

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

Date	Time	Venue
Friday, 23 June 2017	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor Scott Kerr: Dr Donny Lyons: Morag Brown: John Legg: Dorothy McErlean: Karen Jarvis: Alex Thom: Liz Snodgrass: David Wylie: Alan McNiven: Helen McAleer: Stephen Cruickshank: John Boylan: Graham Capstick: Dr Stuart Sutton: David Leese: Sarah Lavers: Peter Macleod.

Councillor Jacqueline Cameron (Chair) and Dr Donny Lyons (Vice Chair)

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.cmis.uk.com/renfrewshire/CouncilandBoards.aspx

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.

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| | Minute of meeting of the Integration Joint Board (IJB) held on 10 March 2017. | |
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| 5 | Renfrewshire IJB Unaudited Annual Accounts 2016/17 | |
| | Report by Chief Finance Officer. (not available - copy to follow) | |
| 6 | Financial Report 1 April to 31 May 2017 | |
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Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board

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

PRESENT

Councillors Iain McMillan, Michael Holmes, Jacqueline Henry and Derek Bibby (all Renfrewshire Council); Dr Donny Lyons, Morag Brown, John Legg and Dorothy McErlean (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Dr Chris Johnstone (substitute for Dr Stuart Sutton (Registered Medical Practitioner (GP))); Alex Thom (Registered Medical Practitioner (non-GP)); Liz Snodgrass (Council staff member involved in service provision); David Wylie (Health Board staff member involved in service provision); Alan McNiven (third sector representative); Helen McAleer (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (trade union representative for Council staff); David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership) and Peter Macleod, Chief Social Work Officer (Renfrewshire Council).

CHAIR

Councillor Iain McMillan, Chair, presided.

APOLOGY

Dr Stuart Sutton (Registered Medical Practitioner (GP)).

IN ATTENDANCE

Ken Graham, Head of Corporate Governance (Clerk), Iain Beattie, Head of Health and Social Care (Paisley), Frances Burns, Health and Social Care Integration Project Manager and Elaine Currie, Senior Committee Services Officer (all Renfrewshire Council); and Fiona Mackay, Head of Strategic Planning & Health Improvement, Katrina Philips, Head of Mental Health, Addictions and Learning Disability Services, Mandy Ferguson, Head of Health and Social Care (West Renfrewshire), Jean Still, Head of Administration and James Higgins, Health and Social Care Integration Project Officer (all Renfrewshire Health and Social Care Partnership).

DECLARATIONS OF INTEREST

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

ORDER OF BUSINESS

In terms of Standing Order 4.1 (iii), the Chair intimated that he proposed to alter the order of business to facilitate the conduct of the meeting by considering item 2 of the agenda after item 8 of the agenda.

1 MINUTE

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

DECIDED: That the Minute be approved.

2 FINANCIAL REPORT 1 APRIL 2016 TO 31 JANUARY 2017

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April 2016 to 6 January 2017 for Social Work and from 1 April 2016 to 31 January 2017 for the Health Board.

The overall revenue position for the Renfrewshire Health and Social Care Partnership (HSCP) at 31 January 2017 was an underspend of £6,000, as detailed in appendices 1 and 2 to the report, with a projected year-end break even position. The key pressures were highlighted in sections 4 and 5 of the report. Appendices 3 and 4 to the report provided a reconciliation of the main budget adjustments applied this current financial year.

DECIDED: That the content of the report be noted.

3 2017/18 HEALTH AND SOCIAL CARE BUDGET UPDATE

The Chief Finance Officer submitted a report providing an update on the budget setting process for partner contributions to Renfrewshire HSCP for financial year 2017/18.

The report set out the key messages for IJBs contained the Scottish Government's draft budget announcement on 15 December 2016 being a further £107m social care funding, in addition to the £250m allocated as part of the 2016/17 budget process which was now included in the 2016/17 adult social care base budget; local authorities were able to adjust their allocations to IJBs by up to £80m; and health board allocations to IJBs must be maintained at 2016/17 cash levels including the set aside budget for large hospital services. The Scottish Government also set out nine priorities for IJBs and Renfrewshire HSCP's progress to date on each were detailed in the report.

Copies of letters from the Scottish Government; Greater Glasgow and Clyde NHS Board and Renfrewshire Health & Social Care Partnership formed appendices 1 to 6 of the report. Appendix 7 to the report detailed the indicative figures of the health allocation for 2017/18 and Appendix 8 to the report detailed the health budget influenceable spend.

The impacts on the Renfrewshire IJB delegated budgets were outlined in the report. The Chief Finance Officer's recommendation to the IJB was that the 2017/18 delegated health budget be not accepted on the basis that the level of budget did not match the cost of delegated services; the level of budget to be allocated fell below the 2016/17 cash level, by £691,000, and did not meet the Scottish Government directions to health boards in terms of their budget allocations to HSCPs for 2017/18, as detailed in the table in the report; and the historic Community Health Partnership undelivered savings and NHS pension costs predated the establishment of the IJB and did not feature in the due diligence work undertaken by the Chief Finance Officer during 2015/16. In addition this did not feature in the September 2015 due diligence report by Auditors Pricewaterhouse Coopers on behalf of NHS GG&C.

It was noted that should the IJB approve the Chief Finance Officer's recommendation, the delays in implementation of the savings target would require the Chief Officer to effect the necessary management action to implement a financial recovery plan from 1 April 2017 in order to manage the shortfall in funding in 2017/18.

DECIDED:

- (a) That the delegated adult social care budget for 2017/18 be accepted;
- (b) That formal assurance be provided to Renfrewshire Council that resources being transferred for delegated adult social care functions would not be utilised to offset any resource shortfall or unacceptable risk position whereby a balanced budget had not been achieved for the delegated health budget for 2016/17 and 2017/18;
- (c) That the Chief Finance Officer's recommendation not to accept the 2017/18 delegated health budget be approved on the basis that the level of budget did not match the cost of delegated services; the level of budget to be allocated fell below the 2016/17 cash level; and the historic Community Health Partnership undelivered savings and NHS pension costs should not be allocated as a charge to the IJB as these predated the establishment of the IJB and did not feature in the due diligence work undertaken by the Chief Finance Officer during 2015/16 of the September 2015 due diligence report by Pricewaterhouse Coopers on behalf of NHS GG&C;
- (d) That the Chair of the IJB write to NHS GG&C to formally reject their offer on the basis of the Chief Finance Officer's recommendations;
- (e) That the savings proposals in respect of the 2017/18 delegated health budget inflation and cost pressure in respect of the minimum level of savings (£3.7m) which the IJB needs to consider be submitted to the next meeting of the IJB to be held on 23 June 2017 for approval, this would include proposals for the outstanding balance of £1.378m in respect of the 2016/17 savings target; and
- (f) That the delays in implementation of the savings target would require the Chief Officer to effect the necessary management action to implement a financial recovery plan from 1 April 2017 in order to manage the shortfall in funding in 2017/18. An update for members on the actions taken, the level of non-recurring savings achieved and the impact on services would be included in the June 2017 finance update together with any further plans for the remainder of the year to ensure financial balance by 31 March 2018.

4 **COMMISSIONING UNSCHEDULED CARE 2017/18**

The Chief Officer submitted a report relative to Renfrewshire HSCP's draft strategic commissioning intentions for unscheduled care services which had been developed in partnership with other HSCPs in the Greater Glasgow and Clyde area.

The report intimated that unscheduled care was the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. The Scottish Government had made unscheduled care an important area of focus for the health service in Scotland with reducing waiting times in A&E and reducing the number of emergency admissions key targets.

The Acute Services Transformation paper had been approved at a meeting of the NHS Board in February 2017 and set out the need to transform the delivery of acute services in NHSGG&C to continue to deliver the highest quality of care to patients over the short, medium and longer term.

For 2017/18 Renfrewshire HSCP would focus commissioning intentions on three priority areas of A&E performance; unplanned admissions; and delayed discharges and the work to be carried out for all priority areas was detailed in the report.

The HSCP would also work closely with acute services on occupied bed days for unscheduled care; end of life care; and the balance of spend across institutional and community services.

The Renfrewshire HSCP Strategic Plan 2016/19 formed the appendix to the report. It was noted that the second bullet point of the recommendation of the report should read 'note the Strategic Commissioning Plan 2016/19 at Appendix 1'

DECIDED:

(a) That the draft strategic commissioning intentions for unscheduled care services be approved and presented to NHSGG&C Health Board; and

(b) That the Strategic Commissioning Plan 2016/19, which formed the appendix to the report, be noted.

5 **PERFORMANCE MANAGEMENT UPDATE - EXCEPTION REPORTS**

Under reference to item 3 of the Minute of the meeting of this Joint Board held on 20 January 2017 the Chief Officer submitted a report providing an update on four indicators from the performance scorecard 2016/17.

The exception reports, which formed the appendices to the report, provided an update on the number waiting more than 18 weeks for paediatric speech and language therapy assessment to appointment; percentage of long term care clients receiving intensive care at home; occupational therapy waiting list; and adult protection repeat referrals.

DECIDED:

(a) That the update on performance in speech and language therapy, care at home, occupational therapy and adult protection be noted;

(b) That it be noted that the full scorecard updating all performance measures would be submitted to the next meeting of the IJB to be held on 23 June 2017.

SEDERUNT

Dr Chris Johnstone left the meeting during consideration of the following item of business.

6 QUALITY, CARE AND PROFESSIONAL GOVERNANCE ANNUAL REPORT 2016

The Chief Officer submitted a report relative to the Renfrewshire Quality, Care and Professional Governance Annual Report covering the period January to December 2016, a copy of which formed the appendix to the report.

The annual report provided a variety of evidence to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.

DECIDED:

(a) That the report and the Renfrewshire Quality, Care and Professional Governance Annual Report 2016, which formed the appendix to the report be noted; and

(b) That it be noted that future annual reports would be produced in line with NHS GGC's reporting cycle on April to March.

7 JOINT INSPECTION OF SERVICES FOR ADULTS

The Chief Officer submitted a report relative to the forthcoming joint inspection by the Care Inspectorate and Healthcare Improvement Scotland of services for adults during the course of 2017/18.

The report intimated that the national inspection guidance was currently being updated to reflect new partnership arrangements and additional expectations around strategic commissioning.

The Care Inspectorate and Healthcare Improvement Scotland would give the HSCP 12 weeks' notice before commencing any inspection. At the meeting of the Chief Officers Group held on 13 February 2017 it had been agreed that an action plan be developed in preparation of the joint inspection.

DECIDED: That the report be noted.

8 CHAIRMAN'S UPDATE

Councillor McMillan thanked members of the Joint Board and the staff of Renfrewshire HSCP and Renfrewshire Council for their contribution to the work of the IJB and for their assistance to him during his period as Chair.

He advised that during his time as Chair he had particularly enjoyed meeting with front-line staff and seeing first-hand the great work carried out by front-line services.

Councillor McMillan wished the new Chair and members of the IJB best wishes for the future.

Dr Donny Lyons thanked the Chair and those Councillors who were not returning for their contribution and commitment to the work of the Joint Board and David Leese thanked the Chair for his assistance to him during his period as Chief Officer and wished him well for the future.

Councillor McMillan advised that Katrina Philips would be taking up a new Head of Service post within Glasgow Health and Social Care Partnership and wished her well for the future.

9 **DATE OF NEXT MEETING**

DECIDED: That it be noted that the next meeting of the IJB would be held at 9.30 am on 23 June 2017 in the Abercorn Business Centre.

To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Director of Finance & Resources, Renfrewshire Council

Heading: Renfrewshire Council Members Appointed to Integration Joint Board and Voting Members of the Audit Committee

1. Summary

- 1.1 At the statutory meeting of Renfrewshire Council held on 18 May 2017 it was decided that the following elected members be appointed to the Integration Joint Board as voting members:

Councillor Jacqueline Cameron;
Councillor Jennifer Adam-McGregor;
Councillor Lisa-Marie Hughes; and
Councillor Scott Kerr.

- 1.2 It was further decided that the following elected members be appointed to the Integration Joint Board as substitute voting members:

Councillor Cathy McEwan;
Councillor Michelle Campbell;
Councillor Jim Paterson; and
Councillor Jane Strang.

- 1.3 In accordance with the terms of the Integration Scheme, Councillor Jacqueline Cameron has been appointed as the Chair of the Integration Joint Board until September 2017 when she will then take up the position of Vice Chair.

- 1.4 Dr Donny Lyons, the current Vice Chair, will then be appointed as Chair of the Integration Joint Board in September 2017.

- 1.5 The Integration Joint Board established and Audit Committee which came into being on 1 April 2016. It was agreed that its membership would comprise two voting members from the Health Board, two from the Council and two from the non-voting membership. It was also agreed that the Chair of the Audit Committee must not be the Chair of the Integration Joint Board or be a representative of the same constituent authority as the Chair of the Integration Joint Board.

- 1.6 Following the appointment of new Council representatives on the Integration Joint Board, the four Council voting members are invited to nominate two of their number to sit on the Audit Committee and also invited to propose which of the two nominated members is to be Vice Chair of the Audit Committee.
 - 1.7 Although not required to do so, the four Health Board voting members many wish to consider whether to change their existing representation on the Audit Committee.
-

2. Recommendations

- 2.1 That the appointment of the Council voting members and substitute voting members to the Integration Joint Board be noted;
 - 2.2 That it be noted that Councillor Jacqueline Cameron has been appointed as Chair of the Integration Joint Board until September 2017 when she will then take up the position of Vice Chair;
 - 2.3 That it be noted that Dr Donny Lyons will then be appointed as Chair of the Integration Joint Board in September 2017 and as a result of this will vacate his position as Chair of the IJB Audit Committee;
 - 2.4 That in line with the proposed approach to the appointment of members of the Audit Committee, the four Council voting members are invited to nominate two of their number to sit on the Audit Committee and also invited to propose which of the two nominated members is to be Vice Chair of the Audit Committee; and
 - 2.5 That the four Health Board voting members are invited to consider their representation on the Audit Committee.
-

Implications of the Report

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

identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the NHS GC&C website.

8. Health & Safety - none.

9. Procurement - none.

10. Risk - none.

11. Privacy Impact - none.

List of Background Papers – none.

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To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2016 to 31 March 2017

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue and Capital Budget year end outturn position for the HSCP for the financial year 2016/17.
-

2. Recommendation

- 2.1. It is recommended that the IJB:
- Note the year-end financial position;
 - Agree the general reserves position for application in 2017/18 to mitigate any budget volatility and failure to deliver on approved savings plans (detailed in paragraphs 4.1; 8.4; 8.5); and
 - Agree the earmarked reserves position for application in 2017/18 (detailed in paragraph 8.5).
-

3. Summary

- 3.1. The overall revenue position for Renfrewshire HSCP at 31 March 2017 was a breakeven position after the movement of planned underspends to create reserves for use in 2017/18.

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	breakeven	£6k underspend
Renfrewshire Health Services	breakeven	Breakeven
Total Renfrewshire HSCP	Breakeven	£6k underspend

- 3.2. The key pressures are highlighted in Sections 4 and 5.
- 3.3. Appendix 3 and 4 provide a reconciliation of the main budget adjustments applied this current financial year to bring us to the net budget as reported.
-

4. **Social Work – Adult Services**

Current Position:	breakeven
Previously Reported:	Net underspend £6k

4.1. **Older People**

Current Position:	Net underspend of £423k
Previously Reported:	Net underspend of £326k

As reported throughout the course of the year, demand pressures have continued to be experienced on the Care at Home Service. These pressures have been partially offset by vacancies within HSCP managed, Local Authority owned Care Homes, which have been recruited to, and, through the application of resources passed over to the IJB as part of the 2016/17 Council budget allocation to the HSCP. The overall position within Older People's services was a net underspend after the application of these resources.

Members should note that, as planned, the balance of the 2016/17 Council budget allocation to the HSCP has been moved to the IJB's reserves and it is recommended that this is held in reserves to be drawn down in 2017/18 to offset the continuing pressures within the Care at Home service.

4.2. **Physical Disabilities**

Current Position:	Net overspend of £514k
Previously Reported:	Net overspend of £229k

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

4.3. **Learning Disabilities**

Current Position:	Net underspend of £50k
Previously Reported:	Net overspend of £64k

This underspend was due to the impact of vacancies throughout 2016/17 along with a better than anticipated level of income recovery from chargeable services. These offset ongoing pressures within the Adult Placement budget.

4.4. **Addictions**

Current Position:	Net underspend of £35k
Previously Reported:	Net overspend of £18k

The underspend within Addiction Services reflected the client profile of care packages within this area.

5. **Renfrewshire Health Services**

Current Position:	Breakeven
Previously Reported:	Breakeven

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

Current Position:	Net underspend of £197k
Previously Reported:	Net underspend of £151k

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

5.2. **Children's Services**

Current Position: Net underspend of £395k
Previously Reported: Net underspend of £262k

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

5.3. **Learning Disabilities**

Current Position: Net underspend of £85k
Previously Reported: Net underspend of £78k

As reported throughout 2016/17, the under spend within Learning Disabilities reflected staff turnover within this area of the service and the allocation of the revised RAM (Resource Allocation Methodology) budget which enabled additional posts associated with the revised RAM to be recruited to.

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

Current Position: Net underspend of £223k
Previously Reported: Net underspend of £205k

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

5.5. **Mental Health**

Current Position: Net overspend of £654k
Previously Reported: Net overspend of £561k

This overspend was due to a number of contributing factors within both adult and in-patient services.

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

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

Current Position: Net overspend of £285k
Previously Reported: Net overspend of £241k

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

5.7. Prescribing

Current Position: Breakeven
Previously Reported: Breakeven

The year-end reported GP Prescribing position was based on the actual position for the year to 28 February 2017 (Appendix 5). The overall position across all Partnerships to 28 February 2017 was an underspend of (£1.502m) with Renfrewshire HSCP reporting a £0.181m underspend. However, under the risk sharing arrangement across NHSGGC this was adjusted to report a cost neutral position.

6. 2016/17 Capital Programme

Description	Budget	Spend to Date	Still to Spend
Anchor Centre Roof Replacement	£400k	£314k	£86k
Total SW	£400k	£314k	£86k

- 6.1. Work on the roof replacement is now complete and the final account has been agreed. The final cost of the works was £354k. The remaining balance of the budget has been used to fund areas of damage from historical water ingress to the ceilings and light-wells (serving the roof-lights).

7. Garden Assistance Scheme and Housing Adaptations

Description	Opening Budget	Revised Budget	Year-end Outturn	Variance
Garden Assistance Scheme	£296k	£296k	£369k	(£73)k
Housing Adaptations	£932k	£770k	£770k	£0k
Total	£1,228k	£1,066k	£1,139k	(£73)k

- 7.1. The summary position for the period to 31 March 2017 is reported in the table above, and reports a year end overspend of £73k on the Garden Assistance Scheme (Renfrewshire Council's Housing Revenue Account budget is liable for any overspends on this budget) and a breakeven for Housing Adaptations. Members should note that the housing adaptations budget is showing as a breakeven as the budget has been amended to reflect a carry forward of £162k into 2017/18.

8. 2017/18 Reserves

- 8.1 The IJB Reserves Policy recommends that Reserves will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan and subject to ongoing review dependent on the financial position of the partnership (Renfrewshire IJB Financial Governance Manual). In recognition of the size and scale of the HSCP's responsibilities and the challenging financial climate, a prudent level of general reserve was agreed at a maximum

of 2% of the net budget of the IJB, depending on the year end position and ability at that time to transfer monies into a reserve for future use.

8.2 For the IJB, reserves can be held for three main purposes:

- a working balance to help cushion the impact of uneven cash flows;
- a contingency to cushion the impact of unexpected events or emergencies (this also forms part of the general reserves); and
- a means of building up funds, often referred to as earmarked reserves, to meet known or predicted requirements; earmarked reserves are accounted for separately but remain legally part of the General Fund.

8.3 The opening reserves position for 2016/17 was £0 as Renfrewshire IJB did not have full delegation of services until 1 April 2016 and could not therefore carry forward any balances into Reserves for the financial year 2016/17.

8.4 Early in 2016/17, the Chief Finance Officer, considering the climate of on-going financial austerity and increasing demand, made the decision to hold back on the application of the use of a proportion of the Social Care Fund allocated by the Scottish Government in 2016/17 for driving forward service redesign to shift the balance of care. This prudent approach has enabled the increasing demand and associated cost pressures within the care at home service and Adult Supported Placements to be funded in 2016/17 leaving a balance of £1.519m (para 8.8) to be transferred to reserves for use in 2017/18 to meet ongoing pressures within the adult social care service budget.

8.5 In addition, given the significant budget gap to be met for 2017/18, with regards to the Health budget allocation, the Chief Officer and Chief Finance officer worked with the senior management team on a number of cost containment programmes through the final quarter of 2016/17 to enable reserves of £1.125m to be created to assist in covering this gap and £0.756m in ear marked reserves to meet specific commitments in 2017/18 (para 8.8).

8.6 Members will also note that the table in paragraph 8.8 includes earmarked reserves of £2.094m in respect of Primary Care balances carried forward by Renfrewshire HSCP (as the host authority), on behalf of the 6 NHSGGC HSCP's.

8.7 The IJB's reserves are classified as either Usable (General) or Earmarked Reserves.

8.8 The table overleaf shows a breakdown of the general reserve and earmarked reserve balances:

General Reserves	2015/16 £000's	2016/17 £000's
Renfrewshire HSCP - Health delegated budget 2016/17 under spend carried forward	-	1,125
Renfrewshire Council 2016/17 underspend carried forward	-	1,519
TOTAL GENERAL RESERVES	-	2,644

Earmarked Reserves	2015/16 £000's	2016/17 £000's
Renfrewshire HSCP – Health delegated budget planned contribution to reserve:		
Primary Care Fund	-	1,100
GP Digital Transformation	-	289
GP Primary Scan Patient Records	-	705
Earmarked Reserves on behalf of the 6 NHSGCC HSCP's	-	2,094
Funding for Temp Mental Health Posts	-	82
Primary Care Transformation Fund Monies	-	39
District Nurse 3 Year Recruitment Programme	-	150
Health and Safety Inspection Costs to Refurbish Mental Health Shower Facilities	-	35
Prescribing Funding Shortfall	-	450
RENFREWSHIRE HSCP – Health		756
TOTAL EARMARKED RESERVES	-	2,850

Implications of the Report

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

List of Background Papers – None

Author: Sarah Lavers, Chief Finance Officer

**Social Work Revenue Budget Position
1st April 2016 to 31st March 2017**

Subjective Heading	Annual Budget £000's	Actual to Date £000's	Variance		
			£000's	%	
Employee Costs	28,709	28,454	255	0.9%	underspend
Property Costs	807	777	30	3.7%	underspend
Supplies and Services	1,676	1,716	(40)	-2.4%	overspend
Contractors	51,312	52,465	(1,153)	-2.2%	overspend
Transport	776	726	50	6.4%	underspend
Administrative Costs	257	239	18	7.0%	underspend
Payments to Other Bodies	7,689	7,633	56	0.7%	underspend
Capital Charges	-	-	-	0.0%	breakeven
Gross Expenditure	91,226	92,010	(784)	-0.9%	overspend
Income	(30,402)	(31,186)	784	-2.6%	underspend
NET EXPENDITURE	60,824	60,824	-	0.00%	breakeven

Position to 31st March is a breakeven of **£0** **0.00%**

Client Group	Annual Budget £000's	Actual to Date £000's	Variance		
			£000's	%	
Older People	39,671	39,248	423	1.1%	underspend
Physical or Sensory Difficulties	6,265	6,779	(514)	-8.2%	overspend
Learning Disabilities	12,544	12,494	50	0.4%	underspend
Mental Health Needs	988	982	6	0.6%	underspend
Addiction Services	706	671	35	5.0%	underspend
Integrated Care Fund	650	650	-	0.0%	breakeven
NET EXPENDITURE	60,824	60,824	-	0.00%	breakeven

Position to 31st March is a breakeven of **£0** **0.00%**

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

Subjective Heading	Annual Budget £000's	Actual to Date £000's	Variance		
			£000's	%	
Employee Costs	44,366	43,718	648	1.5%	underspend
Property Costs	20	33	(13)	-65.0%	overspend
Supplies and Services	11,203	11,874	(671)	-6.0%	overspend
Purchase of Healthcare	98	56	42	42.9%	underspend
Resource Transfer	25,646	25,646	-	0.0%	breakeven
Family Health Services	81,369	81,375	(6)	0.0%	overspend
Savings			-	0.0%	breakeven
Capital Charges			-	0.0%	breakeven
Gross Expenditure	162,702	162,702	-	0.0%	breakeven
Income	(5,025)	(5,025)	-	0.0%	breakeven
NET EXPENDITURE	157,677	157,677	-	0.00%	breakeven

Position to 31st March is a breakeven **£0** **0.00%**

Client Group	Annual Budget £000's	Actual to Date £000's	Variance		
			£000's	%	
Addiction Services	2,501	2,501	-	0.0%	breakeven
Adult Community Services	13,220	13,023	197	1.5%	underspend
Children's Services	5,408	5,013	395	7.3%	underspend
Learning Disabilities	1,129	1,044	85	7.5%	underspend
Mental Health	18,922	19,576	(654)	-3.5%	overspend
Hosted Services	5,173	4,950	223	4.3%	underspend
Prescribing	35,007	35,007	-	0.0%	breakeven
GMS	22,842	22,842	-	0.0%	breakeven
Other	20,864	20,864	-	0.0%	breakeven
Planning and Health Improvement	1,122	1,083	39	3.5%	underspend
Other Services	2,353	2,638	(285)	-12.1%	overspend
Resource Transfer	25,646	25,646	-	0.0%	breakeven
Integrated Care Fund	3,490	3,490	-	0.0%	breakeven
NET EXPENDITURE	157,677	157,677	-	0.00%	breakeven

Position to 31st March is a breakeven **£0** **0.00%**

for information:

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

2016/17 Adult Social Care Financial Allocation to Renfrewshire HSCP

	£k
2016/17 Renfrewshire HSCP Opening Budget:	60,875.2
	60,875.2

Adjustments to Base Budget:

Net Payroll Adjustments reflecting transfers of staff to HSPC / Council	14.8
Sensory Impairment additional non-recurring monies	40.0
Rates temp budget adjustment	42.0
Adaptations transfer to Housing re Care and Repair increase	-197.0
Adult Social Care Budget as reported @ 16 September 2016	60,775.0






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

Renfrewshire Council Contribution to CO and CFO Salaries	125.0
Net budget virement to Children's services (RT)	-19.2
Budget virements to Corporate Finance re transfer of property budgets, funding of AWI solicitor	-83.9
Net budget virement from Children's services and Corporate Finance re split of former SW budget	51.5
Adult Social Care Budget as reported @ 31 March 2017	60,875.8

Appendix 4

2016/17 Health Financial Allocation to Renfrewshire HSCP		£k
2015/16 Renfrewshire HSCP Closing Budget:		149,525.5
less: non recurring budgets (allocated annually)		-4,644.9
= base budget rolled over		144,880.6
Additions:		
Pay increases		511.1
National Insurance rebate withdrawal cover		762.8
Superannuation auto enrolment		108.3
Resource Transfer uplift (1.7%)		282.0
Non-pay inflationary uplifts		51.3
Social Care Integration Fund to transfer to Council		8,774.0
		10,489.5
Reductions:		
Transfer of facilities budget to Corporate		-7.0
Transfer of depreciation budget to Corporate		-1,592.0
Realignment of GMS / FHS budgets		-833.8
		-2,432.8
Savings:		
Agreed 2016/17 savings		-496.0
Unallocated savings applied by NHS GGC		-1,378.2
		-1,874.2
Budget allocated as per 2016/17 Financial Allocation 5th July 2016		151,063.1
Budget Adjustments posted in month 4		
Keepwell funding 16/17		31.8
Auto enrolment		73.9
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)		123.4
Family Health Services Adjustment		-78.0
Prescribing budget increase		1,949.8
ICF payments to Acute (to be reversed)		-259.9
		1,841.0
Budget Adjustments posted in month 5 and 6		
Keepwell funding 16/17		-31.8
Final RAM adjustments		337.9
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)		40.9
Family Health Services Adjustment		641.1
Transfer of Facilities budgets		-619.2
adjustments for in-year non-recurring monies		1,800.0
		2,168.9
Health Budget as reported @ 30 September 2016		155,073.0
Budget Adjustments posted in month 7		
Drugs Uplift		32.0
Rates budget to Corporate sector		-280.5
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)		89.6
Additional non-recurring budgets from centre		-28.1
		-187.0
Health Budget as reported @ 31 October 2016		154,886.0
Budget Adjustments posted in month 8		
Rates budget to Corporate sector		-31.5
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)		-6.0
		-37.5
Health Budget as reported @ 30 November 2016		154,848.5
Budget Adjustments posted in month 9		
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)		-0.4
		-0.4
Health Budget as reported @ 31 December 2016		154,848.1
Budget Adjustments posted in month 10		
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)		-0.4
Additional non-recurring budgets from centre		1,412.2
		1,411.8
Health Budget as reported @ 31 January 2017		156,259.9
Budget Adjustments posted in month 11		
Telephones budget to Corporate sector		-34.2
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)		422.8
Urgent upgrades / renovations to Capital		-392.4
		-3.8
Health Budget as reported @ 28 February 2017		156,256.1
Budget Adjustments posted in month 12		
Staffing budget adjustments and general uplifts (staff transfers/ uplifts)		16.6
Realignment of GMS / FHS budgets		1,404.2
		1,420.8
Health Budget as reported @ 31 March 2017		157,676.9

GP Prescribing to February 2017 (£000)

	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Var %</u>	<u>Prev Mth</u> <u>Var %</u>
Glasgow South	43,239	42,964	275	0.6%	0.5%
Glasgow North East	37,936	37,220	716	1.9%	1.8%
Glasgow North West	36,620	35,927	693	1.9%	1.7%
Glasgow City	117,795	116,111	1,684	1.4%	1.3%
Renfrewshire	32,085	31,904 	181	0.6%	0.4%
West Dunbartonshire	17,582	17,592	-10	-0.1%	-0.2%
East Dunbartonshire	17,115	17,280 	-165	-1.0%	-1.2%
Inverclyde	16,364	16,554	-190	-1.2%	-1.2%
East Renfrewshire	14,157	14,155	2	0.0%	0.3%
Total HSCPs	215,098 	213,596 	1,502	0.7%	0.6%
Central Services	5,682	5,630 	52	0.9%	1.7%
Total (GIC)	220,780	219,226	1,554	0.7%	0.6%

To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Finance Officer

Heading: Local Code and Sources of Assurance for Governance Arrangements

1. Summary

- 1.1 The purpose of this report is to consider a Local Code with sources of assurance for adoption by the Integration Joint Board to review and assess its governance arrangements.
-

2. Background

- 2.1 Renfrewshire IJB is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and ensuring that its business is conducted under public sector best practice governance arrangements including ensuring that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The IJB also fosters a culture of continuous improvement in the performance of its functions and to make arrangements to secure best value.
- 2.2 Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the IJB.
- 2.3 In discharging these responsibilities, the Chief Officer has a reliance on the NHS and Local Authority systems of internal control that support compliance with both parent organisations policies, and, promotes achievement of each organisations aims and objectives, as well as those of the IJB.
- 2.4 In order to demonstrate this, a governance statement for the IJB is produced each year, which is included within the Annual Accounts. The IJB is also required to review and assess the effectiveness of its governance arrangements and control environment annually.
- 2.5 As part of this, the Chief Internal Auditor reviewed the effectiveness of the IJB's governance arrangements and control environment, and it was the Chief Auditor's opinion that there were no significant issues and that a reasonable assurance could be placed on it.
-

3. Recommendation

- 3.1 It is recommended that the IJB:
- Approve the use of the sources of assurance, listed in Appendix 1, and the establishment of a local code of governance based on the governance

4. Delivering Good Governance in Local Governance

- 4.1 The Chartered Institute of Public Finance & Accountancy (CIPFA) *Delivering Good Governance in Local Governance Framework* defines a set of principles that should underpin the governance of local government organisations. The objective of the Framework is to help local government in taking responsibility for developing and shaping an informed approach to governance, aiming at achieving the highest standards in a measured and proportionate way. Whilst the Framework is written in a local authority context, most of the principles are applicable to the IJB, particularly as the legislation recognises IJBs as Section 106 local government bodies (as per Part VII of the Local Government [Scotland] Act 1973) - and therefore subject to the local authority accounting code of practice.

5. Local Code and Sources of Assurance

- 5.1 The review of the IJB's governance framework is supported by processes within Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC). Within the Council, a self-assessment governance questionnaire and certificate of assurance is completed by the Chief Officer on an annual basis. The responses to these are considered as part of the review of the Council's governance framework. A similar process is in operation within NHSGGC where the Chief Officer is provided with a 'self-assessment checklist' to complete and return as evidence of the review of key areas of the internal control framework.
- 5.2 The IJB's approved Annual Governance Statement for 2015/16 confirmed that it had adopted governance arrangements that were consistent with the principles of CIPFA's and the Society of Local Authority Chief Executives' (SOLACE) framework 'Delivering Good Governance in Local Government: Framework' and the Statement explained how the IJB complied with the Framework and also met the Code of Practice on Local Authority Accounting in the UK.
- 5.3 While the Framework is written in a Local Authority context, most of the principles are applicable to the IJB, particularly as legislation recognises IJBs as a local government body under Part VII of the Local Government (Scotland) Act 1973, and therefore subject to the Local Authority Accounting Code of Practice.
- 5.4 It is proposed that Renfrewshire IJB establishes a Local Code of Corporate Governance based on the seven principles of CIPFA's and SOLACE's Framework:
1. behaving with integrity, demonstrating strong commitment to ethical values and representing the role of the law;
 2. ensuring openness and comprehensive stakeholder engagement;
 3. determining outcomes in terms of sustainable economic, social and environmental benefits;
 4. determining the interventions necessary to optimise the achievement of intended outcomes;
 5. developing the entity's capacity, including the capability of its leadership and the individuals within it;

6. managing risk and performance through robust internal control and strong public financial management and
7. implementing good practices in transparency, reporting and audit to deliver effective accountability.

5.5 It is also proposed that the Chief Internal Auditor's annual review and assessment of the IJB's governance arrangements and control environment continues to be framed within the context of the seven CIPFA/SOLACE good governance principles. Attached at Appendix A are the proposed sources for assessing the IJB's compliance for each governance principle.

5.6 This Code reinforces the requirements of the Standards Commission for Scotland that - as per the approved Standing Orders of the HSCP members of the IJB shall comply with the Code of Conduct for Members of Devolved Public Bodies and the Guidance relating to that Code of Conduct (both of which are incorporated into those Standing Orders). As such, this Code of Good Governance should work alongside the IJB's local *Code of Conduct for Members*, which emphasises the obligation on the IJB – both individually and collectively – to exemplify in their conduct the following principles:

- **Duty:** You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of Renfrewshire HSCP (RHSCP) IJB and in accordance with the core functions and duties of the IJB.
- **Selflessness:** You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.
- **Integrity:** You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.
- **Objectivity:** You must make decisions solely on merit and in a way that is consistent with the functions of RHSCP IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.
- **Accountability and Stewardship:** You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that RHSCP IJB uses its resources prudently and in accordance with the law.
- **Openness:** You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.
- **Honesty:** You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership:** You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of RHSCP IJB and its members in conducting public business.
- **Respect:** You must respect fellow members of RHSCP IJB and employees of related organisations supporting the operation of the IJB and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of RHSCP IJB.

Implications of the Report

1. **Financial – Nil**
2. **HR & Organisational Development – Nil**
3. **Community Planning – Nil**
4. **Legal – Nil**
5. **Property/Assets – Nil**
6. **Information Technology** – managing information and making information available may require ICT input.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety – Nil**
9. **Procurement – Nil**
10. **Risk – Nil**
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

Appendix 1: Sources for Assurance

Governance Principles		
Principle A		
Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of the law.		
Sources of Assurance		
IJB	RENFREWESHIRE COUNCIL	NHSGGC
<ul style="list-style-type: none"> • Integration Scheme • Governance Arrangements and Structure (IJB and Committees) • Standing Orders • Code of Conduct • Declaration of Interests • IJB Induction • IJB Development Programme • Financial Regulations • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Annual Audit Report • Audit Plans (Internal and Third Party) • Information Governance (Freedom of Information, Records Management and Information Sharing) • Clinical and Care Governance Arrangements and Reporting 	<ul style="list-style-type: none"> • Standing Orders • Senior Officers Register of Interests • Scheme of Delegation • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Statutory Officers and Statutory Appointments • Financial Regulations/Procedures • Financial Reporting and Scrutiny across Management Structures (e.g., budget monitoring) • Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting • Information Governance (Freedom of Information, Records Management, Information Sharing and Information and Physical Security) • Employee Code of Conduct • HR Policies and Procedures • Declaration of Interests (required staff) • Gifts and Hospitality Declaration • Anti-Bribery/Fraud Policy • Complaints Policy and Procedures • Equalities Arrangements (including EQIAs, working groups and staff groups) 	<ul style="list-style-type: none"> • Standing Orders • Schedule of Reserved Decisions • Scheme of Delegation and Standing Financial Instructions • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Register of Interests • Financial Procedures • Financial Reporting and Scrutiny across Management Structures • Clinical Governance and Integrated Clinical and Professional Governance Arrangements and Reporting • Fraud Policy • Information Governance (Freedom of Information, Records Management, Information Sharing and Information Security) • Staff Survey (iMatters) • Code of Conduct • NHSGGC Board Members Code of Conduct • eKSF Processes/Objective Setting • HR Policies and Procedures • Complaints Policy and Procedures • Equalities Arrangements (including

	<ul style="list-style-type: none"> • Information Governance (Freedom of Information, Records Management and Information Sharing) • Health and Safety Arrangements (including policies and procedures and audits) • Workforce Plan (including Organisational Development Strategy) • Supervision and Personal Development Plan Framework • Staff Induction • Staff Survey • Communications Strategy including Joint Media protocol • Staff Engagement Opportunities 	<ul style="list-style-type: none"> • EQIAs, working groups and staff groups) • Health and Safety Arrangements (including policies and procedures and audits) • Workforce Plan (including Organisational Development Strategy) • Supervision and Personal Development Plan Framework • Staff Induction • Staff Survey • Communications Strategy including Joint Media protocol • Staff Engagement Opportunities • Whistleblowing Policy
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Principle B Ensuring openness and comprehensive stakeholder engagement.		
Sources of Assurance		
IJB	RENFREWSHIRE COUNCIL	NHSGGC
<ul style="list-style-type: none"> Governance Arrangements and Structure (IJB and Committees) IJB Membership (incl. Stakeholder Members for patients/service users, carers, third and independent sectors and Trade Unions) Publication of IJB and Committee papers Strategic Plan On-going Development of Other Strategies/Plans (e.g., Children and Young People Services Plan, Dementia Strategy, Commissioning and Procurement Strategy and Communications Strategy) Locality Plans Participation and Engagement Strategy Equalities Mainstreaming and Outcome Plan Communications Strategy including Joint Media Protocol Locality Engagement Forums Public Petitions Information Governance (Freedom of Information, Records Management and Information Sharing) 	<ul style="list-style-type: none"> Governance Arrangements and Reporting (including Management Structures, Groups and Forums) Webcast of Council Meetings Complaints Procedure Petitions Board Community Planning Partnership Implementation of the Community Empowerment (Scotland) Act 2015 Strategic Plan Performance Management Framework and Reporting Information Governance (Freedom of Information, Records Management and Information Sharing) Publication of Committee papers and minutes Workforce Plan (including Organisational Development Strategy) Supervision Framework Staff Survey Communications Strategy including Joint Media Protocol Staff Engagement Opportunities Equalities Arrangements (including EQIAs, working groups and staff groups) Trade Union liaison and engagement 	<ul style="list-style-type: none"> NHSGGC Feedback Service NHSGGC Local Delivery Plan Governance Arrangements and Reporting (including Management Structures, Groups and Forums) Register of Interests Performance Management Framework and Reporting Information Governance (Freedom of Information, Records Management, Information Sharing and Information Security) Publication of Board papers Workforce Plan (including Organisational Development Strategy) Supervision Framework Staff Survey Communications Strategy including Joint Media Protocol Staff Engagement Opportunities Equalities Arrangements (including EQIAs, working groups and staff groups) Trade Union liaison and engagement

Principle C Defining outcomes in terms of sustainable economic, social and environmental benefits.			
Sources of Assurance			
IJB	RENFREWSHIRE COUNCIL	NHSGGC	
<ul style="list-style-type: none"> • Strategic Plan • Locality Plans • On-going Development of Other Strategies/Plans (e.g., Children and Young People Services Plan, Dementia Strategy, Commissioning and Procurement Strategy and Communications Strategy) • Performance Management Framework and Reporting • Annual Performance Report 	<ul style="list-style-type: none"> • Strategic Plan and Other Plans (e.g., Children's Services Plan, Annual Service Plan and Improvement Report (ASPIR)) • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Performance Management Framework and Reporting • Annual Performance Report 	<ul style="list-style-type: none"> • NHSGGC Local Delivery Plan • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Performance Management Framework and Reporting • Annual Performance Report 	

Principle D Determining the interventions necessary to optimise the achievement of intended outcomes.		
Sources of Assurance		
IJB	RENFREWSHIRE COUNCIL	NHSGGC
<ul style="list-style-type: none"> • Risk Management Strategy and Procedure and Reporting • Budget Monitoring and Reporting • Performance Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • Clinical and Care Governance Arrangements and Reporting • Information Governance Assurance (Freedom of Information, Records Management and Information Sharing) 	<ul style="list-style-type: none"> • Risk Management Strategy and Procedure and Reporting • Resilience Plans and Arrangements (Business Continuity and Emergency Plans) • Budget Monitoring, Reporting and Financial Planning • Performance Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting • Information Governance Assurance (Freedom of Information, Records Management, Information Sharing and Information and Physical Security) • Health and Safety Arrangements (including policies and procedures and audits) 	<ul style="list-style-type: none"> • Risk Management Strategy and Procedure and Reporting • Resilience Plans and Arrangements (Business Continuity and Emergency Plans) • Budget Monitoring and Reporting • Performance Management Framework and Reporting • Audit Plans and Assurance (Internal and Third Party) • Clinical Governance and Integrated Clinical and Professional Governance Arrangements and Reporting • Information Governance Assurance (Freedom of Information, Records Management, Information Sharing and Information Security) • Health and Safety Arrangements (including policies and procedures and audits)

Principle E Developing the entity's capacity, including the capability of its leadership and individuals within it.			
Sources of Assurance			
IJB	RENFREWSHIRE COUNCIL	NHSGGC	
<ul style="list-style-type: none"> • Workforce Plan (including Organisational Development Strategy) • IJB Induction • IJB Development Programme 	<ul style="list-style-type: none"> • Workforce Plan (including Organisational Development Strategy) • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Clinical and Care Governance Arrangements and Reporting • Elected Member Induction, Training and Development • Staff Induction • Leadership, First Line Management and Staff Development and Training Opportunities • Supervision and Personal Development Plan Framework • Staff Groups for Equalities and Diversity • Trade Union liaison and engagement 	<ul style="list-style-type: none"> • Workforce Plan (including Organisational Development Strategy) • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Clinical and Care Governance Arrangements and Reporting • Board Members Induction • Staff Induction • Leadership, First Line Management and Staff Development and Training Opportunities • Supervision and Personal Development Plan Framework • Staff Groups for Equalities and Diversity • Trade Union liaison and engagement (Staffside) 	

Principle F Managing risk and performance through robust internal control and strong public financial management.			
Sources of Assurance			
IJB	RENFREWSHIRE COUNCIL	NHSGGC	
<ul style="list-style-type: none"> • Integration Scheme • Financial Regulations • Budget Monitoring and Reporting • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Annual Audit Report • Risk Management Strategy and Procedure and Reporting • Audit Plans and Assurance (Internal and Third Party) • Clinical and Care Governance Arrangements and Reporting • Information Governance (Freedom of Information, Records Management and Information Sharing) 	<ul style="list-style-type: none"> • Financial Regulations/Procedures • Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) • Risk Management Strategy and Procedures and Reporting • Anti-Bribery/Fraud Policy • Audit Plans and Assurance (Internal and Third Party) • Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting • Information Governance Assurance (Freedom of Information, Records Management, Information Sharing and Information and Physical Security) • Procurement regulations, training and development • Contract Management Framework • Project Management Framework 	<ul style="list-style-type: none"> • Schedule of Reserved Decisions • Scheme of Delegation and Standing Financial Instructions • Governance Arrangements and Reporting (including Management Structures, Groups and Forums) • Financial Procedures • Financial Reporting and Scrutiny across Management Structures • Risk Management Strategy and Procedures and Reporting • Fraud Policy • Audit Plans and Assurance (Internal and Third Party) • Clinical and Care Governance Arrangements and Reporting • Information Governance (Freedom of Information, Records Management, Information Sharing and Information Security) 	

Principle G Implementing good practices in transparency, reporting and audit to deliver effective accountability.			
Sources of Assurance			
IJB	RENFREWSHIRE COUNCIL	NHSGGC	
<ul style="list-style-type: none"> IJB and Committee Reporting Framework and Schedule Publication of IJB and Committee papers Financial Regulations Financial Reporting (e.g., Budget Monitoring, Financial Allocations and Budgets and Capital Programme) Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) Annual Audit Report Risk Management Strategy and Procedure and Reporting Performance Management Framework and Reporting Annual Performance Report Audit Plans and Assurance (Internal and Third Party) Clinical and Care Governance Arrangements and Reporting 	<ul style="list-style-type: none"> Committee Reporting Framework and Schedule Publication of Committee papers and minutes Financial Regulations/Procedures Financial Reporting and Scrutiny across Management Structures (e.g., Budget Monitoring) Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) Risk Management Strategy and Procedure and Reporting Performance Management Framework and Reporting Annual Performance Report Audit Plans and Assurance (Internal and Third Party) Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting Revised remit for Audit, Risk and Scrutiny Board 	<ul style="list-style-type: none"> Committee Reporting Framework and Schedule Publication of Board papers Financial Regulations/Procedures Financial Reporting and Scrutiny across Management Structures (e.g., Budget Monitoring) Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet) Risk Management Strategy and Procedure and Reporting Performance Management Framework and Reporting Audit Plans and Assurance (Internal and Third Party) Clinical and Care Governance Arrangements and Reporting 	

Appendix 2 - Good Governance Code

Renfrewshire Integration Joint Board (IJB)

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Public Sector organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance (also includes self-assessment tools and sources of further guidance)	Evidenced By	Score	Improvement Actions
A1.1	Behaving with integrity	Ensuring IJB members, elected members, non-executive NHS board members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation.	<ul style="list-style-type: none"> Codes of conduct Individual sign off with regard to compliance with code Induction for IJB members and staff on standard of behaviour expected Performance appraisals 	<ol style="list-style-type: none"> Code of Conduct. Induction sessions, and induction packs. Declaration of Interests. Performance appraisal system in place. 		

