p>	F Brown	December 15
9	Consider options for the provision of information services to people with autism and their families.	<p>At present there is no 'one stop shop' style of provision within Renfrewshire. 6 areas in Scotland were given funding by the Scottish Government to pilot One Stop Shops. This pilot is currently being evaluated and there may be opportunities to consider such a resource in Renfrewshire.</p> <p>Links have been established with the Renfrewshire Carers Centre and they are keen to develop an Autism Carers Support Group for carers in Renfrewshire and are keen to be having representation on the AWG.</p> <p>An application has been</p>	<p>There is a willingness to consider the development of a one point of contact approach such as One-Stop Shops, but this will depend on the success of the current national pilot and on the availability of funding.</p> <ul style="list-style-type: none"> • AWG to make representation to the Scottish Autism group at Scottish government for development finding. • AWG to continue to link and assist in the development of carer representation • Need to identify possible sources of funding, One Stop Shop approach / virtual networks / websites etc. 	F Brown	December 15

Appendix 1 : Autism Strategy Work Plan

	<p>made to the Scottish Autism Innovation and Improvement Fund to fund a small project to develop the information strategy across Renfrewshire.</p> <p>ASIT – this small team will assist in the development of a coordinated approach to provide information.</p> <p>As part of the day service redesign a part time post has been identified to take forward service user involvement and consultation across all RLDS services. This initiative should assist in the provision of information about the needs of people with autism</p>	<p>Service User Participation and Consultation - Post holder to continue to develop work originally funded from CHP Grant. Post holder will be managed within the Community Network part of the RLDS Services</p>	<p>K Hendry</p>	<p>Update on progress at December</p>
10	<p>Adopt an outcomes approach to the planning and delivery of services and supports based around identified needs of the service user, in consultation with service users and carers.</p> <p>Outcomes focused care planning and review approaches are in place and being further developed across partnerships.</p> <p>Outcomes focused strategic plans are being developed around Renfrewshire Health & Social Care Partnership</p>	<p>Need to ensure that future planning arrangements are inclusive of the needs of individuals with autism and their families.</p> <p>Need to extend membership of AWG;</p> <ul style="list-style-type: none"> • AWG to engage with partners to develop policy. 		

Appendix 1 : Autism Strategy Work Plan

				F Brown	December 15
11	<p>Investigate options for different models of service delivery including, for example, the possibility of developing shared services where this is both appropriate and cost-effective, and the potential to develop innovative practice.</p>	<p>As above, work is underway on a number of future policies and planning approaches.</p> <p>Links have been established with the Autism Network Scotland.</p> <p>Gateway (formerly the Intensive Support Service designed to meet the needs of people with autism and challenging behaviours) was awarded the Social Work Champions Award for Innovation and Creativity in 2015.</p>	<p>Need to ensure that all partners have the opportunity to keep abreast of new developments and approaches and have opportunities to share practice</p> <p>Need to ensure AWG continues to link into the Autism Network Scotland to build knowledge and seek out opportunities for practice development.</p> <p>As noted above, ASIT will work to maintain and develop up to date knowledge in relation to best practice and innovation</p> <p>Gateway (ISS) will ensure the work and practice developed in this service will be shared across all RLDS services by working closely with ASIT.</p>	<p>F Brown</p> <p>F Brown</p> <p>F Brown</p> <p>K Hendry & F Brown</p>	<p>December 15</p> <p>December 15</p> <p>Update on progress December meeting</p> <p>Update on progress December meeting</p>

To: Social Work, Health and Well-Being Policy Board

On: 3 November 2015

Report by: Chief Officer, Renfrewshire Health and Social Care Partnership

Heading: Senior Management Structure for Renfrewshire's Health and Social Care Partnership

1. Summary

- 1.1. This report provides an update on the new Renfrewshire Health and Social Care Partnership (RHSCP) senior management structure which was approved by the Integration Joint Board (IJB) on 18 September 2015. The structure will provide the required arrangements for the effective and proper delivery of the Integration Joint Board's delegated functions, in line with the The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act).

2. Recommendation

Elected Members are asked to note:

- 2.1. the new RHSCP senior management structure as detailed at Appendix 1: RHSCP Senior Management Structure, which the Chief Officer will implement in consultation with the Chair of the Integrated Joint Board by 1 April 2016.
- 2.2. the proposed Clinical and Care Governance arrangements which will ensure sufficient professional oversight for services provided through the proposed RHSCP management structure.

3. Background

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires all prescribed adult social care and health functions to be delegated to the Integration Joint Board by 1 April 2016 by NHS Greater Glasgow and Clyde and Renfrewshire Council.

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- 3.2. In January 2015, Renfrewshire Council and NHS Greater Glasgow and Clyde appointed David Leese as Chief Officer Designate, ahead of the formal creation of the Integration Joint Board, and this appointment was ratified by the Integration Joint Board at its inaugural meeting on 18 September 2015..
- 3.3. The Chief Officer role provides a point of joint accountability to the Integration Joint Board for the performance of the functions delegated to it, and to the Chief Executives of NHS Greater Glasgow and Clyde and Renfrewshire Council in respect of the functions delegated by their respective organisations.