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A1.2	Behaving with integrity	Ensuring IJB members, elected members, non-executive NHS board members and officers take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	<ul style="list-style-type: none"> Communicating shared values with members, staff, the community and partners 	<p>Codes of Conduct specifically refer to the 7 principles:</p> <ul style="list-style-type: none"> Induction Process Contract of Employment HR Policies & Procedures 		
A1.3	Behaving with integrity	Leading by example and using these standard operating principles or values as a framework for decision making and other actions	<ul style="list-style-type: none"> Decision making systems Declarations of interests made at meetings Conduct at meetings 	<ol style="list-style-type: none"> Standing Orders, Schemes of Delegation, Financial Regulations; Declarations are standing item on IJB Meeting; Register of Interest retained – covers Members, non executives and Officers; Role of Chair; Disclosure at meetings of interests in meetings for Members. (issue for officers) Audit Committee in place and effective. Elected Members can and are referred to Standards 		

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A1.4	Behaving with integrity	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	<ul style="list-style-type: none"> • Anti-fraud policies are working effectively • Up-to-date register of interests • Up-to-date register of gifts and hospitality • HR Policies & Procedures • Complaints policy and examples of responding to complaints about behaviour • Changes/improvements as a result of complaints received and acted upon • Minutes show declarations of interest were sought and appropriate declarations made 	<p>Committee (external). Officers subject to Code of Conduct/Disciplinary processes.</p> <ol style="list-style-type: none"> 1. Anti-fraud policies in place 2. Register of Interests in place for Members 3. Register of gifts and hospitality in place for Members and staff 4. Code of Conduct 5. Complaints policies in place and reports on complaints performance provided to Committees 6. Outcomes from complaints reported 7. Codes of conduct refer of declaration of interests 8. Minutes provide this information for Members if any are declared, none for officers 		Complaints outcomes should be clearly reported to relevant Committees, including lessons learned and changes implemented

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A2.1	Demonstrating strong commitment to ethical values	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	<ul style="list-style-type: none"> • Scrutiny of decision making • Championing ethical compliance at governing body level 	<ol style="list-style-type: none"> 1. Committee reports require an assessment of the report against strategic priorities, equalities issues, environmental issues and people implications 2. Report formats require consideration of impact on strategic aims and equalities issues 		
A2.2	Demonstrating strong commitment to ethical values	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	<ul style="list-style-type: none"> • Provision of ethical awareness training 	<ol style="list-style-type: none"> 1. Appropriate awareness sessions 2. Procurement processes 		
A2.3	Demonstrating strong commitment to ethical values	Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values	<ul style="list-style-type: none"> • Appraisal processes take account of values and ethical behaviour • Staff appointments policy • Procurement policy 	<ol style="list-style-type: none"> 1. Equalities issues are covered in recruitment processes 2. Procurement policies cover ethical procurement 		
A2.4	Demonstrating strong commitment to ethical values	Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with high ethical standards expected by the organisation	<ul style="list-style-type: none"> • Agreed values in partnership working: <ul style="list-style-type: none"> ◦ Statement of business ethics communicates commitment to ethical values to external suppliers ◦ Ethical values feature 	<ol style="list-style-type: none"> 1. Procurement processes and contracts 		

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			<ul style="list-style-type: none"> in contracts with external service providers Protocols for partnership working 	2. Need to check with protocols on partnership working		
A3.1	Respecting the rule of law	Ensuring IJB members, elected members, non-executive NHS board members and officers and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	<ul style="list-style-type: none"> Statutory provisions and guidance is followed 	<ol style="list-style-type: none"> Appropriate staff are made aware of relevant statute and guidance. Financial Statements are prepared following statutory guidance Statutory provisions and guidance is followed by HR in generating employment policies and guidance Procurement policies and practices are in line with statutory requirements NHS Board and Local Authority Scheme of Delegation highlights relevant legal issues Standing Orders and Financial Regulations advise Members and officers around local government legislative requirements Codes of Conduct for Members and Officers 		

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A3.2	Respecting the rule of law	Creating the conditions to ensure that the statutory officers, other key post holders, non-executive NHS board members and elected members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	<ul style="list-style-type: none"> • Job description/ specifications • Compliance with CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016) • Terms of reference • Committee support 	<ol style="list-style-type: none"> 1. Job profiles for statutory officers are clear on expectations 2. Compliance with CIPFA Code 3. Standing Orders 4. Committee Support 		
A3.3	Respecting the rule of law	Striving to optimise the use of the full powers available for the benefit of communities and other stakeholders	<ul style="list-style-type: none"> • Legal advice provided by officers 	<ol style="list-style-type: none"> 1. Minutes of meetings 2. Records of legal advice provided by Legal Officers 3. Reports on Community involvement 		
A3.4	Respecting the rule of law	Dealing with breaches of legal and regulatory provisions effectively	<ul style="list-style-type: none"> • Monitoring provisions • Record of legal advice provided by officers • Statutory provisions 	<ol style="list-style-type: none"> 1. Consideration of reporting to Standards Commission as required 2. Record of legal advice 3. Standing Orders, Codes of Conduct 		
A3.5	Respecting the rule of law	Ensuring corruption and misuse of power are dealt with effectively	<ul style="list-style-type: none"> • Effective anti-fraud and corruption policies and procedures 	<ol style="list-style-type: none"> 1. Anti-fraud and corruption policies in place 2. External Audit place assurance on work of Internal Audit 		

B. Ensuring openness and comprehensive stakeholder engagement

To ensure the HSCP is run for the public good, the organisation should ensure openness in its activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

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B.1.1	Openness	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	<ul style="list-style-type: none"> • Annual report • Freedom of Information Act publication scheme • Online • Organisational values 	<ol style="list-style-type: none"> 1. Annual report 2. FOI publication scheme in place 3. Strategic Plan identifies aims and values 4. Website provides wide range of information on the services provided and how to access them. 		
B.1.2	Openness	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	<ul style="list-style-type: none"> • Record of decision making and supporting materials 	<ol style="list-style-type: none"> 1. All reports and minutes of meetings are held on the Renfrewshire Council website and are all available to the public; 2. IJB meetings open to press and public; 3. HSCP website under development. 		
B.1.3	Openness	Providing clear reasoning and evidence for decisions in both public records	<ul style="list-style-type: none"> • Decision-making protocols • Meeting reports show 	<ol style="list-style-type: none"> 1. Standing Orders 2. Professional advice provided in the content of reports 3. Minutes of decisions are 		

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		and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. Ensuring that the impact and consequences of those decisions are clear	<p>details of advice given</p> <ul style="list-style-type: none"> • Discussion among all IJB members and officers on the information needs of members to support decision making • Agreement on the information that will be provided and timescales • Calendar of dates for submitting, publishing and distributing timely reports is adhered to 	<p>recorded, some advice may be recorded but not all</p> <p>Information is provided on agreed meeting dates. Further info may be required for a future meeting or as a briefing note to Members</p> <p>Meeting timetable is in place, some reports are published later than outlined in timetable, but never later than the statutory due date</p>		
B1.4	Openness	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/courses of action	<ul style="list-style-type: none"> • Community engagement • Use of consultation feedback 	<ol style="list-style-type: none"> 1. Strategic Plan, Service Plans 2. Community engagement 3. Consultation database with info on previous consultations. 4. Communication strategy and plan in place 		
B2.1	Engaging comprehensively with stakeholders	Effectively engaging with stakeholders to ensure that the purpose, objectives and intended outcomes are clear so that outcomes are achieved successfully and sustainably	<ul style="list-style-type: none"> • Communication strategy 	<ol style="list-style-type: none"> 1. Comprehensive Communication Strategy with detailed Communication Plan covering planned community engagement and consultations in place and linked to the Strategic Planning Group (SPG) 		

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B2.2	Engaging comprehensively with stakeholders	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	<ul style="list-style-type: none"> Database of stakeholders with whom the IJB engages 	<ol style="list-style-type: none"> Partnership agreements in place e.g. Local Authority, NHS, Third Sector Community Planning Partnership should have formal approaches to maximising efficiency and outcomes 		
B2.3	Engaging comprehensively with stake-holders	Ensuring that partnerships are based on: <ul style="list-style-type: none"> trust a shared commitment to change a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit 	<ul style="list-style-type: none"> Partnership protocols 	<ol style="list-style-type: none"> A number of partnership agreements and SLA's in place e.g. Local Authority, NHS, Third Sector Review of effectiveness of partnerships – meet expected outcomes and influence future plans and expectations 		
B3.1	Engaging stake-holders effectively	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with to ensure that service (or other)	<ul style="list-style-type: none"> Record of public consultations Partnership framework 	<ol style="list-style-type: none"> Develop a comprehensive systematic Communication Strategy with detailed Communication Plan covering planned community engagement and consultations 		

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		provision is contributing towards the achievement of intended outcomes				
B3.2	Engaging stake-holders effectively	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	<ul style="list-style-type: none"> Communications strategy 	<ol style="list-style-type: none"> Develop communications Strategy and Plan for CPP Review and update Media Protocol 		
B3.3	Engaging stake-holders effectively	Encouraging, collecting and evaluating the views and experiences of communities, service users and organisations of different backgrounds	<ul style="list-style-type: none"> Communications strategy Joint strategic needs assessment 	<ol style="list-style-type: none"> Communications Strategy/Policy is in place Consultation Strategy Reporting on outcomes of consultations Strategic Planning and Performance Framework Consultation 		<p>Develop a comprehensive systematic Communication Strategy with detailed Communication Plan covering planned community engagement and consultations</p> <p>Consider the approach to identifying and assessing Joint Strategic Needs</p>
B3.4	Engaging stake-holders effectively	Implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account	<ul style="list-style-type: none"> Communications strategy 	Develop a comprehensive systematic Communication Strategy with detailed Communication Plan covering planned community engagement and consultations		

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B3.5	Engaging stake-holders effectively	Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity	<ul style="list-style-type: none"> Processes for dealing with competing demands within the community, for example a consultation 	<ol style="list-style-type: none"> Develop a comprehensive systematic Communication Strategy with detailed Communication Plan covering planned community engagement and consultations Outcomes of consultation processes should be reported in a balanced manner – evidence of effective and balanced reporting of consultation processes, both statutory and non-statutory 		

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The long-term nature and impact of many of the organisation's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance (also includes self-assessment tools and sources of further guidance)	Evidenced By	Evaluation Score	Improvement Actions
C1.1	Defining outcomes	Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions	<ul style="list-style-type: none"> Vision used as a basis for corporate and service planning 	1. Strategic Plan describes the vision and is reflected throughout lower level planning documents and processes		
C1.2	Defining outcomes	Specifying the intended impact on, or changes for, stakeholders. It could be immediately or over the course of a year or longer	<ul style="list-style-type: none"> Community engagement and involvement Corporate and service plans 	1. Strategic Plan describes high level aims of the organisation 2. Service Plans identify intended improvement actions and outcomes 3. SOA in place around Community Planning approach to delivery of outcomes		

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance (also includes self-assessments of further guidance)	Evidenced By	Evaluation Score	Improvement Actions
C1.3	Defining outcomes	Delivering defined outcomes on a sustainable basis within the resources that will be available	<ul style="list-style-type: none"> Regular reports on progress 	<ol style="list-style-type: none"> Service Plans require to identify resource available to deliver the actions and outcomes Progress on delivery of service plans provided to IJB on a regular basis 		<p>Review performance reporting process to ensure delivery of outcomes is reported</p>
C1.4	Defining outcomes	Identifying and managing risks to the achievement of outcomes	<ul style="list-style-type: none"> Performance trends are established and reported upon Risk management protocols 	<ol style="list-style-type: none"> Performance Indicators have tracking of progress and reported to IJB on a regular basis Risk Management Framework in place and up to date 		<p>Ensure reporting on outcomes identifies risk to the successful delivery of outcomes</p>
C1.5	Defining outcomes	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	<ul style="list-style-type: none"> An agreed set of quality standard measures for each service element are included in service plans Processes for dealing with competing demands within the community 	<ol style="list-style-type: none"> Policy on Quality Standards Quality Standards set for each service area or identified in service plans Service planning process should consider community feedback 		<p>Review approach in relation to Quality Standards linked to service planning process</p>
C2.1	Sustainable economic, social and environmental benefits	Considering and balancing the combined economic, social and environmental impact of policies, plans and decisions when taking decisions about service provision	<ul style="list-style-type: none"> Capital investment is structured to achieve appropriate life spans and adaptability for future use so that resources are spent on optimising social, economic and environmental wellbeing: <ul style="list-style-type: none"> Capital programme Capital investment 	<p>Links with NHS and Local Authority to ensure:</p> <ol style="list-style-type: none"> Asset Management Policy and Plans Carbon Management Plan Energy Policy and Strategy Environmental Strategy Economic Regeneration Strategy Capital Investment Strategy 		

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance (also includes self-assessment tools and sources of further guidance)	Evidenced By	Evaluation Score	Improvement Actions
			strategy	7. Reports require EIA, SEA and information on effects of recommendations on Strategic Priorities		
C2.2	Sustainable economic, social and environmental benefits	Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	<ul style="list-style-type: none"> • Discussion between members and officers on the information needs of members to support decision making • Record of decision making 	Links with NHS and Local Authority to ensure: <ol style="list-style-type: none"> 1. Asset Management Policy and Plans 2. Carbon Management Plan 3. Energy Policy and Strategy 4. Environmental Strategy 5. Economic Regeneration Strategy 6. Capital Investment Strategy in place, linked to other Plans and Policies and financial planning processes 7. Reports require EIA, SEA and information on effects of recommendations on Strategic Priorities 8. Report writing protocol requires report writers to check reports with appropriate officers in e.g. Legal and Finance 9. Minutes of decisions and reports provided to support decisions are retained and available to the public 		
C2.3	Sustainable economic, social and	Determining the wider public interest associated with	<ul style="list-style-type: none"> • Record of decision making and supporting materials 	1. Report writing protocol requires report writers to check reports with appropriate officers in e.g.		

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	environmental benefits	balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs	<ul style="list-style-type: none"> Protocols for consultation 	<p>Legal and Finance</p> <ol style="list-style-type: none"> Minutes of decisions and reports provided to support decisions are retained and available to the public Reports require EIA, SEA and information on effects of recommendations on these and on Strategic Priorities Wider Consultation processes define / identify economic, social and environmental issues? 		
C2.4	Sustainable economic, social and environmental benefits	Ensuring fair access to services	<ul style="list-style-type: none"> Protocols ensure fair access and statutory guidance is followed 	<ol style="list-style-type: none"> Equalities policies should assure people that services are accessible to all Accessibility to buildings is considered as part of Property Asset Management Policy/approach Reports protocol requires equalities to be considered 		Consider approach to maximising building accessibility

D. Determining the interventions necessary to optimise the achievement of the intended outcomes

The organisation will achieve its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

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D1.1	Determining interventions	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options.	<ul style="list-style-type: none"> Discussion between members and officers on the information needs of members to support decision making Decision making protocols Option appraisals Agreement of information that will be provided and timescales 	<ol style="list-style-type: none"> All reports where a decision is required should describe options available and make recommendations Majority of reports where a decision is required do provide an options appraisal, but this is not standard 		<p>IJB reports should include a standard section covering the Options Appraisal</p> <p>Definitions as to what an Options Appraisal should include should be provided</p>
D1.2	Determining interventions	Considering feedback from the public and service users when making decisions about service improvements or where services are no longer required in order to prioritise	<ul style="list-style-type: none"> Financial Strategy 	<ol style="list-style-type: none"> Financial Strategy identifies new demands such as through demographic change and real increases in demand experienced Where budget consultation process takes place the outcomes of this are reported to Members as part of the budget setting process. 		Consider means of eliciting views through ongoing consultation processes

		competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts							
D2.1	Planning interventions	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	<ul style="list-style-type: none"> Calendar of dates for developing and submitting plans and reports that are adhered to 	1. Plans and performance reports have set cycles of reporting to IJB Members					
D2.2	Planning interventions	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	<ul style="list-style-type: none"> Communication strategy 	1. Procurement approach is to determine an agreed commissioning strategy for service delivery 2. Engagement with service users regarding options around service delivery 3. Engagement with partner agencies regarding options around service delivery 4. Consultation processes in place to assist in identifying service options					
D2.3	Planning interventions	Considering and monitoring risks facing each partner when working collaboratively including shared risks	<ul style="list-style-type: none"> Partnership framework Risk management protocol 	1. Partnership Agreement documentation 2. Partnership Planning approaches 3. Risk Management Policy				Consider approaches to including partnership risk. Identify, report and monitor	
D2.4	Planning	Ensuring	<ul style="list-style-type: none"> Planning protocols 	1. Planning approach is defined,					

	interventions	arrangements are flexible and agile so that the mechanisms for delivering outputs can be adapted to changing circumstances		however approaches to planned- in flexibilities are not defined		
D2.5	Planning interventions	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured	<ul style="list-style-type: none"> KPIs have been established and approved for each service element and included in the service plan and are reported upon regularly 	<ol style="list-style-type: none"> Planning processes require KPIs linked to expected outcomes and performance to be determined Performance reports provide information on a regular basis to IJB Members 		
D2.6	Planning interventions	Ensuring capacity exists to generate the information required to review service quality regularly	<ul style="list-style-type: none"> Reports include detailed performance results and highlight areas where corrective action is necessary 	<ol style="list-style-type: none"> Performance reports include detailed performance results and targets and highlight areas where corrective action is necessary 		Clarity required that for "failing" KPIs that clear action plans to improve are reported to members as standard
D2.7	Planning interventions	Preparing budgets in accordance with organisational objectives, strategies and the medium-term financial plan	<ul style="list-style-type: none"> Evidence that budgets, plans and objectives are aligned 	<ol style="list-style-type: none"> Financial Strategy covers linkages between organisation objectives and resources and budgets 		
D2.8	Planning interventions	Informing medium and long-term resource planning by drawing up realistic estimates of revenue	<ul style="list-style-type: none"> Budget guidance and protocols Medium-term financial plan Corporate plans 	<ol style="list-style-type: none"> Planning and budgeting timetables are linked Budget guidance is provided with appropriate protocols implemented 		Consider realigning planning process to be ahead of and informing the budget process

		and capital expenditure aimed at developing a sustainable funding strategy		3. Corporate and Service Delivery Plans align to resources available		
D3.1	Optimising achievement of intended outcomes	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	<ul style="list-style-type: none"> Feedback surveys and exit/ decommissioning strategies Changes as a result 	<ol style="list-style-type: none"> Medium-term planning includes focus on priorities and associated costs Resource issues are managed through the overall budgeting approach, identifying service changes (cost reductions) through the planning approach and agreed changes to services 		Consider realigning planning process to be ahead of and informing the budget process
D3.2	Optimising achievement of intended outcomes	Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term	<ul style="list-style-type: none"> Budgeting guidance and protocols 	<ol style="list-style-type: none"> Budget guidance and protocols are in place to ensure all costs and income lines over short, medium terms 		
D3.4	Optimising achievement of intended outcomes	Ensuring the medium-term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage	<ul style="list-style-type: none"> Financial strategy 	<ol style="list-style-type: none"> Financial Strategy fully revised on annual basis, covering external and internal pressures and issues over short, medium terms. 		

D3.5	Optimising achievement of intended outcomes	Ensuring the achievement of 'social value' through service planning and commissioning	<ul style="list-style-type: none"> • Service plans demonstrate consideration of 'social value' • Achievement of 'social value' is monitored and reported upon 	<ol style="list-style-type: none"> 1. 'Social Value' a standard consideration in plans and policy development require to consider how they may impact on the Councils Strategic Priority "Social Mission" 2. Plans also consider equality impact, environmental impact, and community benefits 3. Procurement processes seek to maximise community benefits 		
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E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

The organisation needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

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E1.1	Developing the entity's capacity	Reviewing services, performance and use of assets on a regular basis to ensure their continuing effectiveness	<ul style="list-style-type: none"> Regular reviews of activities, outputs and planned outcomes 	<ol style="list-style-type: none"> Service Reviews (self-evaluation); Performance reporting : achievement of planned improvement plans and Performance Indicators; Asset Management Planning processes; Asset Disposal Strategy. 		Improve approach to continuous improvement
E1.2	Developing the entity's capacity	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how the authority's resources are allocated so that outcomes are achieved effectively and efficiently	<ul style="list-style-type: none"> Utilisation of research and benchmarking exercises 	<ol style="list-style-type: none"> Some benchmarking in place, but not comprehensive or systematic; Approach to Continuous Improvement not systematic 		Improve approach to continuous improvement , including benchmarking and customer feedback approach, proof of "best value"

E1.3	Developing the entity's capacity	Recognising the benefits of partnership and collaborative working where added value can be achieved	<ul style="list-style-type: none"> Effective operation of partnerships which deliver agreed outcomes 	<ol style="list-style-type: none"> 1. Strategic Partnerships adopted 2. Operational partnerships in place where appropriate; 3. Seek opportunities to share services 		
E1.4	Developing the entity's capacity	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	<ul style="list-style-type: none"> Workforce plan Organisational development plan 	<ol style="list-style-type: none"> 1. Workforce Planning processes in place, with an increasing focus on co-ordinating service and financial planning processes; 2. OD strategy and approaches in place and comprehensive 	Increased link with service and financial planning to be adopted	
E2.1	Developing the capability of the entity's leadership and other individuals	Developing protocols to ensure that elected and appointed leaders interact with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	<ul style="list-style-type: none"> Job descriptions Regular review of communication arrangements 	<ol style="list-style-type: none"> 1. Schemes of Delegation to Committees and Officers 		
E2.2	Developing the capability of the entity's leadership and other individuals	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	<ul style="list-style-type: none"> Scheme of delegation reviewed at least annually in the light of legal and organisational changes Standing orders and financial regulations which are reviewed on a regular basis 	<ol style="list-style-type: none"> 1. Scheme of Delegation in place and reviewed regularly and as required following structural change; 2. Standing Orders and Financial Regulations in place and reviewed on regular basis 		
E2.3	Developing the capability of the	Ensuring the IJB chair and the chief officer have clearly defined	<ul style="list-style-type: none"> Clear statement of respective roles and responsibilities and how 	<ol style="list-style-type: none"> 1. Leadership roles are clear, with role profiles and job descriptions 		

	entity's leadership and other individuals	and distinctive leadership roles within a structure, whereby the chief officer leads the organisation in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority	they will be put into practice		
E2.4	Developing the capability of the entity's leadership and other individuals	<p>Developing the capabilities of members and senior management to achieve effective shared leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risk by:</p> <ul style="list-style-type: none"> - ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual 	<ul style="list-style-type: none"> • Access to courses/ information briefings on new legislation • Induction programme • Personal development plans for members and officers • For example, for members this may include the ability to: <ul style="list-style-type: none"> - Scrutinise and 	<ol style="list-style-type: none"> 1. Member development is comprehensive and frequent – from initial induction to regular development sessions. 2. Members have personal development opportunities. 3. Management has personal development opportunities. Development through appropriate sessions as required. 4. Succession planning approach in place for senior management. 	

		and organisational requirements is available and encouraged. - Ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis.	<p>challenge</p> <ul style="list-style-type: none"> - Recognise when expert advice is required - Promote trust - Work in partnership - Lead the organisation <ul style="list-style-type: none"> • Efficient systems and technology used for effective support • Arrangements for succession planning 				
E2.5	Developing the capability of the entity's leadership and other individuals	Ensuring that there are structures in place to encourage public participation	<ul style="list-style-type: none"> • Stakeholder forum • Strategic partnership frameworks 	1. Public participation is encouraged eg SPG		Develop a systematic approach to public participation and feedback	
E2.6	Developing the capability of the entity's leadership and other individuals	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	<ul style="list-style-type: none"> • Reviewing individual member performance on a regular basis taking account of their attendance and considering any training or development needs 	1. Personal development opportunities are in place			
E2.7	Developing the capability of the entity's	Holding staff to account through regular performance reviews which take	<ul style="list-style-type: none"> • Training and development plan • Staff development plans 	1. PDP approach in place 2. Appropriate HR policies are in place and utilised			

	leadership and other individuals	account of training or development needs	<ul style="list-style-type: none"> linked to appraisals Implementing appropriate human resource policies and ensuring that they are working effectively 		
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F. Managing risks and performance through robust internal control and strong public financial management

The organisation needs to ensure that its and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.

It is also essential that a culture and structure for scrutiny is in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance (also includes self-assessments tools and sources of further guidance)	Evidenced By	Evaluation Score	Improvement Actions
F1.1	Managing risk	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	<ul style="list-style-type: none"> Risk management strategy 	<ol style="list-style-type: none"> Risk Management Strategy in place and implemented; Risk is considered in all reports to IJB. 		
F1.2	Managing risk	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	<ul style="list-style-type: none"> Risk management strategy/ policy formally approved, adopted, reviewed and updated on a regular basis 	<ol style="list-style-type: none"> Risk management strategy/ policy formally approved, adopted, reviewed and updated on a regular basis 		
F1.3	Managing risk	Ensuring that responsibilities for managing individual risks are clearly allocated	<ul style="list-style-type: none"> Risk management strategy 	<ol style="list-style-type: none"> Risk management strategy/ policy formally approved, adopted, reviewed and updated on a regular basis 		

F2.1	Managing performance	Monitoring service delivery effectively	<ul style="list-style-type: none">• Performance map showing all key activities have performance measures• Benchmarking information, where appropriate• Calendar of dates for submitting, publishing and distributing timely reports that are adhered	<ol style="list-style-type: none">1. Performance map showing all key activities have performance measures2. Benchmarking information, where appropriate3. Calendar of dates for submitting, publishing and distributing timely reports that are adhered	<ol style="list-style-type: none">1. A range of Performance Indicators are in place;2. Benchmarking approach in place, but not comprehensive or systematic;3. Performance reports are regularly provided on a set timeline	Consider whether PI's cover all key activities
F2.2	Managing performance	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	<ul style="list-style-type: none">• Discussion between members and officers on the information needs of members to support decision making• Publication of agendas and minutes of meetings• Agreement on the information that will be needed and timescales	<ol style="list-style-type: none">1. Reports requiring decisions have full analysis of issues, risks and options;2. For major issues/ decisions, development sessions are held to provide further information ahead of decision-making meeting;3. All meetings have published agendas and reports – following standing orders; minutes are also provided for all meetings;4. All reports require implications for employees, finances, procurement, risk, equalities and environment to be considered and reported if required	<ol style="list-style-type: none">1. Reports requiring decisions have full analysis of issues, risks and options;2. For major issues/ decisions, development sessions are held to provide further information ahead of decision-making meeting;3. All meetings have published agendas and reports – following standing orders; minutes are also provided for all meetings;4. All reports require implications for employees, finances, procurement, risk, equalities and environment to be considered and reported if required	Option Appraisal approach could be better expressed in reports – consider having specific section for options appraisal
F2.3	Managing performance	Ensuring effective scrutiny is in place which encourages constructive challenge and debate	<ul style="list-style-type: none">• The role and responsibility for IJB scrutiny has been established and is clear• Evidence of improvements as a result of scrutiny	<ol style="list-style-type: none">1. Scrutiny at IJB generally;2. Formal performance scrutiny also takes place at Audit Committee;3. Performance reports to IJB provides evidence of performance;4. Terms of reference of committees within Standing Orders;5. Minutes provide evidence of membership and attendance	<ol style="list-style-type: none">1. Scrutiny at IJB generally;2. Formal performance scrutiny also takes place at Audit Committee;3. Performance reports to IJB provides evidence of performance;4. Terms of reference of committees within Standing Orders;5. Minutes provide evidence of membership and attendance	
F2.4	Managing performance	Providing members and senior management with regular reports on	<ul style="list-style-type: none">• Calendar of dates for submitting, publishing and distributing timely reports that are adhered to	<ol style="list-style-type: none">1. IJB dates are agreed;2. Dates are published publicly;3. Publishing and distribution of reports generally follows guideline	<ol style="list-style-type: none">1. IJB dates are agreed;2. Dates are published publicly;3. Publishing and distribution of reports generally follows guideline	

		service delivery plans and on progress towards outcome achievement		dates.		
F2.5	Managing performance	Ensuring there is consistency between specification stages (such as budgets) and post-implementation reporting (eg financial statements)	<ul style="list-style-type: none"> Financial standards, guidance Financial regulations and standing orders 	<ol style="list-style-type: none"> Financial Regulations, Standing Orders and Scheme of Delegation to Officers cover financial governance and are approved by Council; Financial Standards are set at high level in Financial Regulations and other relevant financial policies e.g. Treasury Strategy; Reserves Policy, etc Financial guidance is provided by Section 95 Officer 		
F3.1	Robust internal control	Aligning the risk management strategy and policies on internal control with achieving objectives	<ul style="list-style-type: none"> Risk management strategy Audit plan Audit reports 	<ol style="list-style-type: none"> Risk management policy in place and implemented; Internal Audit plan agreed by IJB; Audit outcomes and reports are reported to IJB; External Audit reports are provided to Council and relevant committees as appropriate 		
F3.2	Robust internal control	Evaluating and monitoring risk management and internal control on a regular basis	<ul style="list-style-type: none"> Risk management strategy/ policy has been formally approved and adopted and is reviewed and updated on a regular basis 	<ol style="list-style-type: none"> Risk management policy has been approved and is reviewed regularly. 		
F3.3	Robust internal control	Ensuring effective counter fraud and anti-corruption arrangements are in place	<ul style="list-style-type: none"> Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014) 			

F3.4	Robust internal control	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	<ul style="list-style-type: none"> • Annual governance statement • Effective internal audit service is resourced and maintained 	<ol style="list-style-type: none"> 1. Annual governance process in place and enhanced for 2016/17 annual accounts; 2. Code of Governance review takes place each year and relevant improvement actions included in Assurance Statement and reported to Council; 3. Effective and adequacy of Internal Audit is considered each year by External Audit and on an ongoing basis by CFO and CIA 		
F3.5	Robust internal control	Ensuring an audit committee or equivalent group or function which is independent of the executive and accountable to the governing body: <ul style="list-style-type: none"> - provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment - that its recommendations are listened to and acted upon 	<ul style="list-style-type: none"> • Audit committee complies with best practice – see Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2013) • Terms of reference • Membership • Training 	<ol style="list-style-type: none"> 1. Audit Committee in place; 2. Terms of reference in place; 3. Appropriate training is provided at induction and on an ongoing basis. 		
F4.1	Managing data	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data,	<ul style="list-style-type: none"> • Data management framework and procedures • Data protection officers in place via NHS and Local 	<ol style="list-style-type: none"> 1. Data Security Policy in place with relevant procedures; 2. Data Protection policy and procedures in place 		

		including processes to safeguard personal data	Authority <ul style="list-style-type: none"> Data protection policies and procedures 			
F4.2	Managing data	Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies	<ul style="list-style-type: none"> Data sharing agreement Data sharing register Data processing agreements 	1. Data sharing protocols in place with Renfrewshire Council and NHS Greater Glasgow & Clyde		
F4.3	Managing data	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring	<ul style="list-style-type: none"> Data quality procedures and reports Data validation procedures 			
F5.1	Strong public financial management	Ensuring financial management supports both long-term achievement of outcomes and short-term financial and operational performance	<ul style="list-style-type: none"> Financial management supports the delivery of services and transformational change as well as securing good stewardship 	1. Long-term financial planning which links to known longer-term issues and policy directions is refreshed on an annual basis; 2. Appropriate financial resources are identified to support transformational change.		
F5.2	Strong public financial management	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	<ul style="list-style-type: none"> Budget monitoring reports 	1. Medium and short-term financial planning integrates with other planning processes, ; 2. The financial planning process considers variables (including risks)		Revised approach to integrating service planning and financial planning has recently been implemented

G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance (also includes self-assessment tools and sources of further guidance)	Evidenced By	Evaluation Score	Improvement Actions
G1.1	Implementing good practice in transparency	Writing and communicating reports for the public and other stakeholders in an understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	<ul style="list-style-type: none"> Website 	<ol style="list-style-type: none"> Standard report style aims to ensure all issues are covered in report; All reports are checked by the Chief Officer; All reports will be available on the Council and HSCP website 		
G1.2	Implementing good practice in transparency	Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	<ul style="list-style-type: none"> Annual report 	<ol style="list-style-type: none"> Annual performance report provided to Members and published. 		

G2.1	Implementing good practices in reporting	Reporting at least annually on performance.	<ul style="list-style-type: none"> Formal annual report Annual financial statements 	1. Annual accounts report identifies issues arising from external auditors, alongside annual audit report.		
G2.2	Implementing good practices in reporting	Ensuring members and senior management own the results	<ul style="list-style-type: none"> Appropriate approvals 	1. Members and officers take responsibility for outcomes; 2. High level of public scrutiny at IJB.		
G2.3	Implementing good practices in reporting	Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on this assessment including an action plan for improvement and evidence to demonstrate good governance (annual governance statement)	<ul style="list-style-type: none"> Annual governance statement 	1. Annual review of Code of Government compliance – results published and included in Annual Governance Statement.		
G2.4	Implementing good practices in reporting	Ensuring that the Framework is applied to jointly managed services as appropriate	<ul style="list-style-type: none"> Annual governance statement 			
G2.5	Implementing good practices in reporting	Ensuring the performance information that accompanies the financial statements	<ul style="list-style-type: none"> Format follows best practice 			

		is prepared on a consistent and timely basis and the statements allow for comparison with other similar organisations					
G3.1	Assurance and effective accountability	Ensuring that recommendations for corrective action made by external audit are acted upon	<ul style="list-style-type: none"> Recommendations have informed positive improvement 	1. External Audit action plans are published with remedial action and timelines identified.			
G3.2	Assurance and effective accountability	Ensuring an effective internal audit service with direct access to members is in place which provides assurance with regard to governance arrangements and recommendations are acted upon	<ul style="list-style-type: none"> Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2010) Compliance with Public Sector Internal Audit Standards 	1. PSIAS compliance process undertaken by peer CIA; generally compliant with a small number of improvement actions.			
G3.3	Assurance and effective accountability	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	<ul style="list-style-type: none"> Recommendations have informed positive improvement 	1. Recommendations from external agencies are always reported to the IJB; 2. Improvement actions arising from such external scrutiny are reported and monitored			
G3.4	Assurance and effective accountability	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in	<ul style="list-style-type: none"> Annual governance statement 	1. Annual Governance Statement considers all risks, including any arising from contracted service providers.			

		the annual governance statement					
G3.5	Assurance and effective accountability	Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met					

To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Subject: Annual Performance Report 2016/17

1. Summary

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 obliges all Health and Social Care Partnerships (HSCPs) to publish a performance report covering performance over the reporting year no later than four months after the end of the reporting year. The Annual Performance Report 2016/17 is appended to this paper.
- 1.2 An update on performance is presented at all IJB meetings. The full scorecard updating all performance measures is presented twice yearly. The 2016/17 year end scorecard forms part of the Performance Report appended.

2. Recommendation

It is recommended that the IJB:

- Approves the 2016/17 year end Performance Report for Renfrewshire HSCP, attached at Appendix 1.
- Agrees the publication and dissemination of this report.

3. Annual Performance Report 2016/17

- 3.1 The Scottish Government guidance accompanying the Public Bodies (Joint Working) (Scotland) Act 2014 gave direction to those producing partnerships' Performance Reports. The guidance notes that the reports are produced for the consideration of partnerships themselves, and it is their responsibility to act on the information and recommendations within them. The report should be published and made available online, ensuring it is accessible to the public.
- 3.2 The guidance also notes that performance reports will be of interest to the NHS Board and local authorities in monitoring the success of the arrangements that they have put in place for an IJB. No standard layout is given for reports, though the following areas should be covered:
- Performance against national indicators;

- A focus on the experience and quality of services for people using services, carers and their families;
- An assessment of performance against the Strategic Commissioning Plan;
- Evidence of how Partnership decisions have contributed towards improved outcomes.

3.3 Renfrewshire's Annual Performance Report describes performance using different mechanisms. Case studies are used to demonstrate how HSCP decisions and services impact positively on outcomes for individual patients/clients and their families. Progress against planned activities is also shown by care group, allowing readers to review performance in areas such as learning disabilities, older people, mental health etc. This part of the Annual Performance Report can be cross referenced to the Strategic Plan. Finally, quantitative performance is assessed against the 88 performance indicators and the 9 national outcomes, using the red/amber/green system.

3.4 The report is currently presented without formatting and pictures. On approval by the IJB, it will be submitted to graphic designers to develop a version which is widely accessible to members of the public.

4. Performance Indicators

4.1 The scorecard for 2016/17 forms part of the Annual Performance Report.

The scorecard for 2016/17 has 88 indicators:

- 37 data only
- 13 red indicators (target not achieved)
- 11 amber indicators (within 10% of target)
- 27 green indicators (target achieved)

Key movements from the mid-year report are noted below.

4.2 The indicator remains red for the number waiting more than 18 weeks for Paediatric Speech and Language Therapy assessment to appointment, but there has been a reduction in the number of children waiting. The figure has dropped from 199 at November 2016 to 62 at March 2017, showing a 69% improvement.

There were 538 emergency admissions to hospital from care homes in 2016/17 against a target of 480. This is an area identified in our Acute Services Commissioning Intentions, where we want to focus more to support care homes to reduce levels of admission to hospital.

4.3 The percentage of long term care clients receiving intensive home care has moved to amber status at 27% against a target of 30%. Clients are currently being reviewed to ensure that the right level of support is offered.

The percentage of Primary Care Mental Health Team patients offered a first appointment within 4 weeks has risen to 95%. This is a significant improvement from 88% in 2015/16, moving the status from red to amber.

There has been a reduction in the percentage of babies with a low birth weight from 6.8% in 2015/16 to 6.3% in 2016/17. This indicator is now amber as the target is 6%.

- 4.4 Good progress has been made in reducing the average number of people on the Occupational Therapy (OT) waiting list. This has fallen to 340, below the target of 350.

The uptake rate for the child 30 month assessment has also improved from amber to green. The latest figure for March 2017 shows an uptake rate of 82%, above the 80% target and the 76% uptake rate reported in November 2016.

Induction completion rates for healthcare support workers have risen to 100%, showing another green indicator.

5. Delayed Discharge

- 5.1 Previously we reported bed days lost to delayed discharge, including Acute and Mental Health beds, for those over 65 only and not all age groups. The indicators included in the Scorecard were as follows:

- The number of delayed discharges over 2 weeks.
- The number of bed days lost to delayed discharges (inc AWI) (patients aged 65 & over on day of admission)
- The number of bed days lost to delayed discharges for Adults with Incapacity (patients aged 65 & over on date of admission)

We reported this way to show the difference the Change Fund made and evidenced a substantial reduction from the 2009/10 baseline of 16,207 for bed days lost and 2,128 for AWIs.

- 5.2 In July 2016, new national data requirements for Delayed Discharges were introduced. In line with this, new data is available and we can show delayed discharges for all ages and all specialties:

- The total number of patients delayed (at census point)
- Total number of delayed discharge episodes at month end
- Total number of bed days occupied by delayed discharge patients (month end)

This information is now included in the attached Scorecard.

Implications of the Report

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

List of Background Papers – None.

Author Clare Walker, Planning and Performance Manager



Annual Performance Report 2016/17

Our Vision

“Our vision is for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well.”

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Introduction

Welcome to Renfrewshire Health and Social Care Partnership's first Annual Performance Report

Context

We want to improve the health and wellbeing of the people of Renfrewshire. We will do this by working in partnership to treat the person as well as the condition and to deliver the right service, at the right time and in the right place.

By monitoring our performance, we can improve current services and plan for the future. We do this by measuring our services against a set of National Outcomes and Performance Indicators, and by reporting regularly on our progress.

Our Annual Report summarises what we have achieved in our first year as Renfrewshire Health and Social Care Partnership, from April 2016 to March 2017.

We are working hard to meet our priorities and ensure that the Partnership is delivering the right results for the people of Renfrewshire and their carers.

We will publish an Annual Performance Report every year so we can measure the impact of our efforts and prioritise our areas of work.

Please read on to find out more about the significant progress we are making to improve care and quality outcomes for our service users and carers.

Key Achievements

Some of our key achievements during year one of the Partnership include:

- Developing our Care at Home service to meet service users' ever-changing needs. A large scale recruitment campaign resulted in 68 staff being employed; a new electronic scheduling and monitoring system was developed; a Service Development Team was established; and a new Out of Ours Service created. A recent Customer Satisfaction Survey showed that 90% of service users are satisfied with the Care at Home service with quotes such as: "Every carer I have is fantastic"; "I find them very kind and professional"; "They cheer me up"; and "Thank you to all the carers for their care." This satisfaction is also reflected in the most recent inspection by the Care Inspectorate, where the service has retained 'very good' grades.
- Designing an effective and dynamic approach to 'locality' and 'cluster' based working by encouraging collaboration and joint working between services. By creating multi-disciplinary teams and bringing together GPs, Social Work,

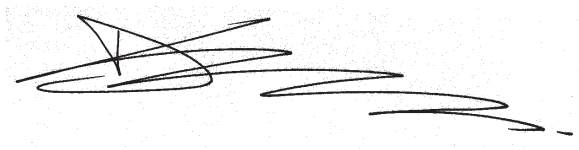
District Nurse Rehabilitation Service, Mental Health and other staff, we can better support the needs of local patients and service users.

- Establishing a shared framework and work programme for Quality, Care and Professional Governance. The core components of our framework are based on service delivery, care and interventions that are person centred, timely, outcome focused, equitable, safe, efficient, and effective. For example, we have developed mechanisms to obtain feedback from patients, service users and carers so we can learn from them and understand what their priorities are and what works best.
- Continuing our successful evidence based programme of work to reduce delayed discharges has delivered and sustained a reduction of 77.6% in bed days lost due to delayed discharges from the 2009/10 baseline. This is equivalent to 35 beds, and demonstrates how effective our services are in supporting people to live in their own homes.

None of this would be possible without the effort, dedication and professionalism of our staff. Person-centred care is at the very heart of what we do and I would like to extend a sincere thank you to all staff and volunteers.

Finally, the Annual Report is available online on the new Renfrewshire HSCP website at <http://www.renfrewshire.hscp.scot/article/4851/Publications--Newsletters>

We'd also really appreciate your feedback on our first report, so please take a moment to fill in the form or online questionnaire at <https://goo.gl/gcltUS>

A handwritten signature in black ink, appearing to read 'David Leese', with a stylized flourish extending to the right.

David Leese,
Chief Officer, Renfrewshire Health and Social Care Partnership

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 was a new law passed by the Scottish Government.

This law says that health and social care services must work together so that people can live better, healthier lives.

On 1 April 2016, a new organisation was formed: Renfrewshire Health and Social Care Partnership, or Renfrewshire HSCP.

We are responsible for Adult Social Work and all Health services within the community, including Health and Community Care, Learning Disability, Mental Health and Addiction, and all health related Children's services.

Our Vision

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

Our Strategic Plan

In order to deliver our vision, our Strategic Plan describes the themes and high level priorities which direct the HSCP over the three year period 2016-19. Our three strategic priorities are:

- **Improving health and wellbeing**
- **The right service, at the right time, in the right place**
- **Working in partnership to treat the person as well as the condition.**

We do this by:

- Bringing services together and improving pathways
- Ensuring services in the community are accessible to all
- Giving people more choice and control
- Helping people to live as independently as possible
- Tackling inequalities and building strong communities
- Focusing on prevention and early intervention
- Providing effective support for carers
- Listening to patients and use service users' feedback to improve services.

Strategic Planning Group

The role of the Strategic Planning Group is to give its views during the development, implementation and review of strategic plans. As the main group within the strategic planning process, it represents the interests of local stakeholders, carers, members of the public and the 3rd sector. We also have a number of smaller working groups which enable members to have a voice in influencing and improving health and social care service delivery.

National Outcomes

The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 requires Partnerships to assess their performance in relation to the 9 National Health and Wellbeing Outcomes. These outcomes provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families.

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

Our performance is assessed in the context of the arrangements set out in our Strategic Plan 2016-19 and Financial Statement.

We continuously build on our commitment to community engagement and participation, creative learning, equalities, diversity and inclusion.

The Scorecard at appendix 4 shows our progress against a range of performance indicators which demonstrates how we are improving outcomes for Renfrewshire residents. This is further demonstrated in the following case studies, which show how we have impacted on local people and families.

We have also included at appendix 2, key indicators from Renfrewshire's Health and Wellbeing Profile, compiled by the Scottish Public Health Observatory (ScotPHO).

Report Framework

This report describes our performance in a number of different ways, recognising that information is used and understood differently by different audiences.

Case Studies (p8 – 14): for those who want to see how the Partnership makes a difference in the lives of individuals and families.

Care Groups (p22 – 42): for those who are interested in particular services including addictions, learning disabilities, carers, and mental health.

National/Local Outcomes (p65 – 77): for those who want to see quantitative data and assurance that national and local outcomes are being progressed.

Financial information is part of our performance management framework. 2016-17 has been a financially challenging year and we have detailed our financial position and how we have delivered best value whilst having to respond to difficult budget decisions.

Renfrewshire HSCP has lead Partnership responsibility for Podiatry and Primary Care Support across NHS Greater Glasgow and Clyde. This report features some of the excellent work and a few of the challenges of leading these services for the largest NHS Board in Scotland.

In this first year of integration, bringing the services and cultures of two organisations has been both challenging and rewarding. Our aim is to highlight the significant benefits of joint working and show that our services provide high quality, effective care and support to the people of Renfrewshire.

Case Studies

CARE AT HOME

Mr M lives in Elderslie, Renfrewshire. He is an 89 year old widower who has lived in his own home for the last 60 years. Until recently he had been supported to live independently at home, with minimal support via a community alarm.

Mr M experienced a fall that resulted in his admission to the Royal Alexandra Hospital, where he was treated for a hip fracture. Following an operation, Mr M was assessed by Social Work staff in the hospital to identify what assistance he required to enable him to return home quickly, safely and with the appropriate care and support.

The assessment identified that Mr M was at risk of falls and required support with personal care, meal preparation, assistance with medication and continence care. Services were arranged as part of our sector leading pathway for avoiding hospital discharge delays. Care at Home Services were in place to facilitate Mr M's discharge the following day.

The Care at Home Reablement Team worked closely with Mr M over a six-week period to support him to regain confidence and to maximise his independence. Mr M and his family were given further reassurance that appropriate support was on hand via the Technology Enabled Care Service with a fall detector and bed monitor installed, enabling the service to respond in the event of a fall.

A Reablement Occupational Therapist assessed Mr M at home and identified that he would benefit from a Community Meals service. This was arranged quickly and Mr M now benefits from his meals being delivered to his home at lunch and teatime every day of the year.

Mr M continues to live independently in his own home with the appropriate support to meet his needs and maximise his quality of life. This highlights the benefits of our integrated and co-ordinated approach to enabling service users to return home following a hospital stay.

Outcomes: 2, 8 and 9

CARERS

The Adult Support Worker from the Carers' Centre arranged an initial meeting with a carer requesting support from the Centre. The family had recently moved to the area and were living in a privately rented property. Through discussion, the following areas of concerns were identified: financial concerns - specifically around whether the family were in receipt of appropriate benefits; housing - their current property did not meet their needs; Social Work - the family were waiting on an allocated Social Worker after transferring from another Local Authority area; and a lack of community involvement - the carer felt socially isolated having just moved into a new area.

Outcomes from interventions:

- The carer attended Advice Works' appointments and all benefits are now in place
- The carer attends training sessions held in the Carers' Centre
- The carer attends the monthly Parents' Support Group held in the Carers' Centre
- The Adult Support Worker carried out a joint home visit with the newly allocated Social Worker. Social Housing applications were completed and an application was successful to the Community Care Panel. The family will move to a new home
- The Adult Support Worker successfully applied to the Carers' Trust for funding for the carer to have driving lessons
- The Adult Support Worker continues to keep in touch with the carer. A funding application has been submitted for a caravan holiday for the family this summer.

Outcomes: 5 and 6

FAMILIES FIRST

Lucy (7), her younger brother Paul (1) and her mum Debbie (27) were referred to the Families First team by Lucy's school who advised that an integrated assessment had been opened due to Lucy's poor attendance. Lucy's attendance was 80% and she had a total of 36 late arrivals at school in one term. The school hoped that having support from Families First would improve Lucy's attendance and reduce late comings.

Lucy, Paul and Debbie were allocated a Families First Key Worker who identified that building a trusting relationship with Debbie was crucial to the success of the support as Debbie felt distrusting towards other professionals. Debbie had been resistant to the support she was offered by her Health Visitor who had concerns for her mental health.

Debbie identified that mornings were a difficult time for the family therefore the Families First Key Worker visited the home during this time. This allowed the Key Worker to 'walk with' the family to see how their previous routine went and then support Debbie to make changes. During these early visits the worker observed that all three family members were sleeping in one bed. This was making bedtime and morning routines difficult.

The key worker supported Debbie at an appointment with the core team's Money Advisor who was able to get the family a grant to purchase a buggy, a cot bed, a single bed, mattress and carpets (a total financial gain of £620). It was also discovered that Debbie was not claiming for Tax Credits which the Money Advisor was able to get reinstated. This resulted in the family being £112 a week better off. In turn this helped reduce family stress and allowed Debbie to think about her and her children's future.

Lucy now has her own bed and when the school started back in August 2016 the Family Key Worker visited in the mornings to help the family establish a new routine. Debbie accepted ongoing morning support as she wanted to get Lucy to school on time. Lucy is now attending the breakfast club before school and free swimming lessons offered by Renfrewshire Leisure through the Tackling Poverty Fund.

Debbie is now more motivated to take part in activities with her children. She has brought both children along to Families First community activities during the October school holidays. They took part in a baking class and a family fun day. This was a real achievement for Debbie who had felt isolated and previously kept the children with her in the house during holidays.

Lucy's attendance at school has improved from 80% to 90%, and the late coming has reduced from 36 mornings to 6 in one term. Due to the improvements made by Debbie, Social Services have now closed the case and following a final assessment by the family Health Visitor the Integrated Assessment has also come to a close. Families First will continue to support Debbie with her goals and will only begin to withdraw when Debbie feels she can manage the family's routine independently. The changes made to date will have a positive impact on Lucy's learning as she is now in school on time and ready to learn with her peers.

Outcomes: 3, 4 and 5

HEALTHIER WEALTHIER CHILDREN

Renfrewshire HSCP supports the delivery of the Healthier Wealthier Children programme across Renfrewshire. The programme has been funded by Renfrewshire Council Tackling Poverty Programme and aims to contribute to reducing child poverty by helping families with money worries. The programme is delivered by a specialist advisor from Renfrewshire Council Advice Works Programme. The staff have supported 435 families across Renfrewshire in 2016/17 resulting in over £1 million of income being generated for these families. The advisor works closely with Health Visitors to ensure the most vulnerable families receive support to manage their finances.

Case Study

A Health Visitor asked Healthier Wealthier Children staff to accompany them on a home visit to a vulnerable family in Renfrewshire. The family had struggled to engage with services previously, and their tenancy in their overcrowded home was in jeopardy due to significant rent arrears. The specialist skills of Healthier Wealthier Children staff resulted in increased income for the family and the housing arrears being settled. In addressing the overcrowding issue, the family were re-housed in more suitable accommodation.

Outcomes: 4 and 5

LIVE ACTIVE PROGRAMME

When Vanessa first met Carol from the Live Active programme in March, 2016 she could barely drive the 15 minutes to the On-X sports centre due to excruciating nerve and back pain. She was in tears with the pain from driving and getting in and out the car; her legs were giving way and she was also falling. She was unable to find the cause of her pain which was having a significant impact on her life.

The day Vanessa met Carol for her assessment, she recounts being at her wits' end, feeling hopeless and desperate. However, Carol took the time to really listen to what she was saying, and also to see the effect her symptoms were having on her and all aspects of her life; including family and work. She was given a structured pathway to start building up her activity levels; in small steps at first and then through a more general range of classes.

One year on, Vanessa has progressed from not being able to walk without pain from the car park to the reception to doing an hour-long gym session each week and running for almost 15 minutes on the treadmill - pain free! She is now adding extra exercises and repetitions to her workouts and knows that she will soon be back outside, running on the cycle track.

What is more remarkable is she is no longer in pain, has finished her PhD and returned to work. Vanessa has her life back again.

She is grateful to the Live Active initiative as she genuinely believes without the support and guidance of the staff she would not have had the mental and physical strength to make this remarkable recovery.

Outcomes: 1, 4, 7 and 9

OCCUPATIONAL THERAPY/REHABILITATION & ENABLEMENT SERVICES

Mrs J is 78 years old and lives in Lochwinnoch, Renfrewshire. She lives alone in a privately owned ground floor flat and has a brother who lives nearby and can provide support. Mrs J was admitted to the RAH in Paisley following a stroke and has now been discharged back to her home.

Occupational therapy and physiotherapy as part of the Rehabilitation and Enablement Service (RES) have been a key part of making a success of her discharge. She is currently receiving ongoing rehabilitation with the physiotherapist from RES who is practising mobility with her using a quad stick. This is a slow process and it is unlikely that she will regain functional mobility around the house. The RES team is supporting her to be able to mobilise a few metres indoors. Mrs J and the RES team are happy with how she has progressed since her stroke, however further adaptations are needed.

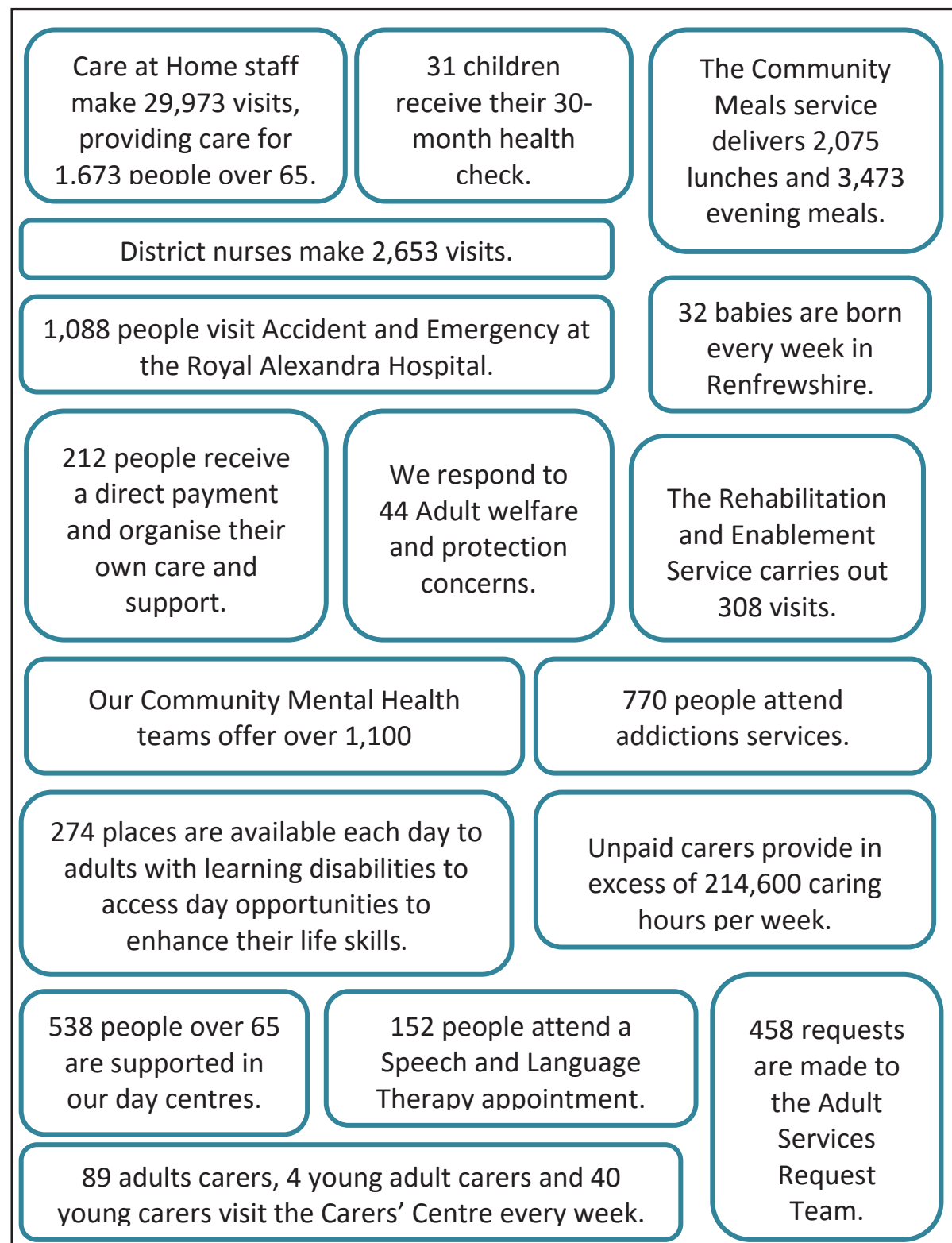
Due to stroke and weakness in right limbs, she requires assistance with personal care. She now has carers in the morning and evening; and for lunch, tea and for toileting. The Occupational Therapist in the RES team has provided a temporary ramp, but she needs help from a friend to use this and she is keen to be able to leave the house herself.

Community occupational Therapy Services are now involved with Mrs J and have completed an assessment for an external ramp and a wet floor. She is also being assessed for accessing an appropriate self directed support option.

Outcomes: 2, 4 and 9

A Week in the Life of Renfrewshire HSCP

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



Reducing Health Inequalities

Our work to reduce health inequalities has focused on primary care, the local community and our own staff.

Primary Care

In primary care, we are testing a Social Prescribing model in three GP practices, in Linwood and Bishopton.

Link workers, employed by the third sector (RAMH) can spend time with patients explaining some of the underlying social needs which patients may have, and signposting them to local support available.

The Link Worker works in partnership with housing colleagues (Linstone Housing Association) and a local voluntary organisation (Active Communities) to support local engagement and address housing issues.

The aim is to offer support for social issues by utilising community and third sector supports, freeing up time for GPs to focus on medical issues.

Wider Community

Our wider community activity has included:

- Embedding Sensitive Routine Enquiry into practice for community based NHS staff; health visiting and the community mental health team
- Providing mental health awareness training for Department of Work and Pensions Renfrewshire's work coaches. The aim is to increase their knowledge and skills to support those customers with mental health issues look for employment.
- Providing financial inclusion/benefits advice programme for families with young children (Healthier Wealthier Children)
- Commissioning a counselling service for secondary school pupils on the school premises
- Piloting an enhanced Smoking Cessation service with pharmacy and community Smoke Free services providing a joint service from three pharmacy premises
- Providing a peer mentoring programme for every secondary school, supported by Renfrewshire Poverty Commission.

Staff

We equip our staff with the skills, knowledge and confidence to signpost patients and clients to appropriate services. It is also necessary to assess the impact of service changes on particular equality groups. The following are examples of our investment in staff training:

- Delivering multi-agency, monthly Gender Based Violence training for staff including those working with, and for, young people in Renfrewshire including: Youth Services, Education (including Homelink and Pupil Support Co-ordinators), Barnardo's, residential, third and voluntary sectors, and the University of the West of Scotland
- Providing equalities training such as Equality Impact Assessment (EQIA) training and Lesbian, Gay, Bisexual and Transgender (LGBT) awareness sessions for staff. In 2016-17 the Partnership completed six EQIAs
- Delivering financial inclusion and employability awareness workshops.

Future Focus

In the next year we will progress and expand work already planned, including:

- Setting up an Integration Network with the support of local Black, Minority, Ethnic (BME)-led community groups and the Diversity and Equality Alliance in Renfrewshire (DEAR) group. This will help us ensure partner agencies work together to reduce inequalities for BME communities and will promote equitable access to services and opportunities.
- Improving the experience for visually impaired patients using local health services by supporting Renfrewshire Visually Impaired Forum to produce an educational DVD for staff.
- Developing information portal, Well in Renfrewshire (WiRe), in conjunction with the Health and Social Care Alliance 'A Local Information Service for Scotland' (ALISS) project. The aim is to make local community assets such as clubs, groups and third sector organisations easier to find by making best use of technology and social media.

Quality, Care and Professional Governance

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

Example of incident management/investigation/reporting improvements:

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

Patient/Service User/Client and Carer Feedback

Renfrewshire HSCP listens to the views of patients, service users and carers. Various mechanisms have been used to capture experience of people who have been using/receiving our service(s) so that we can learn from them.

Here are a few examples:

Specialist Children Services (SCS) Engagement Event offered a forum for families, service users and other agencies to comment on Specialist Children services and voice their thoughts on what could be improved. This encouraged staff from across SCS team to look at service user involvement. Small tests of change are being planned to look at the local voice of our service users and plan service accordingly where practical.

- Patient conversations continue in ward areas in mental health. Dates are planned for the year in advance and patients and their carers are invited to an informal discussion about their experiences in the ward. After each meeting, feedback is provided on a poster which describes the positive comments and any concerns raised by patients and their carers and what was done in response. These visits are carried out by the Service Manager, Professional Nurse Advisor and a representative from the service user organisation - Mental Health Network.
- The Community Mental Health Team undertakes annual feedback surveys.

- “Just to say” cards are in every outpatient area.
- The Podiatry Service has a suggestion box in every clinic to give service users the opportunity to provide feedback. Patient led feedback sessions have been held in Renfrew and Foxbar.
- Multi-Disciplinary Team meetings to discuss patients with palliative care needs are being tested. The Primary Care Team and representatives from locality teams meet to discuss care plans.

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

- A number of services are working with a local volunteer to have conversations with people they care for and their carers about their experience, treatment, involvement and care. Conversations were based on the 5 ‘Must Do with Me’ areas being promoted and supported through the Person-Centred Health & Care Collaborative. Link: www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_programme.aspx. Each service area has received direct feedback following this initiative and supporting action plans are in place based on areas identified for improvement.

Quotes:

Rehabilitation & Enablement Service (RES)

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

Podiatry Service

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

District Nursing Service

"The hard work and dedication from the volunteer within the carers' experience project allowed for truly insightful conversations to take place, which not only highlighted areas of good work but allowed for exploration and identification of service improvements. This work is innovative in its approach and provided a reflection opportunity for the service which we have never had before. This has allowed the service to develop an improvement plan to address the issues and concerns raised by carers."

Unscheduled Care

Unscheduled care is the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances, and emergency admissions to hospital. The Scottish Government has made unscheduled care an important area of focus for the health service in Scotland, with reducing waiting times in A&E and reducing the number of emergency admissions key targets. In Renfrewshire, most emergency admissions (86%) are to the RAH, with 8% going to the Queen Elizabeth University Hospital (QEUH).

The Integration Joint Board's budget includes a 'set aside' budget for the commissioning of acute hospital services within scope. For 2016/17, the set aside budget for unscheduled acute services in Renfrewshire was £32.3m.

The Acute Services Transformation paper was approved by the NHS Board in February 2017 (available at: http://www.nhsggc.org.uk/media/241076/nhsggc_board_paper_17-10.pdf). This paper sets out the need to transform the delivery of acute services in NHS Greater Glasgow and Clyde to continue to deliver the highest quality of care to patients over the short, medium and longer term. The approach described in the paper is in line with the National Clinical Strategy and the National Delivery Plan launched in December (available at <http://www.gov.scot/Resource/0051/00511950.pdf>). NHS Greater Glasgow and Clyde's Unscheduled Care Report, November 2016, puts forward four improvement programme recommendations:

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

Renfrewshire HSCP has developed a set of Strategic Commissioning intentions with the other HSCPs in the Greater Glasgow and Clyde area and with Acute Services.

For Renfrewshire HSCP, these proposed strategic commissioning intentions should be read in the context of our Strategic Plan 2016/19, available on our website at <http://www.renfrewshire.hscp.scot/article/4851/Publications--Newsletters>.

For 2017/18, we have focused our commissioning intentions on three priority areas:

- A&E performance
- Unplanned admissions
- Delayed discharges

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

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

During 2017/18 we will develop a set of agreed metrics to reduce our reliance on acute services and release resource to invest in strengthening community services. Early work has focused on reducing emergency admission to hospital from care homes, reducing frequent users of A&E services, and supporting people to receive end of life care at home.

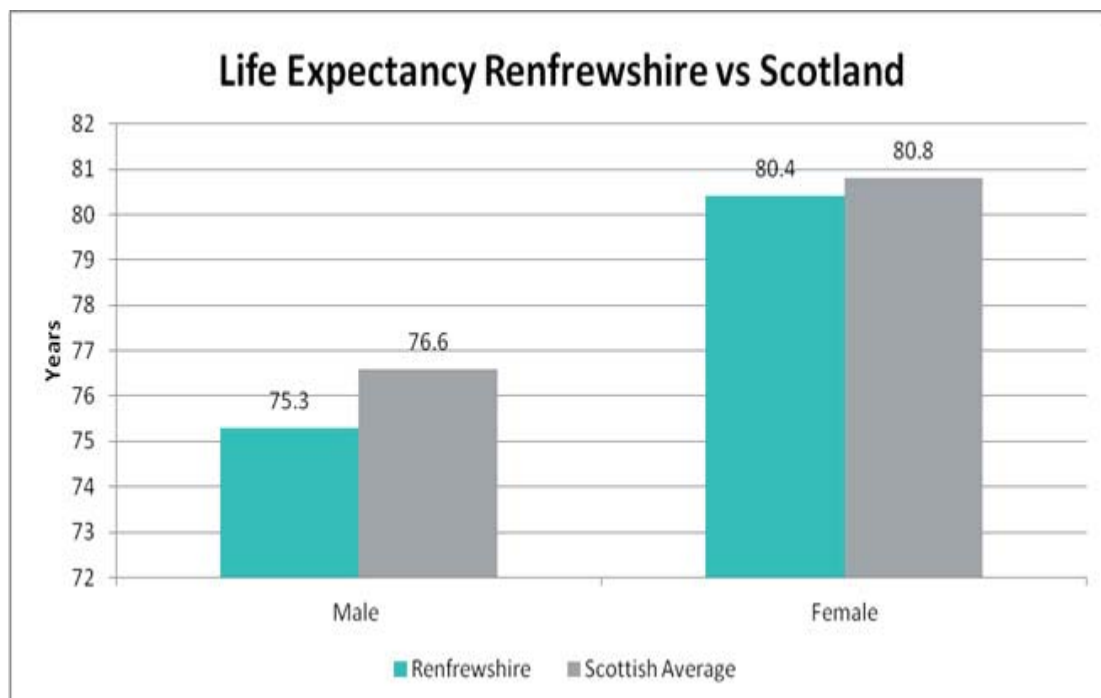
Our Performance by Care Group

Our Performance in relation to National Health and Wellbeing Outcomes by Care Group

Population Health & Wellbeing

Just under 176,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by 51%. 2.8% of Renfrewshire residents are members of an ethnic minority group.

Life expectancy in Renfrewshire is lower than the Scottish average.



Source: ScotPHO, 2011

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

We continue to promote health and wellbeing, self-care, prevention and early intervention to enable Renfrewshire's population to live healthy and good quality lives. We have targeted our interventions and resources to narrow inequalities and build strong, resilient communities.

One of our priorities to address health inequalities in 2016/17 included a Homelessness Service User Consultation. During the consultation, the Health, Homelessness and Housing Lead supported clients to register with a GP and access

Primary Care Services and arranged appointments at the Royal Alexandra Hospital Dental Facility. All actions resulting from the consultation have been completed.

Targeted group work within educational establishments and key partner agencies has allowed in depth inputs with identified vulnerable young people.

Tackling Poverty Projects included school counselling and peer education being available in all secondary schools in Renfrewshire.

Child & Maternal Health

Family Nurse Partnership

Family Nurse Partnership (FNP) is a preventive, intensive home visiting programme offered to first time young mothers aged 19 years and under and their families. Young women are offered the programme in early pregnancy and are visited by a specially trained Family Nurse until the baby is two years old. The programme delivers an attachment based therapeutic relationship in order to improve pregnancy outcomes, child health and development and future educational readiness and achievement. The programme effectively diverts young, vulnerable parents away from statutory services. There are 108 young mothers receiving support through Family Nurse Partnership in Renfrewshire with an average age of 18. Areas of improvement include engagement of dads and subsequent positive outcomes for wider family members; a 43% reduction in clients smoking by the end of their pregnancy and 32% of clients initiated breastfeeding which is higher than the national and local average for the same age group.

Families First

More than 1,000 families with children aged 0-8 years across Renfrewshire have received support from our multi-agency Families First Support Teams in Linwood, Johnstone, Ferguslie, Foxbar and Gallowhill. The impact on individual families has been recorded through a series of case studies and independently evaluated by Glasgow University.

By 2019, Renfrewshire Health and Social Care Partnership will benefit from 22 additional health visitors from the Government's Universal Pathways Programme. We will monitor the roll-out of the Pathway and measure its impact upon children's wellbeing.

30-32 Month Assessment

Our Children's Services commenced delivery of the 30-32 month development assessments in 2015. The current uptake of assessments is 82% of eligible families at March 2017. Within this group, 79% of infants have achieved their developmental milestones. For children where difficulties are identified, there is an intervention pathway in place to support behavioural and communication needs.

EMIS Web

A new clinical information system, EMIS Web, was implemented in June 2016. The system shares the electronic record for all children aged 0-18 years and all health staff within community based Children's Services are using the single shared record. This includes Children and Families teams; Speech and Language Therapy teams; Child and Adolescent Mental Health teams; Community Paediatric teams and the Child Protection Unit. The new approach improves co-ordination and communication between care professionals and enables services to provide the right help to children and families at the right time.

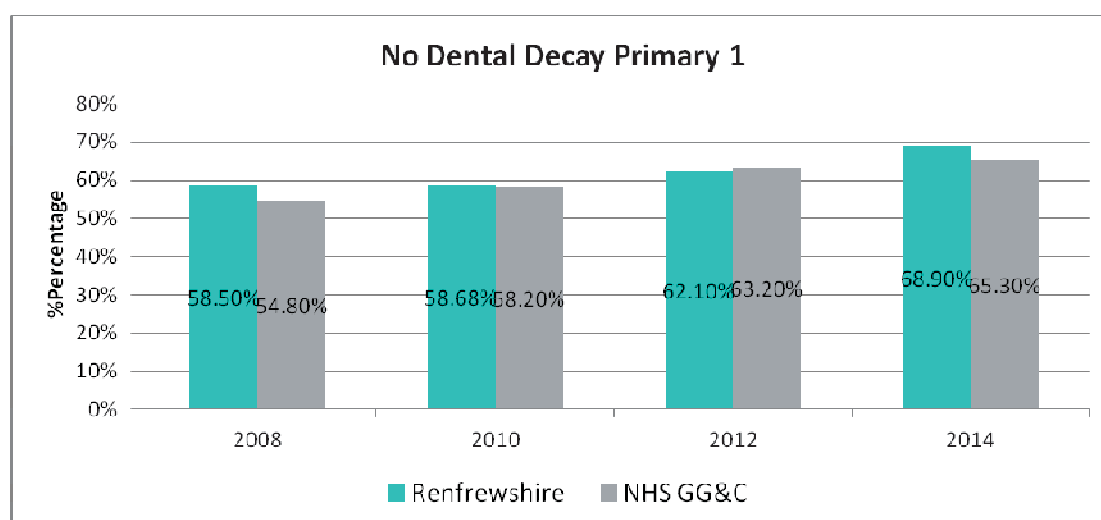
Childsmile Programme

In 2016/17, the Childsmile programme was delivered in all 74 local authority, partnership and private nurseries and 55 primary schools in Renfrewshire. 21 nurseries and 15 primary schools also took part in the fluoride varnishing programme, with children receiving two applications per year. To further support local nurseries in the delivery of the Childsmile programme, oral health sessions were provided to Primaries 1, 2 and 7 as well as at P1 induction events and parents' nights.

We have seen a steady improvement in dental registrations in the 0-2 year olds from 44.3% in 2011 to 51.3% in 2016, above the GG&C average of 50.9%.

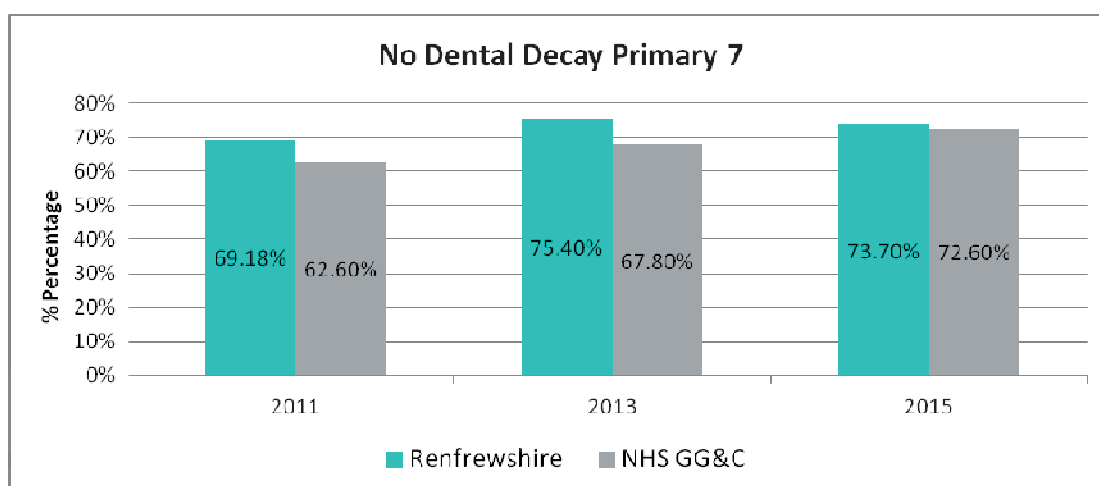
There has also been an improvement in dental registrations in 3-5 year olds from 84.7% in 2011 to 92.7% in 2016, slightly below the GG&C average of 94.3%.

Primary 1 children showing no signs of dental decay has increased from 58.5% in Renfrewshire in 2008 to 68.9% in 2014. We hope to see a further improvement when the 2016 data is released later in 2017.



Source: NHS GGC SharePoint

Primary 7 children showing no sign of dental decay has increased from 69.18% in Renfrewshire in 2011 to 73.7% in 2015 although this is a slight drop on the 2013 rate of 75.4%.

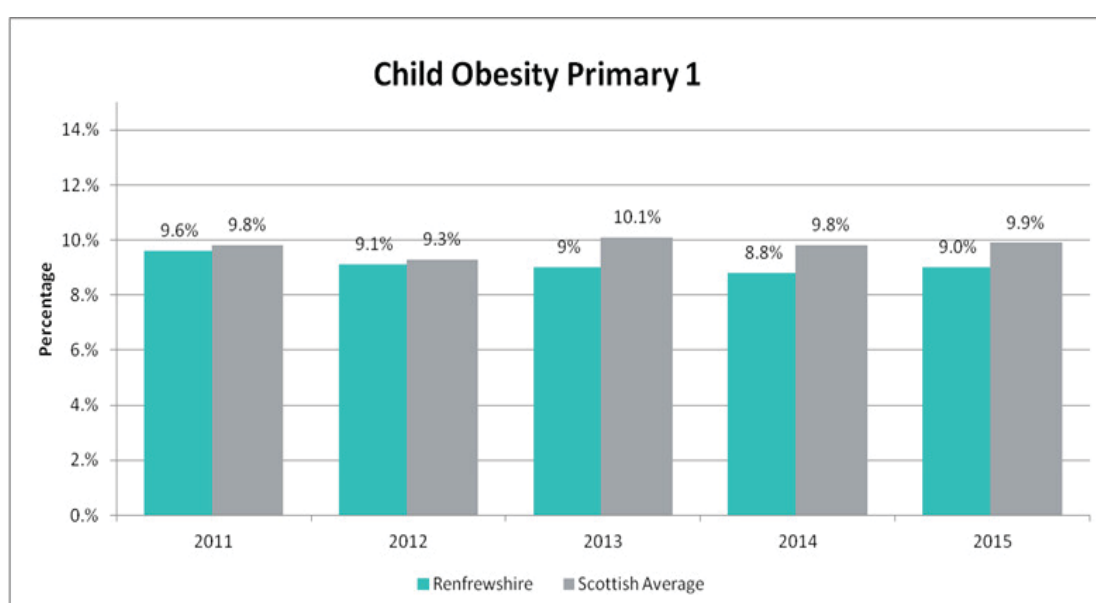


Source: NHS GGC SharePoint

Weigh to Go

Weigh to Go is an adolescent weight management service delivered by Greater Glasgow and Clyde's Youth Health Service, in partnership with commercial weight management and is available to young people aged 12-18 with a BMI>25. The weight management programme is 12-24 weeks in duration and provides young people with free access to a local commercial weight management service with wrap around support for young people with complex issues/needs or long term conditions. The service was launched on 23 March 2017. Performance will be monitored by a Board-wide Operational Group that meets quarterly.

The rate of child obesity in Primary 1 in Renfrewshire is below the Scottish average of 9.9% at 9% in 2015. Although this rate has reduced from 9.6% in 2011, it is a small increase from 8.8% in 2014. We hope to see a reduction in this rate when the 2016 data is released. Reducing rates of childhood obesity is a priority in Renfrewshire for the HSCP and wider Community Planning Partners.



Source: ScotPHO, 2015

Between November 2016 and January 2017, more than 10,000 children and young people between P5 and S5 completed an on-line survey during class-time about their wellbeing. The survey used the ChildrenCount tool developed by the Dartington Social Research Unit and asked participants a range of questions about their experience of growing up in Renfrewshire. We look forward to the results later in 2017.

41 young people across Renfrewshire participated in mental health first aid training.

Specialist Children's Services

The Specialist Children's Services' Disability Team has implemented the new disability pathway which improves the 'team around the child' communication and model of service delivery.

This has improved access into services and allows better response times to meet the needs of more complex children. It also ensures the care provided to the child and family is coordinated and communicated effectively between team members to improve outcomes and reduce duplication of care.

In 2016/17, the Child and Adolescent Health Service (CAMHS) welcomed Speech and Language Therapists and Occupational Therapists to the team for the first time. Work is ongoing to maximise the benefits of these additional posts for the service.

Waiting times for Occupational Therapy and Speech and Language Therapy have proved challenging in 2016/17. Although we had reduced the waiting time for both services over the 4 month period November 2016 to March 2017, work is ongoing to further reduce waiting times in both service areas.

	From	No. of weeks wait	To	No. of weeks wait
SLT	November 2016	47 weeks	March 2017	25 weeks
Occupational Therapy	November 2016	24 weeks	March 2017	15 weeks

Source: Renfrewshire HSCP

Primary Care and Long Term Conditions

Screening Programmes

Cancer screening remains a priority for the HSCP. We promote and raise awareness via social media to underline the importance of the uptake of screening.

Our uptake of screening in Renfrewshire is above the Greater Glasgow and Clyde average for all three programmes: bowel, breast and cervical. Most recent performance data is below target for bowel screening: 56.3% against a 60% target; above target for breast screening: 71.2% against a 70% target; and below target for cervical screening: 77% against an 80% target.

Screening	Renfrewshire	GG&C	Target
Bowel (2015)	56.3%	53.3%	60.0%
Breast (2013)	71.2%	69.7%	70.0%
Cervical (2015)	77.0%	72.3%	80.0%

Anticipatory Care Planning

Work has continued with supporting Anticipatory Care Planning (ACP) across Renfrewshire. An Anticipatory Care Plan is a record that is developed over time through conversations and shared decision making between the person, those close to them and the practitioner.

Within the care homes the Care Home Liaison Nurses continue to support the care home to develop ACP. The Palliative Care Team together with Accord Hospice continue to provide palliative care training sessions to all registered nursing staff within Renfrewshire Health and Social Care Partnership. The Renfrewshire MacMillan Service has successfully completed a project which challenged them to redesign delivery of Palliative Care Services through integration of supportive and palliative care approaches into mainstream Primary and Community Care Service provision. 1,847 new ACPs have been carried out in the period April 2016 to March 2017 against a target of 440.

Flu Vaccine

Uptake rates of seasonal flu vaccine in Renfrewshire are similar to the NHSGGC and Scottish average.

Seasonal Flu Vaccine Uptake Averages - As at Week 8, 2017					
HSCP	Over 65s	Under 65s in at risk groups	Pregnant (not in clinical risk group)	Pregnant (in clinical at risk group)	Pre school 2-5 yrs old
Ren	73.0%	45.6%	55.7%	59.1%	55.1%
NHSGGC	72.8%	46.1%	54.2%	62.9%	55.6%
SCOTLAND	72.7%	44.6%	47.3%	57.2%	58.0%

To increase flu uptake rates in our 'at risk' housebound population, flu vaccinations will be centrally managed. Patient information will be collated from each practice, inclusive of allergies, and the operational management of immunising these patients will be managed centrally outwith surgeries. This approach will be tested in autumn

2017 and will see the most vulnerable patients vaccinated promptly, reducing the risk of them developing flu and avoiding a likely hospital admission.

Diabetes

Our Diabetes Interface Group identified diabetes and health inequalities as a priority, and in particular taking diabetes awareness and education out into the community. The Diabetes Specialist Nurse provided specialist input to the Disability Resource Centre staff and service users.

As at December 2016, 1,048 patients within Renfrewshire GP practices have signed up to My Diabetes, My Way.

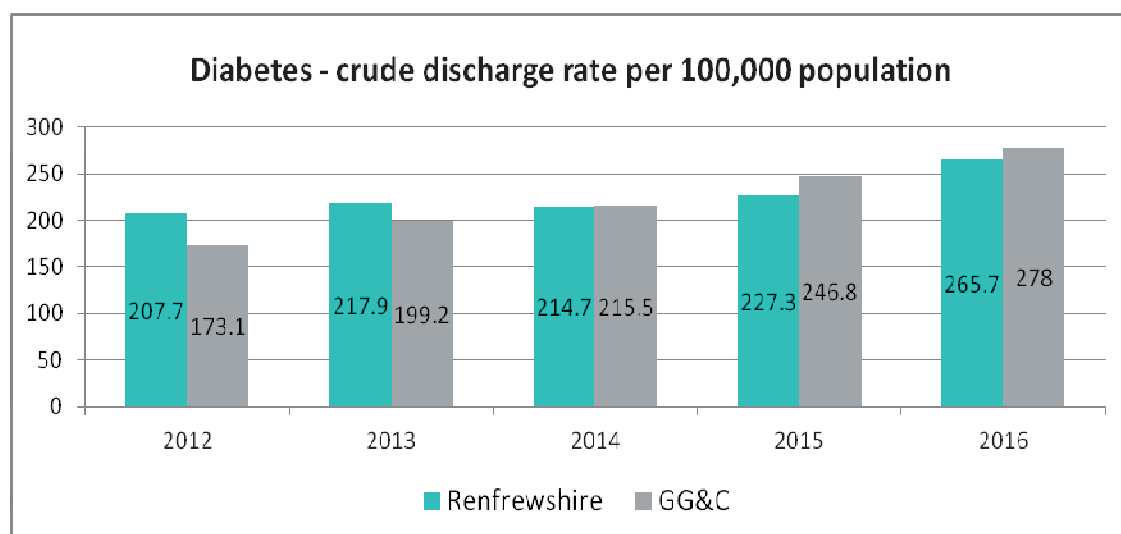
There is now a single point of access to the Integrated Diabetes Service, including conversational maps, with referrals made via Scottish Care Information Gateway (SCI) to the RAH.

From January – December 2016, 85 patients were invited to attend Conversation Maps, a patient-centered, innovative tool for diabetes education.

Eat Better Feel Better 6 week nutritional programme tailored for type 2 Diabetes has been offered and delivered in Renfrewshire. 6 courses and 29 participants attended from January – August 2016.

To raise awareness of diabetes and how to prevent the disease within vulnerable populations, health improvement has organised specialist input from the Renfrewshire Diabetes Team at the RAH to the Renfrewshire Disability Resource Centre and is also linked to the Carers' Centre.

The diabetes crude discharge rate per 100,000 population in Renfrewshire has increased by 28% from 2012 to 2016. Greater Glasgow and Clyde shows a 60.5% increase for the same period.



Source: SMR01, NHS SharePoint

One of our priorities continuing into 2017/18 is providing Diabetes specialist input in the Housing Advice and Homeless Centre; the Carers' Centre; and the West of Scotland Regional Equality Council.

All Long Term Conditions

Long term conditions include asthma, COPD (chronic obstructive pulmonary disease), CHD (coronary heart disease, heart failure & hypertension) and diabetes. The crude discharge rate per 100,000 population is monitored in Renfrewshire and across NHS Greater Glasgow and Clyde. From 2012 to 2016, we have seen substantial increases in all long term condition discharge rates in Renfrewshire from a 27% increase in asthma to a 60% increase in COPD. Similar increases are evident in the NHSGGC rates: 45% increase in all long term conditions; 38% in asthma and 56% in COPD.

Crude Discharge Rate Per 100,000 Population	Jan 12 – Dec 12	Jan 13 – Dec 13	Jan 14 – Dec 14	Jan 15 – Dec 15	Jan 16 – Dec 16	Renfrewshire % Increase 2012 – 2016
All LTCs	2343.0	2280.6	2704.5	2931.8	Renf: 3253.7 GGC: 3449.6	39%
Asthma	172.7	182.3	176.2	218.1	Renf: 219.8 GGC: 259.0	27%
COPD*	561.1	581.9	707.7	773.7	Renf: 901.7 GGC: 1253.5	60%
CHD**	1,401.5	1,298.4	1,605.9	1,712.7	Renf: 1,866.5 GGC: 1659.2	33%
Diabetes	207.7	217.9	214.7	227.3	Renf: 265.7 GGC: 278.0	28%

*COPD – Chronic obstructive pulmonary disease & bronchiectasis

** CHD – Coronary Heart Disease, Heart Failure & Hypertensive Disease
SMR01, NHS SharePoint

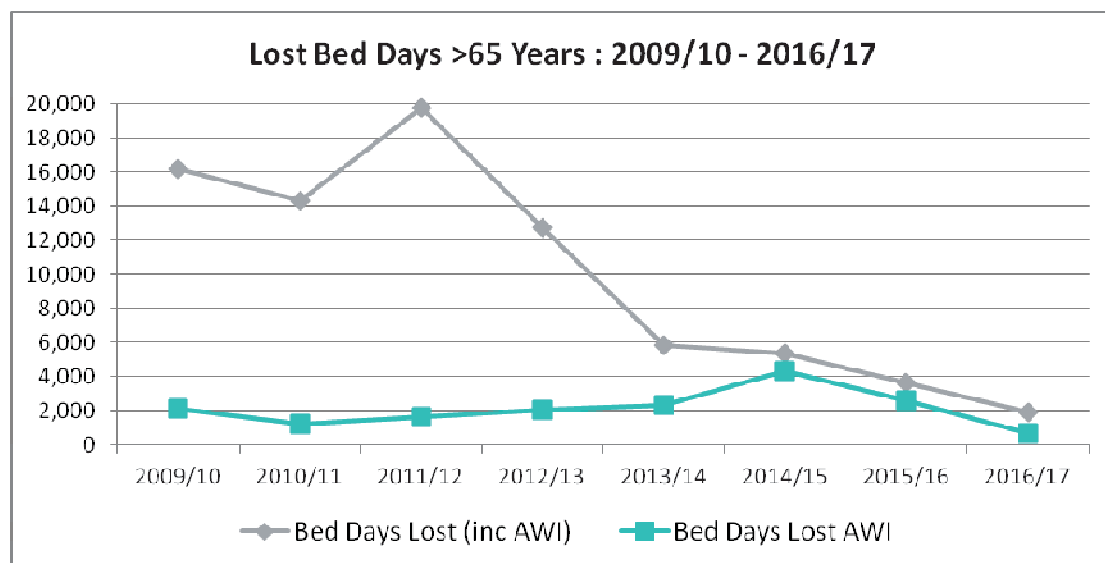
Older People

Delayed Discharges

A delayed discharge occurs when a patient who is ready to leave hospital, cannot do so because the other necessary care, support or accommodation for them is not in place and/or funding is not available, for example to purchase a care home place.

The partnership has continued to deliver a high level of performance around delayed discharges and ensure effective support to individuals and families where there is an Adult with Incapacity. In 2016, there were 1,595 new Power of Attorneys granted in Renfrewshire. A Power of Attorney is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make

decisions on their behalf. We continue to promote the uptake of Power of Attorney to ensure that adults and families are planning for their future care needs.



Source: NHS GGC Older People's Monitoring Report, March 2017

Good progress continues to be made with the number of acute bed days lost to delayed discharges (including Adults with Incapacity), aged 65 years and over. The cumulative total for 2016/17 was 1,910; an 88.2% decrease on the 2009/10 baseline figure of 16,207.

Similarly, the number of acute bed days lost to delayed discharges for Adults with Incapacity, aged 65 years and over reduced by 68.8% from 2,128 in 2009/10 to 664 in 2016/17.

The partnership has progressed with its programme to address unscheduled care. Two key strands of this are falls prevention and support to care homes to prevent avoidable admissions to hospital. Our Falls Strategy and Pathway are now being implemented and additional resources have been allocated to support Care Homes, specifically with residents with mental health issues. The new Older People's Mental Health (OPMH) Liaison Service provides advice and support on the care and treatment of people in Care Homes to prevent avoidable admissions to hospital.

55% of nursing home beds are supported through the Care Home Local Enhanced Service which accounts for 593 beds and 7 nursing homes. Four Care Home Liaison Nurses work with the Care Homes providing support and clinical guidance.

The Care at Home Service launched a substantial recruitment programme in 2016/17 to address workforce challenges, with 68 new Care at Home staff recruited this year, an increase of 59 on 2015/16. Service improvement programmes are underway to support the service meeting increasing demand.

Falls Prevention

Falls prevention is a key priority for community health and care services to address. In 2014/15, 84% of emergency admissions for an unintentional injury in those aged 65 and over resulted from a fall. In 2015, 2% of those aged 65 and over were discharged following a fall-related admission.

The impact of a fall for older people is well-documented, including loss of function, independence, confidence, and social isolation.

Given the demographic changes that are anticipated, it is expected that without changes in practice, the impact of falls will become more apparent over the next few years. However, there is evidence that suggests that early identification and access to appropriate interventions can reduce the risk of falls by up to 30%.

The Falls Prevention Strategy in Renfrewshire aims to set a clear direction for action to reduce falls and fractures, and to contribute to maintaining independence and social inclusion for our residents. This strategy focuses on joint working across the Health and Care Partnership across a range of agencies, including Acute services, third and independent sector staff and volunteers.

In 2015, 2% of those aged 65 and over in Renfrewshire were discharged following a fall-related admission.

Dementia

850,000 people in the UK live with dementia. This figure includes 93,000 in Scotland, with approximately 2,750 of those living in Renfrewshire. It is anticipated that this will increase to around 4,400 people by 2030; an increase of 60%.

The Renfrewshire Dementia Strategy Group has developed a work plan to ensure the required actions and outcomes of the national strategy are achieved. This aims to ensure that in-patient and community services, across statutory, independent and third sector agencies, develop person centred services that assist people with dementia, to live as independently as possible and that they are treated with dignity and respect.

Recent developments include:

- A change in the way assessment and diagnostic service are provided, leading to an increase in weekly appointments from 9 to 16 and a reduction in the waiting time for an appointment from 17 weeks to 4 weeks.

- The introduction of Post Diagnostic Support, which ensures that all people that receive a new diagnosis of dementia will receive at least 1 years' support from a named link worker.
- A review of existing information relating to services to ensure that this is dementia friendly.
- The training of around 500 Renfrewshire HSCP staff using Promoting Excellence, a staff development tool based on the care of people with dementia.
- Review of existing approaches to assessment, and use of complementary assessment tools to focus on enabling people with dementia to live safely at home for as long as possible, facilitate effective care at times of transition, including use of advance statements and life story work.
- Fast track mental health assessment with the aim of preventing hospital admission and facilitating appropriate care at home.
- The development of an Older People's Mental Health Liaison service, which will provide advice and support to acute hospitals and care homes on the appropriate care and treatment for people with a diagnosis of dementia.
- Developments within acute hospitals and care home settings to enable appropriate training and development of staff to provide support and care to people with a diagnosis of dementia.

The service is currently undertaking preparatory work for a bid to apply for funding to build a Dementia Friendly Community within Renfrewshire. The bid is likely to be submitted in autumn 2017.

Learning Disabilities

All day and respite services received a positive inspection from the Care Inspectorate with average grades of 4-6.

National Involvement Network (NiN) – Renfrewshire is the first Partnership to sign up to the Charter of Involvement which sets out 12 standards that care providers should meet to ensure that service users are supported and encouraged to take control over things that affect their lives. The NiN Charter was launched at a successful event held in March 2017, attended by 55 service users and 15 staff.

Five young men from Gateway were supported by members of the team to achieve their bronze Duke of Edinburgh Award.

Community Network Outdoor Work Space – grant funding was secured to create an outdoor work area at Spinners Gate. The new Learning Pod has just been erected and work will begin at the end of May to kit out the space and begin a series of horticultural sessions to ensure the continued development of horticultural training for service users.

Our Autism Strategy Working Group has developed a work plan to drive forward effective care and support for people with autism and their families. Two public events were held in 2016/17 to first launch the Renfrewshire Autism Strategy and then consult with carers and professionals on developing resources for people with autism living in Renfrewshire.

Autism Connections have received over 70 referrals for support and advice in their first year of operation

The transition process for children in Learning Disabilities continues to prove challenging. Earlier transfer of cases from children to adult services is required along with appropriate information and assessments. Self Directed Support assessments also need to be completed at an earlier stage to support the services starting their transition programme. We will work to improve this further in 2017/18.

Physical Disabilities

Physical Disability Day Services

Physical Disability Day Services at the Disability Resource Centre currently has 110 customers with long term health conditions accessing the service. Many of our customers have acquired a disability or impairment and now feel they are no longer able to work in their previous employment. Customers generally have physical and mobility impairments.

Sensory and communication impairments can become barriers towards retaining independence. Reducing the risk of falling and reducing hospital admissions are also areas we will develop further with our partners.

Health & Wellbeing and self-management of long term conditions

Health improvement is an important part of our work. Social inclusion, being involved and participating in community activities enables our customers to continue to maintain their independence in the community and reduce hospital admissions.

Approximately 50% of our customers now have a Self Directed Support budget and access the service twice a week. We recognise that 37% of our customers accessing the service may receive additional support because of low mood. Peer support and group work in the community assists people to promote more positive mental health.

Our staff team facilitates over 40 groups each week, including physical activity groups such as Tai Chi, swimming and gentle exercise, memory groups and digital projects.

The Care Inspectorate carried out an unannounced Inspection of the service on 29 September 2016, with the following encouraging results:

Graded service

Quality of care and support: 6 – Excellent

Quality of staffing: 6 – Excellent

Customer quotes:

“Feel you have a place in society.”

“Great for help and support.”

“There is a big social aspect.”

“Give you a sense of achievement.”

Mental Health

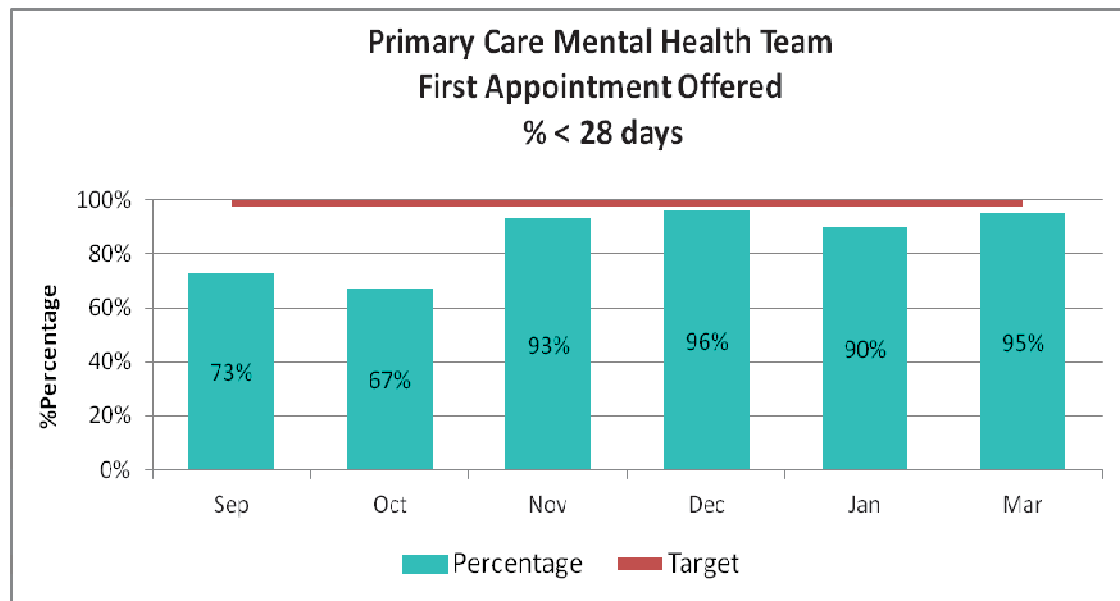
NHS Greater Glasgow & Clyde’s Community Mental Health Team Operational Framework and associated standard operating procedures has been implemented to ensure timeous access to the most appropriate practitioners across our community mental health teams.

The Older Peoples’ Mental Health Liaison Service was developed in 2016/17, and provides advice and support to the Royal Alexandra Hospital wards and Renfrewshire Care Homes. The liaison staff work in collaboration with health and social care professionals from multiple disciplines and care settings to meet the complex needs of older people. Since its introduction in September 2016, the service has received 159 referrals.

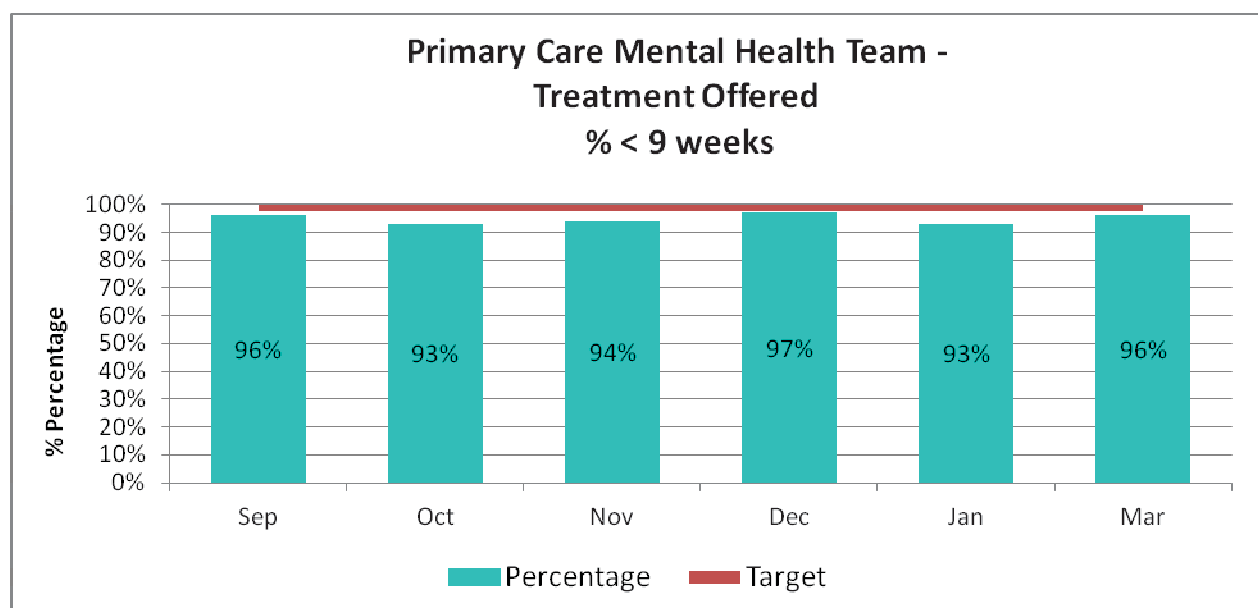
In addition, the refurbishment of Ward 39 at the Royal Alexandra Hospital takes into account the recommendation from the Mental Welfare Commission to increase the therapeutic space within the ward. The refurbishment work was completed in April 2017. The work included improvements to shower rooms in the patient dormitories which made them more easily accessible, as well as the development of a multi-purpose therapeutic room from space previously used as an office. This room increases the overall living space for patients within Ward 39 and will allow AHP and nursing staff to deliver a number of therapeutic activities. Gym equipment and physiotherapy and occupational therapy assessment equipment have also been installed, and a calendar of activities has been developed to ensure patients receive maximum benefit from the new space.

The Psychiatric Assessment Room in the A&E Department of the RAH has also been developed, providing a safer environment for staff and vulnerable clients presenting with mental health issues.

Achieving the targets set for the Primary Care Mental Health Team has proved challenging due to levels of staff absence. Patients should be offered a first appointment within 28 days of referral, and treatment should be offered in less than 9 weeks.



Source: PIMS MH Microstrategy – NB: February 2017 data unavailable due to migration to EMIS system



Source: PIMS MH Microstrategy – NB: February 2017 data unavailable due to migration to EMIS system

Alcohol and Drugs

Renfrewshire Alcohol and Drugs Partnership has continually exceeded the local improvement target (91.5%) to ensure all individuals wait no longer than three weeks from referral to receiving treatment. Current performance is 97.8% (as at December 2016).

Drugs such as heroin and methadone are called opioid drugs. Naloxone is a medicine which can temporarily reverse the effects of opioids if an individual overdoses. In Scotland, Naloxone is distributed to drug users in a single issue kit containing a pre-filled syringe. Recent changes in legislation have allowed the provision of Naloxone to family, carers or friends of someone who might be at risk of an opioid overdose. The provision of Naloxone is offered to all individuals who attend for assessment in Renfrewshire and local campaigns have taken place to target individuals who may have been offered Naloxone in the past. Current performance has reached the target of achieving 30% coverage of problem drug users.

Around 50-60 individuals attend the award-winning Sunshine Recovery Café each week. Managed by a group of volunteers the Café offers a safe, drug and alcohol free space where individuals in recovery can connect with their peers who share similar experiences. The Café provides peer led support to access training and employment opportunities. The Café has been involved in a number of arts and culture projects including RecoverFest, the Scottish Mental Health Arts and Film Festival and other local events. Recently the volunteers won the Renfrewshire Health and Social Care Partnership Staff Award and the NHSGGC Facing the Future Award for Renfrewshire. Since November 2016, there have been 770,000 days of recovery counted by participants who attend the Café.

The Alcohol and Drugs Partnership has developed a Quality Improvement Action Plan which ensures all services are compliant with the National Quality Standards. Service users are consulted bi-annually to evidence progress

Brighter Renfrewshire Alcohol Awareness Week (BRAW) was funded for a second year in 2016/17. During 2016, 15 groups received funding, ranging from small community groups, Scottish Fire and Rescue and Police Scotland, to the private sector. The funding was used to develop local projects which aimed to increase awareness and reduce the harm caused by alcohol.

We have developed a recovery peer support project, to help focus on recovery. This initiative supports individuals to gain access to training and employment opportunities, and has resulted in seven people gaining places on the University of the West of Scotland Professional Development Award and five people starting 6 month paid work placements in the NHS as Peer Support Worker trainees.

Carers

Carers' Information Strategy funding has enabled the continuation of a number of posts at the Carers' Centre covering training, group work support, mental health, identifying hidden carers, and support for young carers and young adult carers.

46 training courses delivered to 233 carers from April 2016 to March 2017, against an annual target of 35 and 195 respectively.

84 of those attending carers' training at the Carers' Centre were 'new carers'. The courses evaluated well and improved carers' skills and knowledge to enable them to feel more comfortable and confident in their caring role. Specific courses to provide tools for looking after the carer's own health and wellbeing were also well attended.