Shadow Integration Arrangements

- 3.4. Prior to the Integration Joint Board being legally established, the Chief Officer Designate was delegated responsibility by the parent organisations to oversee preparations for the practical development and implementation of integrated working arrangements to meet the key legislative requirements set out in the Public Bodies (Joint Working) (Scotland) Act and Renfrewshire's Integration Scheme
- 3.5. As part of these preparations the Chief Officer Designate has developed, in consultation with the senior managers and the Chief Executives of the parent organisations, a management structure for the new Renfrewshire Health and Social Care Partnership (RHSCP)
- 3.6. The Chief Officer Designate has also worked with the Chief Social Work Officer to ensure that the design of this management structure allows him, in his statutory role, to have the appropriate seniority and professional oversight of social work functions.

Approval of RHSCP Management Structure

- 3.7. The Scottish Government legally established the Renfrewshire Integration Joint Board on 27 June 2015. The first meeting of the legally established Integration Joint Board was held on 18 September 2015.
- 3.8. At this first meeting, members of the IJB officially ratified the Chief Officer's appointment and approved his proposed new management structure for the RHSCP (as detailed in Appendix 1: RHSCP Senior Management Structure).
- 3.9. The new joint management structure provides the required arrangements for the effective and proper delivery of the Integration Joint Board's delegated functions, in line with legislation.
- 3.10. Service delivery will be managed in sectors i.e. multi-disciplinary team across two geographical areas, Paisley and West Renfrewshire, to ensure the new RHSCP builds and develops the relationships, collaborations and joint working between individuals, teams and services to optimise the benefits of bringing health and social care services together. The new Head of Community Service

posts will work in close partnership with the Head of Mental Health, Addictions and Learning Disabilities to optimise how services connect and work together. The geographical focus of these new posts will also complement the future locality approach that the HSCP will develop as part of its strategic planning process and is consistent with the Scottish Government guidance on delivering for localities.

New Senior Management Structure

Chief Finance Officer (CFO)

- 3.11. In addition to a Chief Officer, the legislation requires the Integration Joint Board to appoint a Chief Finance Officer. At its first meeting on 18 September 2015, the Integration Joint Board ratified the appointment of Sarah Lavers, former Social Work Finance Manager, as Chief Finance Officer.
- 3.12. The Chief Finance Officer will act as the Section 95 Officer for the RHSCP and is the accountable officer for the financial administration and performance of the services delegated to the Integration Joint Board.
- 3.13. The Chief Finance Officer will sit within the RHSCP senior management structure, working closely with the Director of Finance and Resources, Renfrewshire Council and the Director of Finance at NHS GCC.

Operational Management

- 3.14. The new structure will create two new Heads of Community Services posts
- Head of Community Services – Paisley
Head of Community Services – West Renfrewshire
- 3.15. The new Head of Community Services posts combine responsibility for community based health and social work services focused within a geographical area, and will replace the two existing single agency management posts of Head of Adult Social Work Services (Council post) and Head of Primary Care and Community Services (NHS post).
- 3.16. The creation of these new posts has been influenced by a number of factors including:
- an area based model for the management of community based health and social care services will facilitate building collaborative, cross functional relationships;
 - provides an organisational and operational arrangement which will optimise joint and integrated working with mental health, addictions and learning disability services;
 - operational alignment will complement any future locality model. The RHSCP has a requirement, in terms of legislation, to introduce at least two localities and associated locality planning;

- many health and adult social care teams are already grouped within these geographical areas;
- provides a clear basis for building joint and collaborative working with GP practices and other NHS contractor services such as community pharmacists;
- provides a clear basis for other services and activities to be better aligned within the HSCP - these include health promotion, advice and improvement activities, organisational development activities, pharmacy advice, links and joint working with housing, children's services, employment services;
- facilitates financial planning as per the Scottish Government localities guidance.

3.17. To ensure the required social care professional input, it will be essential for one of the Heads of Community Services to have experience working at a senior level within social work and have a social work qualification. Service Managers will be aligned to each of the Head of Community Service posts based on their area of responsibilities.

3.18. The Head of Mental Health and Addictions Services' post (existing NHS post) has been extended to include the Learning Disabilities service. During the shadow period, it was agreed that this service, which was previously jointly managed by the Head of Adult Social Work Service and the Head of Primary Care and Community Services, would be better aligned with Mental Health and Addictions Services.

Head of Strategic Planning and Health Improvement

3.19. There will be a minor change to the current Head of Planning, Performance and Health Improvement's job title. This NHS post will now be titled Head of Strategic Planning and Health Improvement to reflect its key role working with the Integration Joint Board to develop, and deliver on actions identified within, the Strategic Plan.

Support Services

3.20. A Head of People and Change (NHS) post will be established and filled to ensure the Chief Officer has appropriate advice and support on NHS human resource matters. The Council will ensure that the Chief Officer has appropriate support on HR matters relating to Council employed staff within the Partnership

3.21. The Head of NHS Administration post (existing NHS post) will play a key role in developing and delivering a comprehensive business support function for the HSCP, which includes the co-ordination and management of the complaints process, freedom of information, risk management, health and safety, facilities management and NHS administration staff.

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- 3.22. It is recognised that the RHSCP will continue to rely on the provision of additional support services, such as legal, procurement, from both parent organisations. A paper setting out the proposed arrangements for these services will be submitted for consideration and approval to a future meeting of the Integration Joint Board.

Clinical and Care Clinical governance

- 3.23. The Act does not change the current regulatory framework within which health and social care professionals work, or the established professional accountabilities that are currently in place within the NHS and Council. As such, the Clinical Director, Lead Clinicians, service specific Professional Leads and the Senior Professional Nurse Advisor will continue to be members of the RHSCP management team with a clear role to ensure clinical, nursing and allied health professional leadership, advice and support.
- 3.24. A Senior Professional Nurse Advisor (NHS) has been seconded on a twelve month basis which commenced on 5 October 2015. This provides time for the Chief Officer to consider how this role can best be taken forward within the new RHSCP management structure.
- 3.25. In line with the Act, a supporting RHSCP Quality, Care, and Professional Governance Framework has been developed and approved by the Integration Joint Board.

Chief Social Work Officer (CSWO)

- 3.26. The revised structure recognises that the role of the Chief Social Work Officer will not be embedded in the integrated senior management structure of the RHSCP but will provide professional governance. The Chief Social Work Officer, Peter Macleod, Director of Renfrewshire Council's Childrens Services has been consulted on the new structure and has agreed with the Chief Officer Designate appropriate Clinical and Care Governance arrangements to allow him sufficient professional oversight for social work services provided by the RHSCP. These governance arrangements will be set out in the aforementioned RHSCP Quality, Care, and Professional Governance Framework, which will be subject to Integration Joint Board's approval and will be further developed, embedded and monitored as the new organisation becomes established
- 3.27. The professional governance links between the Chief Social Work Officer and the RHSCP are set out in Appendix 1: RHSCP Senior Management Structure.

Recruitment Process

- 3.28. An appointment process has been developed in line with the principles of the organisational change arrangements applicable to the parent organisations, whereby restricted competitive interviews are proposed when direct 'matching' cannot be applied.

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- 3.29. The new structure has been subject to consultation and discussions with a range of stakeholders in particular staff and Trades Unions.
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Implications of the Report

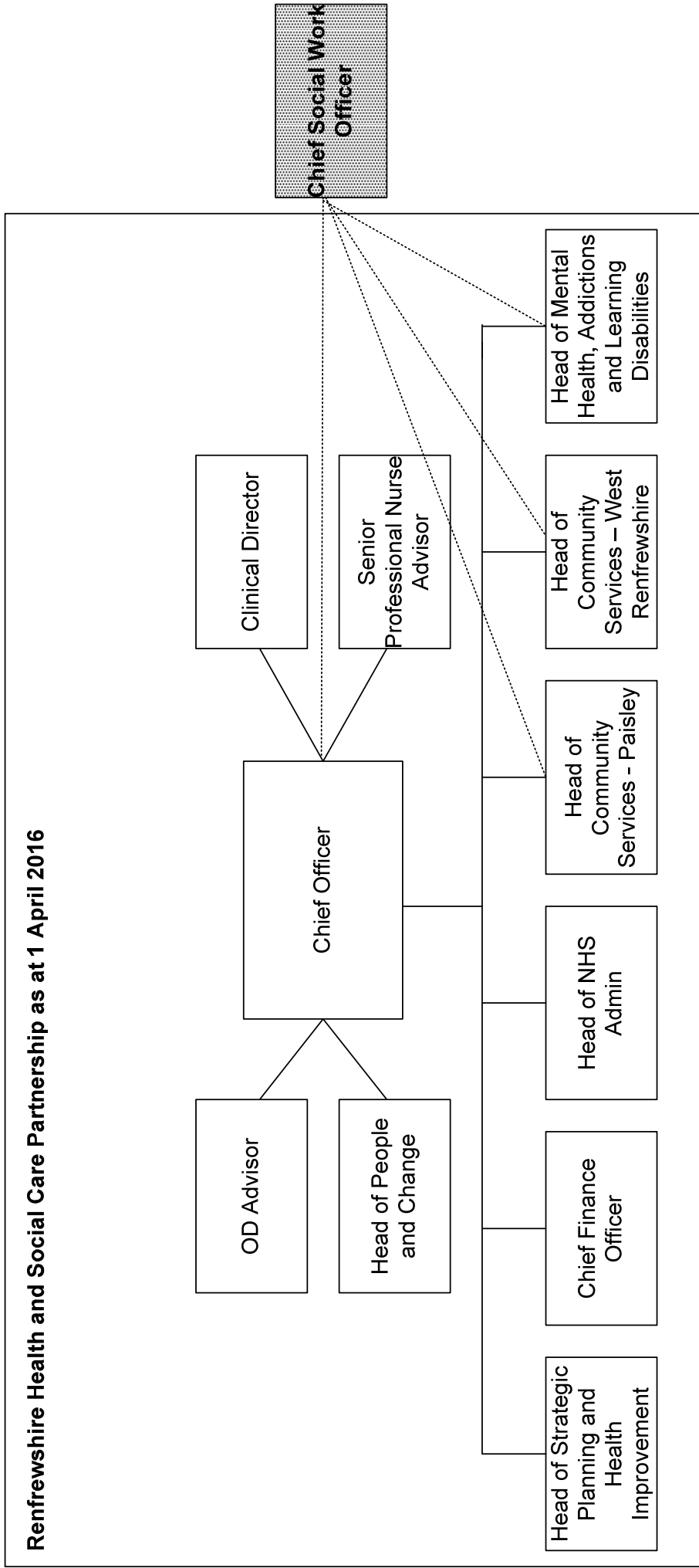
1. **Financial** - none
2. **HR & Organisational Development** – HR and Trade Unions consultations has taken place as referenced in the report. There will be an investment in Organisational Development to enable these structures to operate effectively.
3. **Community Planning** – the RHSCP is a key partner within the Renfrewshire Community Planning Partnership.
4. **Legal** – to be in line with The Public Bodies (Joint Working) (Scotland) Act
5. **Property/Assets** - none
6. **Information Technology** – none
7. **Equality and 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. **Procurement Implications** - none
9. **Privacy Impact** - none
10. **Risk Implications** – all organisational operational risks will be reflected and monitored in the Integration Joint Board risk register
11. **Privacy Impact** – None.