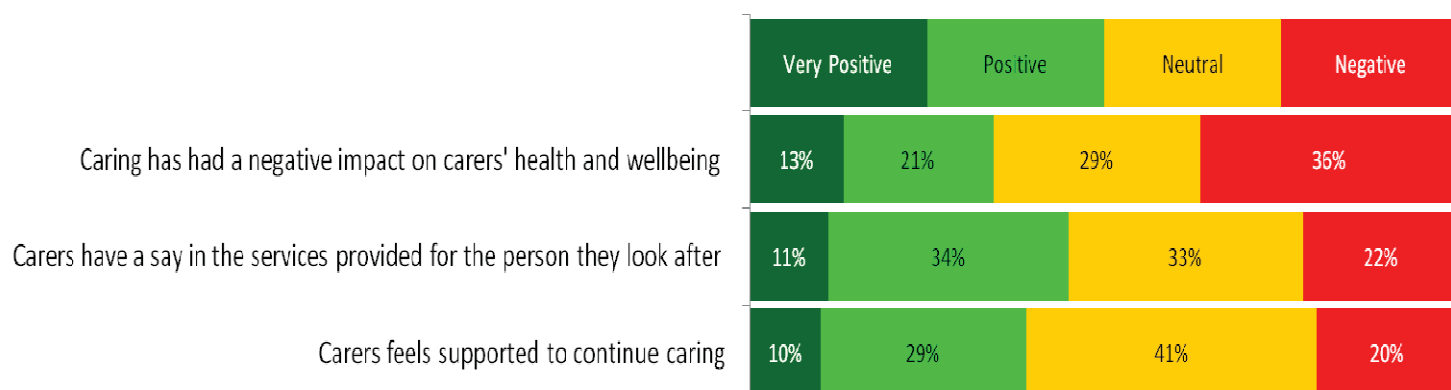
The Carers' Centre launched a new logo and website, which is updated weekly. The Centre is also using Facebook and Twitter to reach new and existing carers. This approach assists engagement with young carers and young adult carers.

Renfrewshire Carers' Centre held their 20th Anniversary Party in August 2016 at Paisley Town Hall. The event was well attended by carers, volunteers and staff who enjoyed celebrating 20 years of supporting carers in Renfrewshire.

Fifty carers attended a consultation event to increase awareness of the Carers' Act and its implications in March 2017. Carers had the opportunity to feedback on what was important to them to continue in their caring role. The feedback will be used to inform the local Carers' Strategy and prepare for the implementation of the Carers' Act in April 2018.

The results on the caring questions in the Health and Care Experience Survey showed that 36% of carers felt that caring had a negative effect on their health and wellbeing. Only 39% of carers felt supported to continue caring. We will continue to work with practitioners and the Carers' Centre to improve the experience of carers.

Health & Care Experience Survey 2015/16



Health and Care Experience Survey, 2015/16

Carers are key partners in contributing to many of our priorities. We progress the issues raised by local carers and those in national legislation and guidance including accessing advocacy; providing information and advice and involving them in service planning through representation on our Strategic Planning Group. Work is progressing for implementation of the Carers' Act on 1 April 2018.

We work with Community Planning partners and other service providers to identify all young carers in Renfrewshire. The Renfrewshire wellbeing survey tells us that we have more than 220 children and young people aged 9 – 16 years who provide daily care, such as helping with washing and dressing, cooking and cleaning, for a parent or relative who lives in their home.

While many families with young carers are in contact with services and receive support, we know that too few young carers receive specific support in relation to their role. We are also aware that there are others who, for a variety of reasons, are not known to us. We aim to identify these 'hidden' young carers and assess their wellbeing needs.

The Carers' Centre currently provides information, advice and support through the Young Adult Carers' service. Consultation events took place in 2016/17 with young carers and we will use their feedback to develop a pathway to support them in the transition from young carer to young adult carer.

Effective Organisation

iMatter

iMatter is a team based, employee engagement questionnaire which was introduced by the Scottish Government in January 2015 with a three year roll out plan.

Renfrewshire HSCP implemented iMatter as part of our Organisational Development and Service Improvement Strategy and our staff undertook the survey in January 2017.

The Benefits

- Gives staff the chance to feed back on specifics and to influence change and improvement in the workplace
- Helps managers understand the team's perspective on what it means to be in the team and service area
- Provides an opportunity for local partnership groups to incorporate actions to their Directorate Staff Governance action plan
- Improves outcomes for patients, families and other users of health and social care services as a result of teams taking action in respect of their experience at work
- Identifies themes that may require addressing across the organisation.

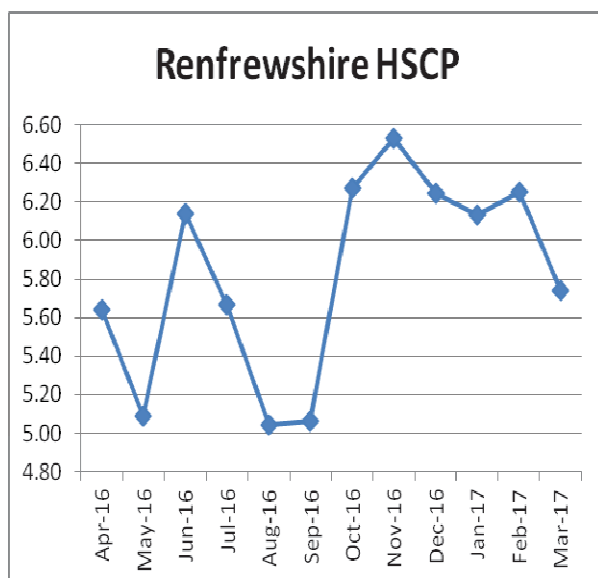
Results

Renfrewshire Health and Social Care Partnership had the joint highest completion and engagement rate in Scotland with 1,511 respondents, equating to 65% of the Partnership's workforce.

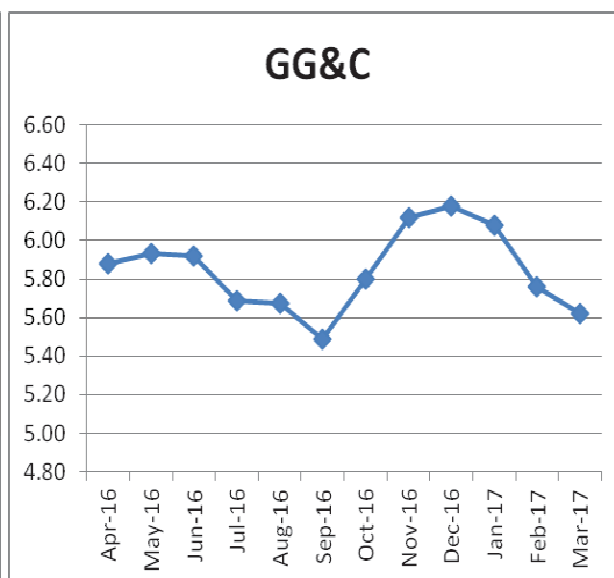
Team Action Plans are now being put in place and further monitoring and evaluation will continue throughout 2017.

Sickness Absence

The health sickness absence level at the end of March 2017 in Renfrewshire is 5.67%, similar to the April 2016 figure of 5.64%. The highest rate in 2016/17 was 6.53% at November 2016, dropping to 5.04% in August 2016.



* Health staff only



* Health staff only

Sickness Absence	Renfrewshire	Partnerships	NHS GG&C
March 2017	5.67%	6.15%	5.59%

Within Renfrewshire HSCP the long-term absence level has increased to 3.05% from 2.72%. However the short-term absence level has decreased by almost 1% to **2.62%** from 3.53%.

In terms of benchmarking the overall absence rate, NHS GG&C has decreased to 5.59% (from 5.76%), while the Partnership rate has increased to 6.15% (from 6.13%).

There is now increased overview and analysis of long term and short term absence levels within NHS GGC and Renfrewshire HSCP. People and Change Managers are now actively reviewing and reporting the management interventions and progress of all long term absences. There is also heightened focus on absence trigger points and scrutiny of excessive absence incidence, which is being monitored and challenged through relevant and appropriate NHS GGC policies.

Adult Social Work records their sickness absence in a different way to health. Absence is expressed as a number of work days lost per full time equivalent (FTE) employee. At March 2017, the rate was 3.65 days per person against a target of 2.69 days.

Absence Rate (Work Days Lost)	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Adult Social Work	4.29	3.95	5.03	3.65

Similar to the NHS GGC approach, Renfrewshire Council is also actively reviewing absence cases. Action taken to date is being monitored along with proposed next steps, to ensure managers intervene early in absence cases and keep in regular contact with absent employees. Discussion is facilitated around the employee's progress, any support that may be required and allows flexible return to work options to be explored.

Workforce Planning

In the first full year of Renfrewshire Health and Social Care Partnership, work has begun on the delivery of the Organisational Development and Service Improvement Strategy (Workforce Plan) approved by the IJB on 18 March 2016.

This Strategy focuses on three key objectives that support the workforce to be committed, capable and engaged in person centred, safe and effective service delivery:

- Development of a healthy organisational culture;
- Delivering a clear approach to organisational development and service improvement; and
- Delivering a Workforce Plan for tomorrow's workforce.

Work in this first year has focused on establishing the supporting governance arrangements to ensure that the health and social care systems are working to a shared understanding and definition for Workforce and Professional Governance. Supporting governance structures have now been fully established and embedded.

Reporting mechanisms include: quarterly reports to the HSCP Senior Management Team; Annual Report to the Integration Joint Board; and a joint SPF Annual Report.

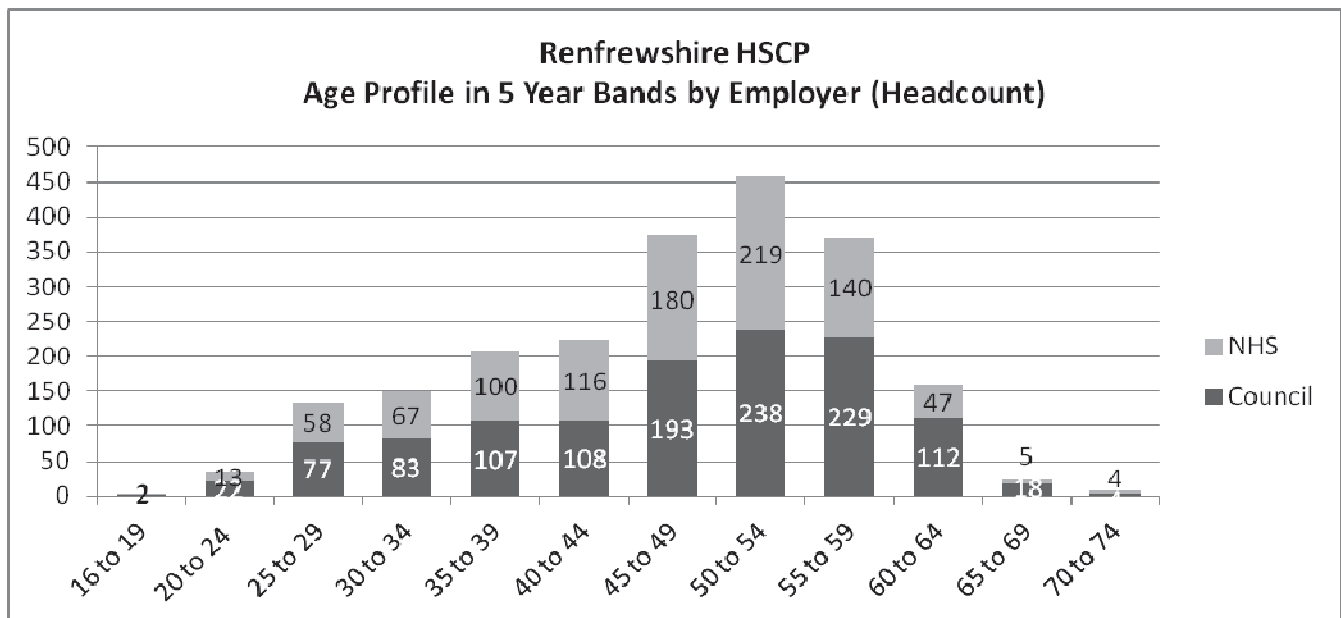
Links are also in place to operational and professional structures and networks, in particular:

- Participation, Engagement and Communication Group
- Quality, Care and Professional Governance Groups

An annual update on implementation of the Strategy and our first Workforce Plan 2017-2020 are in final draft.

Age Profiles

The chart below shows the HSCP headcount workforce age profile in 5 year bandings.



The profile displays a number of workforce characteristics which are important in relation to our workforce planning processes:

- **47.3%** of the combined HSCP workforce is over 50 years old
- **50%** of the Council workforce are over 50 years old with the NHS figure at **43%**
- The largest age band falls between 50 and 54 years of age with significant numbers also falling in the 55 to 59 year old grouping.
- **8.7%** of the workforce is over 60 years old.
- Only **1.78%** of HSCP staff are under 24 years old and there are only 3 staff members under 20 years old.

When the age profile is further broken down into the different employing authorities it suggests that there is a greater tendency among council staff to work into their sixties and beyond.

Change Programme: Our Approach to Change

To support the delivery of Renfrewshire IJB's Strategic and Financial Plans, the Chief Officer established an ambitious Change and Improvement Programme, to tackle our challenging budget position whilst delivering safe, sustainable and integrated services in line with the priorities set out in the draft Strategic Plan. This programme was split into two key workstreams:

- unlocking the benefits of integration
- delivering social care savings

The first, to establish a health and social care service which is managed and delivered through a single organisational model, unlocking the benefits which can be derived from integration. These projects have brought together GPs, Social Work, District Nursing, Rehabilitation and Mental Health teams and other staff to consider how they can further improve joint working to better support the needs of local patients and service users.

Over the last year, a number of change projects have been progressed to help inform how the HSCP can best design an effective and dynamic approach to 'locality' and 'cluster' based working and to build collaboration and joint working between services.

Localities

A locality is defined as a smaller area within the borders of the HSCP to provide a mechanism of local leadership for service planning and to support greater clinical integration between primary and secondary care.

In Renfrewshire we have established two locality areas: Paisley and West Renfrewshire. Within our locality structures we have carried out a number of service review and redesign workstrands to maximise effective use of resources and improve the patient journey across Renfrewshire. Some examples of the work undertaken includes:

- Work within Mental Health and Addictions services to maximise effective use of resources and improve the patient journey, ensuring systems for access to services are clear, open and responsive.
- Introducing a Single Point of Access (SPoA) for District Nursing services. This will simplify both the referral and access process for those referring patients to the service and those who are being referred. The implementation of this will also

create capacity for increased patient-facing time as well as a more flexible service.

During 2016/17 there has been a focus on building a structured approach to involving and engaging with General Practitioners (GPs).

GP Clusters

In line with Scottish Government guidance, we have established six GP clusters in Renfrewshire. GP clusters are small groups of geographically connected practices that work collaboratively to improve outcomes, pathways and services for patients. In addition, as required in the 2016/17 GP Contract, Practice Quality Leads (PQLs) and Cluster Quality Leads (CQLs) have been identified, to support these emerging integrated models of working. One named GP within each practice will undertake the role of the PQL. The Cluster Quality Lead role will have dual accountability. It will be accountable to 'the cluster' for developing effective joint working, and for developing and delivering the cluster quality improvement programme (CQIP). The CQL will also be accountable to the HSCP for these functions and through these will bring advice and real influence within the partnership that connects the CQIP to the wider partnership plans and responsibilities.

Some examples of joint work that the HSCP has progressed with our GPs include:

- Realignment of the HSCP's Prescribing Support Pharmacists in order to release GP capacity, which is a recognised pressure amongst this area of the workforce.
- Shared caseloads between GP practices and HSCP services in order to improve how we support patients/service users and provide a more seamless service experience. For example, identifying current patients within Mental Health services who are registered with GP practices and those clinicians the patient receives input from; and sharing the list of children on the child protection register with GP practices.
- Regular update of Anticipatory Care Plans to ensure a dynamic patient record that details the preferred actions, interventions and responses care providers should make following a clinical deterioration or crisis in the person's care.
- Direct access to a range of self-referral services thereby reducing the need for GP referrals to these services.

The HSCP cannot transform health and social care services in isolation. As part of this work we have worked actively with key stakeholders, our parent organisations, community planning partners, NHSGGC Acute Services, the third sector and providers to take forward a number of service improvement initiatives including:

- NHSGGC system-wide initiatives, such as the District Nursing review, Mental Health In-patient Services redesign, Community Mental Health Framework, and the Learning Disability redesign.
- Contributing to the review of Community Planning arrangements in Renfrewshire. The new structure (approved by Renfrewshire Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care.

We have worked closely with the third sector to develop our Community Connectors' Initiative. This three components:

- Housing and health information hubs have been established to provide easy access to a range of housing and health information for local people;
- A GP Social Prescribing service ('Community Links') works with GP practices to refer people into social and wellbeing supports in their own communities, reducing demand on GPs for non-medical support;
- Community Health Champions project recruits and supports local residents in designing and delivering health and wellbeing activities in local communities.

The second workstream framed the HSCP's delivery of social care savings, legislative requirements and service improvement work to assist the IJB mitigate a number of the key demographic and financial pressures identified within adult social care. Some examples of this work includes:

Care at Home: a three year transformation programme for our Care at Home services is underway which seeks to modernise and redesign the service to enable it to respond to increasing need both efficiently and effectively. The service has been pivotal to our success in minimising hospital delays and in shifting the balance of care from long-term settings. As the older population increases, the service is expected to continue to experience growing demand, resulting in financial and operational pressures. The transformation will be wide ranging and will focus on attracting new staff through sustained recruitment campaigns; creating and implementing a learning and development strategy to ensure staff are suitably equipped to meet the changing needs of service users; and developing a range of tools and processes that will improve the supervision and support that staff receive. The programme will also see the procurement and implementation of an electronic scheduling and monitoring system.

Care & Repair: the service has experienced a higher level of demand than initially set in the original contract. Additional non-recurring resources from Renfrewshire Council in 2016/17 enabled an historic issue in relation to a growing waiting list to be cleared. As at May 2017 there was no waiting list for (Care and Repair). This figure is a substantial improvement from July 2016 figures, when 126 people were on the waiting list with the longest wait being from February 2015. The Council's Procurement Service is currently preparing the tender for a new Care and Repair contract, to begin in November 2017, in partnership with East Renfrewshire HSCP.

Self Directed Support: new streamlined and controlled Self Directed Support (SDS) business processes have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the agreed finance rules. The new processes have reduced the time required to agree an indicative budget for the service user's support plan from 16 days in 2014 to 4 days in 2016

Negotiations have been successfully concluded to bring all contracted providers currently delivering services in Renfrewshire in line with the Living Wage from 1 October 2016.

These prioritised areas reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care. Service reviews challenge our current models of service delivery to ensure our resources are focused on greatest need and to deliver the best outcomes for our service users.

Renfrewshire IJB's Strategy and Business Model

It is recognised that the IJBs Strategic Plan must be dynamic in nature, to ensure it continues to reflect national and local priorities, the impact to changing external drivers and aligns with the IJB's financial plan.

The HSCP is undertaking a review of the IJB's performance in its first year in operation, in line with the objectives and actions set out in its Strategic Plan. This review is taking a collaborative approach, working in consultation with our key stakeholders including staff, the HSCP Leadership Network, the Strategic Planning Group and parent organisations to identify:

- Key achievements in delivering the 2016/17 action plan which contribute to the IJB's longer term objectives
- Challenges, both financial and operational, which have had an impact on service delivery over the last year

- Our priorities for 2017/18, taking into account the outcome of this review, financial pressures and any other external drivers e.g. national policy, legislation, workforce.

In light of the challenging financial position the HSCP now faces, a dedicated HSCP finance and planning forum has been established, jointly led by the Chief Finance Officer and Head of Strategic Planning, to ensure the Strategic Plan, and supporting action plans, aligns with budget planning. This planning will be carried out in consultation with the HSCP's Operational Heads of Service and Professional Leads to assess any impact reduced resource may have on service delivery and performance, and the aspirations set out in the current Strategic Plan.

The HSCP is committed to proactively transforming our health and social care services, realising the opportunities integrated working offers, with service redesign informed by a strategic commissioning approach. This in turn will support the long term financial sustainability of the Partnership and deliver the savings required to address the IJB's medium term budget deficit.

In 2017/18 a comprehensive action plan will be developed to support the HSCP's service developments and improvements for year two of the Strategic Plan. In addition to operational continuous improvement activity, this action plan will include transformational projects and proposals to deliver financial savings. Similar to 2016/17, these larger projects will be progressed as part of the Partnership's wider Change and Improvement Programme, and will be subject to IJB approval.

Reporting on Lead Partnership Responsibility

Renfrewshire HSCP is the lead Partnership for **Podiatry** and **Primary Care Support** for NHS Greater Glasgow and Clyde. This means we are responsible for the strategic planning and operational budget of all issues relating to Podiatry across six Health and Social Care Partnerships. We also support primary care contractors within the Board area.

Podiatry

Podiatrists are health care specialists in treating problems affecting the feet and lower limb. They also play a key role in keeping people mobile and active, relieving chronic pain and treating acute infections.

NHS Greater Glasgow and Clyde employs approximately 200 podiatrists in around 60 clinical locations spread across the six Health and Social Care Partnerships. The Podiatry service is managed in four geographical quadrants (West, East, South and Clyde), and is currently providing care to around 40,000 patients across the NHSGG&C Board area, representing 3.4% of the population.

Since April 2012, the podiatry service has been undergoing whole system redesign. The ongoing impact of this on service improvement is significant:

- Waiting times are now consistently less than four weeks for over 90% of referrals
- 95% of diabetic foot ulcers are treated within 48 working hours. This has been evidenced to improve amputation rates and life expectancy for individuals with diabetes
- The service has made a total of £735k in direct savings (recurrent) – or around 11% over 5 years.
- We have also reduced sickness absence within the service from an annual average of 5.8% to 2.8%. This equates to around £180k per year more resource at work.

Podiatry has reduced sickness absence from an annual average of 5.8% to 2.8%. This equates to around £180k per year more resource within the service.

Primary Care Support

Primary Care Support (PCS) is hosted by Renfrewshire HSCP. The team works across the whole of the NHS Greater Glasgow and Clyde area to support primary care contractors. This includes managing Contracts and payments; working with Health and Social Care Partnerships on future planning and any changes to practices; GP appraisal; Practice Nursing Support; and Screening and Immunisation services. The team works with 238 GP practices, and 184 Optometry premises.

INFOGRAPHIC: 238 GP Practices & 184 Optometry premises

Supporting practices into new contracting arrangements, testing new ways of working (17c and Inverclyde).

The PCS team has supported the continuation of new contracting arrangements through the Inverclyde New Ways programme, including administering the necessary contract changes and supporting service developments with clusters and practices. The team continues to support the 47 17c practices through annual visits and payment arrangements. Transitional Quality Arrangements as part of the transition to a new contract have been introduced and supported by the team.

Developing the role of practice nurses to support people to live longer at home.

The practice nurse support and development team continues to offer a comprehensive range of support and advice to practice nurses directly, and to practices on the development of practice nursing roles. This includes training events, individual support where required and the development of 'learning tables' which provide detailed training resources and contacts on key areas of chronic disease management; these are being extended to cover a wider range of topics. The team is also supporting the extension of roles including nurse practitioners, prescribing and Advanced Nurse Practitioners, providing advice and linking to wider developments in these areas.

Improving resilience planning

Primary Care Support has raised the profile of sustainability and resilience issues for practices, supporting local conversations with HSCPs on resilience particularly associated with recruitment and premises. This includes providing direct support to practices and capturing learning from crisis situations.

Inspection of Services

Renfrewshire Health and Social Care Partnership directly provide and commission a number of externally provided care services. A high quality of care is vital across all services to ensure positive outcomes for our service users. Monitoring and evaluation play a key part in ensuring these services meet contractual standards and obligations as well as delivering planned commissioning outcomes on the ground.

External Services

The HSCP has an internal Contract Performance Management Team, which monitors externally provided services. A rolling programme of contract monitoring visits cover:

- 13 Supported Living providers;
- 21 Care Home Services;
- 3 Care Homes for people with Learning/Physical Disabilities;
- 7 Care at Home companies
- 9 block funded services covering mental health, carers' services, domestic violence, advocacy and older people.

Through a proactive approach, our Contract Performance Management Team ensures externally contracted organisations are person centred, safe, effective and sustainable. Services are visited and any performance issues are addressed through jointly negotiated service improvement action plans and follow-up visits.

The team also adopts a reactive practice and keeps a 'watchful eye' on services as the main point of contact for managing significant events, Adult Protection referrals, managing complaints and investigations, and through regular liaison with:

- The Providers on an individual basis or through organising provider forums; and
- The Care Inspectorate through joint working and regular information sharing.

Internal Services

Renfrewshire Health and Social Care Partnership directly provide a number of services subject to a rolling programme of inspection from the Care Inspectorate. Inspection assures people that services are working well and highlights areas for improvement. This is carried out by independent inspectors who look at the overall quality of care and support, the staffing, the management and leadership, and the

environment in which the care is provided. Inspections are designed to evidence the impact that care has on people's individual experiences.

As at May 2017, our directly provided services attained the following grades for care as detailed below:

Establishment / Care Inspectorate No.	Inspection Date	Quality Theme	Care Grades
Hunterhill Care Home	28/11/2016	Care & Support	6 - Excellent
		Management & Leadership	6 - Excellent
Montrose Care Home	27/05/2016	Environment	6 - Excellent
		Staffing	5 - Very Good
		Management & Leadership	6 - Excellent
		Care & Support	6 - Excellent
Renfrew Care Home	20/07/2016	Care & Support	4 - Good
		Management & Leadership	4 - Good
Falcon Day Centre	17/04/2014	Care & Support	5 – Very Good
		Environment	5 – Very Good
		Staffing	5 – Very Good
		Management & Leadership	5 – Very Good
Johnstone Day Centre	23/05/2014	Care & Support	6 – Excellent
		Environment	6 – Excellent
		Staffing	5 – Very Good
		Management & Leadership	5 – Very Good
Montrose Day Centre	12/08/2016	Care & Support	6 – Excellent
		Management & Leadership	5 – Very Good
Ralston Day Centre	11/04/2014	Care & Support	5 – Very Good
		Environment	5 – Very Good
		Staffing	5 – Very Good
		Management & Leadership	5 – Very Good
Renfrew Day Centre	08/02/2017	Care & Support	5 – Very Good
		Management & Leadership	5 – Very Good

The Mirin Day Opportunities	28/11/2016	Care & Support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management & Leadership	4 - Good
Milldale Day Opportunities	15/06/2016	Care & Support	4 - Good
		Management & Leadership	4 - Good
The Anchor Day Service	21/12/2016	Care & Support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management & Leadership	3 - Adequate
Weavers Linn	11/11/2016	Care & Support	5 – Very Good
		Staffing	6 - Excellent
Gateway (ISS)	14/01/2015	Care & Support	5 – Very Good
		Environment	5 – Very Good
		Staffing	5 – Very Good
		Management & Leadership	5 – Very Good
Community Networks	16/05/2016	Care & Support	5 – Very Good
		Staffing	5 – Very Good
		Management & Leadership	5 – Very Good
Disability Resource Centre	29/11/2016	Care & Support	6 - Excellent
		Staffing	6 - Excellent
Care at Home Service		Management & leadership	5 – Very Good
		Staffing	5 – Very Good
		Care and Support	5 – Very Good

Financial Performance and Best Value

Renfrewshire HSCP Net Revenue Position 2016/17

Throughout 2016/17 a number of services experienced a significant increase in demand, particularly: Care at Home services; Adult Placements, and Special Observations within Mental Health. The overall revenue position for Renfrewshire HSCP at 31 March 2017 was a breakeven position after the movement of planned underspends to create reserves for use in 2017/18.

Early in 2016/17, the Chief Finance Officer, considering the climate of ongoing financial austerity and increasing demand, made the decision to hold back on the application of the use of a proportion of the Social Care Fund allocated by the Scottish Government in 2016/17 for driving forward service redesign to shift the balance of care. This prudent approach enabled the increasing demand and associated cost pressures within the Care at Home service and Adult Supported Placements to be funded in 2016/17, leaving a balance of £1.519m to be transferred to reserves for use in 2017/18 to meet ongoing pressures within the adult social care service budget.

In addition, given the significant budget gap to be met for 2017/18, with regards to the Health budget allocation, the Chief Officer and Chief Finance officer worked with the senior management team on a number of cost containment programmes through the final quarter of 2016/17 to enable reserves to be created to assist in covering this gap.

Table 1 below details the performance by service for 2016/17, with summary notes on the main variances included overleaf.

Table 1: Financial Performance for 2016/17

Client Group	Budget £000's	Year to Date Budget £000's	Actual £000's	Variance			Notes
				£000's	%		
Older People	39,671	39,671	39,248	423	1.1%	underspend	1
Physical or Sensory Difficulties	6,265	6,265	6,779	(514)	-8.2%	overspend	2
Learning Disabilities	12,544	12,544	12,494	50	0.4%	underspend	
Mental Health Needs	988	988	982	6	0.6%	underspend	
Addiction Services	706	706	671	35	5.0%	underspend	
Integrated Care Fund	650	650	650	-	0.0%	breakeven	
Total Adult Social Care	60,824	60,824	60,824	-	0.00%	breakeven	
Addiction Services	2,501	2,501	2,501	-	0.0%	breakeven	
Adult Community Services	13,220	13,220	13,023	197	1.5%	underspend	
Children's Services	5,408	5,408	5,013	395	7.3%	underspend	3
Learning Disabilities	1,129	1,129	1,044	85	7.5%	underspend	
Mental Health	18,922	18,922	19,576	(654)	-3.5%	overspend	4
Hosted Services	5,173	5,173	4,950	223	4.3%	underspend	
Prescribing	35,007	35,007	35,007	-	0.0%	breakeven	
GMS	22,842	22,842	22,842	-	0.0%	breakeven	
Other	20,864	20,864	20,864	-	0.0%	breakeven	
Planning and Health Improvement	1,122	1,122	1,083	39	3.5%	underspend	
Other Services	2,353	2,353	2,638	(285)	-12.1%	overspend	
Resource Transfer	25,646	25,646	25,646	-	0.0%	breakeven	
Integrated Care Fund	3,490	3,490	3,490	-	0.0%	breakeven	
Total Health	157,677	157,677	157,677	-	0.00%	breakeven	
Garden Assistance Scheme	296	296	369	(73)	-24.7%	overspend	
Housing Adaptations	770	770	770	-	0.0%	breakeven	
Women's Aid	81	81	81	-	0.0%	breakeven	
Total Other Council Delegated Services	1,147	1,147	1,220	(73)	-6.36%	overspend	
TOTAL NET EXPENDITURE	219,648	219,648	219,721	(73)	-0.03%	overspend	

Note: The above figures reflect the delegated budget managed by the IJB during 2016/17, excluding the large hospital set aside budget for 2016/17

1. Older People: Net underspend of £423k

The overall position within Older People's services was a net underspend. The Care at Home service budget was under significant pressure throughout 2016/17, with a final position at the year-end of a £3.3m overspend. In order to bring the overall position of adult social care back into a breakeven position, Social Care Integration monies (allocated as part of the Scottish Government 2016 Financial Settlement) were used to fund the overspend within the Care at Home service.

2. Physical Disabilities: Net overspend of £514k

The overspend within Physical Disabilities was in relation to pressures within the Adult Placement Budget reflecting both the impact of increasing demand and Self Directed Support (SDS).

3. Children's Services: Net underspend of £395k

The overall underspend in Children's Services was due to underspends within CAMHS from lower than anticipated payroll costs, reflecting the position staff are placed on the pay scale along with staff turnover. In addition, there were a number of vacancies within the School Nursing and Childsmile teams throughout the year due to service redesign, retirements, and an increase in the number of nurses leaving to undertake the health visiting course.

4. Mental Health: Net overspend of £654k

This overspend was due to a number of contributing factors within both adult and in-patient services. The main overspends were in relation to significant costs (overtime, agency and bank costs) associated with patients requiring enhanced levels of observation across all ward areas. In addition, there were pressures in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.

Financial Outlook, Risks and Plans for the Future

Although no figures are available beyond 2017/18, it is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. This will potentially have significant implications for Renfrewshire IJB's parent organisations and therefore the delegated Health and Adult Social Care budgets.

From 2017/18 and beyond, it is important to be clear that within the current models of working, the reducing budgets available will require further recurring savings to be made; this will mean the IJB needs to consider what can safely be delivered.

There are number of key strategic risks and uncertainties for the IJB:

The impact of Brexit on the HSCP is not currently known, possible areas of risk include:

- Impact of European funding, regarding how this will be replaced if at all;
- Whether staff born outwith the UK will be able to continue working for the HSCP.
- Potential increased overheads of associated new legislation/regulations.
- The Scottish Government response to Brexit and the possibility of a second independence referendum creates further uncertainty.
- Complexity of the IJB governance arrangements has been highlighted by Audit Scotland as an ongoing concern, including lack of clarity around decision-making.
- Risk to the effectiveness of the IJB's governance caused by turnover in Board members
- The IJB governance model promotes decision making by consensus, therefore complex and difficult issues being faced by the IJB may prove difficult to get to a position where consensus is possible
- IJB Voting Members may feel challenged by their competing roles, as members of the IJB and their constituent bodies.

A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care at Home Staff are a current recruitment and retention challenge for Renfrewshire HSCP.

The most significant financial risks facing the IJB are set out below:

- **2016/17 savings proposals** have not been approved
- **The IJB has not agreed its 2017/18 delegated health budget allocation**
- The alignment of our three year financial plan with the Strategic Plan has been delayed due to the lack of an approved delegated health budget
- **The set aside budget for 2017/18 has not been confirmed by NHS GGC for 2017/18; in addition, there are a number of risks associated with the set aside budget which may mean the IJB will not be able to deliver the Scottish Government's expectations in relation to the commissioning of set aside services.**
- **From 2017/18, the current risk sharing arrangement with NHS GGC for prescribing will change**
- The Carers (Scotland) Act will commence on 1 April 2018. This new legislation will create new demands on our adult care services through the requirement to produce Adult Carer Support Plans and Young Carer Statements.

In light of the challenging financial position the HSCP faces, a dedicated HSCP finance and planning forum has been established, jointly led by the Chief Finance Officer and Head of Strategic Planning, to ensure the Strategic Plan, and supporting action plans, align with budget planning. This will be carried out in consultation with the HSCP's Operational Heads of Service and Professional Leads to assess any impact reduced resource may have on service delivery and performance, and the aspirations set out in the current Strategic Plan.

In 2017/18, our year two Strategic Plan action plan will be developed to support the HSCP's service developments and improvements for year 2 of the Strategic Plan. This action plan will include transformational projects and proposals to deliver financial savings which will be progressed as part of the Partnership's wider Change and Improvement Programme, subject to IJB approval.

Reporting on the Integrated Care Fund 2016/17

Renfrewshire HSCP has noted and acted upon lessons learned from the processes involved in implementing and monitoring the delivery of complex programmes of change, through the experience of delivering the Reshaping Care for Older People (RCOP) Programme. The Integrated Care Fund (£3.490m) has been used to build on the progress and lessons learned through the four-year RCOP Change Programme. Key approaches have been to develop and change working practices in:

- Person-centred health and care service provision and patients' and carers' pathways
- Capacity building at key pathways and interfaces between Acute, Community Health and Social Care services
- Multi-agency work, particularly in relation to planning and developing preventative services and to area-based planning with community-based partners.

In the statutory sector the ICF is targeted on further developing the reablement and technology-enabled models of health and social care and in building on joint and integrated working between services. Examples include rapid response services within community health and social care services, preventing unnecessary admissions to hospital; and the further development of dementia and palliative care in people's homes or in homely settings within the community.

Initiated in 2015/2016, four new health and social care projects were piloted (as part of the Community Connectors' Initiative) in some areas of Renfrewshire with support from the Integrated Care Fund. Their impact on health and care outcomes will be evaluated and the findings will contribute to the future planning and delivery of health and care services.

What do you think?

Please take a few minutes to tell us what you think about this Annual Report by completing this short questionnaire. This can be found online at <https://goo.gl/gcltUS>

1. How do you rate the design and layout of the Annual Report?

☐ Very good ☐ Fairly good ☐ Average ☐ Poor

2. How easy is it to read and understand?

☐ Very easy ☐ Fairly easy ☐ Not very easy ☐ Not at all easy

3. How useful is it in informing you about the work of your Health and Social Care Partnership?

☐ Very Useful ☐ Fairly useful ☐ Not very useful ☐ Not at all useful

4. Which sections did you find particularly useful?

5. What other information would you like to see in a future Annual Report?

6. Other comments

Thank you for your feedback

Alternatively you can print and complete the questions on this page and return to Planning & Health Improvement, Renfrewshire Health and Social Care Partnership, Renfrewshire House, Cotton Street, Paisley PA1 1AL.

Or contact Tel: 0141 618 7629, Email: Renfrewshire.HSCP@ggc.scot.nhs.uk

We will use your feedback to improve future publications.



Health and Care Experience Survey 2015-2016

Renfrewshire Health and Social Care Partnership

The survey was sent to 23,285 people registered with GP practices in the area.

The survey asks about people's experiences of accessing and using primary care services and was widened in 2013/14 to include aspects of care, support and caring to support the principles underpinning the integration of health and care in Scotland outlined in the Public Bodies (Joint Working)(Scotland) Act 2014.

A copy of the survey is available at:

www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

3,357 patients of Renfrewshire Health and Social Care Partnership sent in feedback on their experiences at the practice. Of the patients that answered questions about themselves:

- 41% were male and 59% were female;
- 9% were aged 17-34, 15% were aged 35-49, 33% were aged 50-64 and 42% were 65 and over;
- 63% did not have any limiting illness or disability.

The survey was commissioned by the Scottish Government as part of the Scottish Care Experience Survey Programme, which aims to use the public's experiences of health and care services to improve those services. The survey was managed by the Scottish Government in partnership with Information Services Division (ISD) of NHS National Services Scotland.

The results of the survey will be used by GP practices, Health Boards, Health and Social Care Partnerships and the Scottish Government to improve the quality of health and care services in Scotland.

National results for this survey and further details on the methods used to generate the reports are available at:

www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

Summary of Results

This section provides the results for those questions which align to the Health and Social Care Indicators.

The difference between the percent positive score for the H&SCP and the Scottish average is shown in the final column. Differences which are statistically significant are marked with an S. Where a comparison has not been tested due to small numbers, this is marked with an NT.

I am able to look after my own health	93%	-1*
Service users are supported to live as independently as possible	81%	-3
Service users have a say in how their help, care or support is provided	81%	+2
Service users' health and care services seem to be well coordinated	77%	+1
Rating overall help, care or support services	79%	-2
Rating of overall care provided by GP practice	88%	+2 ^S
The help, care or support improves service users' quality of life	80%	-4
Carers feels supported to continue caring	39%	-2
Service users feel safe	84%	-0

*Please note that measure "I am able to look after my own health" has not been subject to significant testing.

Renfrewshire Health & Wellbeing Profile

Domain	Indicator		Period	Number	Measure	Type	National Average
Life Expectancy & Mortality	1	Life expectancy (Males) ¹⁸	2011	n/a	75.3	yr5	76.6
	2	Life Expectancy (Females) ¹⁸	2011	n/a	80.4	yr5	80.8
	3	All-cause mortality among the 15-44 year olds. ¹²	2014	70	116.5	sr4	98.2
Behaviours	4	Estimated smoking attributable deaths ^{3, 13, 16}	2014	347	377.8	sr4	366.8
	5	Smoking prevalence (adults 16+) ^{3,14}	2014	50	20.1	%	20.2
	6	Alcohol-related hospital stays ¹⁵	2015	1,618	945.3	sr4	664.5
	7	Alcohol-related mortality ¹⁷	2013	46	27.0	sr4	22.1
Mental Health	8	Population prescribed drugs for anxiety/depression/psychosis	2015	33,807	19.4	%	18.0
	9	Deaths from suicide ¹⁷	2012	26	15.3	sr4	14.2
Social Care & Housing	10	Children looked after by local authority ³	2014	681	18.9	cr2	14.0
Economy	11	Population income deprived	2015	23,450	13.4	%	12.3
	12	Working age population employment deprived	2015	13,725	12.2	%	10.6
	13	Children Living in Poverty	2012	6,090	15.7	%	15.3
Crime	14	Domestic Abuse ³	2015	2,151	123.2	cr9	108.1
Women's & Children's Health	15	Teenage pregnancies ¹²	2013	171	34.8	cr2	37.7
	16	Women smoking during pregnancy ¹²	2014	273	16.6	%	17.3
	17	Child dental health in primary 1	2015	1,181	67.9	%	69.9
	18	Child dental health in primary 7	2015	1,079	66.2	%	67.9
	19	Child obesity in primary 1	2015	156	9.0	%	9.9

















Key	
%	Percent
cr2	Crude rate per 1,000 population
cr9	Crude rate per 10,000 population
sr4	Age-sex standardised rate per 100,000 populations to ESP2013.
Yrs	Years
Notes	
3. Data available down to council (local authority) area only.	
12. Three-year average number and 3-year average annual measure.	
13. Indicator based on HB boundaries prior to April 2014.	
14. Two-year combined number, and 2-year average annual measure.	
15. All 6 diagnosis codes used in the analysis.	
16. Two-year average number and 2-year average annual measure.	
17. Five-year average number and 5-year average annual measure.	
18. Three year average for health boards, local authorities and Scotland. Five year average intermediate geographies.	

DASHBOARD









Summary of Red, Amber and Green Measures as at March 2017







The summary chart shows 37 measures for information only; there are no specific targets for these measures.

Of the 51 measures that have performance targets, 51% show green (on or above target); 22% show amber (within 10% variance of target); and 27% show red (more than 10% variance of target).

National outcome	Red	Amber	Green	Data Only	Total	Movement
National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	0	2	5	1	8	One  to 
National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	1	2	5	11	19	One  to  to  to 
National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	0	3	4	5	12	One  to 
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	5	3	6	2	16	One  to  to  to 
National Outcome 5. Health and social care services contribute to reducing health inequalities	3	0	1	4	8	One  to 
National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being	1	0	0	3	4	No change
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	2	4	No change
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	3	1	2	3	9	One  to 
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	1	0	1	6	8	No change
Total:	14	11	26	37	88	
Percentage %:	27%	22%	51%	-	100%	

Renfrewshire Integration Joint Board Scorecard 2016-2017













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

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer						
PI code & name		2014/15 Value	2015/16 Value	Latest 2016/17 Value	Target	Direction of Travel
National Indicators						
HSCP/CI/HCES/01 Percentage of adults able to look after their health very well or quite well		94%	-	Survey. Next data expected in 2018	-	
Local Indicators						
HSCP/HI/AD/02 Reduce smoking in pregnancy		13.6%	15.5%	15.2%	20%	
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks		21.8%	20.8 %	Sep 16: 22.6%	21.4%	
HSCP/HI/LS/01 Increase in the number of people who assessed their health as good or very good		77%	-	Survey. Next data expected in 2018	80%	
HSCP/HI/LS/02 Increase the percentage of people participating in 30 mins of moderate physical activity 5 or more times a week		53%	-	Survey. Next data expected in 2018	32%	
HSCP/HI/LS/03 Reduce the percentage of adults who smoke		19%	-	Survey. Next data expected in 2018	23%	















Renfrewshire Integration Joint Board Scorecard 2016-2017

PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
HSCP/HI/LS/04 Reduce the percentage of adults that are overweight or obese	49%	-		Survey. Next data expected in 2018	55%	↑	✓
HSCP/HI/MH/01 Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	53.4	-		Survey. Next data expected in 2018	57	→	⚠














Renfrewshire Integration Joint Board Scorecard 2016-2017

National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	80%	-	Survey. Next data expected in 2018		-	-	
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	-	-	-		-	-	
Local Indicators							
The total number of patients delayed (at census point) (Acute and Mental Health)	-	-	Total: 5 Acute: 5 (1<72hrs; 4>72hrs) MH: 0		-		
The total number of delayed discharge episodes at month end (Acute and Mental Health)	-	-	Total: 38 Acute: 37 MH: 1		-		
The total number of bed days occupied by delayed discharge patients (month end) (Acute and Mental Health)	-	-	Total: 313 Acute: 282 MH: 31		-		
HPBS14b1 Number of PSHG awarded to disabled tenants to adapt private homes	109	108	2017 data will be available early 2018		-	-	
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	87.8%	96%	96%		99%		
HPCHARTER23 The average time (in days) to complete medical adaptation applications	64	44	40		-	-	
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan	649	977	1,847		440		
HSCP/AS/DEM/01 Number of patients registered with dementia	-	1,431	1,431		1,384		

Renfrewshire Integration Joint Board Scorecard 2016-2017

PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	-	100%	100%	100%	100%		
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	86%	87%	89%	89%	85%		
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target: 30%)	28%	31%	27%	27%	30%		
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	499	501	460	460	-	-	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	99%	98%	99%	99%	-	-	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	59%	64%	66%	66%	-	-	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	21.37	20.71	29.13	29.13	-	-	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work Service)	13%	20%	15%	15%	70%		
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	387	297	340	340	350		





















Renfrewshire Integration Joint Board Scorecard 2016-2017

National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	75%	-		Survey information. Next data expected in 2018	-	-	
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	83%	-		Survey information. Next data expected in 2018	-	-	
Local Indicators							
HSCP/AS/AE/01 A&E waits less than 4 hours	91.9%	88.6%		89.5%	95%		
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+).	46%	42.8%		41.3%	48.2%		
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	44.6%	43.0%		40.4%	45%		
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%	100%		100%	100%		
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-	161		117	-	-	
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	88% of Audit of 70	-		71% of an audit of 319 (August and February audits combined.)	-	-	
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	1	13		16	-	-	

Renfrewshire Integration Joint Board Scorecard 2016-2017

PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value				
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	-	88%	95%		100%	⬆️	⚠️
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	-	98%	96%		100%	⬇️	⚠️
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	99.4%	99.8%	100%		90%	⬆️	✅













Renfrewshire Integration Joint Board Scorecard 2016-2017

National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/07 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	82%	-	Survey. Next data available 2018		-	-	
Local Indicators							
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	89.2%	88.3%	Dec 16: 84.75%		80%		
HSCP/AS/HA/03 Emergency admissions from care homes	508	477	538		480		
HSCP/AS/HA/04 Emergency bed days rate 65+	305	302	297		-	-	
HSCP/HI/ADS/01 Alcohol brief interventions	1,067	1,036	761		1,116		
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	2.41%	-	Data expected in 2018.		1.86		
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	153.4	153.5	Data available July 2017		130		
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	98.5%	99.6%	Dec 16: 97.8%		91.5%		
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	4.5	3.9	3.9		5%		
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 1,000 population	10.1	9.5	9.2		8.9		
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.7%	6.8%	Dec 16: 6.3%		6%		






Renfrewshire Integration Joint Board Scorecard 2016-2017

PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value		Value			
HSCP/CS/AX/01 Uptake rate of 30-month assessment	87.7%	83%		82%	80%	<div><div></div></div>	
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%		100%	100%	<div><div></div></div>	
HSCP/CS/SPL/02 Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment	12	82		62	0	<div><div></div></div>	
HSCP/HI/GP/01 Number of patients accessing GP services within 48 hours/advance booking	94%	-		-	95%	<div><div></div></div>	
HSCP/HI/GP/01 Percentage of patients able to book an appointment with a GP in advance	90.3%	-		-	90%	<div><div></div></div>	





Renfrewshire Integration Joint Board Scorecard 2016-2017

National Outcome 5. Health and social care services contribute to reducing health inequalities.							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value				
National Indicators							
HSCP/CI/HCES/11 Premature mortality rate.	449.0	463.1	Annual data. Available autumn 2017		-	-	
Local Indicators							
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	170	254	Feb 17: 187		228		
HSCP/HI/AD/03 Smoking in pregnancy (SIMD)	24.9%	23.9%	23.9%		20%		
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	14.6%	12.0%	15.4%		19.9%		
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	-	1,997	935		-	-	
HSCP/HI/EQ/IA/03 Number of quality assured EQIAs carried out	-	1	6		-	-	
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence ** emailed LJack	-	63	38		-	-	
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	14.8	14.8	14.8		15.3		
















Renfrewshire Integration Joint Board Scorecard 2016-2017

National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.									
PI code & name	2014/15		2015/16		Latest 2016/17		Target	Direction of Travel	Status
		Value		Value		Value			
National Indicators									
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)		-		39%		Survey. Next data available 2018	-	-	
Local Indicators									
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)		147		80		64	185		
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)		81		56		29	-	-	
HSCP/AS/CO/01 Number of carers reporting that they feel supported in their caring role (Local Survey)		83.0%		79.0%		89.7%	-	-	











Renfrewshire Integration Joint Board Scorecard 2016-2017

National Outcome 7. People who use health and social care services are safe from harm.							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	80%	-	Information available late 2017		-	-	
HSCP/CI/SR/24 Suicide rate	24	21	Information available late 2017		-	-	
Local Indicators							
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	11.4%	6.4%	Information available June 2017		12%	↑	
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	2.7%	2%	Information available June 2017		6%	↑	

Renfrewshire Integration Joint Board Scorecard 2016-2017

National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	-	Information available late 2017		-	-	
Local Indicators							
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	1	1	0		-	-	
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	599	609	493+50 on new pilot IDP = 543		-	-	
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	71.0%	61.1%	68.9%		80%		
HSCP/CS/H&S/02 Health sickness absence rate	6.0%	7.0%	5.6%		4%		
HSCP/AS/SW/01 Absence and sickness rates for Social Work Adult Services Staff (work days lost per FTE)	-	3.68	3.65		2.69 days		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	-	-	Jan 17: 100% Feb & Mar 17: N/A		100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	-	100%	100%		100%		
HSCP/CORP/CMP/01 % of complaints within health responded to within 20 days	-	100%	92%		100%		

Renfrewshire Integration Joint Board Scorecard 2016-2017

National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/14 Readmission to hospital within 28 days.	-	-	-	-	-	-	
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	-	-	-	-	-	-	
Local Indicators							
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£14.95	£15.47	2016/17 information available early 2018	-	-	-	
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.86%	2%	2016/17 information available early 2018	-	-	-	
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	£389	£369	2016/17 information available early 2018	-	-	-	
HSCP/AC/PHA/01 Prescribing variance from budget	-	1.07% over budget	0.83% underspent	-	-	-	
HSCP/AC/PHA/02 Formulary compliance	-	79.1%	79.5%	78%			
HSCP/AC/PHA/03 Prescribing cost per weighted patient	-	£14.55	£16.07	£15.65			

To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Heading: Non-financial Governance Arrangements

1. Summary

- 1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place from 1 April 2016. The report also provides performance information regarding FOI and Complaints. This report covers the period 1 April 2016 – 31 March 2017.
-

2. Recommendation

- 2.1. It is recommended that the Integration Joint Board (IJB):
- Note the content of this Report, specifically around:
 - Freedom of Information (FOI) and Publication Scheme
 - Health and Safety
 - Complaints
 - Business Continuity
 - Insurance and Claims
 - Risk Management arrangements
-

3. Freedom of Information

- 3.1. At its meeting on 15 January 2016, the IJB approved the arrangements for dealing with requests for information in respect of functions undertaken by the IJB.