List of Background Papers –

Scottish Government Localities Guidance - <http://www.gov.scot/Publications/2015/07/5055>

Author: Frances Burns, Programme Manager, Health and Social Care Integration

Appendix 1 – new senior management structure



To: Social Work, Health and Well-Being Policy Board

On: 3 November 2015

Report by: Chief Officer, Renfrewshire Health and Social Care Partnership

Heading: Integration of Health and Social Care Services in Renfrewshire - update report

1. Summary

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from April 2015, and has significant implications for the future governance and delivery arrangements of adult health and social care services in Renfrewshire.
- 1.2. This report provides an update on the work being taken forward in Renfrewshire to prepare for the practical implementation of integrated working arrangements in relation to the following key areas:
- The establishment of the Integration Joint Board (IJB);
 - The development and approval of the IJB's Strategic Plan which will set out the arrangements for carrying out the delegated functions;
 - The structured programme of work underway to manage the development of the Strategic Plan and other key elements of integration, which the Council and the Health Board committed to in Renfrewshire's Integration Scheme;
 - The financial governance arrangements for the IJB which must be in place by 1 April 2016;
 - The agreement of the baseline 2016/17 budget for delegated functions to aligns with the Strategic Plan, and which has been subject to due diligence process.
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2. Recommendations

Elected Members are asked to note:

- 2.1. The first meeting of the legally established IJB took place on 18 September 2015 where members ratified the appointment of the Chief Officer and Chief Finance Officer and formally established the Strategic Planning Group. The IJB also agreed a number of procedural arrangements, strategies and policies in line with key legislative requirements set out in Renfrewshire's Integration Scheme.
 - 2.2. The work being undertaken to ensure the Integration Joint Board develop and approve their Strategic Plan by 1 April 2016.
 - 2.3. The update on the structured programme of work which is being taken forward to manage the local implementation of health and social care services up to April 2016
 - 2.4. The current status and planned action in relation to the development of sound financial governance arrangements for the IJB and agreeing the baseline budget for delegated functions by 1 April 2016.
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3. Background

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from April 2015, and has significant implications for the governance and delivery arrangements of adult health and social care services in Renfrewshire.
- 3.2. The main implications of the legislation were set out in reports to Council on 19 December 2013, 9 October 2014 and 26 February 2015, and the Council agreed the following:
 - The establishment of a Partnership (Body Corporate) model for local integrated service delivery for adult services in terms of the Act in consultation with NHS Greater Glasgow and Clyde from April 2015.
 - There would be 8 members of the IJB with voting rights, 4 from each partner organisation. The Council is represented on the IJB by the Depute Council Leader, the Convener and Vice-convener of the Social Work, Health and Well-being Board, and the Convener of the Education Policy Board.
 - The delegation of all social care services for adults and older people to the IJB, being the minimum requirement set out in the Act. In terms of the legislation this also included services which do not sit within the Adult Services division of service in Renfrewshire i.e. services related to Addictions, and to Domestic Abuse both of which currently sit within Children's Social Work Services, and to Aids and Adaptations which currently sits with Development and Housing Services.
 - The submission of the Integration Scheme (the formal legal partnership agreement between Renfrewshire Council and NHS Greater Glasgow and Clyde) to the Scottish Government for approval.