Background

- 3.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FOISA as a public authority within its own right. Although the IJB will only hold a very limited amount of

information, it must respond to Freedom of Information (FoI) requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016 and approved on 11 November 2016. A link to the IJB Publication Scheme is noted below.

http://www.renfrewshire.gov.uk/media/3233/Renfrewshire-IJB-Publication-Scheme/pdf/Renfrewshire_IJB_Publication_Scheme.pdf

Requests Received

- 3.3. During the period 1 April 2016 – 31 March 2017, the IJB received 1 request for information regarding the Health & Social Care Partnership's budget and projected outturn for 2016/17. Statistical information regarding IJB FOIs is uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
- 3.4. It was agreed that any FOI relating to the operational delivery of health and adult social care serviced received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.
- 3.5. During the specified time-frame, Renfrewshire Council received 113 FOI requests specifically regarding adult social care. The main issues and themes raised included:
- care at home (domiciliary care);
 - external contracts;
 - self directed support (SDS);
 - waiting times for assessments.
- 3.6. During the specified time-frame, no FOI requests were received specifically for information regarding health services within Renfrewshire. However, Renfrewshire contributed to 7 NHS Greater Glasgow & Clyde board wide requests in relation to:
- Dementia post diagnosis support;
 - Rehabilitation Service Patient Pathway;
 - Palliative Care;
 - Memory Clinics;
 - Autism Assessments;
 - Learning Disabilities Structure;
 - Psychiatry Structure.

4. Health & Safety

Background

- 4.1. The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council. As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.
- 4.2. The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and its Area Partnership Forum
- 4.3. The Health & Safety arrangements within Renfrewshire Council are governed by the Corporate health and safety section which inform the Chief Executive and Directors. This is further enhanced with the application of a health and safety management system which is certified to BS OHSAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 4.4. An HSCP Health & Safety Committee has been formed and has service representation from health council staff and partnership representation.
- 4.5. The Health & Safety Committee's role within the Partnership is to coordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.
- 4.6. The NHS Greater Glasgow & Clyde strategy and action plan has been developed and adapted for local use. The Committee meets four times per annum.

5. Complaints

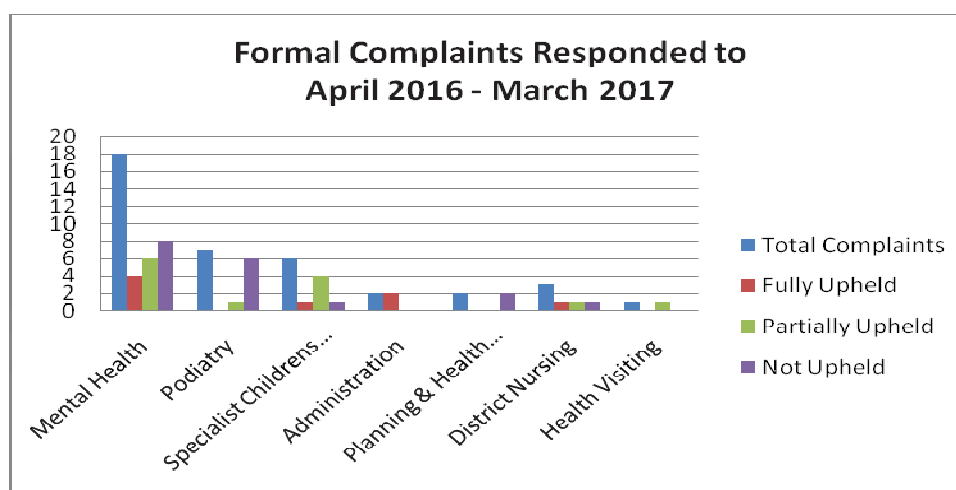
- 5.1. This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2016 – 31 March 2017. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

Health Complaints

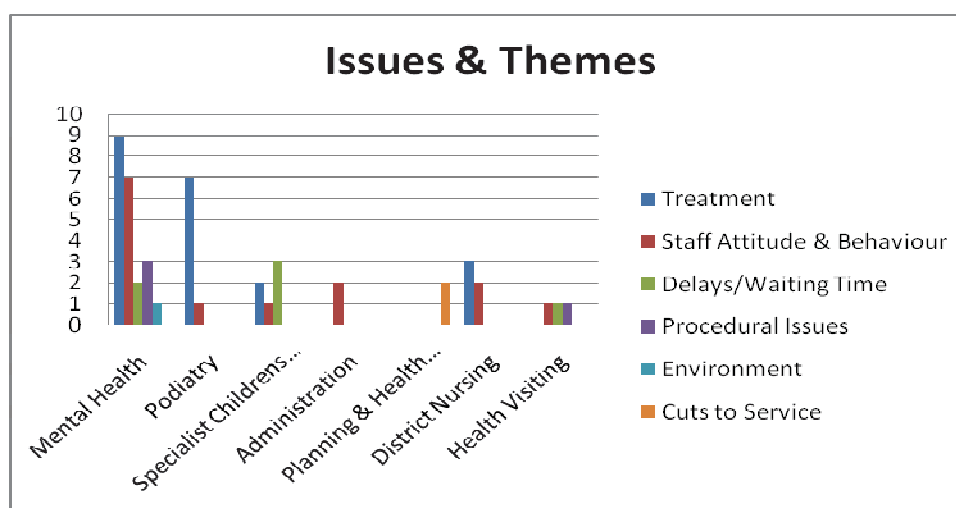
- 5.2. The Patient Rights (Scotland) Act 2011 was introduced from 1 April 2012 with the aim of improving a patient's experience of using health services. It also ensures that patient's feedback, comments, concerns and complaints are more actively monitored and used to improve services.

Local Resolution: 1 April 2016 – 31 March 2017

- 5.3. A total of **42** formal health complaints (+3 from previous year) were received during the above period of which 1 was withdrawn (-1) and 2 did not receive consent to proceed (+2).
- 5.4. Of the **39** completed formal complaints, 8 were fully upheld, 14 were partially upheld and 17 were not upheld. The following table shows the outcome of the complaints investigated by services during the above period.



- 5.5. 36 of the 39 complaints investigated were responded to within the target of 20 working days and 3 responses exceeded that target. Holding letters were sent out to the complainants who did not receive a response within 20 days explaining the reasons for the delay. This gives an overall health complaints handling performance of 92% (down 8% from last year).
- 5.6. Issues & Themes raised in the 39 formal health complaints investigated are detailed, by service, below. Treatment and Staff Attitude & Behaviour are recurring issues raised by complainants.

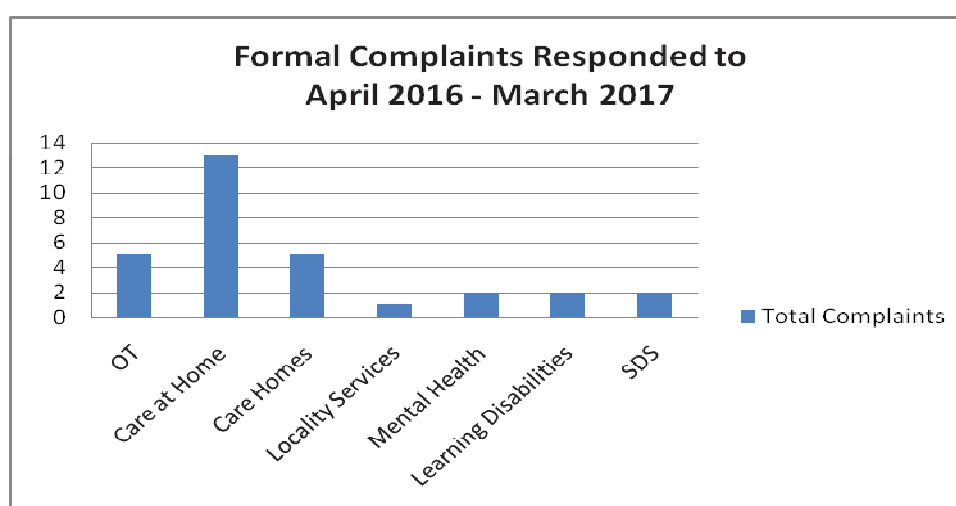


SPSO 1 April 2016 – 31 March 2017

- 5.7. Where a complainant remains dissatisfied with a Local Resolution response provided by health services, the complainant may write to the Scottish Public Services Ombudsman (SPSO). No health complaints investigated by the HSCP during the above period have been referred to the SPSO.

Social Work Complaints

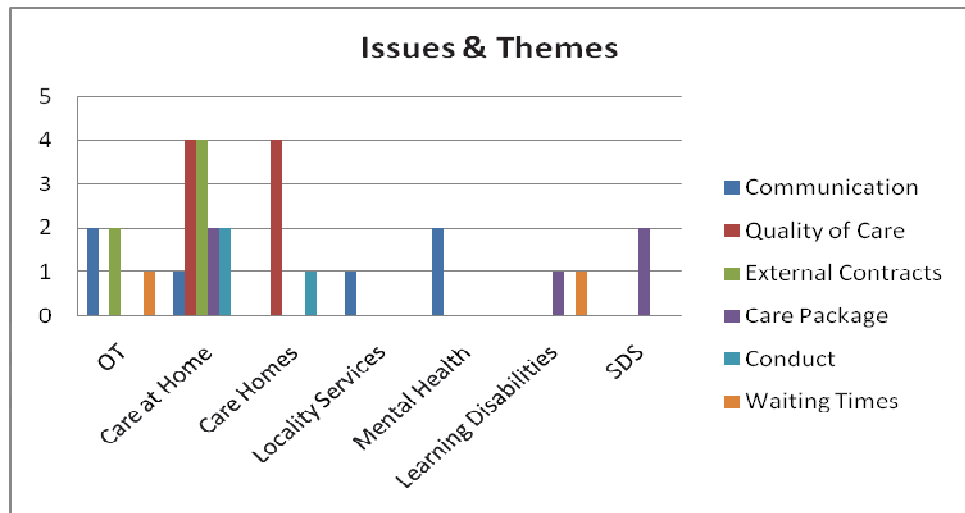
- 5.8. A total of **30** formal SW complaints (= to previous year) were received during the specified period. The table below shows the breakdown by service area. Social Work services do not record the outcome of a complaint.



- 5.9. All 30 complaints were progressed as formal complaints of which 20 were responded to within the target of 20 working days. 10 responses exceeded this target. This gives an overall social work complaints handling performance in the HSCP of 66% (down 7% from last year).

Issues & Themes

- 5.10. The issues and themes identified from social work complaints are detailed in the graph overleaf. The main issues raised being quality of care and issues with external contracts (meals, responders, etc).



Service Improvements

- 5.11. One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.
- 5.12. Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment/Quality of Care, Staff Attitude & Behaviour and Care Packages are key issues for complaints and steps are being taken by services to improve these.

Policies & Procedures

- 5.13. Under health and social care integration, there will remain two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.
- 5.14. Whilst NHS Greater Glasgow and Clyde is responsible for the delivery of health services, Health and Social Care Partnerships have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the NHS Board, Local Authority and third sector organisations to work together in order to provide joined up, person-centred services.
- 5.15. The NHS Scotland model Complaints Handling Procedure (CHP) came into effect on 1 April 2017. The NHS CHP has been developed by NHS complaints handlers working closely with the Scottish Public Services Ombudsman (SPSO). There is a standard approach to handling complaints across the NHS, which complies with the SPSO's guidance on a model complaints handling procedure, meets all of the

requirements of the Patients Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

- 5.16. The new social work CHP also came into effect on 1 April 2017 requiring all councils to comply with the new CHP from that date. The social work procedure has been developed by social work experts and third sector organisations working closely with the SPSO. As far as possible a standard approach to handling complaints across local government and the NHS has been produced to comply with the SPSO's guidance on a model complaints handling procedure.
- 5.17. If a person raises a complaint about a health service and a social care service the response will depend on whether these services are being delivered through a single, integrated HSCP.
- 5.18. Where these services are integrated, we must work together to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or Local Authority will lead on the response. It is important, wherever possible, to give a single response from the lead organisation.
- 5.19. The SPSO has issued guidance for a Complaints Handling Procedure for Integration Authorities in Scotland. Confirmation that we have developed a CHP in relation to the IJB functions must be in place for 3 July 2017, with a completed compliance statement and self-assessment form sent to the SPSO by that date.

6. Civil Contingencies and Business Continuity

- 6.1 The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (CCA) and accompanying non-legislative measures came into force on 14 November 2005. The aim of the Act is to deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts:
- Local Arrangements for Civil Protection (Part 1)
 - Emergency Powers (Part 2)
- 6.2. The Act lists the NHS and Local Authorities as Category 1 responders and, as such, places duties as follows:
- Assess the risk of emergencies occurring and use this to inform contingency planning.

- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.

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

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

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

6.5. It is proposed that a Renfrewshire Health & Social Care Partnership Resilience Group is created with appropriate representation from within the Partnership, which will meet quarterly to cover the resilience agenda. A joint Business Continuity Plan has been developed and was tested on 8 February 2017.

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

7. Insurance & Claims

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

- 7.2. With the introduction of the Public Bodies (Joint Working) (Scotland) Act, from April 2015, the Scheme was broadened to enable Integration Joint Boards to become members.
- 7.3. Renfrewshire IJB has been a Member of CNORIS since 1 April 2015.
- 7.4. CNORIS provides indemnity in relation to Employer's Liability, Public/Product Liability and Professional Indemnity type risks. The Scheme also provides cover in relation to Clinical Negligence.
- 7.5. NHS Greater Glasgow & Clyde and Renfrewshire Council both have procedures in place for handling claims regarding the services they provide.

8. Risk Management

- 8.1. The purpose of this report is to inform the IJB of the arrangements in place for the management of risk within the HSCP.
- 8.2. Members previously approved the risk management arrangements and have received update reports. It was also agreed that the Senior Management Team monitor the risk register on a monthly basis.
- 8.3. The risk register is maintained, updated and reported in line with the risk management policies of NHS Greater Glasgow & Clyde and Renfrewshire Council.
- 8.4. Risk owners are identified for each risk and are responsible for the ongoing monitoring and updating of their respective risks.
- 8.5. In November 2015 IJB members approved the establishment of an Audit Committee from 1 April 2016 and also agreed its Terms of Reference and Standing Orders.
- 8.6. The Audit Committee is a key component of the IJB's governance framework. One of its core functions is to provide the IJB with independent assurance on the adequacy of its risk management arrangements.
- 8.7. As such, this update is to provide assurance to IJB members that the Audit Committee will review the effectiveness of the risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate the identified risks.
- 8.8. The Risk Management Policy and Strategy will be updated to reflect these changes.

Implications of the Report

1. **Financial** – sound financial governance arrangements are being put in place to support the work of the Partnership
2. **HR & Organisational Development** – there are no HR and OD implications arising from the submission of this paper.
3. **Community Planning** - n/a
4. **Legal** – the governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – there are no ICT implications arising from the submission of this paper.
7. **Equality & Human Rights** – the recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – health and safety processes and procedures are being reviewed to in order to support safe and effective joint working
9. **Procurement** – there are no procurement implications arising from the submission of this paper.
10. **Privacy Impact** – there are no privacy implications arising from the submission of this paper.
11. **Risk** – none.
12. **Risk Implications** – as per the subject content of the risk section of this paper.

List of Background Papers – None.

Author: Jean Still, Head of Administration



To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Heading: NHS Greater Glasgow & Clyde Review of Out of Hours GP Services - Update

1. Summary

- 1.1. To bring to the IJB's attention an update on the NHSGGC-wide Review of Out of Hours GP Services.
-

2. Recommendation

It is recommended that the IJB:

- Note the update report by the NHSGGC Out of Hours Review Group (Appendix 1); and
 - Agree that a further report will be brought back to the IJB as the Review progresses.
-

3. Background

- 3.1. As specified in the Public Bodies (Joint Working) Act, General Medical Services, including out of hours, are part of the delegated functions for all Integration Authorities.
- 3.2. The national Independent Review of Primary Care Out of Hours Services reported its findings in early 2016 and in the same timeframe a review of the existing GP Out of Hours Services across the NHSGGC area had been initiated.
- 3.3. An update on that work – prepared by the Review Group for consideration by all IJBs within the NHSGGC area – is attached to this report.

4. Main Issues

- 4.1 In the recently published National Out of Hours Review, out of hours care is defined as “care to a patient which cannot wait until the GP surgery is open again”.
 - 4.2 Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHSGGC.
 - 4.3 The review is being undertaken of the current GP service model to ensure an efficient, responsive service that is sustainable going forward.
-

5. People Implications

- 5.1 The current service is under consistent pressure due to the increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods when there is higher levels of demand and call upon the same GPs to work extremely long hours.
-

6. Financial Implications

- 6.1 The result of the changes to the tax treatment of GPs working in Out of Hours services for NHSGGC has led to an unfunded cost pressure of £2.5M per annum. Increased rates of pay at times of peaked activity, namely Public Holidays and the Festive fortnight, have also resulted in an additional unfunded cost pressure of circa £500k.
 - 6.2 While it is recognised that the service has constantly reviewed its costs and identified cost reducing efficiencies (circa £300K over the last five years), it is important that the Out of Hours Service is clear that it is responsible for taking the necessary contingency actions to manage those pressures safely whilst the review is on-going.
-

7. Professional Implications

- 7.1 In 2004, the General Medical Services (GMS) contract came into force. This gave General Practitioners (GPs) the opportunity to opt out of providing out of hours care for their patients. The GMS contract means that NHSGGC is responsible for ensuring all patients can access out of hours care. While access to the GP Out of Hours service was initially intended to be through NHS24, over time a significant number of patients now ‘walk in’ the service.
-

8. Local Implications

- 8.1 There is a GP Out of Hours service co-located within the Royal Alexandra Hospital (RAH).
-

9. Risk Analysis

- 9.1 As per 5.1, the current service is under consistent pressure due to the increasing lack of availability of GPs opting to participate in the GP Out of Hours service.
-

10. Impact Assessments

- 10.1 None required for this report.
-

11. Consultation

- 11.1 Any significant service changes recommended by the review will be subject to appropriate consultation.
-

12. Strategic Assessment

- 12.1 The Health & Social Care Partnership's Strategic Plan recognises that access to and the development of primary medical services is a key consideration in improving the delivery of services
-

Implications of the Report

1. **Financial** – none
2. **HR & Organisational Development** – none
3. **Community Planning** –none
4. **Legal** –none
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none

- 9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 - 10. **Risk** – None.
 - 11. **Privacy Impact** – n/a.
-

List of Background Papers – None.

Author: Dr Stuart Sutton, Clinical Director

PROPOSED REVIEW: GP OUT OF HOURS

A joint group has been established by the HSCP Chief Officers to review the provision of the full range of health and social care out of hours. The group considered the paper below at its first meeting. The paper describes the immediate service and financial pressures on GP OOH services. In the light of that current position the steering group agreed to recommend to Chief Officers that an HSCP led review of the GP out of hours service is established. Proposed steps in the review process would include:

- formal consideration of the current issues in each IJB and sign off of the principles for the review process, the programme arrangements and the timescale and process for the review;
- early public and patient engagement to shape and contribute to the review process;
- a formal review oversight group established to develop a detailed review programme by the beginning of April 2017.
- a clear timescale to bring forward proposed changes.

NHS GREATER GLASGOW AND CLYDE - GP OUT OF HOURS SERVICE

1. Background

- 1.1 NHS Greater Glasgow and Clyde have been carrying out a review of Primary Care Out of Hours services in the context of the recently published National Review by Sir Lewis Ritchie and the Board's service and financial planning for 2016/17.
- 1.2 In 2004, the General Medical Services (GMS) contract came into force. This gave General Practitioners (GPs) the opportunity to opt out of providing out of hours care for their patients. The GMS contract means that NHS Greater Glasgow & Clyde is responsible for ensuring all patients can access out of hours care. Access to the GPOOH service was initially intended to be through NHS24, however, over time, a significant number of patients now walk in into the service.
- 1.3 Strategically the new IJBs are responsible for the planning and commissioning of safe and effective OOH services.
- 1.4 Up until 2015, OOH GPs in the Greater Glasgow Health Board service were independent contractors. In 2015, following a nationwide investigation into the way individual Boards paid out of hours GPs, HMRC implemented a ruling that GPs working in out of hours services required to be on the Board payroll, rather than treated as independent contractors. The result of the changes to the tax treatment of GPs working in out of hours services for GGC has incurred an additional cost of £2.5m per annum. This funding requires to be found on a recurrent basis as to date it has been covered non-recurringly.

Rates of pay are increased at times of peak activity in OOH - namely Public Holidays and the Festive fortnight and this has also resulted in an unfunded cost pressure of c500k.

The service has constantly reviewed its costs and service delivery model and has made cost reducing efficiencies of £300k over the last 5 years.

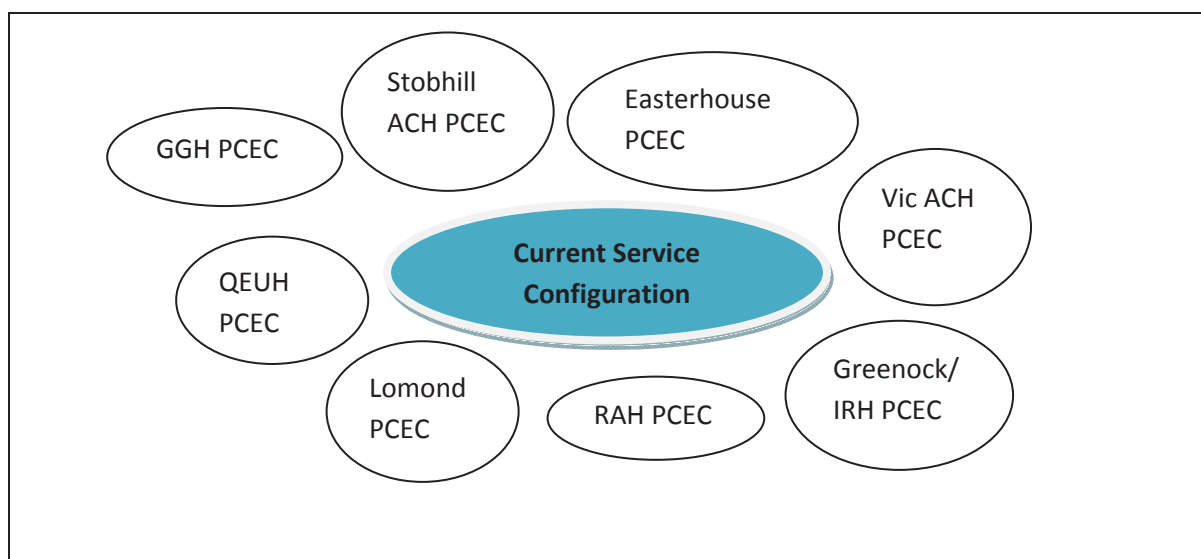
However with the budget for the entire Board service being £16m, predominately in staff costs, it is not possible for the service to cover these increased staffing costs from within the service.

Currently other WOS Boards pay GPs higher rates than GGC and this is causing high levels of unfilled shifts. The service are using agency staff consistently for the first time since its inception

- 1.5 We are undertaking a review of the current GP service model to ensure that we can continue to provide an efficient, responsive service that is sustainable going forward. Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHS Greater Glasgow and Clyde.
- 1.6 In the recently published National Out of Hours Review, out of hours care is defined as care to a patient which cannot wait until the GP surgery is open again.

2. Current Service Configuration

- 2.1 A Home Visiting Service - this extends into Lanarkshire to cover Camglen and to Highland to cover Helensburgh and the Lochside .
- 2.2 A telephone advice service - this is provided from the Hub at Cardonald by the GP advisor who has a wide role in co-ordinating the service.
- 2.3 A pre-prioritised call service to support NHS24 - this is provided from the Hub at Cardonald utilising GGC clinical workforce and funded by NHS 24
- 2.4 8 Primary Care Centres - these are located geographically around the city to support access locally for patients - these centres see patients who are directed by NHS24, or self present and those adjacent to A/E departments will see those redirected by A/E.



The service offers a patient transport service to and from these centres for patients who cannot afford public transport and do not have their own transport. This to minimise the need for home visits.

The service does not operate an appointment system and patients are directed by NHS24 to their nearest PCEC.

- The service is currently adjacent to Emergency Departments at Queen Elizabeth University Hospital, and Royal Alexandra Hospital and overnight at Inverclyde Royal Hospital.
- The service is co-located with Minor Injury Units at Stobhill ACH; Victoria ACH and Vale of Leven.

- There are 3 other centres at Gartnavel General Hospital for West Glasgow, Easterhouse Health Centre - North/East Glasgow and Greenock Health Centre - Inverclyde
- There are only three main centres open overnight at RAH, Victoria ACH and Stobhill ACH. An overnight service is provided by the Home Visiting doctor at IRH and at Vale of Leven.

3. **Summary of Work in 2016/17**

- 3.1 Closure of Western Infirmary and Drumchapel Primary Care Centre and centralisation of West sector service at Gartnavel General Hospital.
- 3.2 Introduction of nurses into centres to reduce demand for medical staff
- 3.3 Trial of nurses undertaking home visits to test viability of alternative models
- 3.4 Other work which is also progressing in reviewing pathways into/out of the out of hours service include :

- **Alternative care pathways:** we are working with NHS 24 to implement changes to care pathways which will reduce pressure on the service, eg:
 - 12 hour disposition - improving use of this which will feed back to in hours GP services;
 - introduction of a self care guide for patients;
 - reinforcing SIGN guidelines on use of antibiotics for self limiting conditions - joint letter from LMC and GPOOH has been distributed to all GPs across GGC;
 - pilot of "speak to doctor" being developed within NHS24;
 - introduction of Prescribing pharmacists within NHS24 - this will support reducing demand on GPs for repeat prescriptions;
 - prescribing guidelines for Pharmacies - these are being developed nationally for specific pathways, eg, uncomplicated UTI.
- **Nursing homes:** to reduce the numbers of home visits to nursing homes with the purpose of Pronouncing Life Extinct which put pressure in the service we are changing the interface with nursing homes to reduce demand.
- **Patient Transport Service:** initial review of this has been undertaken to improve efficiency of service.
- **Clyde sector:** Working with the Clyde sector team to consider potential changes to the relationship between the OOH service and hospital based services at the IRH and Vale.

4. **Activity**

- 4.1 The following provides a description of GPOOH activity which is taken from the published ISD datamart. This reports on all GPOOH services across Scotland with the most recent report scheduled to be published at the end of February 2017.

Note - the location within ADAstra in which GGC activity is recorded is slightly different to the way other Boards record this information. Whilst the service have been working with ISD to try to get as accurate a picture as possible, the reported figures are slightly different to those which the service themselves produce although the trend data is consistent.

4.2 Consultations

ISD 2015/16 reports 246,617 Consultations which was 3.3% higher than the previous year.

In 2016/17 the figures have shown a reduction - the latest monthly activity reported for 2016/17 is to October 2016.

	April to October	Variance
2014/15	134,782	
2015/16	139,367	3.4 %
2016/7	131,830	-5.4%

4.3 Primary Care Centres/Home Visiting

The following table shows a 2.9% increase in 2015/16 but a 3.7% drop in 2016/17 to Primary Care Centres and a 0.9% drop in 2015/16 and 6% drop in 2016/17 to the Home Visiting service.

<i>Data Source : ISD</i>	April to October Activity			
	Primary Care Centres		Home Visiting Service	
	Activity	%age diff	Activity	%age diff
2014/15	87701		21360	
2015/16	90238	2.90%	21163	-0.90%
2016/17	86875	-3.70%	19892	-6.00%

4.4 Recent Experience : West Glasgow

In July 2016 Drumchapel PCEC closed and was merged with the Western site (which had closed and relocated in November 2015) at Gartnavel. It was anticipated that the numbers of patients attending the Gartnavel site would be less than the numbers previously attending the separate sites and this has in fact been the experience

	13/14	14/15	15/16	16/17
West Glasgow	19040	20514	19673	16240
%diff in year		7.7%	-4.1%	-17.5%

These initial figures suggest that the initial move to Gartnavel resulted in a significant reduction in OOH attendances. Of note when Western site moved, the walk in rate reduced from almost 30% to 15%. This can be explained by:

- lack of accessibility to student and visiting population;
- move away from adjacency to an A/E department.

The West population may not be typical and this experience might not be mirrored should other services move. The following table provides a description of the mode of arrival of patients to other Primary Care Centres across GGC as a percentage of the total attendances.

	as %age of attendances at PCEC			
	NHS24	Walk-in	Refer MIU/E	Other
Easterhouse	75%	23%	0%	2%
Greenock	87%	12%	0%	1%
Inverclyde	97%	0%	0%	3%
Lomond	32%	51%	7%	10%
Renfrewshire	84%	9%	2%	5%
QEUH	71%	21%	6%	2%
Stobhill	63%	29%	1%	7%
Victoria	67%	27%	1%	5%

4.5 The following table describes the current daily average attendances to the PCEC's :

Current Daily average activity								
	Vic ACH	QEUH	GGH	Stobhill A	Easterhou	RAH	IRH	Vale
Monday	66	18	30	48	26	29	11	26
Tuesday	64	19	31	49	26	27	12	24
Wednesday	61	19	29	46	24	28	10	24
Thursday	61	19	29	43	23	27	10	23
Friday	65	20	33	47	26	28	11	25
Saturday	202	76	133	133	98	103	47	85
Sunday	197	77	132	133	97	103	43	84

4.6 Postcode analysis of attendances

Of the total attendances, the Greater Glasgow area accounts for 70.4% of attendances, Clyde sector 27.3% and out of board area 2.3%.

- In the out of board area, attendances from the ML (Motherwell) catchment area are highest at 18.5% followed by KA (Kilmarnock) at 18.4%, EH (Lothian) at 9.6% and G74 (East Kilbride) at 8.7%.
- In the Greater Glasgow area - G33 (Blackhill, Riddrie...) account for 6.2% of Greater Glasgow attendances, following by G81 (Dalmuir...) at 4.9%, G32 (Springboig....) at 4.4% and G53 (Pollok...) at 4%
- In the Clyde area - G83 (Balloch) is the highest at 15%, followed by G82 (Dumbarton) at 12.2%, PA2 (Foxbar....) at 9.8% and PA3 (Ferguslie....) at 7%.

GPOOH POSTCODE DISTRIBUTION OF ATTENDANCES (based on year 2014/15)								
Out of Board Area			Greater Glasgow Area			Clyde		
Postcode	Area	%age	Postcode	Area	%age	Postcode	Area	%AGE
overall		2.3%	overall		70.4%	overall		27.3%
following describes highest users of out of board area			of the Greater Glasgow areas - following is highest postcode areas			of the Clyde areas - following is highest postcode areas		
ML	ML Motherwell	18.5%	G33	Blackhill, Riddrie, Ruchazie, Garthamlock, Stepps	6.2%	G83	Balloch, Luss	15.0%
KA	KA Kilmarnock	18.4%	G81	Dalmuir, Faifley, Duntocher	4.9%	G82	Dumbarton	12.2%
EH	EH Lothian	9.6%	G32	Springboig, Shettleston, Carmyle, Carntyne	4.4%	PA2	Foxbar, Glenburn, Hu nterhill	9.8%
G74	G74 East Kilbride	8.7%	G53	Pollok, Nitshill, Darnley	4.0%	PA3	Ferguslie, Linwood	7.0%
AB	AB Aberdeen	6.9%	G21	Cowlairs, Gargad, Barmulloch, Barlornock, Robroyston	3.9%	PA16	Greenock	6.5%
FK	FK Falkirk	6.3%	G42	Polmadie, Battlefield, Crosshill, Govanhill	3.9%	PA4	Renfrew, Inchinnan	6.3%
DD	DD Dundee	4.0%	G13	Jordanhill, knightswood, yoker	3.8%	G84	Helensburgh	6.3%
KY	KY Kirkcaldy	3.4%	G66	Lenzie, Lennoxton	3.7%	PA5	Johnston, Elderslie	5.7%
			G69	Gartcosh, Chryston	3.7%	PA1	Paisley central, Ralston	5.3%
			G15	Drumchapel	3.6%	PA15	Greenock	5.5%
			G52	Mosspark, Cardonald, Penilee	3.6%	G78	Barrhead, Neilston, Uplawmoor	5.0%
			G41	Shawlands, Pollokshields, Strathbung	3.5%	PA14	Port Glasgow	3.9%
			G73	Rutherglen	3.4%			
			G44	Cathcart, Kingspark, Croftfoot	3.1%			
			G64	Bishopbriggs, Torrance	3.1%			
			G72	Cambuslang	2.9%			
			G20	Ruchill, N Kelvinside, Woodside	2.9%			
			G51	Kinningpark, Ibrox, Govan	2.7%			

5. Challenges for the Service

- 5.1 The current service is under consistent pressure due to the increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods when there is higher levels of demand and call upon the same GPs to work extremely long hours
- 5.2 The reasons for this are multifactorial but it cannot be ignored that the workload at PCECs and home visiting sessions is a disincentive for GPs who would traditionally have done OOH sessions. It is also evidenced that doctors towards the end of their careers, who traditionally would have done a significant number of sessions, are being replaced by younger doctors who may do a few sessions but nowhere near the number of sessions previously done by their departing colleagues.

There are many other contributing factors including:

- superannuation issues;
- remuneration in comparison to other Boards(Glasgow offers the lowest rates of pay);
- employment status (neighbouring Boards recognise Private Limited companies) and regularly use Agency to fill shifts;
- day time workload of GPs;
- day time locum GP rates are higher than out of hour rates so more attractive for GPs to cover in rather than out of hours;
- walk in numbers to the centres are steadily increasing;
- volume of attendances at weekends and increased waiting times creates a challenging environment to work in;
- ability to provide suitable training environment for GP trainees - feedback from GPs is indicating that the workload is greater than the ability to undertake detailed case discussion and to provide appropriate clinical supervision.

- 5.3 Despite these difficulties the service has remained robust. Only on a handful of occasions has it been required to close a site. Gartnavel closed on three occasions when Drumchapel remained open and Easterhouse once. It is however a regular occurrence now to have to operate midweek with one or two home visiting shifts remaining unfilled or that the doctor had to be moved into a PCEC. Lomond and RAH are the sites which are particularly hard to find doctors to work in.
- 5.4 Home Visiting - the service is required to reach calls within the timeframe allocated by NHS 24, ie, within 1 hour/within 2 hours/within 4 hours. Although the overall percentage of times achieved is usually 90% and above, within these figures are a whole number of within 1 and within 2 hour calls which go out of time. The management team and Quality Assurance Group monitor these calls and there is genuine concern that activity at weekends at times exceeds capacity. This is less so midweek and thus it is to midweek provision that the potential for efficiency has been identified.

6. Next Stage

- 6.1 The next stage of the review is to look at the number of Primary Care Centres from which the service is operational and consider the potential to reduce these and the number of walk in patients.
- 6.2 The service currently do not operate an appointment system - if such a system were to be introduced, this would give the service more control over where a patient was directed. Issues with an appoint system include potential challenges in setting up the infrastructure to enable an appointment system and defining the length of a GP consultation could lead to the requirement for additional numbers of clinicians. Also, seeking to have patients directed to PCECs by NHS 24 depending on their postcode would be a significant change for NHS 24 which has operational policies agreed on a Scotland wide basis. It is worth mentioning this here as some of our options for reorganisation potentially direct patients to an acute site outwith their postcode area for acute receiving with the attendant risks involves.
- 6.3 Primary Care Centres are staffed predominantly by one doctor and a Trainee and in bigger centres they are supported by Minor Illness Nurse Practitioners. At some of the busier centres two doctors may be on rota depending on day of week and demand.
- 6.4 The KPI of the service is to see patients within the time stratification applied by NHS24 at triage and tries to do this in order of time of arrival but endeavours to see all patients within one hour of arrival. A process is in place to bring in additional doctors should this time period be exceeded - this is either the Home Visiting doctor linked to the site or a back up doctor who is on call from home (these doctors are paid a retainer to be immediately available from home if required). Currently these back up shifts are rarely filled.
- 6.5 Rationalising the number of Primary Care sites would provide an opportunity to consolidate services, perhaps to increase the sustainability of the service, potential to reduce walk-in numbers and may contribute towards the savings plan. This will come predominantly through a reduction in support service costs.
- 6.6 There are a number of key strategic decisions to be made that would then inform a service model. The rest of this section includes initial appraisal of options for further discussion and development.
- Option 1 - should sites be co-located with main ED/Receiving Units, ie, GRI/QUEH/RAH.
 - Option 2 - mixture of acute and community sites linked to population centres.
 - Option 3 solely community centres.

6.7 Description of Options:

- Option 1 - colocation with main ED/Receiving Units

- Advantages:

- high walk in rate may reduce;
- consolidates clinical staff on one site in each area which allows potential to redesign shift patterns and skill mix;
- makes service less vulnerable if a clinician calls off at short notice;
- potential to improve training environment for GP registrars.

- Disadvantages:

- removes centres from areas with high levels of deprivation and this will reduce ease of access for these vulnerable groups of patients;
- These will be high volume sites, particularly at weekends, which may make it even more difficult to attract GPs to work in such an environment;
- busy transport moves - would reduce any further opportunities to reduce Patient Transport service;
- potential impact on increased attendances to Emergency Departments;
- challenges to accommodate such a large service on one site;
- suitable area within GRI would require to be found as service not currently located on this site and at QEUH Children's Hospital as current area not suitable for expansion.

- Option2 - mixture of acute and community based on demand

- Advantages:

- could develop a pattern with fewer sites midweek;
- potential to improve training environment for GP registrars mid week;
- opportunity to redesign shift patterns and skill mix mid week;
- moving from an acute site has shown to potentially reduce walk-ins (a/e redirects are counted as walk-ins) and overall attendances.

- Disadvantages:

- potential impact on increased attendances to Emergency Departments;
- removal from acute site and proximity to acute receiving and resuscitation if not on ED/Receiving site;
- reduces ease of access for people who stay in either rural areas or areas of high deprivation;
- potential increased patient transport requirement.

- Option 3 - entirely in community settings

- Advantages:

- frees up space on acute sites;
- clearly differentiates GP and hospital services;
- subject to sites selected potential reduction in walk-ins;
- consolidates clinical staff on one site in each area which allows potential to redesign shift patterns and skill mix;
- makes service less vulnerable if a clinician calls off at short notice.

- **Disadvantages**

- will require new locations to be found - Easterhouse only community site currently;
- significant costs of moving IT etc;
- significant workforce challenges depending on location and number of sites;
- depending on sites chosen could lead to people attending local ED instead
- Removes ability for ED to redirect.

7. Conclusion

- 7.1 The OOH service view is that three overnight sites are required may be the best arrangement-one in the North, one in the South and one in Clyde.
- 7.2 Requirements midweek evening and overnight offer opportunities for change and efficiency, whereas weekends are extremely busy with PCECs fully occupied and at times significant waiting times developing. The service feel that investment in weekend services is required.
- 7.3 The service would propose that the number of weekend sites remain the same but midweek reducing the number of sites to five (Stobhill ACH; Victoria ACH; RAH - all overnight and GGH and Easterhouse to midnight). It is the view that this is both likely to provide efficiency savings, offer stabilisation of the service, and continue to provide accessible high quality care.
- 7.4 These options need initial consideration to agree which are taken forward to be discussed with a wider group of stakeholders.

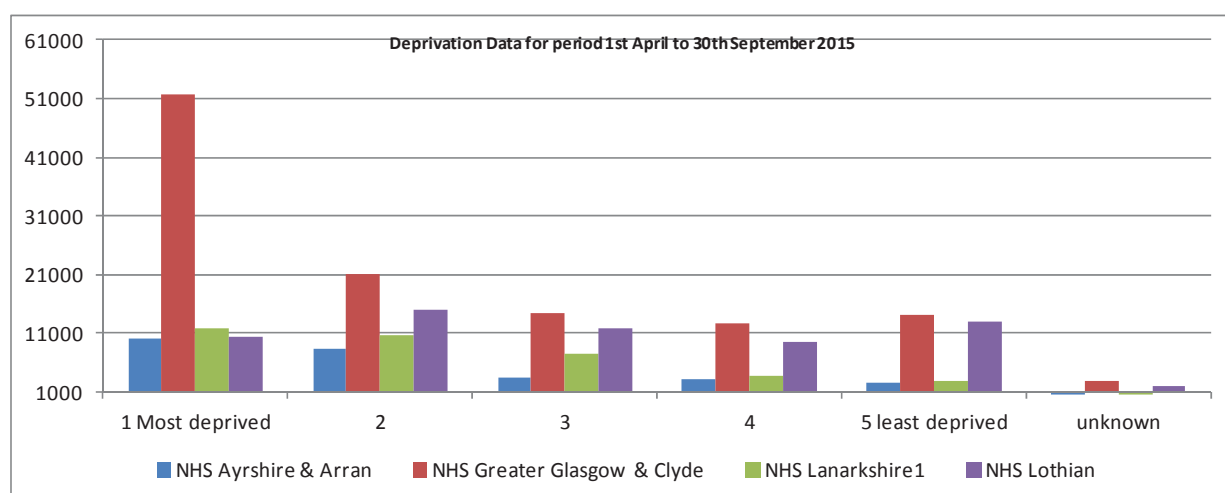
GPOOH Service
24th January 2017
Revised 2nd February 2017

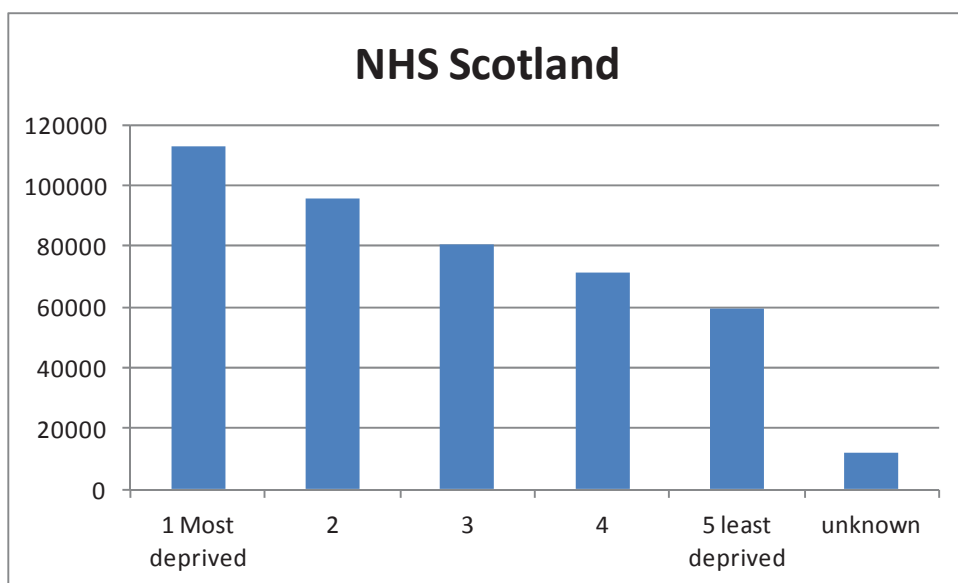
NHS GREATER GLASGOW AND CLYDE GP OUT OF HOURS SERVICE - COMPARATOR OTHER BOARDS

1. As part of the review of the GGC GP Out of Hours service, the way in which GP OOH services are undertaken in other Health Board areas has been considered and in particular Lothian and Lanarkshire have been examined in more detail.
2. ISD provide monthly activity/performance reports on GP Out of Hours services across Scotland - the focus of these reports are activity by referral source and performance against the response times for Home Visiting. A six monthly and annual report is also produced and the 2015/16 report is scheduled to be released at the end of February 2017. The following provides a comparator for the GGC service against other Board areas in Scotland - activity is taken from the 2014/15 6 month report and a snapshot for January 2016.
3. **Rate of patients per 1,000 population** - Greater Glasgow & Clyde has the highest rate of attendance by patients per 1,000 population at 102, followed by Tayside at 92. Lothian and Lanarkshire have significantly lower rates at 72 and 57 respectively. Table below provides summary of rates taken from ISD report 2015 for all Board areas.

Rate of patients	
	per 1,000 population
Highland	81
Tayside	92
Grampian	81
Forth Valley	78
Fife	83
GGC	102
Lothian	72
A&A	77
Lanarkshire	57
Borders	66
Orkney	47
Western Isles	54
D&G	76

4. **Range of attendances by deprivation category** - the first graph provides a visual of attendances by deprivation category for GGC, Lothian, Ayrshire & Arran and Lanarkshire and the second graph for NHS Scotland overall. The profile for GGC is quite markedly different to that of the other Boards with 44% of attendances coming from the most deprived groups. Lothian is 17%, Lanarkshire 31% and Ayrshire and Arran 35%.





5. **Number and percentage of Consultations** - GGC consultations are 26% of the total consultations across Scotland, with Lothian accounting for 14% and Lanarkshire 9%. 59% of these consultations are directed to PCEC in GGC with 52.7% and 63.1% in Lothian and Lanarkshire. GGC has the lowest Home Visiting ratio, with 14.6% of Consultations resulting in a Home Visit. 15.8% and 20.5% of Consultations in Lothian and Lanarkshire result in a Home Visit. The following table provides activity for all Board areas broken down by treatment option.

Health Board	Number of Patients	Number and Percentage of Consultations									
		Number					Percentage (based on Total Consultations)				
		Total	PCEC	Home Visit	OOH Doctor/Nurse Advice	Other		PCEC	Home Visit	OOH Doctor/Nurse Advice	Other
Scotland	894,474	997,112	557,476	192,563	205,775	41,298		55.9%	19.3%	20.6%	4.1%
Ayrshire & Arran	58,494	62,481	29,906	21,555	11,001	19		47.9%	34.5%	17.6%	0.0%
Borders	15,921	24,396	8,369	8,374	7,652	1		34.3%	34.3%	31.4%	0.0%
Dumfries & Galloway	24,410	26,806	10,184	7,751	8,740	131		38.0%	28.9%	32.6%	0.5%
Fife	64,360	68,556	38,632	12,809	10,779	6,336		56.4%	18.7%	15.7%	9.2%
Forth Valley	47,662	51,622	28,631	12,878	10,048	65		55.5%	24.9%	19.5%	0.1%
Grampian	100,674	116,535	65,292	21,048	24,853	5,342		56.0%	18.1%	21.3%	4.6%
Greater Glasgow & Clyde	233,479	261,471	155,423	38,100	52,988	14,960		59.4%	14.6%	20.3%	5.7%
Highland	51,280	53,507	33,552	11,367	8,323	265		62.7%	21.2%	15.6%	0.5%
Lanarkshire	79,565	85,268	53,775	17,483	13,956	54		63.1%	20.5%	16.4%	0.1%
Lothian	127,058	140,295	73,991	22,134	36,641	7,529		52.7%	15.8%	26.1%	5.4%
Orkney	2,122	2,152	969	476	700	7		45.0%	22.1%	32.5%	0.3%
Shetland	1,504	1,529	561	521	395	52		36.7%	34.1%	25.8%	3.4%
Tayside	84,698	99,032	56,947	17,079	18,550	6,456		57.5%	17.2%	18.7%	6.5%
Western Isles	3,247	3,462	1,244	988	1,149	81		35.9%	28.5%	33.2%	2.3%

6. **Multiple attendances** - the table below shows the distribution of attendances for Scotland and GGC, Lothian, Ayrshire & Arran and Lanarkshire. One attendance only accounts for 72.4% of activity across Scotland. In GGC this is 70.8%; Lothian 72.5% Ayrshire & Arran 75.1%; and Lanarkshire 78.7%.

5 or more attendances account for 3% of total Scotland activity - in GGC this is 2%, Lothian 2.5%, Ayrshire & Arran 2.1% and Lanarkshire 1.3%.

2 or more attendances accounts for 18% of activity across Scotland : in GGC this is 20.1%; Lothian 18.5%; Ayrshire & Arran 16.3% and Lanarkshire 14.9%.

Health Board of T	Total Number of Patients ²	1 Attendance	2 Attendances	3 Attendances	4 Attendances	5 or more Attendances
NHS Scotland	306,909	222,131	55,393	15,389	6,137	7,859
NHS Ayrshire & Arran	20724	15568	3384	923	396	453
NHS Greater Glasgow	84126	59543	16920	4333	1632	1698
NHS Lanarkshire ¹	29481	23190	4393	1124	390	384
NHS Lothian	43679	31653	8064	2102	747	1113

7. **Home Visits performance** - a key performance indicator measured by HIS is the response time to Home Visits as triaged and set by NHS24. The following table describes the %age within and outwith time for Boards across Scotland. GGC is the best performing site with 94.6% of Home Visits within time, followed by Borders at 93.7%. Lothian, Ayrshire & Arran and Lanarkshire performance noted at 87.9%, 87.4% and 70.8% respectively.

%age of 1,2 and 4 Hour Home Visits - triaged by NHS24		
Board	On Time %	Over Time %
Ayrshire & Arran	87.4%	12.6%
Borders	93.7%	6.3%
Dumfries & Galloway	87.3%	12.7%
Fife	77.1%	22.9%
Forth Valley	83.3%	16.7%
Grampian	79.6%	20.4%
GGC	94.6%	5.4%
Highland	77.1%	22.9%
Lanarkshire	70.8%	29.2%
Lothian	87.9%	12.1%
Orkney	81.1%	18.9%
Shetland	83.1%	16.9%
Tayside	70.4%	29.6%
Western Isles	84.6%	15.4%

8. **Additional information gathered :**

- **Patient Transport** - GGC is the only Board which provides a dedicated patient transport service. Other Board areas will utilise Taxi's or on occasion pool cars to transport patients.
- **Primary Care Centres** -
 - GGC has 9 PCECs located in a mixture of acute and primary care sites. Lanarkshire has 3 PCECs which are all located in primary care sites and Lothian has 5 PCECs located in a mixture of acute and primary care sites.
 - Appointments - GGC do not operate an appointment system. Lothian and Lanarkshire do operate such a system and NHS24 is gatekeeper of this.
 - Walk-ins - GGC have a high percentage of walk in patients to the PCEC who are seen and treated. Lothian and Lanarkshire discouraged this and unless extremely unwell, any patients who do walk in are advised to call NHS24 for an appointment.

- **Nurse Practitioners** - GGC, Lothian and Lanarkshire all have Nurse Practitioners with both Lothian and Lanarkshire building up this resource and continuing to progress staff through the training course - Lanarkshire aim is to have 40% Nurse Practitioners on rota.
- **Cost per head of population** - of the three boards, Lanarkshire has highest cost per head of population at £12.21 with GGC and Lothian reporting £10.51 and £10.05 respectively.
- **Interface with other professionals** -
 - GGC is colocated in a central hub with the CPN OOH service, NHS24 and SAS. The Service support the untriaged telephone call service for NHS24.
 - Lothian support telephone call handling for evening and night district nursing services from their Hub. They operate professional to professional services with SAS. They also have ability to offer a planned review service to patients in the community at request of primary care clinicians.



To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Heading: Change and Improvement Programme Update

1. Summary

1.1. This report provides an update on change and improvement activity across the HSCP, including:

- The successful conclusion of the HSCP's 2016/17 Change and Improvement Programme;
 - An initial overview of the proposed 2017/18 Change and Improvement Programme for IJB review and approval (Appendix 2); and
 - Arrangements for the effective approval, monitoring, and implementation of all significant change and improvement activity across the HSCP, ensuring alignment with the IJB's Strategic Plan and Financial Plan.
-

2. Recommendation

It is recommended that the IJB:

- Approve the closure of the 2016/17 Change and Improvement Programme (Appendix 1);
- Approve the initial draft of the proposed 2017/18 Change and Improvement Programme (Appendix 2);
- Note the proposed programme governance and delivery arrangements;
- Note the 2017/18 Change and Improvement Programme is subject to confirmation of the final 2017/18 IJB budget, and will be updated to reflect saving proposals and transformational programmes approved by the IJB throughout 2017/18
- Note that regular updates will be brought to the IJB to report on Programme progress and to seek approval for any new projects, including savings proposals to be included within the 2017/18 Programme.

3. 2016/17 Change and Improvement Programme

- 3.1. To support the delivery of Renfrewshire IJB's Strategic Plan and 2016/17 Financial Plan, the HSCP Chief Officer established an ambitious Change and Improvement Programme, to tackle the challenging budget position whilst ensuring the delivery of safe, sustainable and integrated services in line with the priorities set out in the draft Strategic Plan.
- 3.2. At its meeting on 24 June 2016, the IJB approved the HSCP's 2016/17 Change and Improvement Programme.
- 3.3. The 2016/17 Change and Improvement Programme was managed through two workstreams:
- Workstream 1: Delivery of 2016/17 Financial Plan (adult social care)
 - Workstream 2: Optimising Integrated Working.

4. Workstream 1: Delivery of 2016/17 Financial Plan

- 4.1. This workstream framed the HSCP's delivery of social care savings, legislative requirements and service improvement work to assist the IJB to mitigate a number of the key demographic and financial pressures identified within adult social care. Some examples of the work undertaken in 2016/17 includes:
- Commencement of a three year transformation programme for Care at Home services which seeks to modernise and redesign the service, to enable it to respond to increasing needs both efficiently and effectively. This service is pivotal to our success in minimising hospital delays and in shifting the balance of care from long-term settings. As the older population increases, the service is expected to continue to experience growing demand, resulting in financial and operational pressures. In its first year, this programme has made good progress, including:
 - Attracted new recruits into the service through recruitment campaigns and a new employability scheme to increase service capacity and reduce reliance on temporary agency staff.
 - Developed a business case – for an electronic rostering and monitoring system which will reduce duplication of effort, error and inefficiency and support managing and planning within the service. This is now out for tender. Aligned the Service with locality teams and initiated work to explore opportunities to align services with GP, Community Nursing

and Rehabilitation & Enablement Service (RES) and for more joined up, integrated working.

- Our Care & Repair service has experienced a significant and continuing level of increase in demand pressures in recent years, with the service handling a higher level of demand than initially set in the original contract. Additional non-recurring resources from Renfrewshire Council in 2016/17 enabled an historic issue in relation to a growing waiting list to be cleared. As at May 2017 there was no waiting list for (Care and Repair). This figure is a substantial improvement from July 2016 figures, when 126 people were on the waiting list with the longest wait being from February 2015.
- New streamlined and controlled Self Directed Support (SDS) business processes (in line with Chartered Institute of Public Finance and Accountancy (CIPFA's) Self-directed Support Part I: Resource Implications of SDS: Overview, Part II: Management Considerations and Part III: Self-Evaluation Framework) have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the approved budget. The new processes have reduced the time required to approve an indicative budget for the service user's support plan from 16 days in 2014 to 4 days in 2016.
- Negotiations have been successfully concluded to bring all contracted providers currently delivering services in Renfrewshire in line with the Living Wage from 1 October 2016.

4.2. These prioritised areas reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care.

4.3. A full update of Workstream 1 projects delivered can be found in Appendix 1.

5. Workstream 2: Optimising Integrated Working

5.1. This workstream sought to support the Chief Officer establish a health and social care service managed and delivered through a single organisational model, unlocking the benefits which can be derived from streamlined, joined up and wherever possible, integrated working.

5.2. Over the last year, a number of projects and change activities have been progressed to help inform how the HSCP can best design an effective and dynamic approach to 'locality' and 'cluster' based working

and to build collaboration and joint working between services to better support the needs of local patients and service users.

Localities

- 5.3. In the context of health and social care integration, a locality is defined as a smaller area within the borders of the HSCP. Their purpose is to provide a mechanism of local leadership to inform service planning and delivery and to support greater service integration between primary and secondary care providers.
- 5.4. In Renfrewshire we have established two localities – Paisley and West Renfrewshire. Within our locality approach we have carried out a number of service review and redesign workstrands to maximise effective use of resources and improve the patient journey across Renfrewshire. Some examples of the work undertaken includes:
- Work within Mental Health & Addictions services to maximise effective use of resources and improve patient journey, ensuring systems for access to services are clear, open and responsive.
 - Introduction of a Single Point of Access (SPoA) for District Nursing services to simplify both the referral and access process for those referring patients to the service and those who are being referred. The implementation also creates capacity for increased patient-facing time as well as a more flexible service.
- 5.5. Over 2016/17 there was a focus on building a structured approach to how we involve and engage General Practitioners (GPs) to ensure they are better connected to our wider team and service based working, and to align with new national policy and professional guidance. This is directly consistent with the recent changes to the national GP Contract and its related guidance on how GPs should be working in collaboration with each other and with HSCPs.

GP Clusters

- 5.6. In line with Scottish Government guidance, we have established six GP clusters in Renfrewshire. GP clusters are small groups of geographically connected practices that work collaboratively to improve outcomes, pathways and services for patients.
- 5.7. In addition, as required in the 2016/17 GP Contract, Practice Quality Leads (PQLs) and Cluster Quality Leads (CQLs) have been identified, to support these emerging integrated models of working. One named GP within each practice undertakes the role of the PQL. The Cluster Quality Lead role has dual accountability and is accountable to 'the cluster' for developing effective joint working, for developing and

delivering the cluster quality improvement programme (CQIP). The CQL is also accountable to the HSCP for these functions, and through these, will bring advice and real influence within the Partnership, to align the CQIP to the wider HSCP plans and responsibilities.

5.8. Some examples of joint work that the HSCP has progressed with our GPs over 2016/17 include:

- Realignment of the HSCPs Prescribing Support Pharmacists in order to release GP capacity, which is a recognised pressure amongst this area of the workforce.
- Shared caseloads between GP practices and HSCP services to improve how we support the patients/service users to provide a more seamless service experience e.g. sharing of list which identifies the current patients within Mental Health services that are registered with GP practices, identifying which clinicians the patient receives input from and sharing list of children on the child protection register with GP practices.
- Regular update of Anticipatory Care Plans (for patients) to ensure a dynamic patient record that details the preferred actions, interventions and responses that care providers should make following a clinical deterioration or during a crisis in the persons care.
- Improving direct access to a range of self-referral services to provide better direct access to a number of local services with self referral options and to reduce the need for GP referrals to these services.

Partnership Working

5.9. The HSCP cannot transform health and social care services in isolation. As part of this workstream we have worked actively with key stakeholders, our parent organisations, community planning partners, NHSGGC Acute Services, the third sector and providers to take forward a number of service improvement initiatives including:

Community Planning

- Contributing to the review of Community Planning arrangements in Renfrewshire. The new structure (approved by Renfrewshire Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care.

Acute Services

- Over 2016/17 the HSCP Senior Management Team and RAH Acute Senior Team have held regular meetings, and have committed to a regular schedule of meeting going forward, to adopt a more joined up approach to strategic planning and service delivery.

5.10. Some examples of the work currently being undertaken are:

- Diabetes interface improvement work to further develop joint working to improve outcomes for people with diabetes living in Renfrewshire.
- Winter Planning - representatives from Acute are involved in the HSCP annual planning for winter. Most of the actions identified within the plan are required all year round.
- Unscheduled Care Pilot (x4) GP Practices – Scottish Ambulance Service provide the services of what is termed a “Low acuity vehicle” between 9 and 12 Monday to Friday, for patients that require assessment at the Medical Assessment Unit, who have been assessed as being suitable to wait till the following morning.
- Commenced work to develop a set of Acute Commissioning Intentions for Unscheduled Care. These were approved by the IJB in March 2017 and work is now underway to develop a set of matrices and targets to support the commissioning intentions which will be progressed over 2017/18.

5.11. It is intended that this work will demonstrate how the HSCP can appropriately reduce demand on Acute Services, shift the balance of care and services and enable this by progressing an evidenced case for resource transfer.

Third Sector

5.12. The Community Connectors Programme, which the HSCP has funded through the Integrated Care Fund (ICF), provides person-centred support for individuals in local communities, employing a preventative approach to promoting health and well being. The programme is led by Third Sector organisations working in partnership: Recovery across Mental Health (RAMH), Linstone Housing Association, Active Communities and the Thistle Foundation. The pilots undertaken include:

- A GP Social Prescribing service (“Community Links”) works with GP practices to refer people into social and wellbeing supports in

their own communities, reducing demand on GPs for non-medical support;

- Expansion of the 'Live Well Stay Well' initiative from 1 to 5 practices in Renfrewshire which provides a support programme for self management of long term conditions;
- Community Health Champions project recruits and supports local residents in designing and delivering health and well being activities in local communities; and
- Housing and health information hubs have been established to provide easy access to a range of housing and health information for local people.

NHS Greater Glasgow and Clyde Led Initiatives

5.13. In 2016/17 Renfrewshire HSCP has participated in a range of other NHSGGC system-wide initiatives, including reviews of Children and Adolescent Mental Health Service (CAMHs); Public Health and Mental Health Unscheduled Care and also the implementation of the Paediatric Framework.

5.14. This approach offers the Partnership a number of benefits:

- Avoids different Partnerships 'reinventing the wheel', allowing best use of our limited resources, offering greater consistency in clinical care standards and approach across the NHS Board area.
- Working collectively helps ensure that any action taken to address financial pressures and priorities does not have unintended consequences elsewhere in the system, which could have a negative impact on patient care and patient safety
- Economies of scale – offers opportunity to consider where a shared service or hosted approach could present financial savings whilst still offer the same level of care.
- Ensures a whole system and consistent approach to how our services work at the interface with GPs and Acute hospital based services.

5.15. Over the coming year the HSCP will continue to input to, and act upon the recommendations on, a number of other system-wide initiatives and changes, including:

- The transfer of responsibility to IJBs for hospice care - to agree the new arrangements, finance, operational issues and clinical governance.
- Conclude the review of NHS complex and continuing care and ensure appropriate transfer of responsibilities and resources.

- Further work on the recommendations of the system wide Acquired Brain Injuries services.

6. 2017/18 Programme Governance and Reporting Arrangements

- 6.1 In light of the challenging financial position the HSCP faces, a dedicated HSCP finance and planning forum has been established, jointly led by the Chief Finance Officer and Head of Strategic Planning, to ensure all change and improvement delivers on the vision and priorities set out in the IJB's Strategic Plan whilst delivering on a challenging Financial Plan.
- 6.2 The forum will seek to proactively transform our health and social care services and exploit the opportunities integrated working offers, with service redesign being informed by a strategic commissioning approach. It is hoped that this in turn will support the long term financial sustainability of the Partnership and deliver the savings required to address the IJB's medium term budget deficit.
- 6.3 This forum will agree the Strategic Plan action plan for year 2 (2017/18), setting out the HSCP's planned service developments, efficiency work and improvements for the coming year. This will be carried out in consultation with the HSCP's Operational Heads of Service and Professional Leads to assess any impact reduced resource may have on service delivery and performance, and the aspirations set out in the current Strategic Plan.
- 6.4 In addition to any proposed operational continuous improvement and efficiency activity, the action plan will include transformational projects and proposals to deliver financial savings. Similar to 2016/17, larger scale work will be monitored and implemented as part of the Change and Improvement Programme, and will be subject to IJB approval.
- 6.5 The 2017/18 Change and Improvement Programme is subject to confirmation of the final 2017/18 IJB budget, and will require to be updated continuously to reflect saving proposals and other transformational programmes of works as they are approved by the IJB throughout 2017/18.

Reporting

- 6.6 Regular updates will be brought to the IJB to report on progress delivering this work programme, and also to seek approval for any new projects, including savings proposals, to be included within the 2017/18 Programme.

Delivery and Support Model

- 6.7 This HSCP's Change and Improvement Team is responsible for managing the timely delivery of the Change and Improvement Programme, providing a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP.
- 6.8 The HSCP's Organisational Development (OD) and Learning and Education (LE) resources ensure staff and managers are supported through the change process, building greater capability for change, and ensuring staff are appropriately equipped to carry out the requirements of their job roles. This approach is fully shaped by the Organisational Development and Service Improvement Strategy. An annual report on the delivery of this Strategy is the subject of a separate paper to this meeting.

7. 2017/18 Change & Improvement Programme

- 7.1 It is proposed that the 2017/18 Change and Improvement Programme is delivered through 3 workstreams:
1. Delivery of the Financial Plan
 2. Optimising Integrated Working and Shifting the Balance of Care
 3. Statutory Requirements and National Policy
- 7.2 Appendix 2 provides an overview of the proposed workstreams and supporting projects which will be delivered by each.
- 7.3 As noted above, the 2017/18 Change and Improvement Plan is still a draft document, a further developed Programme will be presented to the IJB in September 2017, covering:
- Approval of the Year Two action plan for delivery of the draft Strategic Plan, which may identify additional transformational projects which require to be delivered over the coming year;
 - Confirmation of the final 2017/18 IJB budget and the identification and approval (by the IJB) of supporting saving proposals to ensure the IJB delivers financial balance.

Implications of the Report

1. **Financial** – the Change and Improvement Programme will support the delivery of the 2017/18 Financial Plan
2. **HR & Organisational Development** – HR and OD resources will be aligned to the new Change and Improvement Team

3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
 4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
 5. **Property/Assets** – property remains in the ownership of the parent bodies.
 6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
 8. **Health & Safety** – health and safety processes and procedures are being reviewed in order to support safe and effective joint working.
 9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 10. **Risk** – None.
 11. **Privacy Impact** – n/a.
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List of Background Papers – None.

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Appendix 1: 2016/17 Change and Improvement Programme


The 2016/17 Change and Improvement Programme is managed in two workstreams:


- Workstream 1: Delivery of 2016/17 Financial Plan
- Workstream 2: Optimising Integrated Working

Key:		Complete		On target		Risk of delay		Significant Issues
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1. Workstream 1: Delivery of 2016/17 Financial Plan and ICF


This workstream framed the delivery of social care savings and service improvement work.

Project	Objective(s)	Progress to date
1. Implementation of Living Wage 	<p>Ensure all the HSCP's contracted care providers in Renfrewshire are paying their care staff the Living Wage by 1 October 2016, in line with Scottish Government guidance and Renfrewshire Council's commitment to the Living Wage.</p>	<p>Negotiations have been successfully concluded to bring all providers currently delivering services to Renfrewshire clients in line with the Living Wage of £8.25 per hour from 1 October 2016.</p> <p>Negotiations are now underway with providers to agree rates to enable payment of the current Living Wage of £8.45 per hour to care staff from 1 May 2017.</p> <ul style="list-style-type: none"> • Care at Home – all 7 providers have agreed to uplift, new rate implemented on 1st May 2017; • Supported Living - 6 providers have accepted the offered uplift; 3 have noted that as they work across multiple authorities, they cannot agree to implement the new pay scales until all of the councils they work with have concluded negotiations; one provider has asked for more time to allow them to discuss the offer with their board, and one has yet to respond. • Out of Area negotiations are ongoing, agreement will be backdated to 1st May 2017.

2. Care at Home Improvement Plan (Home Care) 	<p>I. Attract new recruits into the service through sustained recruitment campaigns to increase service capacity and reduce reliance on temporary agency staff.</p>	<ul style="list-style-type: none"> • A number of recruitment campaigns have been undertaken throughout 2016 and 2017 with further campaigns planned; • An Employability programme has been established with West College which has led to the recruitment of 18 candidates; • An Employability programme has been established with Invest in Renfrewshire, with the first cohort currently being interviewed for posts. • Staff induction programme reviewed with a new 4 week induction programme implemented; • Inductions taking place: 22 May, 12 June and 28 August 2017.
	<p>II. Review staffing structures to ensure appropriate infrastructure exists to enable the service to undertake its functions.</p>	<p>The following structural developments within the service have been agreed, with the following teams now established:</p> <ul style="list-style-type: none"> • Temporary appointment of 2 Service Co-ordinators to support operational demand within the Care at Home Service. • The establishment of a Service Development Team to lead a change programme within the service. • Temporary appointment of 6 Adult Service Co-ordinators to support the assessment and review function within the Care at Home service • Establishment of a dedicated Out of Hours service to support staff management and service delivery. Recruitment challenges have resulted in delays and further adverts are being issued (projected start date is August 2018). • Establishment of a Project Implementation team to lead and support the implementation of the scheduling and monitoring system that will be procured. (Projected start date is August 2018). <p>A wider review of staffing structures is scheduled to take place between May 2017 and July 2018 as part Year 2 activities.</p>

	<p>III. Develop a business case for a Care at Home Management, Rostering and Monitoring System – to reduce duplication of effort, error and inefficiency and support managing and planning within the service.</p>	<p>Following approval of the business case, a service specification and procurement documentation were developed. This is currently out to open tender and it is anticipated that a contract will be awarded to the successful supplier in August 2017.</p> <p>The phased implementation of the rostering and monitoring system is scheduled to commence February 2018 and will continue through Years 2 and 3 of the Transformation Programme. A project implementation team is currently being established to support the implementation, with recruitment in its final stages.</p>
	<p>IV. Review of business processes and service pathways to improve service provision</p>	<p>A Business Analyst has been appointed and work is underway to review business process and service pathways and to support redesign in preparation for the introduction of an electronic scheduling and monitoring system. This work will continue into Year 2 of the Transformation Programme.</p>
	<p>V. Review of supervision and management capacity to ensure that appropriate infrastructure is in place to manage and supervise staff.</p>	<p>A new staff observation process has been agreed and is scheduled for introduction in August 2017. Additional investment has supported an increase in infrastructural capacity with recruitment ongoing.</p> <p>A wider review of staffing structures is scheduled to take place between May and July 2018 as part of Year 2.</p>
	<p>VI. Align services with new geographic boundaries and consider opportunities for streamlining and integrating service delivery</p>	<p>Care at Home services are now aligned with locality teams. Work also has been initiated to explore opportunities to align services with GP Clusters, Community Nursing and RES and for more integrated working.</p> <p>The HSCP has invested in additional assessment and review capacity with the recruitment of six Adult Service Co-ordinators. As a result, a programme of reviews are being undertaken across the service to ensure that services correctly meet the needs of service users.</p>


	VII. Review the balance of internal and external provision to explore the potential to increase the capacity within the external market and review the balance that exists between the internal and external markets.	<p>New rate has been negotiated with Care at Home Framework providers from October 2016.</p> <p>The Care at Home Framework is scheduled for retender in 2017 and work is underway to develop the specification for the procurement process. This will see a new contract commencing in February 2018.</p>
3. Occupational Therapy (OT) Service, equipment and housing adaptations review 	I. Develop OT referral pathways to improve levels of personalisation in service provision and minimise delays in service provision	<p>On behalf of the Project Board, the Professional OT Lead coordinated work with the Renfrewshire Integrated OT group (RIOT group) and the OT network to investigate and analyse issues around service user pathways and OT skills, roles and responsibilities</p> <p>Particular outputs re the brief from the Project Board to date/in progress are:</p> <ul style="list-style-type: none"> • Staff survey results on pathways for OT patients and key work activities in the day of OT staff • Development of the core OT role for qualified OT staff • Definition of specialist OT skills and knowledge • Definition of the balance of MDT and OT tasks for OTs <p>The Project Board agreed that the follow up work on OT Pathways will be referred into the Localities Workstream, the Workforce Development workstream or the Professional Executive Group as appropriate.</p>
	II. Reduce to a minimum and stabilise the waiting list for OT assessments	Significant improvements have been made in this area of work. The target for the waiting list is 350 and current performance stands at 340, exceeding the target as a result of recent improvement activity.
	III. Ensure that practices, operating procedures, communications,	The RIOT group and OT network continue to contribute to this work via the Localities Workstream, the Workforce Development workstream or the

	shared understandings and definitions/ terminology are in line with good practice	Professional Executive Group as appropriate.
	IV. Deliver a programme of workforce development and staff supervision and support	
	V. Reduce current waiting list for Care and Repair Adaptations	<p>This objective has been achieved through the additional resources allocated to the Care and Repair service. There is currently no waiting list for this service.</p> <p>The tender for a new Care and Repair service will include revised targets as part of the strategic approach to maintaining a “no” or “low” waiting list in future service delivery as demand rises due to demographic and needs pressures.</p>
	VI. Review contractual/SLA relationships with internal and external partners to ensure optimal arrangements are in place and effective working relationships maintained	<p>The HSCP is working with Renfrewshire Council's Housing Service and Procurement service to tender a new contract for Care and Repair services. The new service to be implemented from 1 November 2017.</p> <p>The HSCP use of the Equipu service has been reviewed as part of the review of the equipment service and findings have been reported to the Senior Management Team to be incorporated into service improvement activity in 2017/18.</p>
	I. Ensure equity across localities and reduce bureaucracy and time taken to deliver agreed care plan	<p>New streamlined and controlled business processes have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the agreed finance rules. The new processes have reduced the time required to agree indicative budgets for the service user's Support Plan from 16 days in 2014 to 3 days in 2017.</p> <p>The streamlined process has also been significant in the improvement to</p>
4. Self Directed Support (SDS) review 		


5. Integrated Care Fund (ICF)		the overall increase in indicative budgets applications: Year RITs Rec'd 2014 213 2015 846 2016 1,091 2017 492 (2017 full year projection 1421)
	II. Improve 'workers' knowledge and understanding of the SDS processes and promote greater ownership of the process	A new business process diagram published service wide during 2016/17 is fully embedded within operational activity. The HSCP continues to provide dedicated resource delivering a training programme, drop in sessions and educational workshops with teams. Additional support is provided from HSCP finance team to ensure frontline staff remain supported in delivering SDS and finance processes.
	III. Ensure, where possible, that packages are managed within the RAS (Resource Allocation System) allocation and agreed tolerance levels	As part of the new business processes, all care package commitments approved under Self Directed Support (SDS) are now scrutinised to ensure these are suitable and within the resources calculated by resource allocation systems, prior to approval by budget-holder. This process has enabled greater consistency in the application of SDS and service user's budgets now reflect the impact of the Living Wage.
	Maximise the use of the Fund to explore and test innovative new ideas and wider service change, where available adopting evidence based approaches, to shift the balance of care rather than to maintain historic arrangements and relationships.	On 16 September 2016, the IJB approved that the Integrated Care Fund would be managed in line with all other HSCP funding streams, using the same governance and scrutiny mechanisms. This approach aligns with recent national guidance which recommends that "planning and reporting arrangements for the ICF should be congruent with the broader requirements on Health and Social Care Partnerships".


Workstream 2: Optimising Integrated Working

This workstream has supported the establishment of a health and social care service which is managed and delivered through a single organisational model to optimise the benefits which can be derived from integration.



Project	Objective(s)	Progress to date
<p>1. Developing Clusters and team working</p> 	<p>I. Design an effective and dynamic approach to 'locality' and 'cluster' based working and to build collaboration and joint working between services - bringing together GP's, Social Work, District Nurse, Rehabilitation Service, Mental Health and other staff to better support the needs of local patients and service users.</p>	<p>In the context of health and social care integration, a locality is defined as a smaller area within the borders of the HSCP. Their purpose is to provide a mechanism of local leadership for service planning as well as supporting greater clinical integration between primary and secondary care providers. Renfrewshire HSCP have established two locality areas – Paisley and West Renfrewshire. Within our locality structures we have carried out a number of service review and redesign workstrands to maximise effective use of resources and improve the patient journey across Renfrewshire.</p> <p>Some examples of the work undertaken includes:</p> <ul style="list-style-type: none"> • Work within Mental Health & Addictions services to maximise effective use of resources and improve patient journey, ensuring systems for access to services are clear, open and responsive. • Introducing a Single Point of Access (SPoA) for District Nursing services. This will simplify both the referral and access process for those referring patients to the service and those who are being referred. The implementation of this will also create capacity for increased patient-facing time as well as a more flexible service. <p>During 2016/17 there has been a focus on building a structured approach to how we involve and engage General Practitioners (GPs) to ensure they are included as part of our wider team and service based working, and to align with new national policy and professional guidance.</p> <p>Cluster based working</p> <p>Within Renfrewshire there has been considerable engagement with the GP</p>

	<p>community both at a practice and a cluster level to consider how the HSCP can work effectively with GPs under the new cluster model to deliver improved outcomes and manage demand. Initial focus was on building dialogue with GPs/GPs Forum, establishing improvements from first stage Cluster Development Seminars using 30/60/90 day improvement approach and connecting community staff, services and GP practices to build trust, understanding and engagement.</p> <p>Some examples of joint work that the HSCP has progressed with our GPs include:</p> <ul style="list-style-type: none"> • Realignment of the HSCPs Prescribing Support Pharmacists in order to release GP capacity, which is a recognised pressure amongst this area of the workforce. • Shared caseloads between GP practices and HSCP services to improve how we support the patients/service users to provide a more seamless service experience e.g sharing of list which identifies the current patients within Mental Health services that are registered with GP practices, identifying which clinicians the patient receives input from and sharing list of children on the child protection register with GP practices. • Regular update of Anticipatory Care Plans (for patients) to ensure a dynamic patient record that details the preferred actions, interventions and responses that care providers should make following a clinical deterioration or during a crisis in the persons care. • Direct access to a range of self-referral services to provide better direct access to a number of local services with self referral options and to reduce the need for GP referrals to these services. • Expansion of the 'Live Well Stay Well' initiative from 1 to 5 practices in Renfrewshire which provides a support programme for self management of long term conditions 	
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	<p>II. Build a structured approach to how we involve and engage General Practitioners to ensure they are meaningfully part of our wider team and service based working, in line with Scottish Government Locality guidance</p>	<p>Nominated registered medical practitioners continue to represent GPs on a number of forums across the HSCP, Acute and NHSGGC including</p> <ul style="list-style-type: none"> • Integrated Joint Board • Strategic Planning Group • HSCP Senior Management Team • Adult & Children Protection Committees • HSCP Executive Governance Group • HSCP Professional Executive Group • HSCP Quality Care & Professional Governance Locality Group • Health Board Governance Group • Medicines Management Group • Acute Interface Group • Diabetes Interface Group • Unscheduled Care
<p>2. New GP Contract</p> 	<p>I. Establish Practice Quality Lead/ Cluster Quality Leads, in line with the 2016/17 Contract, to support emerging integrated models of working</p>	<p>In line with Scottish Government guidance, Renfrewshire HSCP have established six GP clusters in Renfrewshire. GP clusters are small groups of geographically connected practices, that work collaboratively to improve outcomes, pathways and services for patients. In addition, as required in the 2016/17 GP Contract, Practice Quality Leads (PQLs) and Cluster Quality Leads (CQLs) have been identified, to support these emerging integrated models of working. One named GP within each practice will undertake the role of the PQL. The Cluster Quality Lead role will have dual accountability. It will be accountable to 'the cluster' for developing effective joint working, for developing and delivering the cluster quality improvement programme (CQIP). The CQL will also be accountable to the HSCP for these functions and through these will bring advice and real influence within the partnership that connects the CQIP to the wider partnership plans and responsibilities.</p>

		<p>The Scottish Government has made additional funding available to ensure every practice quality lead has dedicated protected time to participate in cluster working. Funding was intended to enable PQLs to spend approximately one session per month on their quality role in 2016, rising to approximately two sessions per month in 2017. The HSCP have funded an additional 2 sessions per month for the CQL role, with initial appointments made until March 2018.</p>
	<p>II. Promote and support practices to work more closely together for the benefit of patients, practices and the wider health and social care system, in line with Scottish Government's Localities Guidance, the British Medical Association's (BMA) Scottish GP Committee Vision and UK Royal College of General Practitioners (RCGP) 2022 Vision.</p>	<p>Renfrewshire HSCP has continued to support practices to hold regular cluster meetings and the Heads of Health & Social Care and Head of Mental Health, Addiction and Learning Disability Services have attended individual practice meetings. This approach has helped to build understanding of issues/areas for improvement within practices, cluster, across HSCP and beyond.</p> <p>Going forward cluster meetings will be chaired by the Cluster Quality Leads and will be attended by the Practice Quality Leads from each practice. Clusters will review practice level quality in a peer based manner on quality improvement issues of mutual interest. The role of the clusters is expected to develop and gain influence with time. Each cluster will develop a Cluster Quality Improvement Plan for 2017/18 by June 2017.</p>
3. Primary Care Transformation Fund (PCTF) 	<p>I. Develop proposals consistent with the PCTF process within/across NHSGGC</p>	<p>In 2017 each GP Cluster will be allocated £5,000 to fund a test of change project as part of their cluster plan.</p>
	<p>II. Deliver on our local GP practice prescribing improvement pilots and ensure lessons are learned and shared</p>	<p>The Community Connectors Programme, funded through ICF, focuses on providing a person-centred approach to support for individuals in local communities in a preventative approach to promoting health and well being. Its work is led by Third Sector organisations working in partnership: RAMH (Recovery across Mental Health), Linstone Housing Association, Active Communities and the Thistle Foundation.</p>

	<p>One of the four Community Connectors projects is the GP Social Prescribing (Community Links) projects which are being piloted in Linwood, Johnstone and Bishopton. This initiative developed as a consequence of shared awareness between the partners and Renfrewshire HSCP, of the impact on Primary Care specifically General Practice, of a significant cohort of 'patients' who sought recurring and regular support from GP's, for what were often issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and poverty).</p> <p>The Community Links workers managed by RAMH deliver the GP social (non-medical) prescribing service in three GP practices as a pilot service in Linstone, Johnstone and Bishopton. The programme is showing early signs of significant success, delivering non-medical services which are supporting GP practices in helping patients deal with a wide range of issues and engaging local residents in volunteering in health and wellbeing activities.</p> <p>A newsletter was issued in September 2016 to share learning across Renfrewshire GP Practices.</p> <p>The total number of referrals to the Community Links (GP Social Prescribing) workers based in GP practices overall to the service since October 2015 is 318.</p> <p>Another pilot in the Community Connectors programme is The 'Live Well Stay Well' (support programme for self-management of long term conditions) service in Renfrew and Paisley practices, which started at a later date, has had 58 referrals into the programme. 76% (44 people) engaged having an average of 2 appointments each. This pilot is managed by the Thistle Foundation.</p>	
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<p>4. Interface with Acute Services</p> 	<p>Introduce structured ways of working with the Clyde Acute Senior Team with a view to continuing to address and improve:</p> <ul style="list-style-type: none"> • Management of older people and chronic diseases throughout improved systems and services • Management of Palliative care • Response to service pressures and demands • Issues/service changes arising from the CSR programme 	<p>Over 2016/17 the HSCP Senior Management Team and RAH Acute Senior Team have held regular meetings, and have committed to a regular schedule of meeting going forward, to adopt a more joined up approach to strategic planning and service delivery.</p> <p>Some examples of the work currently being undertaken are:</p> <ul style="list-style-type: none"> • Diabetes interface improvement work to further develop joint working to improve outcomes for people with diabetes living in Renfrewshire • Winter Planning - representatives from Acute are involved in the HSCP annual planning for winter. Most of the actions identified within the plan are required all year round. • Unscheduled Care Pilot (x4) GP Practices – Scottish Ambulance Service provide the services of what is termed a “ Low acuity vehicle“ between 9 and 12 Monday to Friday, for patients that require assessment at the Medical Assessment Unit, who have been assessed as being suitable to wait till the following morning. • Commenced work to develop a set of Acute Commissioning Intentions for Unscheduled Care. These were approved by the IJB in March 2017 and work is now underway to develop a set of matrices and targets to support the commissioning intentions which will be progressed over 2017/18.
<p>5. Community Planning</p> 	<p>Develop clear links into the community planning process</p>	<p>The HSCP has contributed to the review of Community Planning arrangements in Renfrewshire, and the new structure (approved by Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care. The current Community Care, Health and Wellbeing Thematic Board will cease, and the HSCP is supportive of this.</p>

Appendix 2: 2017/18 Change and Improvement Programme

It is recommended the 2017/18 Change and Improvement Programme is managed in 3 workstreams:

1. Delivery of the Financial Plan
2. Optimising Integrated Working and shifting the balance of care
3. Statutory Requirements and National Policy

Workstream	Driver	Proposed projects
1. Delivery of the Financial Plan	Financial	<p>1.1. 2017/18 Financial Plan</p> <p>The HSCP's proposals to address the IJB's savings gap are the subject of separate paper to this meeting.</p> <p>Subject to IJB approval, the delivery of these savings plans, and any further savings approved the IJB throughout 2017/18, will be monitored and implemented as part of the HSCP's Change and Improvement Programme.</p> <p>1.2. 2018/19 Financial Plan</p> <p>A draft 2018/19 Financial Plan has been developed. This will be further updated once the NHS GGC budget allocation has been agreed for 2017/18. Saving proposals will be brought to the IJB for approval throughout 2017/18 to allow early implementation.</p>
2. Optimising Integrated Working and shifting the balance of care	Effective use of resources / Demand mitigation / Financial	<p>2.1. Primary Care (inc GPs)</p> <p>Work programme for this year is still being finalised and will include:</p> <ul style="list-style-type: none"> Development of Cluster Quality Improvement Plans to improve outcomes, pathways and services for patients, each GP Cluster will be allocated £5,000 to fund a test of change project as part of their cluster plan.

		<ul style="list-style-type: none"> • Workforce planning to explore possible solutions and support for primary care capacity challenges. • Work along with Acute Services colleagues, as part of the wider Unscheduled Care Programme to: <ul style="list-style-type: none"> - Develop a sustained communication plan, and supporting / accessible information to raise awareness of the alternatives to hospital admission available to GPs into a single website - Increase access to consultant advice to GPs • Work with Children's Services childhood immunisations and develop children's clinics with the Health Visitor team • Test of change to improve efficiency in the uptake and delivery of flu vaccines in the household. • Agree and establish a more structured joint working approach between optometrists and GPs and acute to improve communication and ways of working.
		<p>2.2. Localities</p> <p>Work programme for this year is still being scoped and will include:</p> <ul style="list-style-type: none"> • Scoping work with Specialist Nurses and the potential to maximise safe, effective and person centred care, including scoping feasibility of creating Advance Nurse Practitioners (ANPs) roles. • Enhancing leadership and succession planning within District Nursing. • Review of Community Nursing Information System (CNIS) reports to target areas where service could be more efficient i.e. diabetic patients/care home residents/phlebotomy/immunisation. <p>Work will continue to develop around:</p> <ul style="list-style-type: none"> • Introduction of a Single Point of Access (SPoA) for District Nursing Services to simplify both the referral and access process for those referring patients to the services and those who are being referred.

		<p>2.3. Care at Home Transformation Programme (Year 2)</p> <p>The Plan for the coming year is currently being scoped, and will include:</p> <ul style="list-style-type: none"> • A wider review of staffing structures in line with new ways of working and service redesign; • Further recruitment campaigns and cohorts of the new Employability Programme; • To award a contract for a new Rostering and Scheduling System by August 2017. A phased implementation programme is scheduled to commence February 2018 and continue through Years 2 and 3 of the Transformation Programme. Phase 1 will roll out of the system for internal staff use. • Retender of the Care at Home Framework. <p>2.4. Unscheduled Care (Acute)</p> <p>During 2016/17, work commenced with the Acute sector and colleagues from other NHS Greater Glasgow and Clyde HSCPs to develop a set of Acute Commissioning Intentions for Unscheduled Care. These were approved by the IJB in March 2017 and work is now underway to develop a set of matrices and targets to support the commissioning intentions which will be progressed over 2017/18.</p> <p>A workshop with RAH Acute Services has been scheduled for June 2017 to scope this work further. It is intended that this work will demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.</p>
<p>3. Statutory Requirements and National Policy</p>	<p>Compliance</p>	<p>3.1. Implementation of the Carers Act</p> <p>The Carers (Scotland) Act will commence on 1 April, 2018. The Act will introduce a package of provisions in the Act is designed to support carers' health and wellbeing.</p> <p>This legislation will place new demands on our adult care services through the requirement to produce Adult Carer Support Plans and Young Carer Statements. Additional resources will be required to complete assessments on carers and also through the waiving of charges to carers receiving short breaks.</p>

		<p>Full implementation of the Carers Act will not be until April 2018 however there will be a requirement to produce a Local Carers Strategy and to agree local eligibility criteria prior to implementation. There is a requirement that Carers and Carers organisation are directly involved in consultation.</p> <p>The new processes involved in preparing and implementing the new Act will incur significant costs, yet to be fully quantified.</p>
		<p>3.2. Joint Inspection of Adult Services</p> <p>The Care Inspectorate and Healthcare Improvement Scotland advised in January 2017 that a Joint Inspection of Adult Services within Renfrewshire Health and Social Care Partnership will take place during 2017/18.</p> <p>Based on the information the Partnership has received to date, a Core Steering Group (CSG) has been established to oversee and coordinate the preparatory work for the joint inspection, and a supporting Action Plan has been developed. An update on the planned Joint Inspection of Adult Services is the subject of a separate paper to this meeting.</p>



To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Heading: Service Improvement & Organisational Development Strategy Update and Workforce Plan

1. Summary

- 1.1. On 18 March 2016, the Integration Joint Board (IJB) approved its Organisational Development and Service Improvement Strategy.
- 1.2. The Strategy focuses on three key objectives that support the workforce to be committed, capable and engaged in person-centred, safe and effective service delivery, namely:
- Development of a Healthy Organisational Culture;
 - Delivering a clear approach to Organisational Development and Service Improvement; and
 - Delivering a Workforce Plan for tomorrow's workforce.
- 1.3. This paper provides an annual update on the work undertaken by Renfrewshire Health and Social Partnership (HSCP) and parent organisations (Renfrewshire Council and NHS Greater Glasgow & Clyde) during 2016/17 to deliver on its implementation plan to deliver the Strategy's objectives.
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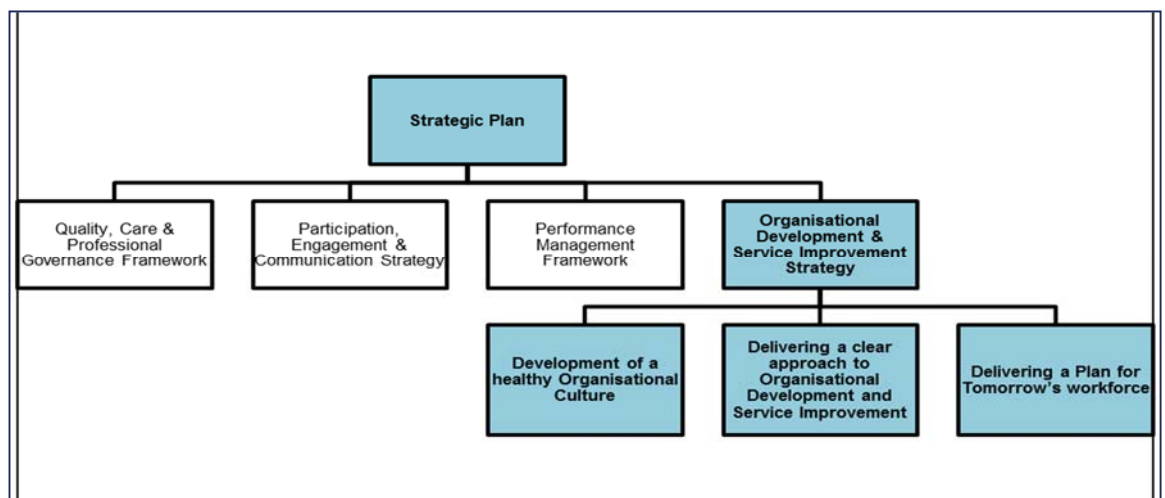
2. Recommendation

It is recommended that IJB note:

- The progress made in 2016/17 to deliver the IJB's Organisational Development and Service Improvement Strategy;
- The proposed 2017/18 Organisational Development and Service Improvement Implementation Plan (Appendix 1);
- The HSCP 2017/18 Workforce Plan (Appendix 2) developed by the parent organisations; and
- The Organisational Development and Service Improvement Strategy and 2017/18 Workforce Plan will be subject to an annual review, which will be shared with the IJB and parent organisations.

3. Background

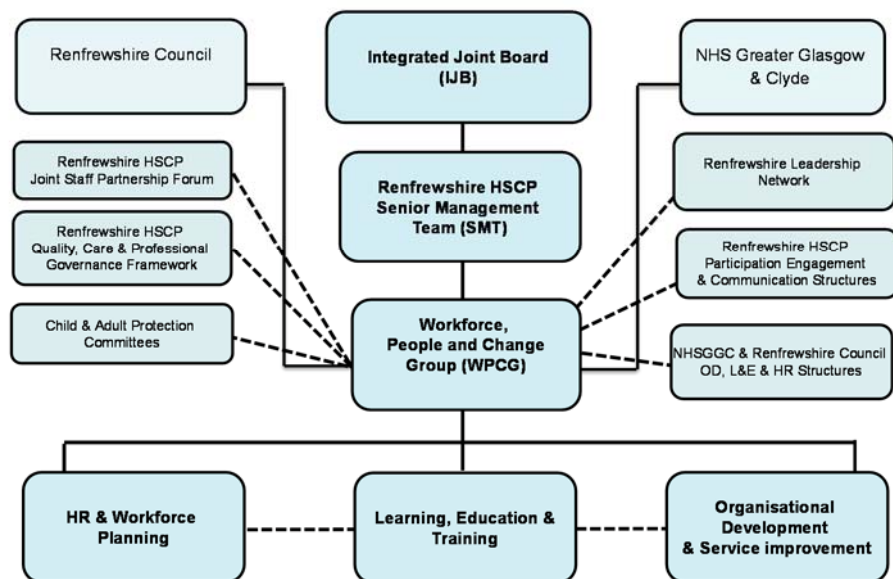
- 3.1. On 18 March 2016, the IJB approved its Organisational Development and Service Improvement Strategy. This Strategy made a commitment for our new integrated authority to work with our parent organisations, Renfrewshire Council and NHS GGC, to provide the highest quality services to our service users and communities, and improve how people feel about Renfrewshire HSCP as a place to work.
- 3.2. The Strategy focuses on three key objectives that support the workforce to be committed, capable and engaged in person-centred, safe and effective service delivery, namely:
- Development of a Healthy Organisational Culture;
 - Delivering a clear approach to Organisational Development and Service Improvement; and
 - Delivering a Workforce plan for tomorrow's workforce.
- 3.3. Whilst Renfrewshire IJB is not the employing body for the workforce, with staff employed by one of the two parent organisations (Renfrewshire Council or NHS GGC). The IJB recognises the people who deliver the services as its greatest asset. There is an inextricable link between the people who provide care and the people that they care for - without these people (e.g. Social Workers, Nurses, GPs, Home Care Workers, Therapists etc) there would be no health and social care services. As we face unprecedented demand on these services, increasing financial pressures, and a service user population with complex care needs, we must continue to ensure that our workforce have the right skills and competencies, are resilient, and feel valued, well supported and engaged.
- 3.4. This commitment is reflected in the IJB's Strategic Plan, and more specifically through the Organisational Development and Service Improvement Strategy, which links as shown in the diagram below.



OD & Service Improvement Governance Model

- 3.5. The HSCP's Workforce People and Change Group is responsible for the delivery of the IJB's Organisational Development and Service Improvement Strategy on behalf of the Chief Officer.
- 3.6. This Group coordinates the Partnership's organisational development and service improvement planning activities through the development, monitoring and implementation of its three year plan (see appendix 1: Implementation Plan).
- 3.7. The Group has representation from each of the parent organisation's HR, Learning & Education and Organisational Development functions, alongside professional lead officers from the HSCP and trade union representatives. It also has three supporting subgroups dedicated around the key workforce specialisms:
- Human Resources and Workforce Planning
 - Learning, Education and Training
 - Organisational Development and Service Improvement
- 3.8. The activity of this Group is reported on a regular basis to the HSCP Senior Management Team, and an annual update report is presented to the IJB and parent organisations.
- 3.9. The Group connects and collaborates with operational, professional, governance and functional groups within the HSCP and in parent organisations in order to ensure that all activity is aligned with any partnership activity.
- 3.10. Processes and structures have been established to achieve this and these are illustrated and set out below.

Renfrewshire Health and Social Care Partnership Workforce, People and Change Structure



4. **Organisational Development and Service Improvement Plan**

4.1. The IJB's Service Development Plan is set out in Appendix 1, and is structured around the Strategy's three key objectives:

- Development of a Healthy Organisational Culture;
- Delivering a clear approach to Organisational Development and Service Improvement; and
- Delivering a plan for tomorrow's workforce (the HSCP's first Workforce Plan).

4.2. This plan provides Members with an update on

- Progress made during 2016/17; and
- Activities planned for 2017/18;

5. **Development of a Healthy Organisational Culture**

5.1. Organisational culture is a system of shared behaviours, values, and beliefs, which governs how people work collaboratively. These shared values have a strong influence on the people in the organisation and dictate how they act, and perform their jobs.

5.2. Over the last year, since the establishment of the new HSCP, the Chief Officer and his the Senior Management Team have taken a leading role, working with our managers and staff, to set the tone of our new Partnership and provide visible and transformational leadership. A positive and shared culture is pivotal to our new organisation's ability to meet the demands placed upon it and in particular to maintain an engaged and motivated workforce.

5.3. The new HSCP brings together a diverse workforce from two distinct and recognised organisations – Renfrewshire Council and NHS GGC – with established cultures and subcultures, within our wide ranging services, teams, professions and disciplines.

5.4. The HSCP has sought to bring different groups of staff together in our new organisation. An organisation which will build upon the strong existing values and behaviours from our two parent organisations, whilst creating its own unique identity, brand and shared vision- that working together we can improve outcomes for the people who use our services.

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

5.5. Key to developing our organisational culture is supported by:

- 5.5.1. The IJB's Strategic Plan provides a clear direction of travel for our organisation, and how our different services, teams and individuals all play a role in contributing to, and achieving our Vision and strategic objectives.
- 5.5.2. Renfrewshire's Quality, Care and Professional Governance Framework was recently commended by IJB members when they were presented with the annual performance report. Over the last year, the HSCP has successfully implemented a robust and integrated governance model, providing a framework that support our staff's professional governance and standards and ensure there is an environment where staff feel safe to challenge where this is not the case.
- 5.5.3. Our Participation, Communication and Engagement Strategy – this strategy does not sit in isolation, rather provides an ethos throughout our organisation - to keep our staff informed and to encourage their participation in a wide range of areas. Over the last year the HSCP has introduced its Vision and branding, and established a strong social media presence, with Twitter, Facebook and YouTube accounts, as a tool to foster ideas of inclusion and to promote key messages.
- 5.5.4. Our Healthy Working Lives Group promotes staff health and well-being. This group of dedicated staff organise and plan activities for the wider staff, in addition to their normal work duties. The HSCP currently hold the Healthy Working Lives Gold award in recognition of the policies, support and activities on offer to staff health and well-being. The main activity is to encourage staff to be more physically active as evidence shows this has a positive effect on all aspects on physical health and mental well-being. Opportunities are provided for staff to take part in walking challenges, pilates, salsa, yoga and boot camps. In addition, health information is regularly provided to staff. The focus for the current year is to promote women's and men's health.

- 5.6. The table below provides some highlights of the work the HSCP has progressed in 2016/17 to support the development of a healthy and integrated culture:

Key highlights:

- Chief Officer and IJB Chairman carried out a programme of service visits
- Development of the HSCP Vision, logo and branding
- Development of clear links with and between all Governance Structures including Participation, Engagement and Communication and Quality, Care and Professional Governance
- Held our first integrated HSCP staff awards, specifically recognising those who have demonstrated the benefits of integrated working in their day to day roles
- Introduced a monthly HSCP Team Bulletin to support staff participation, communication and engagement.