- 3.3. At its meeting on 26 February 2015 Council noted the appointment of David Leese as the Chief Officer Designate for the Renfrewshire Health and Social Care Partnership. It was acknowledged that this post was interim or “designate” until formally endorsed by the IJB once it is formally established.
 - 3.4. At its meeting on 9 October 2014 Council was advised of a new statutory role, Chief Finance Officer, which was not envisaged in earlier iterations of the Bill. This role reflects advice to Scottish Government from the CIPFA Scotland Directors of Finance in relation to the need to ensure robust financial governance of the IJB’s combined resources.
 - 3.5. At its meeting on 19 May 2015 Social Work, Health and Well-Being Policy Board was updated on the work underway to establish the IJB and its Strategic Planning Group; ensuring their membership includes representatives from the stakeholder groups prescribed within the legislation. It was also advised that a Shadow Integration Joint Board (IJB) had been created to ensure continuity in governance arrangements and oversight of integration arrangements during the period prior to the IJB being formally constituted.
 - 3.6. At its meeting on the 19 August 2015, the Social Work, Health and Well-Being Policy Board was updated on the preparations for the practical implementation of integrated working arrangements. Members were advised that following the parliamentary process the Renfrewshire IJB had been legally established and that its first formal meeting was planned for 18 September 2015. Members were also advised that Sarah Lavers, former Social Work Finance Manager, had been appointed Chief Finance Officer Designate for the Renfrewshire Health and Social Care Partnership.
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4. The establishment of the Integration Joint Board (IJB)

- 4.1. The first meeting of the formally constituted Integration Joint Board (IJB) took place on 18 September 2015.
- 4.2. At this meeting, the IJB members
 - 4.2.1. agreed their membership, Standing Orders and formally appointed their Chair and Vice Chair as Councillor Iain McMillan and Dr Donny Lyons; the full membership of the Board is attached for information at appendix 2.
 - 4.2.2. ratified the appointments of the Chief Officer (CO) and Chief Finance Officer (CFO) as David Leese and Sarah Lavers respectively;
 - 4.2.3. approved proposals for a new RHSCP management structure (which is the subject of a separate report to this meeting);
 - 4.2.4. noted the work underway to put in place sound financial governance and assurance arrangements by 1 April 2016, and approved
 - the IJB financial regulations for implementation from 1 April 2016
 - the IJB financial governance arrangements for implementation from 1 April 2016

- the format and dates of reporting for the financial position of the IJB from 1 April 2016
 - 4.2.5. noted the financial position to date, as set out in the Chief Finance Officer's Finance Report up to June 2015;
 - 4.2.6. approved the draft Proposal for Strategic Plan and the establishment of the Strategic Planning Group;
 - 4.2.7. approved its Quality, Care & Professional Governance Framework and implementation plan;
 - 4.2.8. approved its risk management policy, strategy, procedures and strategic risk register;
 - 4.2.9. approved the RHSCP's performance management reporting arrangements for 2015/16 proposals from 1 April 2016 when services and budgets will be delegated to the IJB and
 - 4.2.10. approved the Council Chief Internal Auditor as Chief Internal Auditor for the IJB and noted the proposals set out for internal and external audit arrangements.
- 4.3. The next meeting of the IJB will take place on 20 November 2015. In line with IJB's legislative responsibilities and timelines, at this meeting members will be asked to agree the first draft of their Strategic Plan, taking account of feedback from the Strategic Planning Group, and also approve the RHSCP's Participation and Engagement Strategy.

5. The development of the Strategic Plan

- 5.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on IJBs to develop a Strategic Plan. The Strategic Plan is the document that will set out the arrangements for the carrying out of integration functions in the Renfrewshire area to meet the future needs of the local population.
- 5.2. The first Strategic Plan must be prepared and approved by the IJB to enable the prescribed functions to be delegated from the parent organisations by April 2016.
- 5.3. Specific work is being undertaken to support the IJB develop its Strategic Plan in line with the prescribed stages of the strategic planning process set out in the legislation.
- 5.4. Locally, a timeline has been produced which takes account of these legislative requirements and enables the Partnership to conduct a fully inclusive strategic commissioning process (see Appendix 3: Legal requirements and commitments - 3.Strategic Plan). The timeline also make provision for the Health Board and Council to review the final draft of the Strategic Plan in February 2016, in advance of the IJB approving the final Strategic Plan.
- 5.5. As noted previously, at their first meeting the IJB approved Proposals for the structure and content of the Strategic Plan. Members also formally established the Strategic Planning Group (SPG), agreeing its composition and Terms of Reference. The membership of the group is attached for information at appendix 2.

- 5.6. In line with the required legislative process, the Proposals for the Strategic Plan have now been remitted to the Strategic Planning Group so that its members' views can be sought.
- 5.7. The first draft of the Strategic Plan will be submitted for approval at the next meeting of the IJB on 20 November 2015, accompanied by a paper setting out the views of the Strategic Planning Group. The IJB will be asked to take account of this feedback when approving the first draft of the Strategic Plan.

6. The programme of work to support health and social care integration

- 6.1. As previously noted, a programme of work is underway to ensure that all the necessary processes, policies and plans are in place as required to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016.
- 6.2. Appendix 3 to this paper provides an overview of the legal and governance commitments across all the areas of work, planned activity to meet these commitments, and the anticipated dates for completion and reporting to the IJB.
- 6.3. Activity is well underway in relation to all of the required elements of work and is currently on target to meet the scheduled reporting dates to the IJB, which will ensure legislative and other deadlines are met.

7. Financial Governance Arrangements

- 7.1. The Chief Officer, supported by the Chief Finance Officer, will be responsible on behalf of the IJB for managing the NHS and Council budgets for functions delegated to it from 1 April 2016, and for remaining within those allocated budgets. He will also be accountable to the IJB for financial probity and performance. At an operational level detailed financial delegation and monitoring arrangements are being put in place to ensure clarity in terms of lines of accountability and appropriate levels on ongoing scrutiny.
- 7.2. Work is currently underway to put in place sound financial governance arrangements for the IJB which will underpin and provide assurance around the operational delivery and strategic planning arrangements of the Partnership.

Financial Assurance

The Chief Officer is working with the NHS Board and the Council's Director of Finance to carry out the required financial assurance work, in line with Scottish Government guidance. This work will take place over the course of 2015/16 and will be subject to internal audit scrutiny, and will be formally reported to Council in March 2016.

Audit Arrangements

- 7.3. The IJB has confirmed the Council Chief Internal Auditor as Chief Internal Auditor for the IJB. Standing Orders for an IJB Audit Committee will be submitted to the next IJB meeting on 20 November 2015 for consideration. An Internal Audit Plan for 2016/17 will be brought by the Chief Internal Auditor of the IJB to a future meeting.

- 7.4. The IJB has been classified as a body under Section 106 of the Local Government (Scotland) Act 1973; it will require to produce its own statutory accounts. The Accounts Commission has confirmed that the current external auditors for Local Authorities, provided through Audit Scotland, will have their appointments extended to cover IJB audits. These appointments will be for 1 year only as 2015/16 is the final year in the current round of audit appointments. New 5-year appointments will be made from 2016/17.

Risk Management

- 7.5. The IJB approved the RHSCP's risk policy and strategy on 18 September 2015 and agreed arrangements for the reporting of strategic risks and key operational risks going forward.
- 7.6. Given that operational service delivery will remain within the Council and the NHS Board, the two parent organisations will continue to monitor their own risk management arrangements, and continue to report on risk management matters through established governance structures. From 1 April 2016 this will be reported to elected members through the Leadership Board.
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8. Progress Reports to Elected Members

- 8.1. Reports will be brought to future meetings to update Elected Members on the progress achieved towards integrated arrangements for adult services in line with the Public Bodies (Joint Working) (Scotland) Act 2014, and to seek any necessary approvals pending formal delegation of functions to the IJB by April 2016.
- 8.2. An update report will also be taken to the Leadership Board in December 2015 to provide assurance that, in advance of the prescribed functions being delegated by 1 April 2016, well organised preparations are underway to implement the appropriate supporting organisational governance arrangements. .
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Implications of this report

1. **Financial Implications** - The proposed model of integration through pooled budgets, will have significant implications for how the budget of adult services and addictions is governed.
2. **HR and Organisational Development Implications** – existing terms and conditions will remain in place as staff move into the new integrated arrangements.
3. **Community Plan/Council Plan Implications** – Integrated service arrangements will require to link effectively to community planning structures and to the local authority to ensure appropriate levels of oversight are maintained.
4. **Legal Implications** – Integrated service arrangements for adult health and social care services will be developed in accordance with the legislation.

5. **Property/Assets Implications** – Assets remain in the ownership of the parent organisations. Opportunities for further consolidation of the existing asset base may arise through new integrated service arrangements.
6. **Information Technology Implications** – appropriate data sharing supported by IT systems will be required under new integrated arrangements as these are developed.
7. **Equality and Human Rights Implications**
The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health and Safety Implications** - none.
9. **Procurement Implications** -- Integrated service arrangements will need to continue to be supported by flexible, yet robust procurement systems.
10. **Risk Implications** – Risk management arrangements will require to be developed on an integrated basis.
11. **Privacy Impact** - none

List of Background Papers

- (a) Background Paper 1: Report to Council 19 December 2013 - Integration of Health and Social Care Services in Renfrewshire
- (b) Background Paper 2: Report to Council 9 October 2014 - Integration of Health and Social Care Services in Renfrewshire
- (c) Background Paper 3: Report to Council 26 February 2015 - Integration of Health and Social Care Services in Renfrewshire
- (d) Background Paper 4: Report to Council 19 May 2015 - Integration of Health and Social Care Services in Renfrewshire
- (e) Background Paper 5: Report to Social Work, Health and Well-Being Policy Board 19 August 2015 - Integration of Health and Social Care Services in Renfrewshire update report

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Appendix 1: Strategic Planning Group Membership