- Developed a Care at Home Newsletter to communicate with this dispersed workforce.
- Successful social media campaigns - recent examples include to celebrate International Nurses Day, and our staff participating in a national 'What Matter to You' day – where health and social care staff have conversations about what is important to their patients/services users.
- A range of Healthy Working Lives initiatives open to all staff including fitness classes, staff walking challenges
- Establishment of an HSCP Joint Staff Partnership Forum to ensure consultation, active participation and representation for our diverse workforce
- Implementation of staff survey process iMatter, across our health and adult social care staff, with positive outcomes including the highest returns of an HSCP in Scotland. iMatter is a staff experience continuous improvement tool designed with staff in to help individuals, teams and employers and HSCPs understand and improve staff experience within the HSCP, with the ultimate potential outcome of enhancing the service user experience

5.7. Whilst it can be subjective trying to gauge the health of our organisational culture, recent figures from our first staff survey, iMatter, can be viewed positively. 65% of our staff participated in the survey, which was one of the highest return rate in Scotland. Furthermore our engagement scores was 77% which is viewed as a result to 'strive and celebrate'.

5.8. In 2017/18 the HSCP will continue to work closely with our staff, managers and Trade Unions to build a positive, healthy and integrated working environment. Our proposed action plan for the coming year is set out in Appendix 1. One of the key priorities will be the development of shared organisational values and behaviours that will complement and build upon the shared values of our parent organisations, and to make these synonymous with our brand.

5.9. This work will further support our model of Organisational Development which has our Purpose, Vision, Values and Behaviours as its foundation.

6. Delivering a clear approach to Organisational Development and Service Improvement

6.1. Organisational Development is a planned and systematic approach to improve organisational effectiveness, aligning strategy, people and processes whilst building capability and capacity within our workforce.

6.2. The new HSCP has benefited from being able to draw on existing, established Organisational Development expertise and resources within our parent organisations.

6.3. Over the last year the HSCP has worked closely with colleagues in NHS GGC and Renfrewshire to establish a common organisational development model, and a shared supporting implementation plan. This has enabled the HSCP to provide consistency in approach across the NHS and Local Authority staff in

newly integrated Partnership, and created a means to jointly identify opportunities for integrated working and shared learning.

6.4. There are 3 essential elements in our approach to Organisational Development:

- Effective Leadership;
- Engaged Individuals;
- High Performing Teams.

6.5. Over the last year, our Workforce, People and Change Group have worked to develop and support of our leaders, managers, teams and individuals, to build a learning culture which engenders a culture of continuous improvement and develops engaged, competent and confident employees.

Highlights in 2016/17

- Effective Leadership:
 - The establishment of a Leadership Network which brings together all the HSCP's managers and team leaders. These sessions are organised throughout the year to take forward a range of leadership and development issues as well as raising awareness of local key topics in an integrated model and approach.
 - Structural dynamic work with members of the Senior Management Team to support them to recognise and develop their own and other people's interactional reactions and responses particularly in more challenging situations.
 - Kissing with Confidence programme delivered to the Senior Management Team and the Leadership Network to support effective relationship management and communication.
 - The CO and SMT have engaged with the GP community to support the development of clusters and identify improvement opportunities.
 - Established Professional Leadership roles for Medical, Nursing, Social Work and AHP practitioners which are embedded in our Governance framework.
- High Performing Teams:
 - Organisational Development Leads have facilitated sessions to support integrated team working and the changes this can bring to working practices, roles and responsibilities, organisational structures and working relationships.
 - By early June 2017, every team within the HSCP will have an agreed action plan based on the feedback from their recent iMatter staff survey, which will capture and monitor the successes they wish to build upon and the key areas they wish to improve on over the coming year.
 - Heads of Service have led sessions supported by OD staff to engage practitioners and first line managers in the exploration of opportunities to unlock the benefits of integrated working
- Engaged Individuals:
 - The HSCP has introduced a range of tools to support staff

- development and engagement including- iMatter staff survey, engagement sessions led by the Chief Officer, appraisal and development plans and supporting mandatory and statutory training
 - Online HSCP induction programme is in now place.
 - Professional orientation within services has been redeveloped and is now in place
 - Integration e-learning module has been developed and is available to staff

- Change management:

- The Chief Officer has created a new centralised Change and Improvement Team. This team play a significant supporting and enabling role to Heads of Service, manager and staff, to drive service improvement and organisational change within the HSCP. The team are ensuring a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP

6.6. In the coming year the HSCP has a wide range of organisational development activities planned, which are set out in Appendix 1.

6.7. Key Organisation Development actions to be progressed over 2017/18 include:

- To further develop and support for our team leaders, recognising that effective team leaders ensure that team morale remains high and that workers are motivated to perform well. A specific leadership programme will be provided to around 40 of our middle managers which will contribute to their development as adaptive and transformational leaders and ensure they are next job ready for succession planning purposes. We will retain knowledge in the organisation by asking our experienced leaders to help deliver this programme and this will also contribute to the development of a healthy organisational culture. We will also ensure each team has comprehensive team development plan in place.
- To build on our recent iMatter survey feedback, as a baseline for determining our priorities for ongoing continuous improvement.
- To provide tools and support for staff and managers through this period of significant change. A particular focus will be building the resilience of our workforce through creating greater capability for change, and ensuring staff are appropriately equipped to carry out the requirements of their job roles.

7. **Delivering a Workforce plan for tomorrows workforce**

7.1. Effective workforce planning ensures the HSCP and its services have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competencies, which is responsive to

health and social care demand and ensure effective and efficient delivery of service across a broad range of services and locations.

- 7.2. Renfrewshire HSCP's Plan for Tomorrow's Workforce - our draft Workforce Plan, jointly developed with Renfrewshire Council and NHS GGC, can be found in Appendix 2. The Plan identifies both overarching priorities for the wider HSCP alongside service specific activities that are necessary to achieve the overall objectives of the Workforce Plan.
- 7.3. The Plan is structured around three main objectives:
- Establishing a Sustainable Workforce;
 - Maintaining a Capable Workforce;
 - Developing an Integrated Workforce
- 7.4. Under the new integrated authority - our employees, employed by NHS Greater Glasgow & Clyde and Renfrewshire Council, bring together a wide range of knowledge, experience, skills and talents and we are committed to supporting and developing them as they make the transitions to apply their strengths and talents within the Partnership.
- 7.5. In this draft Workforce Plan we have set out the arrangements that we presently have, and the arrangements we plan to put in place, to make sure that we have a workforce which is enabled and fit for purpose and able to deliver to meet current and future needs of our residents.
- 7.6. It also sets out steps we will take to anticipate future workforce needs based on legislative requirements, evidence of changes in demographics, the impact of ongoing change implementation and in particular a shift towards the provision of more community based health and care services.
- 7.7. We start from a position of strength. We have robust workforce planning and workforce development arrangements in place in each of the parent organisations which will provide ongoing HR and Organisational and Learning and Development support to employees. This Plan sets out additional support and development activity that will be implemented in support of our new partnership arrangements.
- 7.8. It is recognised that workforce planning and workforce development needs are emergent and dynamic therefore development of the workforce is a core activity embedded within our planning processes and is continuous.
- 7.9. The current Workforce Plan is presented to members as a draft, pending
- Further consultation with staff, staff-side and parent organisation over Summer 2017;
 - The Scottish Government's National Workforce Plan for Health and Social Care (part one of this Plan is due at the end of May 2017 and part two in autumn 2017).

8. Monitoring and Review

- 8.1. The Workforce, People and Change Group is responsible for the implementation, monitoring and review of the Organisational Development and Service Improvement Plan, including the Workforce Plan.
- 8.2. This Group will report progress on a regular basis to the Senior Management Team and Staff Partnership Forum (SPF).
- 8.3. The Organisational Development and Service Improvement Strategy and Workforce Plan will be subject to an annual review, which will be shared with the IJB along with a supporting 2018/19 implementation plan.

Implications of the Report

- 1. **Financial – None.**
- 2. **HR & Organisational Development – None.**
- 3. **Community Planning – None.**
- 4. **Legal – None.**
- 5. **Property/Assets – None.**
- 6. **Information Technology – None.**
- 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
- 8. **Health & Safety – None.**
- 9. **Procurement – None.**
- 10. **Risk – None.**
- 11. **Privacy Impact – None.**

List of Background Papers – Organisational Development and Service Improvement Strategy (approved by the IJB on 18 March 2016)

Author: Frances Burns, Change and Improvement Manager

Appendix 1: Organisational Development and Service Improvement Implementation Plan

1. Development of a Healthy and Integrated Organisational Culture		
Objective	Key performance measures	YEAR 1: Achievements during 2016/17
Demonstrate the HSCP's ongoing commitment to developing a healthy and integrated organisational culture	<ul style="list-style-type: none"> Delivery of the IJB's Organisational Development(OD)and Service and Improvement Strategy 	<ul style="list-style-type: none"> Established a Workforce, People and Change Group, developed OD and Service Improvement Strategy and supporting implementation plan.
	<ul style="list-style-type: none"> iMatter HSCP Staff Survey – to continually improve the HSCP's overall Employee Engagement Index rating and staff response rate 	<ul style="list-style-type: none"> Rolled out iMatter Staff Survey across the HSCP, with a 65% staff response rate. Achieved Employee Engagement Index rating of 77%.
	<ul style="list-style-type: none"> Absence Management statistics - analysis of rates, trends and nature of absences 	<ul style="list-style-type: none"> In consultation with the Leadership Network and SPF, Directorate agreed 2016/17 HSCP priorities based on key themes from iMatter and other cultural and performance indicators, and reflected within 2017/18 OD and Service Improvement Plan
	<ul style="list-style-type: none"> Health and Safety incidences – analysis of volume and nature 	<ul style="list-style-type: none"> In consultation with the Leadership Network and SPF, Directorate agree 2017/18 HSCP priorities based on key themes from iMatter and other cultural and performance indicators, and reflected within 2018/19 OD and Service Improvement Plan
	<ul style="list-style-type: none"> Discipline/Grievance – analysis of volume and nature 	<ul style="list-style-type: none"> Staff communication on iMatter feedback, noting where performing well and Directorate commitments and priorities for coming year.
		<ul style="list-style-type: none"> IJB OD and Service Improvement Annual Report and updated Implementation Plan
YEAR 2: 2017/18 planned actions		
		<ul style="list-style-type: none"> Review of previous year and successfully deliver year 2 planned action to support the delivery of the OD and Service Improvement Strategy Roll out iMatter - with a target 70% staff response rate and increased Employee Engagement Index rating. In consultation with the Leadership Network and SPF, Directorate agree 2017/18 HSCP priorities based on key themes from iMatter and other cultural and performance indicators, and reflected within 2018/19 OD and Service Improvement Plan Staff communication on iMatter feedback, noting where performing well and Directorate commitments and priorities for coming year. IJB OD and Service Improvement Annual Report and updated Implementation Plan

Develop a robust foundation of agreed and shared Purpose, Vision, Values and Behaviours and where staff demonstrate these daily	<ul style="list-style-type: none"> • All Planning and Service Improvement will be in accordance with the HSCP Purpose and Vision. • HSCP Values and Behaviours will be incorporated into the performance, development and review process. • Staff survey (iMatter) will be used to measure and report on those elements of Values and Behaviours that are captured in the questioning. 	<ul style="list-style-type: none"> • Significant work has been undertaken at consultation, engagement and leadership events to scope and develop an HSCP Purpose, Vision, Values & Behaviours which are unique to the HSCP but which encompass those of NHSGGC and Renfrewshire Council. • The purpose is a simple statement of the rationale for HSCPs from the Health and Social Care Act; the Vision has been agreed and is being used on our materials; a draft set of values and behaviours are to be presented to SMT in June before final approval. 	<ul style="list-style-type: none"> • Gain final approval for Values and Behaviours. • Implement/launch a set of HSCP Values and Behaviours and link to Performance Development and Review process. • Regular communications and engagement with staff and Leadership Network to embed these values and behaviours. • Values and Behaviours to be incorporated into team development planning.
Celebrate success and be viewed as a 'best in class' HSCP	<ul style="list-style-type: none"> • An increase in nominations to Staff Awards will be demonstrated each year. • Nominations will be received from all service areas. 	<ul style="list-style-type: none"> • Established HSCP Integrated Staff Awards Process • Held 1st HSCP Staff Awards ceremony and shared these success stories through Team briefs and other communications • Established links into respective parent organisation Staff Awards, ensuring they recognised the new integrated nature of the HSCP. 	<ul style="list-style-type: none"> • Annual Staff Awards Process and Ceremony • Regular communications to share success stories, role models through staff briefings • Maintain links into respective parent organisation Staff Awards.
The HSCP and its services are readily recognisable to our staff, service users and other providers.	<ul style="list-style-type: none"> • Establish and embed HSCP identity and branding internally and externally 	<ul style="list-style-type: none"> • Established HSCP branding and logo. 	<ul style="list-style-type: none"> • Roll out plan for new branding and logo across HSCP • Create and develop new HSCP website and service user Newsletter

HSCP Managers have a sound understanding of health and social care HR policies and integrated strategies	<ul style="list-style-type: none"> • Ensure HSCP managers have access to development and support around HR policy & guidance to support integrated working/management. 	<ul style="list-style-type: none"> • Developed guidance documents to support integrated working/management reflecting parent employer policies • Established an interactive flow charts with differences between parent organisations highlighted 	<ul style="list-style-type: none"> • Establish SPF as consultative group to review policies/strategies for HSCP. • Roll out of HSCP policies and integrated strategies to managers with support provision from parent organisations. • Annual review and update of key policy areas.
Staff participation, communication and engagement is regular and meaningful	<ul style="list-style-type: none"> • Staff Partnership Forum plays a pivotal role to ensure the staff voice is always heard • Staff Survey (iMatter) will be used as an indicator of how well involved and informed our staff feel. 	<ul style="list-style-type: none"> • Established a HSCP Staff Partnership Forum (SPF) • Successfully implemented the agreed 2016/17 Internal Participation Engagement and Communication Plan which involved representatives from Staff Side Organisations. • Established an HSCP Team Bulletin • Established a strong social media presence, with Twitter, Facebook and Youtube accounts, as a tool to foster ideas of inclusion and to promote key messages. • First run of iMatter in Renfrewshire has been undertaken with 65% response rate and 77% employee engagement index. Overall staff scored working in Renfrewshire HSCP as 6.93 on a scale of 1 – a very poor experience to 10 – a very 	<ul style="list-style-type: none"> • Develop the role of the SPF to enhance productive dialogue around involvement and engagement in participation, engagement and communication activity. • Work with the Participation, Engagement and Communication Group and SPF to develop and deliver a 2017/18 Internal Participation Engagement and Communication Plan • The new HSCP Website will go live in 2017/18 providing a forum to promote the HSCP purpose and values, communicate key messages widely with staff and encourage participation • iMatter will be run again in February 2018 with a response target of 70% and the aim to improve the Employee

			good experience indicating that working here is a good experience	Engagement Index and Working Experience Score.
Our staff feel safe and supported to deliver the role in line with quality, care and professional governance standards	<ul style="list-style-type: none"> Robust links are made with the Quality, Care & Professional Governance Workstream to ensure key themes which affect the workforce are reported to the Workforce, People & Change Group to allow Organisational Development and Learning & Education support to be put in place. 	<ul style="list-style-type: none"> Representatives from the Quality, Care & Professional Governance Workstream(s) are core members of the Workforce, People & Change Group. Reports from the Quality, Care & Professional Workstream are shared with the Workforce, People & Change Group. 	<ul style="list-style-type: none"> Training and development will be offered to staff across the HSCP as required. Assess progress and streamline and revise plans. 	
2. Delivering a clear approach to Organisational Development and Service Improvement				
The HSCP demonstrates a commitment to continuous service improvement	<ul style="list-style-type: none"> Service Improvement Plans will be visible and a Culture of Continuous Improvement will be evident. There will be a consistent and robust approach to Service Improvement and Change Management. There will be a process for and schedule of HSCP wide reporting on Service Improvement Activity. 	<ul style="list-style-type: none"> Service areas identified opportunities for improvement and improvement plans have been developed and successfully progressed through 2016/17 	<ul style="list-style-type: none"> Services are supported to implement service improvement plan(s) for 2017/18 and to measure and share the impact of improvement efforts Service Improvement activity is captured and reported via the Quality, Care & Professional Governance work streams and within the Annual Quality Care and Professional Governance Annual report. Staff have access to Service Improvement Tools and resources 	
There is an organisational focus on optimising the individual knowledge and skills of our staff	<ul style="list-style-type: none"> Staff are offered the opportunity to develop the knowledge and skills in relation to the legislative requirements of their role 	<ul style="list-style-type: none"> Review the RHSCP workforce training requirements in dementia care. All staff are competent and confident in working with individuals using the Self 	<ul style="list-style-type: none"> All staff are mapped to the national competence levels and a plan is in place to offer appropriate learning at each level 	

	<ul style="list-style-type: none"> • All staff are confident and competent in carrying out their public protection role • Professional learning is enhanced to reflect the changing and developing requirements of professional roles • We will meet our Parent organisation performance targets for employee completion of KSF/PDP/Appraisal 	<p>Direct Support approach.</p> <ul style="list-style-type: none"> • All staff have training and development opportunities suitable to their role in understanding protecting vulnerable adults and children 	<ul style="list-style-type: none"> • Updated briefings and skills based training is offer to staff across the partnership as required. • The competence level of all staff is reflected in their development plan and learning opportunities to enhance their understanding are offered to all staff • Enhance our provision of Autism learning and development within the learning disability service. All staff have received appropriate learning for their role • Staff understand the requirements of the Children and Young People (Scotland) Act 2014 and the application to their role
There is a culture of transformational and adaptive leadership.	<ul style="list-style-type: none"> • Ensure visible and accessible leadership within the HSCP • Measure using iMatter component specific to leadership • Leadership facilitates skills development of staff • Our leaders will be well equipped to lead staff, be next job ready and help to fulfil our succession planning requirements. 	<ul style="list-style-type: none"> • Developed an annual programme of Staff Engagement Sessions to incorporate: Key information updates, consultations, opportunities for engaging in meaningful dialogue, Q&As with Chief Officer • Chief Officer and IJB Chairman carried out a programme of service visits • Leadership Network established and run quarterly including key messages; consultation, engagement and desktop exercises; and input from internal and external development resources (e.g. 	<ul style="list-style-type: none"> • Staff who manage integrated teams will have access to the Renfrewshire Council Manager training programme • Ensure Programme of Service Visits are in place for all Heads of Service and Service Managers and themes are analysed to include in future development needs plans. • Review Leadership Network at end of year to inform plan for next year. • Managers will have a menu of

		Organisational Development; Kissing with Confidence)	available development activity.
		<ul style="list-style-type: none"> Managers are supported by Senior Organisational Development Advisor to develop themselves and their staff and practice leadership methods such as Emotional Intelligence, mentoring, coaching conversations, team performance and development activity, action learning etc. Leaders at appropriate levels have access to leadership training and Development Resources. 	<ul style="list-style-type: none"> A group of approximately 40 middle managers will be provided with development in the shape of the Ready to Lead Programme, tailored to the specific needs of the HSCP and to include skills and knowledge development in topics including leadership, understanding the organisation/context in which we work, emotional intelligence, service improvement and team development.
Individual staff in our organisation feel engaged	<ul style="list-style-type: none"> All new staff take part in organisational and service based induction and orientation. Understanding of Integration and the new HSCP is enhanced through and e-learning module Discipline and Service specific Inductions will be in place Senior Managers will be approachable 	<ul style="list-style-type: none"> Online induction programme is in place. Professional orientation within services has been redeveloped and is now in place Integration e-learning module has been developed and is available to staff Process is in place to enable staff to communicate directly with SMT 	<ul style="list-style-type: none"> Review of induction processes to take place and flowchart of processes to be provided to staff. Induction figures and evaluation to be analysed and reported.
We have well-defined and high performing teams	<ul style="list-style-type: none"> All staff will be part of a team where they get their objectives, support and supervision All teams will have an annual development plan which specifically 	<ul style="list-style-type: none"> A baseline organogram of existing teams has been scoped. Team Development Strategy has been approved by SMT. 	<ul style="list-style-type: none"> A Team Development Plan Template will be provided with guidance and reported on annually. Team leads will ensure in conjunction with their Service Manager or Head of Service and the Senior Organisational

	captures team development around the team's identity, purpose, objective, clarity of roles, communication processes and both inter and intra team ways of working.	<ul style="list-style-type: none"> All Team Leads have access to resources to enable them to evaluate and develop their team - "How Good is your Team" 	Development Advisor that the team development component of the teams annual development plan is put in place with an agreed amount of support ie: 1) team leader is self sustaining with tools supplied by SODA, 2) team leader is coached to develop their team by SODA, 3) SODA facilitates team development.
3. Delivering a Workforce plan for tomorrows workforce			
See Appendix 2: draft HSCP Workforce Plan			



Renfrewshire
Health & Social Care
Partnership

Workforce Plan 2017-2019



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Executive Summary

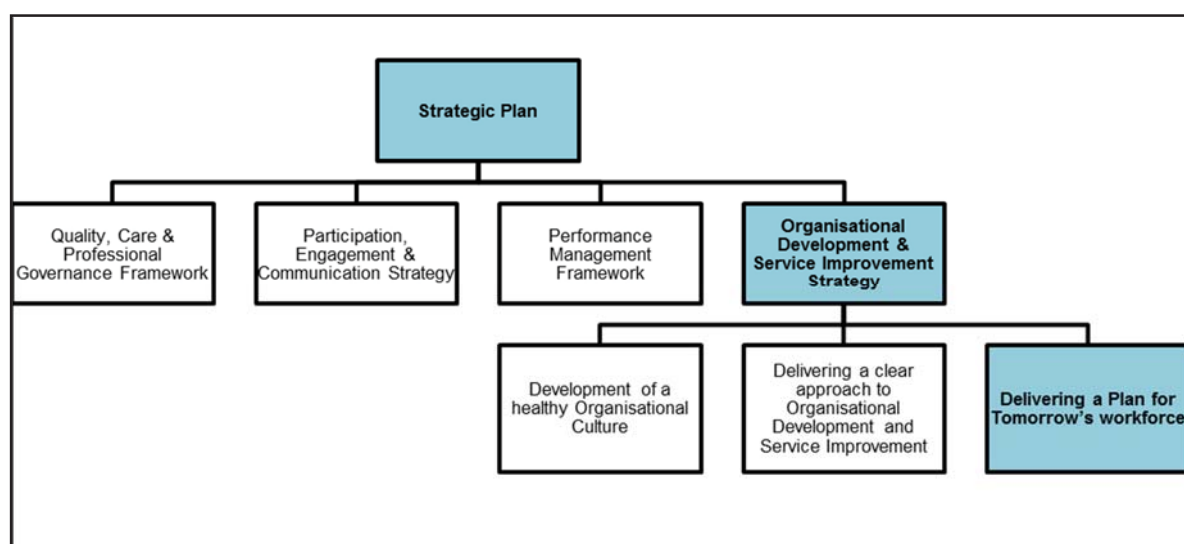
- 1.1 This is the first integrated Workforce Plan since the inception of Renfrewshire Health and Social Care Partnership (HSCP).
- 1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 put in place a framework for the formal integration of health and social care adult services. This placed a legal commitment on NHS Boards and Local Authorities, as parent organisations, to formulate and agree a plan of how the council and the health board would support the new partnerships in terms of workforce development and service improvement.
- 1.3 On 27 June 2015 the Renfrewshire HSCP became a legally constituted organisation in the form of an Integrated Joint Board (IJB) from our parent bodies of Renfrewshire Council and Greater Glasgow & Clyde Health Board (NHSGGC).
- 1.4 Our integrated workforce brings together staff from two public sector organisations with a range of health and social care backgrounds who understand that working together in partnership is far more effective in responding to the causes of poor health and social care.
- 1.5 The HSCP workforce remains employed by our two parent organisations. However, the HSCP has delegated responsibility for recruitment, deployment, learning, and educational development and attainment of professional qualifications. The HSCP is also responsible for ensuring the maintenance of skills and opportunities to refresh training in accordance with legislative requirements, professional regulations, competencies and national standards.
- 1.6 Underpinning all of these professional regulations and standards is our core principles and values of improving lives which are highlighted below.
- 1.7 Renfrewshire HSCP is committed to delivering positive outcomes for the wellbeing of our residents. Our commitment to do this is set out in our Strategic Plan 2016 – 2019 underpinned by our vision “Renfrewshire is a caring place where people are treated as individuals and supported to live well”.
- 1.8 The integration of health and social care is designed to deliver improvements to our services and to deliver services which are seamless and inclusive.
- 1.9 These new ways of working require us to deliver transformational change for the benefit of our residents. As we reshape and redesign our services within the Partnership in order to meet our commitments, our workforce will be required to do different things, to work in new and different ways and to further strengthen our partnership working arrangements.
- 1.10 Our employees, employed by NHS Greater Glasgow & Clyde and Renfrewshire Council, bring together a wide range of knowledge, experience, skills and talents and we are committed to supporting and developing them as they make the transitions to apply their strengths and talents within the Partnership.
- 1.11 In this Workforce Plan we have set out the arrangements that we presently have, and the arrangements we plan to put in place, to make sure that we have a workforce which is enabled and fit for purpose and able to deliver to meet current and future needs of our residents.

- 1.12 It also sets out steps we will take to anticipate future workforce needs based on legislative requirements, evidence of changes in demographics, the impact of ongoing change implementation and in particular a shift towards the provision of more community based health and care services.
- 1.13 We start from a position of strength. We have robust workforce planning and workforce development arrangements in place in each of the parent organisations which will provide ongoing HR and Organisational and Learning and Development support to employees. This Plan sets out additional support and development activity that will be implemented in support of our new partnership arrangements.
- 1.14 It is recognised that workforce planning and workforce development needs are emergent and dynamic therefore development of the workforce is a core activity embedded within our planning processes and is continuous.

Section 1: Background to the Renfrewshire HSCP Workforce Plan

1. Our Workforce

- 1.1 Renfrewshire HSCP's greatest asset is the people who deliver the services. There is an inextricable link between the people who provide care and the people that they care for - without these people (e.g. social workers, nurses, GPs, managers, assistants, therapists) there would be no health and social care services. As we face unprecedented demand on these services, increasing financial pressures, and a service user population with complex care needs, we must continue to ensure that our workforce have the right skills and competencies, are resilient, and feel valued, well supported and engaged.
- 1.2 This commitment is reflected in the IJB's Strategic Plan, and more specifically through the HSCP's Organisational Development and Service Improvement Strategy, which links as shown in the diagram below.



- 1.3 The Organisational Development and Service Improvement Strategy prioritises effective workforce planning as one of its key 3 objectives: *To deliver a plan for tomorrow's workforce.*
- 1.4 This document is Renfrewshire HSCP's Plan for Tomorrow's Workforce - our Workforce Plan, and should be read within the context of the overall Organisational Development and Service Improvement Strategy and its supporting implementation plan.
- ### 2. Establishment of Renfrewshire Integration Joint Board (IJB)
- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 set out the requirement for NHS Boards and Local Authorities to integrate health and adult social care services in Scotland, governed by Integration Joint Boards (IJB's). It is envisaged that by integrating structures and services, NHS and Council social care services can work together to deliver health and care needs of patients and service users, ensuring those who use services get the right care and support at every point in their care journey.

- 2.2 Following approval from Renfrewshire Council and NHS Greater Glasgow & Clyde (NHSGGC), the Renfrewshire Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers on 16 March 2015. On 27 June 2015, Scottish Ministers legally established Renfrewshire IJB.

3. Renfrewshire Health and Social Care Partnership

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

- 3.1 Renfrewshire Health & Social Care Partnership (HSCP) delivers adult social care services and community health services for adults and children in the Renfrewshire area, under the direction of the IJB. Services include:
- Community Health services (e.g. District Nursing, Rehabilitation and Enablement Services (RES), Children and Family Services, Specialist Children's Services, Mental Health, Health Improvement and Learning Disability Services);
 - Contracted Health Services (GPs, Pharmacies, Dentists and Optometrists);
 - All adult social care services (e.g. Adult Social Work, Care@Home services, Care Homes, Occupational Therapy, Domestic Violence);
 - Elements of Housing services in relation to Aids/Adaptations and Gardening Assistance; and
 - Aspects of Acute services (hospitals) relating to unscheduled care.
 - Hosted services (Podiatry and Primary Care Support) on behalf of NHS Greater Glasgow and Clyde.
- 3.2 Staff delivering these services work closely with other local health and social care professionals and providers to plan and develop services across the HSCP area.

4. A Profile of Renfrewshire

- 4.1 Renfrewshire is a diverse area of towns, villages and countryside covering 270 square kilometres and situated 7 miles west of Glasgow City. The area has excellent transport connections to the rest of Scotland and is home to Glasgow International Airport. Scotland's largest business park is situated in Hillington, and key campuses of the University of the West of Scotland and West College Scotland are located in Paisley town centre.
- 4.2 Just over 170,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by 51%. 2.8% of Renfrewshire residents are members of an ethnic minority group.
- 4.3 Carers in Renfrewshire are a valued and important contributor to healthcare provision. 12,868 people in Renfrewshire provide up to 50 hours of unpaid care per week and a further 4,576 people provide more than 50 hours of unpaid care per week. 10% of our population are unpaid carers.
- 4.4 We have a range of services in Renfrewshire that respond each day to the needs of local people. We have 29 GP practices, 44 community pharmacies, 19 community

optometrists and 35 general dental practitioners. We also provide or commission a wide range of community based health and social care services and have a major acute hospital – the Royal Alexandra Hospital (RAH).

5. Strategic Plan

5.1 Our Strategic Plan describes the themes and high level priorities which will direct the HSCP over the three year period 2016-19. Our three strategic priorities are improving health and wellbeing, providing the right service, at the right time, in the right place, and working in partnership to treat the person as well as the condition. Examples of areas included within these priorities are:

- Supporting people to take control of their own health and wellbeing so they maintain their independence and improve self-care where possible;
- Supporting the Renfrewshire Tackling Poverty Programme through a range of specific programmes;
- Targeting our interventions and resources to narrow inequalities and build strong resilient communities;
- Delivering on our statutory duty to protect and support adults and children at risk of harm;
- Continuing to adapt and improve our services by learning from all forms of patient and service users' feedback;
- Supporting the health and wellbeing of carers to allow them to continue to provide crucial care.

5.2 In pursuit of our vision we work to deliver on the 9 national health and social care outcomes. Outcomes 8 and 9, below, are the key drivers in relation to our workforce and recognise the role they place in relation to delivery of health and social care services.

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

6. Workforce Planning Objectives

6.1 The HSCP's Organisational Development and Service Improvement Strategy commits to delivering a 'Plan for Tomorrow's workforce' – our Workforce Plan.

6.2 The three key objectives of our Workforce Plan are noted below. These objectives are further detailed at Section 5 of the Plan:

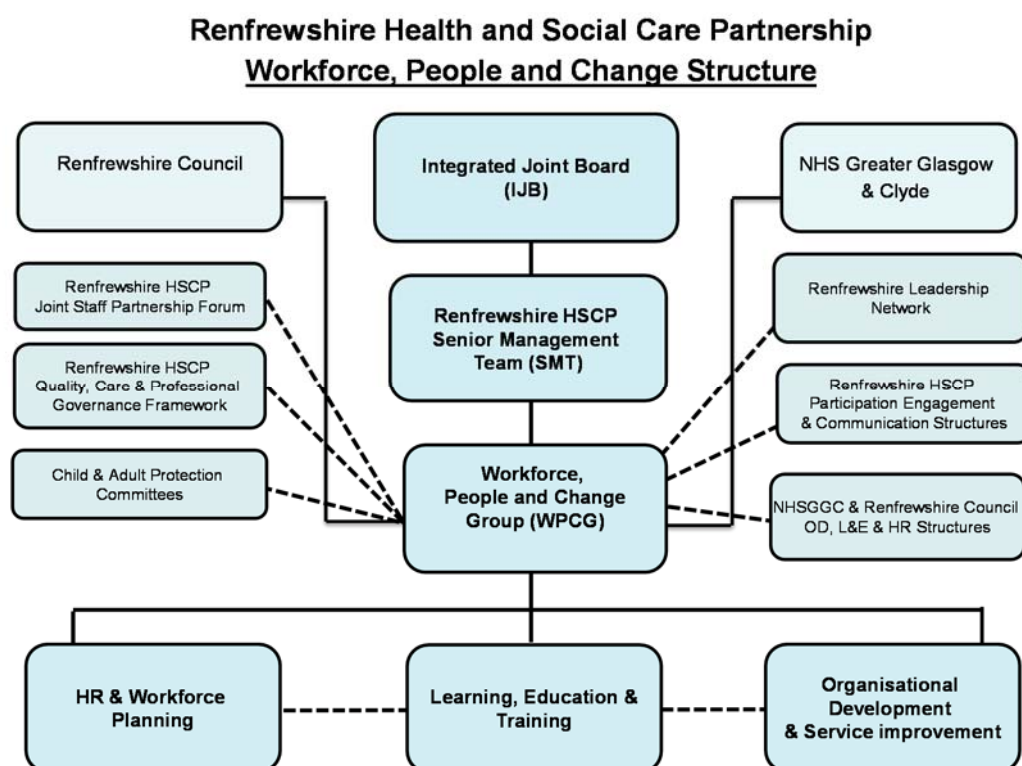
- Objective 1: Establishing a sustainable workforce
- Objective 2: Maintaining a capable workforce
- Objective 3: Developing an integrated workforce

7. Workforce Governance and Partnership Engagement

7.1 Staff in Renfrewshire HSCP are employed by one of the two parent organisations: Renfrewshire Council or NHSGGC. While Renfrewshire HSCP is not the employing body for the workforce, the HSCP is tasked with managing joint budgets to provide integrated health and community care services in the most effective way possible. This being the case the HSCP has a key role in shaping workforce demand and developing and infrastructure to forecast service needs which must also be reflected in health and social care services workforce planning.

7.2 Renfrewshire HSCP, Renfrewshire Council and NHSGGC are committed to agreeing and delivering a Workforce Plan in consultation with a wide range of stakeholders, including staff side partners, trade unions and professional organisations.

7.3 Processes and structures have been established to achieve this and these are illustrated and set out below.



7.4 Effective workforce planning ensures the HSCP and its services have the necessary information, capability, capacity and skills to plan for current and future workforce

requirements. This means planning a sustainable workforce of the right size, with the right skills and competencies, which is responsive to health and social care demand and ensure effective and efficient delivery of service across a broad range of services and locations.

- 7.5 The Renfrewshire HSCP Workforce Plan is a summary of the work of a series of local workforce planning and development activities underway across geographical, professional and care group structures across the HSCP.
- 7.6 All identified groups have representation from staff partnership and communicate their activity to relevant stakeholders.
- 7.7 This Workforce Plan has therefore been developed in partnership and will be reviewed on a regular basis.
- 7.8 The local workforce planning activities are brought together by the Workforce, People & Change Group (WP&CG) which has a series of subgroups for the organisation of work. This group is a partnership group which oversees the development of the Workforce Plan. The group has representation from HSCP services, HR, Learning & Education and OD functions from parent organisations, professional groups and trade union representatives.
- 7.9 The WP&CG group activity is reported internally, directly to Renfrewshire HSCP Senior Management Team and Renfrewshire IJB and externally to the two parent organisations i.e. Renfrewshire Council Corporate Management Team and NHSGGC's workforce planning structures.
- 7.10 The Group connects and collaborates with operational, professional, governance and functional groups within the HSCP and in parent organisations in order to ensure that all activity is aligned with any partnership activity.

8. Workforce Plan Methodology

- 8.1 The HSCP Workforce Plan process will need to recognise and address the challenges faced by both the NHS and social services sector in recruiting and retaining the staff needed to deliver social care services. It will need to be relevant in different contexts, and achieve a 'fit' between existing workforce plans within health and social care such as NHS Boards and Local Authorities.
- 8.2 As such the HSCP must develop an integrated approach to planning for services and to workforce planning. This will require a systematic approach informed by accurate, coordinated and relevant data, which will allow our workforce to be deployed flexibly to meet service needs.
- 8.3 It is expected that the Scottish Government will issue recommendations on the development of a workforce planning methodology for integrated health and social care services as part of the National Health and Social Care Workforce Plan which is due to be published in early summer 2017. We anticipate this plan will be informed by the recent safe and effective staffing consultation exercise, which Renfrewshire participated in.
- 8.4 In the absence of a formal methodology for integrated service workforce planning Renfrewshire HSCP has developed this plan in line with the recommendations set out in CEL(2011)32 and has used the NHS 6 Steps to Integrated Workforce Planning

Methodology¹ a workforce model which enables us to take a coherent view of the workforce across all job families and staff groups. The main aim of the 6 Steps Methodology is to set out in a practical framework those elements that should be in any workforce plan.

- 8.5 Use of the Six Steps Methodology across workforce planning ensures that decisions made around the design of services and the recruitment of the future workforce are sustainable, realistic and fully support the delivery of quality patient care, productivity and efficiency.
- 8.6 A description of the key stages in the 6 Steps methodology is available at the undernoted link.

¹ NHS Six Steps to Integrated Workforce Planning Methodology
<http://www.workforcevision.scot.nhs.uk/wp-content/uploads/2015/05/Six-Steps-Methodology-to-Integrated-Workforce-Planning.pdf>

Section 2: Service Drivers & Demand

1. Policy Drivers

Public Bodies (Joint Working) (Scotland) Act 2014

- 1.1 The original purpose of health and social care integration, embodied in the Public Bodies (Joint Working) (Scotland) Act 2014, was focussed on meeting the challenges of Scotland's ageing population by shifting resources from hospital based care towards to community-based, preventative care at home, or in a homely setting. Under the 2014 Act, IJBs were established to lead this local 'transformation' of health and social care delivery, using 'integrated resources', to make a positive impact on service users and improve outcomes.

National Clinical Strategy

- 1.2 The Scottish Government's National Clinical Strategy published in February 2016, sets out the framework for the development of health services over next 15 years and the direction this change should take. The Strategy makes proposals for how clinical services need to change in order to provide sustainable health and social care services that are fit for the future.
- 1.3 Central to this step change is the need to increasingly divert resources from acute hospitals services, to create greater capacity within primary care and community services. This capacity would assist primary care to further develop multidisciplinary community team based working models, which must be fully integrated with social care and the independent and third sector.

Health and Social Care Delivery Plan

- 1.4 In December 2016, the Scottish Government published its Health and Social Care Delivery Plan. The Plan sets out three clear aims – to deliver better health, better care and better value. These aims are being driven forward by four major programmes of activity:
- health and social care integration;
 - the National Clinical Strategy;
 - public health improvement; and
 - NHS Board reform.
- 1.5 The main area for HSCP action is to improve health by optimising the benefits of health and social care integration. This is, and will continue to be, achieved by supporting people to live and remain in their own homes and communities and by avoiding unnecessary demands on hospital and other inpatient care. For this to be realised, the Plan highlights the need for services to be well managed, resourced and based on an appropriate assessment of people's needs. This has been a distinct and clear priority of the Renfrewshire IJB since its inception in 2015 and builds on the work progressed locally over the previous 5 years to reduce delays in discharge from hospital and to support people in the community
- 1.6 Delivery of health and social care integration is centred on three areas of action: reducing inappropriate use of hospital services; shifting resources to primary and community care; and supporting capacity of community care. The Plan sets out a series of ambitious targets for each area. Some of the key objectives are outlined below:

Reducing inappropriate use of hospital services:

- By 2018, unscheduled bed-days in hospital care will reduce by up to 10 percent (i.e. by as many as 400,000 bed-days) by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital; and
- By 2021, everyone who needs palliative care will get hospice, palliative or end of life care.

Shifting resources to primary and community care:

- By 2021, Health and Social Care Partnership spending on primary care services to rise to 11 percent of the frontline NHS Scotland budget;
- By 2022, there will be more GPs, and every GP practice will have access to a pharmacist with advanced clinical skills and 1,000 new paramedics will be in post;
- By 2020, every family will be offered a minimum of 11 home visits including three child health reviews ensuring that children and their families are given the support they need for a healthier start in life.

Supporting capacity of community care:

- In 2017, the Scottish Government will continue to take forward a collaborative, national programme of work to deliver change in the adult social care sector in areas such as reform of the National Care Home Contract; social care workforce issues and new models of care in home care.

- 1.7 Fully implementing integration means the continuance of existing and development of new joint teams that are comprised of staff of multiple professions and disciplines from the two employing authorities. Managers require to be equipped to manage staff from both employing authorities regardless of their own employer and profession or discipline.
- 1.8 Managing joint teams in this general management model way is challenging as often professional staff can be protective of their professional role and management structure so it is essential to ensure that professional leadership structures are clear and embedded.
- 1.9 Additionally staff from the two employing authorities have different employment terms and conditions and this has the potential to create perception of being treated differently. Renfrewshire HSCP, working with the parent organisations, has taken a transparent approach to sharing of terms and conditions which demonstrates more commonality between those than is often perceived.
- 1.10 With change comes new ways of working, increased collaboration, new roles and differing professional boundaries. These changes can be challenging for staff and managers should be cognisant of this and be able to prepare staff to understand where roles need to be different and where different skills will be required for the future. Is essential that we listen to and involve staff as we change and change management will be a key component of the leadership role.

Self-Directed Support (SDS)

- 1.11 SDS is where service user needs are assessed and they are given a budget to spend on their care and support needs. Each service user can spend this budget by arranging their own care or by letting the HSCP do this for them. SDS allows people to have

more say in how they get care and support and gives more control over how the money is spent on the support required.

- 1.12 SDS choices have a direct impact on the demand for HSCP and external services. Thereby, changing workforce capacity and the need to review service structures with a greater focus on contracts and commissioning.
- 1.13 The HSCP is committed to supporting to in their understanding and delivery of SDS in order to successfully embed this approach as business as usual.
- 1.14 Going forward the HSCP is committed to creating greater awareness amongst staff to support their understanding of SDS in order to successfully embed this approach as business as usual.
- 1.15 Since the introduction of SDS the HSCP has dedicated resources to ensuring staff are equipped, trusted and supported so they are better able to help people choose the best support for them for example: guidance has been developed and training courses are offered.

Adult Protection

- 1.16 The Renfrewshire Adult Protection procedures have been revised and updated to reflect the new RHSCP structure, roles and responsibilities.
- 1.17 The numbers of referrals under adult protection has continued to increase year on year.
- 1.18 In 2014-15 there were 1,708 referrals to social work under adult protection. In 2015-16 changes were agreed to the system for reporting referrals under adult protection that separated adult protection concerns from adult welfare concerns. In that year there were a combined total of 2,515 referrals. In 2016-17, the total number of referrals received by Renfrewshire HSCP rose to 2,578. It should be noted that all referrals are initially treated as potential adult protection cases and therefore go through the same screening processes that may result in protection plans for adults assessed as at risk of harm.
- 1.19 The upward trend in adult protection referrals translates into increased pressure on the existing workforce, mainly social workers, to undertake inquiries and assessment under the Adult Support and Protection Act.

Carers (Scotland Act 2016)

- 1.20 This Act will be commenced on 1st April 2018.
- 1.21 The package of provisions in the Act is designed to support carers' health and wellbeing. These include, amongst other things:
 - A duty on Local Authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. National matters which local authorities must have regard to when setting their local eligibility criteria will be set out in regulations;
 - A specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and
 - a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other

things, emergency and future care planning, advocacy, income maximisation and carers' rights.

- 1.22 Assessments will be replaced by new assessments called Adult Carer Support Plans (ACSP) and Young Carer Statements (YCS). These involve a duty to set out personal outcomes, identified needs and detail the support required to meet these needs. If a person is identified as being a carer, they must be offered an ACSP or YCS.
- 1.23 Carers whose identified needs meet local eligibility criteria (these require to be agreed in consultation with carer organisations by 31st March 2018) will have a right to support. Where carers are provided with support to meet their identified needs, they should be offered choice through the four options under self-directed support. Carers cannot be charged for any support they receive.
- 1.24 Renfrewshire HSCP will be required to jointly produce a Local Carer Strategy, by 31st March 2018, as part of which carers and carer organisations must be involved in planning, shaping and reviewing services for carers and young carers.
- 1.25 The HSCP must publish a short breaks services statement to provide information about short breaks for carers and cared-for persons.
- 1.26 There is a duty on Health Boards to ensure that before a cared-for person is discharged from hospital, their carer is involved in the discharge plan, gives their views about the discharge, and is included as far as is practicable in making plans relating to the discharge. The regulations will prescribe timescales for the preparation of the ACSP in relation to adult carers of terminally ill carer-for persons.
- 1.27 The Act will result in the requirement to undertake more assessments, which will place considerable additional strain on the existing staff group, and will have added workforce implications in responding to demand for respite services and the infrastructure to support additional work generated via SDS.
- 1.28 The Carers (Scotland) Act 2016 will have a significant impact on the majority of staff working for the HSCP. The partnership is putting into place a strategy and resources to support staff in preparation for and in implementation of the act and the changes that come. Measures to achieve 'readiness' in time for commencement will include staff awareness briefings, policy sessions addressing the referral processes and the provision of advice information services. It will be essential that staff development provision has a greater involvement of carers and carers' organisations in the development and delivery of materials, as well as offering learning opportunities to the independent sector.

2. Social Drivers

Demographic

- 2.3 Just over 170,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by 51%. 2.8% of Renfrewshire residents are members of an ethnic minority group.
- 2.4 Local demographics and socio-economic issues such as poverty, deprivation and inequalities can vary significantly across Renfrewshire, which in turn, can impact upon the demand and supply of services in the community.

2.5 Key local challenges² include:

- 26% of the population of Renfrewshire are in the top 20% most deprived data zones in Scotland, with the main issues being health, income and employment.
- The most deprived data zone in Renfrewshire is ranked 1 in Scotland.
- Life expectancy in Renfrewshire is lower than the Scottish average
- People in Renfrewshire have slightly poorer mental health wellbeing compared to the Scottish average
- In light of the aging population, Renfrewshire is facing a future with more people with multiple long term conditions (also referred to as multi-morbidities). Multi-morbidities bring both person centred as well as long term challenges.
- In 2012/2013, 2.6% of Renfrewshire's population consume around 50% of our health resources (inpatient and day case hospital admissions, A&E attendances, consultant led outpatient clinics and community prescribing)
- For Renfrewshire in 2014/15, the crude rate of drug crimes recorded was 116/10,000, which was 68% higher than the Scottish level of 69/10,000.
- In 2014/15, the rate for alcohol-related hospital stays was 982/100,000, which was 46% higher than the Scottish level of 672/100,000.
- 12,868 people in Renfrewshire provide up to 50 hours of unpaid care per week and a further 4,576 people provide more than 50 hours of unpaid care per week. 10% of our population are unpaid carers.

2.6 Services across Renfrewshire HSCP require capacity, capability, flexibility and a resilient workforce that can respond to the pressures of a changing local community. This societal change creates increased demand on our workforce with the need to provide care for a larger proportion of the population, often living with multiple and complex health needs (co-morbidity).

Adults with Incapacity

2.7 Demand for Adults with Incapacity (AWI) MHO reports across Renfrewshire has risen steadily over recent years (and this picture is replicated across Scotland) increasing the workload of already pressured MHO service. AWI reports account for some 50% of the workload for MHO's. The other main area of work around the Mental Health (Care & Treatment)(Scotland) Act 2003 has also generated more activity for MHO's as the number of detentions under the Act has risen by 16% year on year and associated reports and applications for Compulsory Treatment Orders (S63) and subsequent Tribunal hearings further add to pressures on the system.

2.8 Last year Renfrewshire received 155 requests for AWI MHO Reports (reporting period 01/04/2016 – 31/03/2017), the previous year saw 137 such requests, and the year prior 152. There is an average of some 35 hours work for an MHO in preparing such a report.

2.9 Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen by 35% over two years from 79 in March 2015 to the current figure of 107. Each of these orders requires a Social Worker to be identified to act as the 'Nominated Officer' on behalf of the CSWO for day to day management of the case. There are some 15 further cases currently at various stages of process for the CSWO to be appointed as guardian.

Alcohol and Drug Treatment Services

² (Renfrewshire) ScotPHO Health and Wellbeing Profiles
<http://www.scotpho.org.uk/comparative-health/profiles/reports/health-and-wellbeing-profiles>

- 2.10 There is an ageing population within alcohol and drug treatment services. This means that there are more people who are in their 40s, 50s and 60s in drug or alcohol treatment than in previous years. Chronic conditions and physical co-morbidities that affect the mainstream population are often seen at an earlier age in addiction services, a consequence of substance use, poor lifestyle and multiple deprivations. This increasing complexity requires additional staff time. In Renfrewshire, there is a relatively static workforce where the average age is around 45 years old. Sickness absence levels are low and there are currently three vacancies.
- 2.11 There will be significant funding challenges in the coming year in relation to drugs and alcohol. A Whole Systems Review is proposed to ensure services remain fit for purpose in light of changes to budgetary alignments.
- 2.12 Prevention and Education remain an important facet of the work of Renfrewshire Alcohol & Drug Partnership. Funding constraints mean that the workforce dedicated to this stream has been significantly reduced in recent months, which will have an impact the ADP's ability to implement a whole population approach across communities.

Older People – Care@Home/Care Homes

- 2.13 A major development strand proposed in the 10 Year Joint Commissioning Plan for Older People's Services was to manage demand for care home placements, both reducing the level of "ordinary" residential referrals to care homes (Local Authority and independent sector) but to increase referrals for people with severe dementia who could no longer be cared for at home.
- 2.14 In terms of workforce development this would require care home providers to plan to increase the staff: client ratios in care homes and to increase training in the provision of care for people with dementia and significant levels of frailty.
- 2.15 A previous options appraisal process (indicated that costs for moving from current care provision in the three local authority care homes to dementia care) could rise from Year One costs of £3,876,075 to year 10 costs of £4,744,500. This does not include the costs of training, only of increased levels of staffing needed to meet Registration requirements. The total current FTE for Local Authority Care Homes is 136.44.
- 2.16 This option would require increasing levels of care at home staff to ensure that people with dementia at moderate levels can be supported in their own homes or in extra care housing by staff trained in dementia care, thereby reducing or delaying referrals into care homes. This will be a strain on the care at home workforce, which is currently the subject of development work due to the general recruitment and retention challenges.
- 2.17 The HSCP currently considers that it needs to expand the care at home workforce by around 4%. The cost of increasing Care at Home staff by 4.5% would be roughly £435,706 (based on 2016/17 outturn). This relates to basic employee costs and not the costs of training to meet the increased needs around dementia and palliative care at home.
- 2.18 There would be other impacts within HSCP which should be analysed as part of a whole systems approach e.g. increases or decreases in other services such as RES/DN service levels, OT support for equipment and adaptations.