Membership Category	Representative
Chief Officer	David Leese
Nomination(s) by Renfrewshire Council	Anne McMillan, Corporate Planning Ian Beattie, Head of Adult Services Lesley Muirhead, Development and Housing
Nomination(s) by NHS Greater Glasgow and Clyde	Fiona MacKay, Head of Strategic Planning & Health Improvement Mandy Ferguson/Katrina Phillips, Operational Head of Service Jacqui McGeough, Head of Acute Planning (Clyde)
Health Professionals (doctors, dentists, optometrists, pharmacists, nurses, AHPs)	Chris Johnstone, Associate CD John Carmont, District Nurse Rob Gray/Sinead McAree, Mental Health Consultant Susan Love, Pharmacist David Wylie, Head of Podiatry
Social Care Professionals (social worker or provider)	Jenni Hemphill, Mental Health Officer Anne Riddell, Older People's Services Aileen Wilson, Occupational Therapist
Third Sector bodies carrying out activities related to Health and Social Care	Stephen McLellan, RAMH
Carer of user of social care	Diane Goodman, Carers' Centre
Carer of user of health care	Maureen Caldwell Linda Murray, Learning Disabilities Carers' Forum
User of social care	Debbie Jones, Public Member
User of health care	Betty Adam, Public Member
Non commercial provider of healthcare	Karen Palmer, Accord Hospice
Commercial provider of social care	Linsey Gallacher, Richmond Fellowship
Commercial provider of healthcare	Robert Telfer, Scottish Care
Non-commercial provider of social care	Susan McDonald, Active Communities
Non-commercial provider of social housing	Elaine Darling, Margaret Blackwood Association
Staff representative (Trade Union) Social Work	Eileen McCafferty
Staff representative (Trade Union) Health	Claire Craig

Appendix 2: Integration Joint Board Membership

Voting Membership

Four voting members appointed by the Council

Cllr Ian McMillan
Cllr Derek Bibby
Cllr Jacqueline Henry
Cllr Michael Holmes
Donny Lyons
John Brown
Donald Syme
Morag Brown

Four voting members appointed by the Health Board

Non-voting Membership

Chief Officer
Chief Finance Officer
Chief Social Work Officer
Registered Nurse
Registered Medical Practitioner (GP)
Registered medical Practitioner (non GP)

David Leese
Sarah Lavers
Peter Macleod
Karen Jarvis
Stephen McLaughlin
Alex Thom

Non-voting membership

Council staff member involved in service provision
Health Board staff member involved in service provision
Third sector representative
Unpaid carer residing in Renfrewshire
Service user residing in Renfrewshire
Trade union representative - Council staff
Trade union representative - Health Board staff

Liz Snodgrass
David Wylie
Alan McNiven
Helen McAleer
Stephen Cruikshank
John Boylan
Graham Capstick

Appendix 3: Legal requirements and commitments

The tables below detail Renfrewshire’s legal requirements and commitments in relation to Health and Social Care Integration as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 Act and its Integration Scheme.

Requirement / commitment source:	Key
Act & supporting Regulations	Act
Renfrewshire Integration Scheme	IS
Scottish Government guidance	SG
Established governance arrangements for parent bodies	Gov

1. Governance (non-financial) arrangements				
Legal requirement /commitment	Type	Legal deadline	Target date	RAG
Integration Scheme approved, published and Integration Joint Board (IJB) legally established	Act	27/06/15	-	
The 1 st meeting of the legally constituted IJB	Act	-	18/09/15	
Ratify the remit and constitution of the IJB including its voting and non members, chair and vice chair.	Act	-	18/09/15	
The Procedural Standing Orders of the IJB agreed	Act	-	18/09/15	
IJB ratify the appointment of the Chief Officer, Chief Finance Officer and establish the Strategic Planning Group (including governance arrangements and Terms of Reference)	Act	-	18/09/15	
Risk policy, strategy, procedures and list of key strategic risks approved by IJB	IS	27/09/15	18/09/15	
Arrangements for Hosted Services agreed amongst the IJBs in the GG&C area.	IS	31/03/16	18/03/16	
Health and Safety policy and procedures in place	IS	31/03/16	18/03/16	
Complaints policy and procedures in place	IS	31/03/16	18/03/16	
Fol policy and procedures in place and Publications Scheme in place	Act	31/03/16	18/03/16	
Business continuity arrangements in place	IS	31/03/16	18/03/16	
Equalities scheme and EQIAs completed for Partnership (in line with IJB requirements under the Equalities Act)	IS	31/03/16	18/03/16	
Parent organisations agree the provision of support services for the IJB	IS	31/03/16	18/03/16	
CO confirms all governance arrangements in place (IJB Report) for functions to be delegated from parent organisations to the IJB	IS	31/03/16	18/03/16	
Functions delegated to IJB	Act	01/04/16	01/04/16	

Key:		Complete		On target		Risk of delay		Significant Issues
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2. Communication and engagement				
Legal requirement /commitment	Type	Legal deadline	Target date	RAG
IJB agrees its participation and engagement strategy	IS	27/12/15	20/11/15	✓

3. Strategic Plan (the order of Strategic Plan activities are prescribed in the Act but not specific individual deadlines for each stage)				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB agree its proposals for the Strategic Plan	Act	-	18/09/15	✓
SPG feedback on the proposals for the Strategic Plan content	Act	-	23/09/15	✓
IJB agree its first draft of Strategic Plan, taking account of SPG feedback	Act	-	20/11/15	✓
SPG feedback on the first draft of the Strategic Plan content	Act	-	27/11/15	✓
IJB agree its second draft of Strategic Plan, taking account of SPG feedback	Act	-	15/01/16	✓
Formal consultation with prescribed stakeholders including SPG, Health Board and Council (commences 18/01/16)	Act	-	07/02/16	✓
Update report on consultation and final draft of Strategic Plan prepared for the IJB	Act	-	15/02/16	✓
Health Board updated on the outcome of the consultation and the draft Strategic Plan	Gov	Not legal req't	16/02/16	✓
Council updated on the outcome of the consultation and the draft Strategic Plan	Gov		25/02/16	✓
IJB approve their final version of the Strategic Plan	Act	31/03/16	18/03/16	✓
Strategic Plan published along with financial statement and statement of action taken by IJB under section 33 (consultation and development of the Strategic Plan).	Act	31/03/16	31/03/16	✓

4. Performance Management				
Legal requirement /commitment		Legal deadline	Target date	RAG
Parties prepare a list of targets and measures in relation to delegated and non delegated functions	IS	27/06/15	27/06/15	✓
Council and Health Board develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB	IS	-	18/09/15	✓
IJB agree its reporting arrangements and supporting plan to develop 2016/17 performance framework with the Council and Health Board	IS	-	18/09/15	✓
IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report.	IS	27/06/16	27/06/16	✓

5. Delivering for Localities				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB agree locality arrangements (in line with SG guidance), based on stakeholder engagement, which will be reflected in the Strategic Plan (**must align with timeline for Strategic Plan)	IS	-	20/11/15	✓

6. Workforce				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB note draft Workforce plans which require to be submitted for approval by the parent organisations - a) Workforce planning and development; b) Organisational development; c) Learning and development of staff; and d) Engagement of staff and development of a healthy organisational culture.	Gov	Not legal req't	15/01/16	✓
Chief Officer implements Workforce governance arrangements between the IJB and parent organisations	IS	31/03/16	15/01/16	✓
Parent organisations formal structures established to link the Health Board's area partnership forum and the Council's joint consultative forum with any joint staff forum established by the IJB.	IS	31/03/16	15/01/16	✓
Workforce plans and agreed management / governance structures approved by Health Board	IS	31/03/16	16/02/16	✓
Workforce plans and agreed management / governance structures approved by Council	IS	31/03/16	25/02/16	✓
IJB note the approved Workforce plans and agree management / governance structures	Gov	Not legal req't	18/03/16	✓

7. Clinical and Care Governance				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB approve draft Quality, Care & Professional Governance Framework and implementation plan, including approach to working with parent organisations	Gov	Not legal req't	18/09/15	✗
The Parties and the IJB implement appropriate clinical and care governance arrangements for their duties under the Act.	IS	31/3/16	18/03/16	✓
IJB Quality, Care & Professional Governance Framework in place	IS	31/03/16	18/03/16	✓
Health and Care Governance Group established	IS	31/03/16	18/03/16	✓
Chief Social Work Officer provides annual report to IJB (Section 5.15 of IS)	IS			✓

8. Finance and Audit				
Legal requirement /commitment		Legal deadline	Target date	RAG
IJB Audit arrangements agreed	IS	31/03/16	18/09/15	
Insurance arrangements (claims handling) in place	IS	31/03/16	31/12/15	
IJB agree procedure with other relevant integration authorities for claims relating to Hosted Services		31/03/16	18/03/16	
IJB sign off financial governance arrangements as per the national guidance	IS	31/03/16	20/11/15	
IJB report on due diligence on delegated baseline budgets moving into 2016/17	IS	31/03/16	18/03/16	
Draft proposal for the 2016/17 Integrated Budget based on the Strategic Plan approved by IJB	IS	31/03/16	18/03/16	
Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process	IS	31/03/16	31/03/16	
Parent organisations confirm final IJB budget	IS	31/03/16	31/03/16	
Financial statement published with the Strategic Plan	Act	31/03/16	31/03/16	
Resources for delegated functions transferred to IJB from parent organisations	Act	31/03/16	31/03/16	
Audit Committee established with agreed Terms of Reference	IS	31/03/16	31/03/16	

9. Information sharing and ICT				
Legal requirement /commitment	Type	Legal deadline	Target date	RAG
Information Sharing Protocol ratified by parent organisations	IS	31/03/16	25/02/16	
Information Sharing Protocol shared with IJB	Gov	Not legal req't	18/03/16	
Appropriate Information Governance arrangements are put in place by the Chief Officer	IS	31/03/16	18/03/16	

In addition to these legal milestones, regular progress reports will be brought to the IJB to provide reassurance that the Renfrewshire Health and Social Care Partnership is on track to deliver on its commitments.

The legal milestones will be reviewed and, where appropriate, revised in light of further guidance which is expected to be issued by the Scottish Government.

Further to this statutory work to progress these key areas, additional work is also underway to support the establishment of the Partnership including

- Regular, and meaningful, communication and engagement with our staff and key stakeholders, in particular community partners, outwith the formal prescribed consultation on the Strategic Plan;
- Organisational development activities for our Senior Leadership Group, IJB, Strategic Planning Group and workforce during the shadow year;
- Addressing the ICT and information sharing barriers which can be tackled in the short term, and start identifying the key ICT developments which will enable more seamless integrated working in future.