Specialist Services

- 2.19 Another key area which requires scoping is the likely demand for specialist services e.g. as people with LD, Acquired Brain Injury and MH and Addictions conditions

increasingly reach old age with a range of long term conditions and need for supports. The HSCP requires to consider if it should “grow its own” service provision locally, and consequently its workforce, for these specialist services or to buy them from/develop them in partnership with other HSCPs.

Multi-morbidities

- 2.20 From 2012 to 2016, Renfrewshire has seen substantial increases in all long term condition crude discharge rates per 100,000 population. Long term conditions include asthma, COPD (chronic obstructive pulmonary disease), CHD (coronary heart disease, heart failure & hypertension) and diabetes. Over the four year period, the hospital discharge rates have increased by 39% for all long term conditions; 60% for COPD and 33% for CHD. While prevention and early intervention are priority areas to reduce the prevalence of these diseases, this is challenging within the current financial climate.
- 2.21 Challenging implications arising from the increasing levels of multi-morbidity in the older population for the health and care workforce may be mitigated by a strategic use of digital technology supports and further engagement with the third sector around community-based and peer support action for people with long term conditions. Initial evaluation of the “Community Connector” programme (community-based preventative and support services led by third sector organisations), current and planned technology-enabled care and recent telecare initiatives will be analysed for the identification of potential future service models and/or tests of change.

Carers

- 2.22 An acknowledgement of the role of unpaid carers and the need to improve levels of support through promotion of Anticipatory Care Planning, Powers of Attorney, Carers’ respite etc. might suggest increasing training for sections of the workforce in carers’ access to supports.

Prevention

- 2.23 The policy imperatives to act on preventative action would also suggest that workforce developments must include enhancing levels of support for development and co-production with community stakeholders to reduce or delay the referrals of people to statutory care services due to frailty, falls, and illnesses brought on through poor lifestyle choices.
- 2.24 Current service provision will not be sufficient to meet the future health and social care needs of the population. However, it is clear that from the information known about current and future cost saving requirements that the HSCP will require to deliver services in an increasingly constrained financial environment. We must, therefore, further develop ways of working which divert direct resources from expensive bed based models of care into community based services. The HSCP is keen to develop future workforce planning processes to incorporate the workforce in the third sector, particularly in the further development of community-based and community-led preventative action. Additionally, we must fully engage our stakeholders, particularly service users and carers, current and future, in planning, developing and delivering person-centred services that meet their needs. We need to also continually critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our clients - securing productivity improvement efficiencies by rebalancing the workforce, while continuing to maintain and improve the quality of services, will be a key driver of the Partnership’s approach.

Marketplace

- 2.25 The increasing demand on services is often compounded by difficulties in recruitment for specific hard-to-fill posts; the need to design multi-professional approaches to service delivery; and the availability and suitability of training and career pathways for social and health care professionals.
- 2.26 In addition to an ageing population, there is an ageing workforce (47% of our workforce are over 50 years old), who bring both an invaluable and incalculable level of experience to the services they deliver. Renfrewshire HSCP must mitigate the loss of these staff may present when planning future services, to ensure we have sufficiently resourced and experienced workforce.
- 2.27 A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care@Home Staff are a current recruitment and retention challenge for Renfrewshire HSCP. High retiral rates within nursing services create a significant number of staff over 55. Potential impacts include negative effect on:
- the sustainability of, access to, and quality of, services;
 - the resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources e.g. the impact of increasing referrals and caseloads within services with no commensurate resource transfer;
 - the additional cost of using bank and agency staff.
- 2.28 The HSCP is recruiting in a very competitive local market where an increasing number of social care providers are paying the Living Wage and neighbouring HSCPs provide a higher level of financial remuneration for some posts. Furthermore, some other sectors, such as retail, can be viewed as less physically and emotionally demanding, with rates of pay being equal or greater than that of health and social care services.
- 2.29 We need to attract more people to choose a career path in the health and social care sector. The HSCP is currently doing this in a number of ways:
- Effective succession planning methods to ensure staff are next job ready – offering career development opportunities e.g. coaching (we have a number of staff being coached at any given time, are continuing to access training in coaching conversations for managers and have two staff training to become professional coaches), shadowing and acting up opportunities
 - Working with local further education establishments who provide health and social care related courses and qualifications to influence intake levels and the courses delivered;
 - Innovative approaches to developing local talent such as apprenticeships and graduate internships; and
 - Positive advertising campaigns where current staff are promoting the HSCP as a good and rewarding place to work;
 - Attendance at recruitment events such as job fairs in order to promote Renfrewshire as a positive place to work;
 - Creating and effective use of our available resources e.g. within District Nursing to mitigate the lack of Band 6 roles a strategy is being developed to appoint apprentice type roles at Band 5 within certain criteria and an agreement that the SpQ programme will be undertaken.
- 2.30 There is a need to acknowledge that all of this will take investment which is difficult at a time of financial challenge, however this kind of investment this may be a prudent

way to ensure that our workforce is adequate and equipped to meet the needs of the population.

3. Digital Drivers

- 3.1 Digital technology offers new and exciting opportunities for transforming the outcomes and experience of our citizens – including service users and carers – as well as transforming the quality and reducing costs of health and care services.
- 3.2 Development of the use of digital across society, including throughout the public sector, is a key strategic priority of the Scottish Government. There is an opportunity to bring together all IT, digital services, telehealth and telecare, business and clinical intelligence, predictive analytics, digital innovation and data use interests in health and social care. This will be taken forward through a review to be completed in 2017, and a new Digital Health and Social Care Strategy for Scotland is to be published in 2017.
- 3.3 The HSCP recognises that further investment in digital systems is required to facilitate collaborative working practices. As a newly integrated organisation, with services that previously sat within Renfrewshire Council and NHSGGC, we still have different legacy, professional ICT systems and supporting processes. These systems are not currently integrated, as such there is often a day to day need for staff to access and source information from two different business systems, which can prove to be cumbersome and time consuming. The HSCP has undertaken a range of improvements to address some immediate digital and ICT issues since it was established.
- 3.4 Further improvements through digital enhancement will:
- Support easier access to business intelligence and predictive analytics for the whole HSCP to support planning and reporting activity;
 - Enable staff to have ‘real time’ access to the information they need so they are better informed to make decisions sooner, offering a more seamless service;
 - Opportunities for agile working creates scope to increase patient facing time;
 - Focus efforts on a more integrated IT structures which will reduce duplication;
 - Provide an opportunity to automate some tasks which may improve the way service users access services
 - Better manage the growing demand for some services through a more seamless pathways whilst making effective use of critical resources;
 - Provide ways for people to manage their own health and well-being at home and in the community giving them greater control of their lives.
- 3.5 The HSCP recognises the real opportunities digital technology offers, and the need to make on-going investment and support is essential. This however remains subject to the significant financial pressures and other demands on IJB resources. It is therefore viewed imperative that any investment in new technology aligns with the IJB’s strategic priorities, with a focus on delivering operational efficiencies and to reduce the increasing pressures on service delivery.
- 3.6 Online learning is an important strand in a blended approach to staff learning and development. The parent organisation of the HSCP have invested in learning tools and systems which will benefit staff and managers in delivering core service areas such as protection, practice procedures, health and safety and recording. Not all of the partnership staff has ready access to IT, as this area progresses and changes we will ensure that all staff have access to learning materials in a suitable format.

Currently two different systems are in place and work is underway to harmonise resources across the platforms and make best use of learning materials.

- 3.7 One example of where the HSCP is investing in new technology is within Care@Home services. This is one of the HSCP's most critical services which enables service users to continue to be cared for in their own homes, and the planned procurement of a new monitoring and scheduling system will bring many benefits including:
- Reduce risk to our service users and the Council in the provision of a more robust, monitored service.
 - The system will allow increased visibility of the actual service being delivered, and how it is contributing to supporting people's outcomes i.e. consistency of carer, punctual service and allowing for a more personalised service
 - Produce staff time efficiencies and associated reinvestment of these into quality monitoring improvements
 - Improve management data available which will allow us to improve care planning and delivery, as well as improving reporting ability – e.g., government returns; FOI requests, inspection and regulatory requirements
 - Improve monitoring and management of external provision
 - Improve financial and charging/billing accuracy
- 3.8 Renfrewshire Council is implementing Business World, the new Enterprise Resource Planning (ERP) system that will replace the existing finance, purchasing and employee/HR systems. ERP will underpin new business processes for managers and the workforce with a shift to self-service. This major ICT investment will support a redesign of work-flow processes across Renfrewshire Council and it is anticipated that this will support a re-design in workload and impact in the workforce requirements, skills and capacity. It is further expected that the introduction of ERP will:
- Support easier access for the whole Council to support improved planning and reporting activity;
 - Enable 'real time' access to information needed, which better informs decisions, offering a more seamless service;
 - Provide an opportunity to automate some tasks which may improve service user access; and
 - Create new and exciting opportunities for transforming the outcomes and experience of our service users
- 3.9 The benefits that the HSCP can realise from new technology are largely dependent on how well they are designed and how our workforce adopts these identified improvements. Central to the success of any IT developments is the involvement of frontline staff both in the planning and consideration of identified solutions to ensure these are fit for purpose. Early induction and training within these systems is also a critical feature to the overall success, as our staff will need to understand and be equipped with the knowledge to optimally use the systems and this, in turn, will deliver benefits to overall service user experiences.
- 3.10 The continuing evolution of technology will have an increasing impact upon the HSCP's workforce requirements and it is recognised that some staff may require further support and development as we move to more digitally driven ways of working. It will be essential to ensure all staff are digitally skilled for the current and future demands on our services and this should be a key component in the early planning for such improvements. Our leaders must also further develop the capability and culture of

remotely manage groups of staff and ensure performance based on their output as opposed to presence within a traditional office base. Whilst advances in technology can offer improved flexibility, there remains a risk and perception that staff are always available, thus impacting on staff worklife balance.

4. Financial

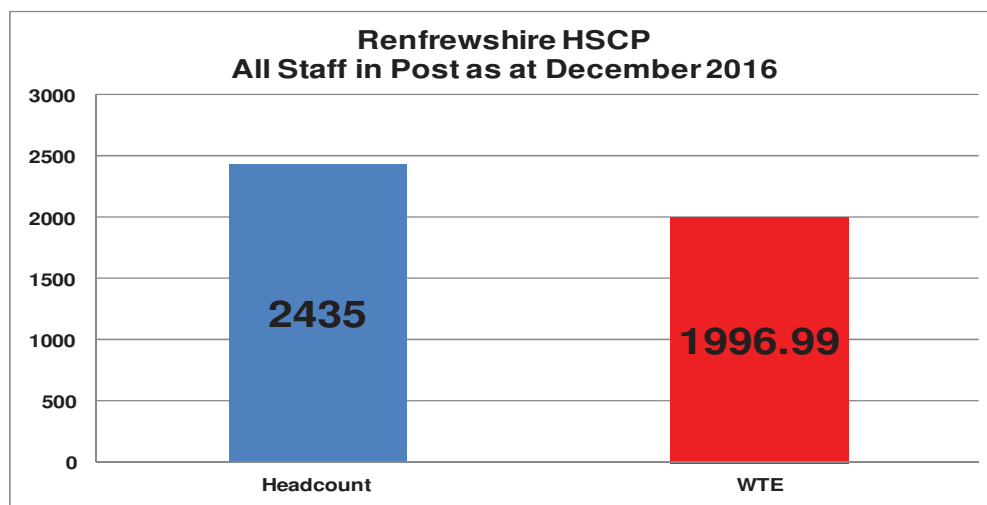
- 4.1 The financial environment within which IJBs is increasingly challenging with decreasing national government funding. The financial challenges have been compounded by the single local government financial settlements, increasing service demands flowing from a growing and ageing population and the need to respond to a number of new policies and legislations such as the living care, welfare reform which has had a major impact on local residents.
- 4.2 Renfrewshire IJB, along with other Scottish IJBs, faces financial challenges over the next few years. To date, Renfrewshire IJB has been able to maintain financial stability during a period of uncertainty and economic downturn and despite considerable demand pressures.
- 4.3 Although no figures are available beyond 2017/18, it is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. There is significant uncertainty over what the scale of this likely reduction will be. In addition, there remains wider risks which could further impact on the level of resources made available to the Scottish Government including, the changing political and economic environment, within Scotland, the UK, and wider. This will potentially have significant implications for Renfrewshire IJB's parent organisations and therefore the delegated Health and Adult Social Care budgets. There is consequently no expectation of additional monies to be delegated to the IJB in year. The Chief Officer, Chief Finance Officer and the HSCP senior management team will work with key stakeholders to continually critically appraise and challenge current models of service delivery to ensure resources are focused on areas of greatest need delivering the best outcomes to clients.
- 4.4 So looking into 2017/18 and beyond, it is important to be clear that within the current models of working, the reducing budgets available will require further recurring savings to be made by this HSCP and this will mean the IJB needs to consider what can safely be delivered. It remains that we must work to deliver both a balanced budget and also continue to deliver accessible, high quality and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured
- 4.5 Furthermore, the impact of UK wide decisions such as Brexit on HSCP is not currently known. However, possible areas of attention may include:
- The HSCP currently benefits from European funding and there will need to be clarity around how this will be replaced;
 - Whether staff born outwith the UK will be able to continue working for the HSCP.
 - There could be additional resource overhead if new legislation and regulations require to be implemented.
- 4.6 The Scottish Government response to Brexit and the possibility of a second independence referendum creates further uncertainty

- 4.7 The challenging and uncertain financial environment can impact our workforce in a number of ways which can affect morale and wellbeing, such as:
- No or limited pay awards from Council and NHS;
 - Increasingly difficult conversations about realising savings and to driving organisational efficiency in all areas of the organisation; and
 - Professional judgement around optimal care package and what is required and affordable

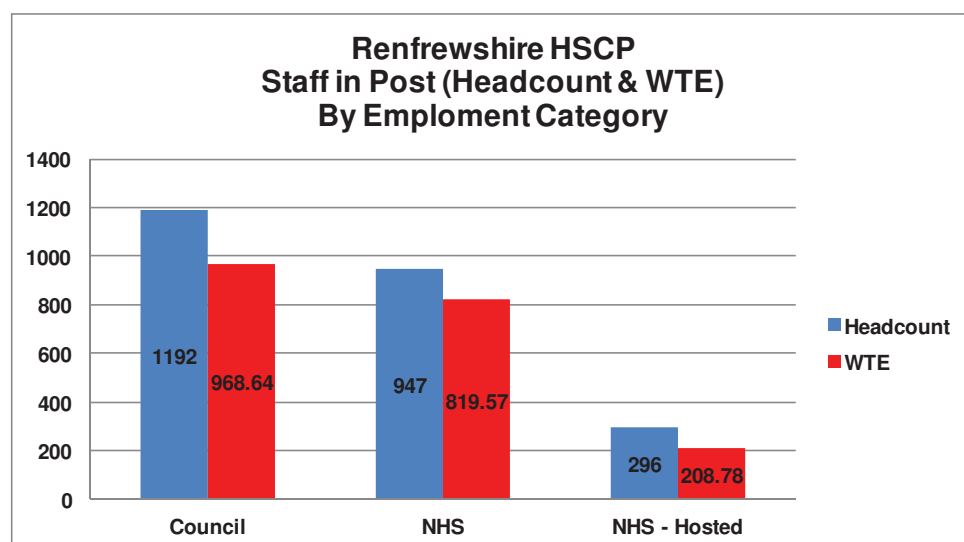
Section 3: Workforce Availability – Demographics

1. Current Workforce

- 1.1 All figures shown are as at December 2016 unless otherwise stated and includes staff cohorts for community Podiatry and Primary Care Support services, which Renfrewshire HSCP hosts on behalf of NHSGGC. Note that these figures do not include any vacant posts in the process of recruitment.
- 1.2 As at December 2016 the HSCP workforce comprised of 2,435 Headcount staff inputting almost 2,000 full time equivalents (FTE).



- 1.3 A breakdown of staff into their separate employing authorities (including hosted staff) is shown below by headcount and FTE.

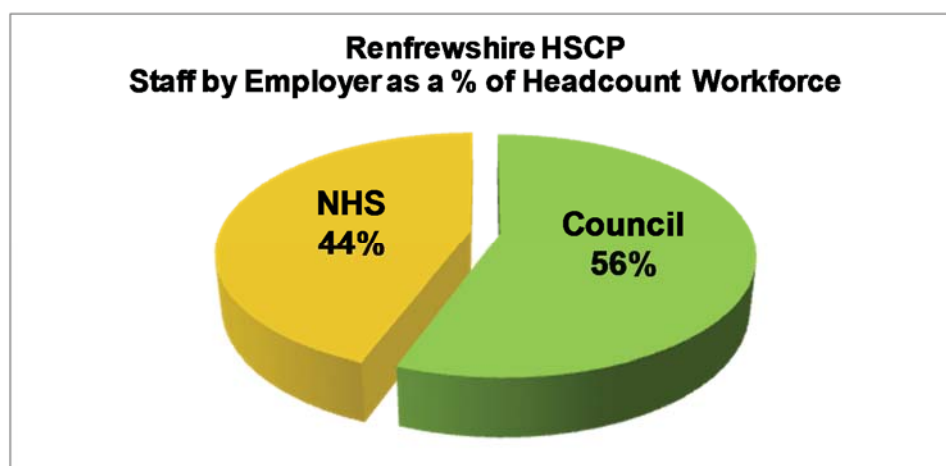


- 1.4 The table below shows the workforce broken down by employing authority and service area.

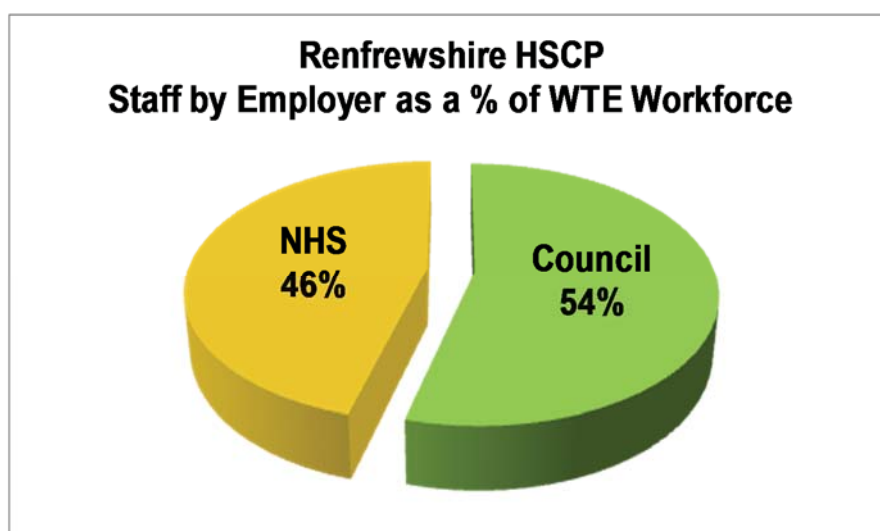
Renfrewshire HSCP				
WTE Staff in Post by Service area and Employer as at December 2016				
Service Area	Council	NHS	NHS - Hosted	Grand Total
Adult Services	924.85	455.90		1,347.63
Children's and Families Services		145.92		179.04
Health & Community Care Services	13.85	144.95		158.80
Business Support/Resources ***	29.94	72.60		102.53
Hosted - Primary Care Support Services		0.21	65.22	65.42
Hosted Podiatry Services			143.56	143.56
Grand Total	968.64	819.58	208.78	1,996.98

*** NB While this category is predominately comprised of administration staff it also includes staff of a variety of grades from Health Improvement; Service Improvement, Change and Organisational Development; Finance and Senior Management.

- 1.5 Please note that managerial posts are counted within Hosted Services but senior managerial (Executive) posts are grouped within Business Support/Resources service area. Further breakdown of this information will be provided in future updates of this document.
- 1.6 The largest current service area breakdown is Adult Services where 1347.63 FTE staff are deployed. This is followed by Health and Community Care Services which employs a workforce of 158.80 FTE. Business Support and Resourcing functions (including Administrative Support, Planning and Executive functions) account for 102.53 FTE.
- 1.7 For future iterations of the Workforce Plan, once the new Enterprise Resource Planning (ERP) system, Business World, is implemented within the Council, it is anticipated that a more detailed breakdown of the services areas will be available.
- 1.8 For the purposes of this plan hosted NHS staff will be excluded from further workforce demographic breakdowns as they will be part of their own workforce planning process.
- 1.9 When NHS hosted staff are excluded, Council employees make up 56% of the HSCP workforce by headcount.

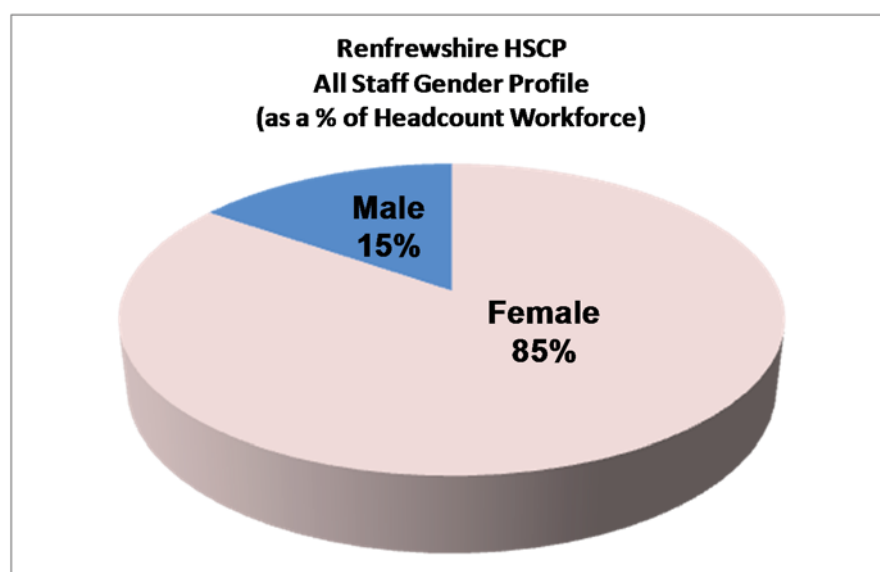


- 1.10 When the split by employing authority is shown as a whole time equivalent figure the Renfrewshire Council changes change slightly with NHS staff now making up 46% of the workforce compared to 54% for Council employees.



2. Gender Profile

- 2.1 The gender profile for the HSCP workforce shows that it is predominantly female.

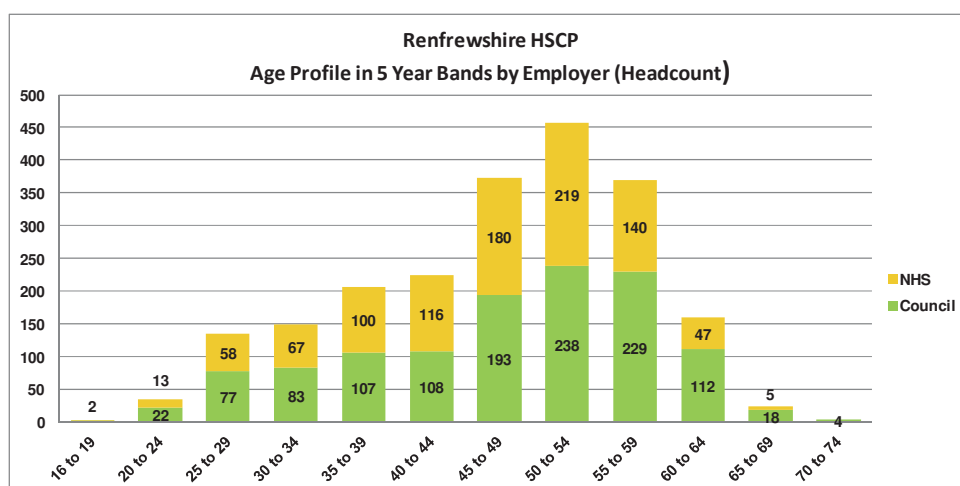


- 2.2 There is a minimal variance between the NHS and Council gender profile

- NHS – 84% Female and 16% Male
- Council – 86% Female and 14% Male

3. Age Profiles

- 3.1 The chart below shows the HSCP headcount workforce age profile in 5 year bandings.



3.2 The profile displays a number of workforce characteristics which are important in relation to our workforce planning processes:

- **47.3%** of the combined HSCP workforce is over 50 years old
- **50%** of the Council workforce are over 50 years old with the NHS figure at **43%**
- The largest age band falls between 50 and 54 years of age with significant numbers also falling in the 55 to 59 year old grouping.
- **8.7%** of the workforce are over 60 years old.
- Only **1.78%** of HSCP staff are under 24 years old and there are only 3 staff members under 20 years old.

3.3 When the age profile is further broken down into the different employing authorities it suggests that there is a greater tendency among council staff to work into their sixties and beyond.

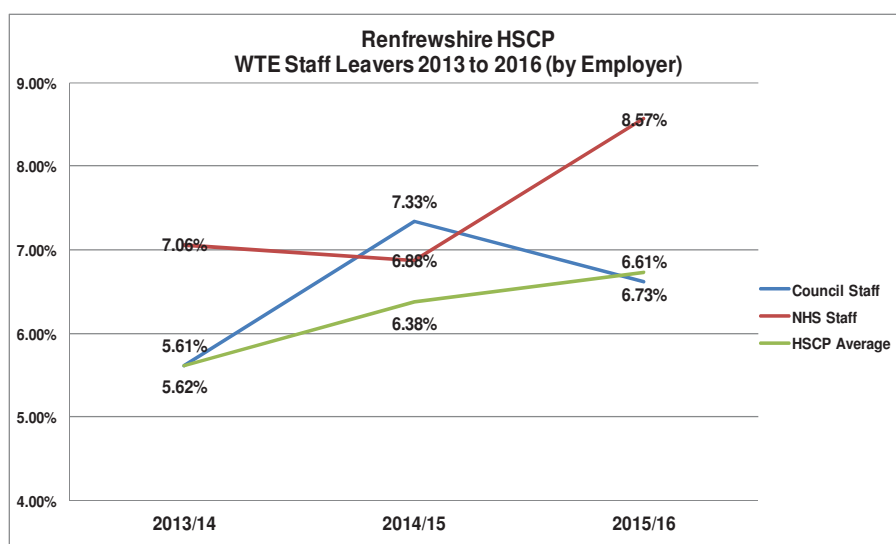
4. Leavers

4.1 For workforce planning purposes the Renfrewshire Workforce has been classified into three areas of retirement risk across the 5 year period 2017-2022 as follows.

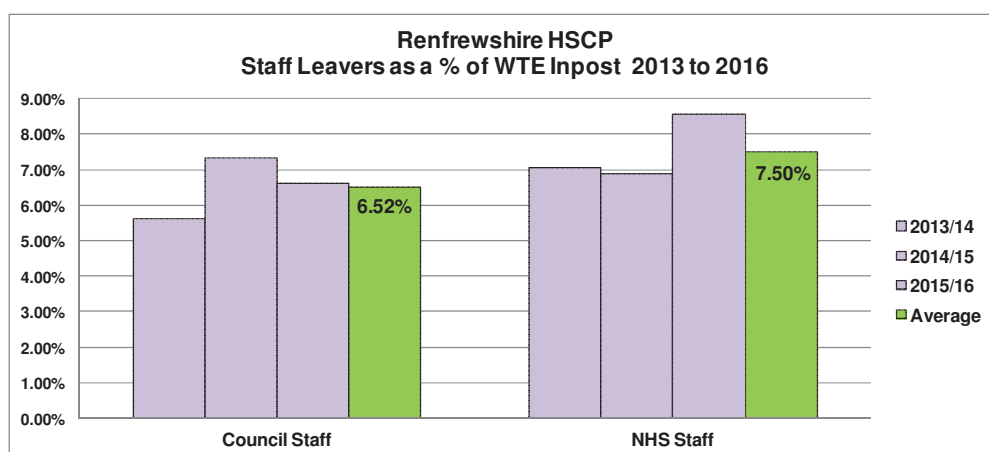
4.2 The number of whole time equivalent leavers noted in the last three financial years, 2013 to 2016 are noted in the table below.

Renfrewshire HSCP			
WTE Leavers by Employer 2013 to 2016			
Financial Year	Council Staff	NHS Staff	Grand Total
2013/14	59.62	57.90	117.51
2014/15	79.42	56.35	135.77
2015/16	75.96	70.23	146.19
Grand Total	214.99	184.48	399.47

4.3 Leavers' activity has been monitored on a monthly basis over the last 3 completed financial year's period and is shown on the line graph below.



- 4.4 The overall HSCP average trend displays an increase of circa 1% across the last three financial years. This is primarily explained by an increase in the level of NHS staff leavers during the 2015/16 financial year (an increase of almost 1.5% on previous year's figures).
- 4.5 The level of FTE Council staff leavers has been variable with an increase during financial year 2014/15 offset by a decrease during 2015/16.
- 4.6 Further analysis shows the average figures for Council and NHS across the 2013 to 2016 reference period.



- 4.7 The HSCP will continue to monitor leavers to establish if this represents a pattern of staff behaviour over a longer time period.

5. Reasons for Leaving

- 5.1 The primary reasons identified for staff leaving employment with Renfrewshire HSCP are resignation and retirement. The number of whole time equivalent resignations has remained constant over the reference period while there has been an increase in the numbers of retrials'. This pattern is consistent with the ageing workforce profile identified earlier in this plan.

- 5.2 The other reasons for leaving (fixed term contracts, dismissals, deaths and ill health) are more variable across the reference period however such variability would be expected within a normal workforce industrial relations environment.

Renfrewshire HSCP				
WTE Staff Leavers 2013 to 2016 by Reason for Leaving				
Reason for Leaving	2013/14	2014/15	2015/16	Grand Total
Resignation	59.12	61.47	61.18	181.78
Retirement	28.44	35.67	44.71	108.82
Dismissal	7.51	15.06	5.03	27.60
End of Fixed Term Contract	8.51	3.10	7.27	18.88
Death In Service	0.81	2.62	3.68	7.11
Ill Health	7.85	9.48	12.44	29.78
Grand Total	112.24	127.40	134.31	373.95

- 5.3 The table below shows the 2013 to 2016 leavers by reason for leaving and parent employing organisation.

Renfrewshire HSCP			
WTE Staff Leavers 2013 to 2016 by Reason for Leaving and Employer			
Reason for Leaving	Council Staff	NHS Staff	Grand Total
Resignation	102.75	79.03	181.78
Retirement	36.65	72.17	108.82
Dismissal	23.80	3.80	27.60
End of Fixed Term Contract	3.81	15.07	18.88
Death In Service	6.11	1.00	7.11
Ill Health	16.36	13.42	29.78
Grand Total	189.47	184.48	373.95

- 5.4 There are variations between parent employing bodies. Though resignations have been broadly in line with the relative sizes of each workforce the NHS has been subject to more age related retirements than the Council. Council employees are more likely to leave by reason of dismissal (conduct or capability) than their NHS counterparts.

6. Ageing Workforce

- 6.1 The HSCP has an ageing workforce and the Workforce Planning process has identified that the main risk to service delivery across the next 5 to 10 years is the impact of the workforce age profile.
- 6.2 The table below shows the number of staff aged over 55 by their service areas.

Renfrewshire HSCP			
Staff Aged Over 55 as a % of WTE Workforce (by Service Area)			
Service Area	Staff Aged Over 55 (WTE)	Service Area Workforce (WTE)	Over 55s as a % of In post WTE
Adult Services	363.04	1347.63	27%
Business Support/Resources***	26.11	102.53	25%
Children's and Families/Criminal Justice	39.61	179.04	22%
Health & Community Care	27.28	158.80	17%
Grand Total	456.05	1788.01	26%

*** NB While this category is predominately comprised of administration staff it also includes staff of a variety of grades from Health Improvement; Service Improvement, Change and Organisational Development; Finance and Senior Management.

- 6.3 When benchmarked over the last 3 full financial years the average age of Council staff on retiral is 64.2 years old and NHS staff 60.4 years old.

Renfrewshire HSCP				
Average Age at Retiral 2013 to 2016 by Employer				
Employer	2013/14	2014/15	2015/16	3 Year Average
Council	65.3	64.6	63.3	64.2
NHS	60.7	60.3	60.3	60.4

- 6.4 For workforce planning purposes the Renfrewshire HSCP Workforce has been classified into three areas of retiral risk across the 5 year period 2017-2022 as follows:
- Low Risk – all staff aged under 55 years old
 - Medium Risk – all HSCP staff aged between 55 and 59 years old plus NHS employed staff with “Special Class” Pension Status aged over 50 years old
 - High Risk – all HSCP Staff over 60 years old plus NHS staff with Mental Health Officer (MHO) Pension Status aged 50 or over.

Renfrewshire HSCP					
Risk of Retirals in the next 5 Years by Care Group as a % of WTE Workforce					
5 Year Retiral Risk Classification	Adult Services	Business Support/Resources	Childrens and Families/Criminal Justice	Health & Community Care	Grand Total
LOW	58%	68%	63%	69%	62%
MEDIUM	26%	15%	22%	18%	23%
HIGH	16%	17%	15%	12%	15%

- 6.5 The risk factors identified suggest similar impacts across most of our service areas (circa 15%) with Health & Community Care Services showing the lowest figure at 12%.

Mental Health Officer (MHO) status applies to certain groups of staff who were members of the SPPA NHS pension scheme prior to 1st April 1995 and is given in recognition of the nature of the difficult work undertaken by the staff member. It is important to note that the MHO ‘Status’ ascribed to NHS employees for pension

purposes is distinct and different from the Social Work Statutory MHO 'Role' described in section 9.7.

- 6.6 Nurses, midwives, health visitors, physiotherapists, nursing assistants/health care assistants and mental health officers in post before 1 April 1995 (collectively described as 'Special Class Status') have the right to retire from age 55 without a reduction to their pension provided that they are in current pension scheme membership.
- 6.7 Under the new 2015 pension scheme normal retiral age will increase in line with the state pension age for most NHS staff.
- 6.8 This means that most staff will see an increase in pension age from 66 years old as from October 2020 rising to 68 years old. However, some NHS staff within 10 years of current normal pension age are included in protection of pension arrangements in their existing scheme (which covers staff aged 45 years or over who have Mental Health Officer status).
- 6.9 Recent changes to the NHS pension scheme have introduced a protected period of 10 years for staff affected by these changes which will end in 2022. This effectively means that existing MHO status staff within 10 years of their normal retiral age of 55 will continue to accrue pension benefits as normal until 2022.
- 6.10 Staff with MHO status remaining in the workforce beyond this will be required to comply with the retirement arrangements under the new scheme (including retiral age) and would potentially suffer detriment in relation to the age they are able to retire (i.e. they would lose the ability to retire at 55 and require to work until 67 years of age).
- 6.11 Given this, it is the Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are highly likely to do so.
- 6.12 90 (83.73 FTE) of the HSCPs Mental Health/Addictions & LD Services workforce have MHO status. 69 staff (64.3FTE) will reach 55 years of age by 2022 (i.e. the end of the pension protection period). 53 staff (48.7 FTE) working within this service area are/will be eligible to retire by the end of 2020. This highlights a specific workforce planning challenge for these services.

7. Service Redesign

- 7.1 The current profile of our workforce presents opportunities as well as risks.
- 7.2 While this document has classed the potential staff retirements as a risk to service delivery it must also be noted that the resources which may be released by increased turnover of staff could also present opportunities for the redesign of existing team structures to create increased capacity under new integrated health and social care arrangement.
- 7.3 At this time it is unclear how the workforce will 'respond' to continued employment. Staff may choose to work longer due to the impact of external factors (e.g. changes to pensions). They may also wish to adopt more flexible working patterns to reflect possible increased caring needs.
- 7.4 It is also important to note that as the workforce ages there may be a requirement for increased redeployment due to health reasons as staff become less able to perform "physically demanding" duties.
- 7.5 We will continue to monitor age profiles and retiral trends across the workforce to inform future need.

8. Projected Replacement Needs

- 8.1 Using the average in post staffing figures across 2013 to 2016 benchmarked against numbers of staff leaving identifies an annual leaver rate of 7.5% for NHS staff and 6.5% for council employees across the last three year reference period. Note that as detailed previously this figure excludes staff employed in hosted services.

Renfrewshire HSCP			
Projected WTE Replacement Need 2017/18 by Service Area			
Service Area	Council	NHS	Grand Total
Adult Services	57.96	34.19	92.16
Children's and Families/Criminal Justice	2.15	10.94	13.10
Health & Community Care Services	0.90	10.87	11.77
Business Support/Resources***	1.95	5.44	7.39
Grand Total	62.96	61.45	124.41

*** NB While this category is predominately comprised of administration staff it also includes staff of a variety of grades from Health Improvement; Service Improvement, Change and Organisational Development; Finance and Senior Management.

- 8.2 Using these figures as an indicative guide table projects an annual leavers figure of approximately circa 125 FTE across the next full financial year.

9. Specific Service Challenges

Care at Home

- 9.1 The Care at Home workforce is predominantly female and mostly over 50 years of age. The hours are typically 25 hours per week although some staff work 35 hours. There may be a requirement to revisit shifts and working patterns in the service to ensure the most effective cover at the busiest times of day, for example, getting up in the morning, lunch, dinner time and bed time. However, also required is a focus on recruitment and retention, and the provision of shifts and working patterns which are attractive to the existing and potential workforce.

Residential Home Care and Day Care Centres

- 9.2 Residential Home Care and Day Care Centres have a predominantly female workforce, with the majority of staff over 50 years old. The demographic profile of the workforce can lead to availability issues because of sickness absence rates due to age related illnesses and illnesses related to the job, such as, musculoskeletal and mental health conditions. Turnover is high in Residential, however stable in Day Care, the reason thought to be because of the smaller close knit workforce.

Mental Health, Addictions and Learning Disabilities

- 9.3 The average age of Mental Health employees (excluding Medics) is approximately 48 years old, while for Medics it is approximately 51 years old. The population of Managers/Team Leaders in this section are aged 40 years plus on average, and the Psychotherapists who can take 10 years to fully train for their role also have an older

age profile. Therefore, a significant number of the specialist workforce may be eligible for retirement in the coming years, impacting on workforce availability.

District Nursing

- 9.4 There are current challenges in recruiting to the Band 6 District Nurse role, which is also a GG&C and Scotland wide challenge, in part due to disinvestment in training for a number of years, and the ageing workforce profile. Coupled with increasing age and complexity of patients referred to the service, this has significant impact.
- 9.5 We have a succession plan in place to support staff to undertake SpQ Advanced Practice in District Nursing; however, this attracts minimal numbers of staff currently as we have a large number of relatively newly qualified staff who do not meet the criteria.
- 9.6 It has also become evident that Renfrewshire District Nurses carry higher patient numbers than comparable HSCP's; with commensurate higher levels of intervention. These elements are being scrutinised to address any measures to assist i.e. patients with diabetes and Care Home residents.

Mental Health Officers (MHO) Service.

- 9.7 A Mental Health Officer (MHO) is a social worker who has special training and experience in working with people who have a mental illness or related condition. They have a unique role in supporting and protecting people vulnerable because of mental disorder. MHOs are involved in the assessment of individuals experiencing mental disorder who may need compulsory measures of care, treatment, or detention. Their duties include:
- Protecting health, safety, finances and property
 - Safeguarding rights and freedom
 - Duties of the Court
 - Public protection in relation to mentally ill offenders
- 9.8 In Renfrewshire, we have developed a Mental Health Officer (MHO) Service that provides a responsive service to requests for detentions under the Mental Health Act and ensures that individuals who are subject to detention receive information and advice regarding their legal rights of appeal and access to advocacy services. The MHO Service has robust processes in place to ensure new legislative requirements are met, specialist input is provided, and that advice, support and training is provided where necessary.
- 9.9 The main demands on the MHO service are:
- Requests for consent to detentions under the Mental Health Act
 - MHO reports required to support applications under the Adults with Incapacity Act
 - Attendance at Mental Health Tribunals
 - Provision of social circumstances reports and other court related matters such as applications for warrants and removal orders
 - Supervision of Restricted Patients
 - Input to Multi Agency Public Protection Arrangements (MAPPA); Adult Protection Case Conferences; and Care Programme Approach.

- 9.10 Considerable investment has already been made in the MHO service to increase the numbers of qualified staff available to undertake statutory work. However, demand for MHO services continues to increase year on year, placing considerable additional pressure on this service. The introduction of the 2015 Mental Health Act (expected Summer 2017) will add further responsibilities to the MHO role and will place greater pressures on the MHO service that will require to be met by increasing the number of MHOs available.

Primary Care Independent Contractors

- 9.11 There are approximately 120 GPs in practices in Renfrewshire. Of these, 16% are aged 55-64, with a further 40% aged 45-54. There is therefore an assumption of significant numbers of retirements over the coming years. Note this will be further updated based on results of local GP workforce survey (currently being undertaken)
- 9.12 In the past 10 years the GP headcount in Scotland has risen from 4,598 in 2006 to 4,913 in 2016 (ISD Scotland data). This represents an increase of 7% in headcount but this does not necessarily correlate with an increase in FTE GPs - anecdotal evidence points to a reduction in clinical sessions provided by more recently qualified GPs as well as those struggling to manage the increasing workload in primary care. This is against a backdrop of significantly increased demand and consultation rates over a similar period: a study by the Kings Fund into General Practice in England estimated that face to face consultations increased by 13% whilst telephone consultations increased by 63% in the 3 year period from 2010/11 to 2013/14.
- 9.13 In addition the demographic makeup of the GP workforce is changing; 58% of the workforce in 2016 was female, compared to 48% a decade earlier. A 2015 BMA survey highlighted the fact that one third of GPs in Scotland plan to retire in the next 5 years with an additional 14% planning to move to part time working. In Scotland the salaried GP workforce has more than doubled in the past decade – increasing from 8% to 16% of the total workforce - whilst in England more than 26% of GPs are salaried. This suggests a shift away from the previously predominantly GP partner workforce to a more diverse and sessional one.

GP Workforce within GG&C context

- 9.14 As of January 2017 the total headcount (not FTE) GPs registered with the GGC Performer's list was 1,228. The breakdown by role and HSCP, alongside calculated population per GP, is outlined in the table below. There are currently 118 GP partners and 6 salaried GPs in practices in Renfrewshire. Of these, 16% are aged 55-64, with a further 40% aged 45-54. This suggests a significant retirement bulge in the coming years.

HSCP area	List Size	GP partners	Salaried GPs	Total GPs	Patients per GP	Least doctored
S Glasgow	267,033	170	64	493	1,418	4
NE Glasgow	210,534	117	(Glasgow City)	(Glasgow City)	(Glasgow City)	(Glasgow City)
NW Glasgow	221,672	142				
E Dunbartonshire	106,093	64	7	71	1,494	2
W Dunbartonshire	96,387	66	7	73	1,321	5
Inverclyde	82,060	61	3	64	1,282	6
E Renfrewshire	94,841	53	9	62	1,530	1
Renfrewshire	180,666	118	6	124	1,457	3
ALL HSCPs	1,259,286	791	96	887	1,420	N/A

- 9.15 The average registered population per GP across GGC of 1,420 compares to a national average of 1,154 (based on January 2017 figures of total registered list size of 5.67 million and 4,913 GPs nationally). Renfrewshire has the 3rd highest registered population per GP across GGC. Due to the lack of information about FTE GP numbers this is the best proxy measure for assessing whether GGC is 'under doctored' compared to other parts of the country.
- 9.16 Glasgow LMC has reported that 13.9% of GP practices surveyed across GGC in December 2016 reported at least one GP vacancy. They also report that 41 practices reported having been unable to secure locum cover in the 4 weeks prior to the survey with 3 practices having had a period of over 7 days in the preceding 4 weeks where no locum cover could be found.
- 9.17 Despite the Scottish Government's 'golden hello' scheme – offering between £7,500 and £12,500 for GPs taking up a substantive post in practices in deprived areas – a number of Renfrewshire surgeries have reported struggling to fill vacancies. There is, however, a lack of information regarding how many practices are carrying vacancies and how many GPs are likely to retire locally in the coming months or years – making workforce planning & support challenging at present.

Section 4: Service Priorities

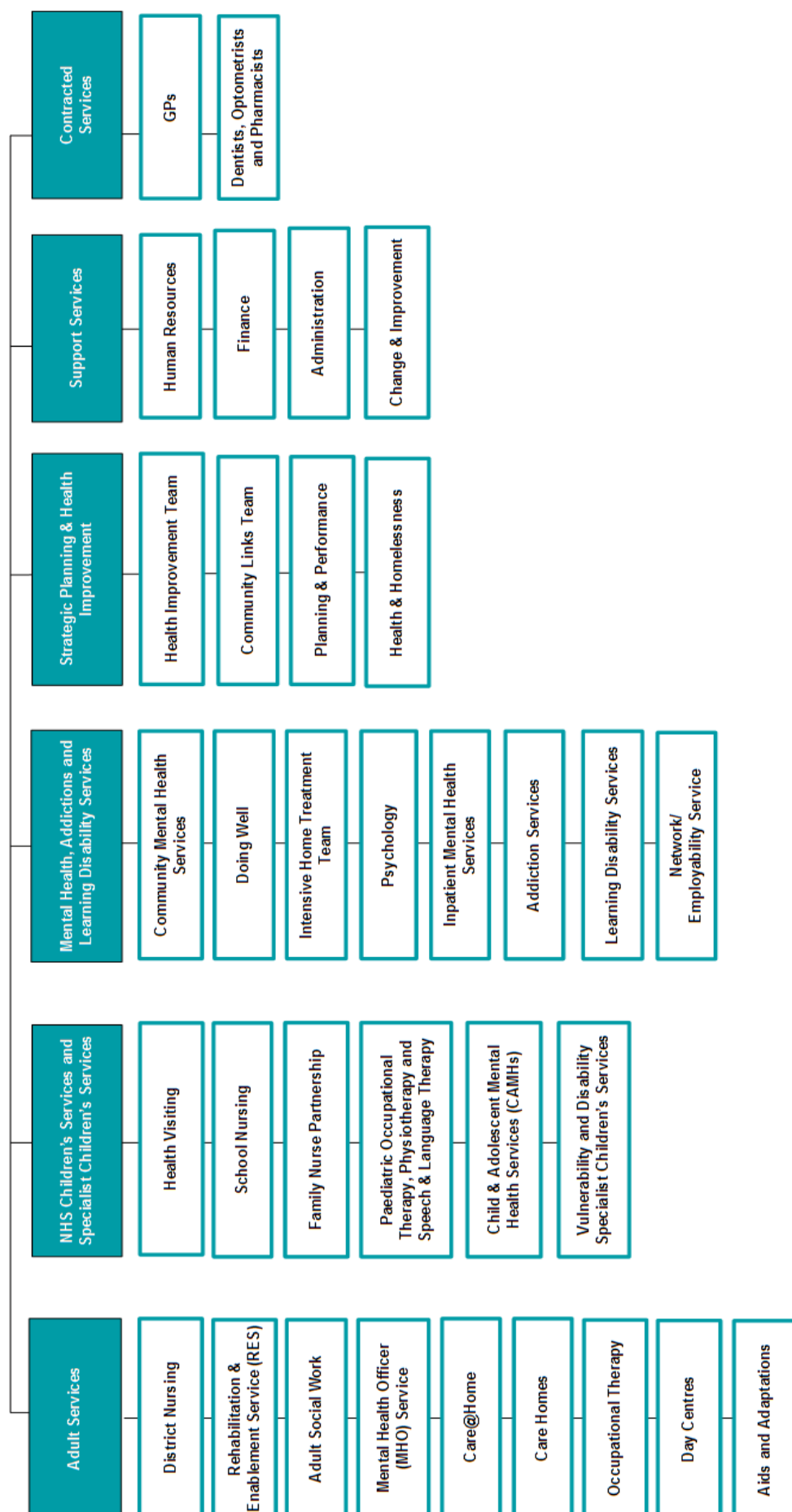
1. Service Areas

1.1 This Section sets out the specific priorities and challenges in relation to our workforce for each HSCP service area.

1.2 These service areas are set out in the diagram overleaf, namely:

- Adult Services
- NHS Children's Services and Specialist Children's Services
- Mental Health, Addictions and Learning Disability Service
- Strategic Planning and Health Improvement
- Support Services
- Contracted Services
- Hosted Services

Diagram 1: HSCP Service Areas



2. Adult Services

Focus of Activity

- 2.1 The Heads of Service for our two localities manage a substantial and broad range of NHS and Council staff that provide assessment and intervention for adults over the age of 16 years. The Locality services consist of a number of discrete services (including Care at Home, District Nursing, Rehabilitation, Mental Health Officer, Adult Protection) and professional and paraprofessional roles (Social Worker, Nurse, AHP, Adult services co-ordinator, social care worker) roles. These services and roles are coordinated and collaborate to provide a matrix of support in order to meet the national outcomes such as ensuring people are safe, and are supported to live independently at home or in a homely setting.

Workforce Capacity

- 2.2 The most significant challenge facing services is their capacity to meet demand within the constraints of the available resource. In particular the need to meet the growing volume and complexity of needs of an older population will require more assessments to be completed and more services to be provided. Alongside this fact is the policy drive to maintain people at home or in a homely setting which requires investment in community services to achieve the goal.
- 2.3 Over recent years there has been some investment in community services from the Change Fund, now known as the Integrated Care Fund (ICF), which has improved performance with delayed discharge and the avoidance of admission to hospital by investing in community nursing, rehabilitation and re-ablement services in line with the policy aims. The Council has also responded positively to the increased demand by investing substantially in the Care at Home service over several years. However there has been no release of resource from Acute Service as the increased demand for hospital beds has absorbed all of the capacity that has been realised from these work streams. Sustaining this performance into the future without further investment in community services will be problematic.
- 2.4 Whilst there will always be opportunity to review and remodel services to changing circumstances, it should be noted that there has already been significant redevelopment work completed for example establishing the Care at Home re-ablement services, outsourcing service and taking forward skill mix reviews which have allowed service to deliver efficiencies and manage demand. The scope to find further significant efficiencies is diminishing.
- 2.5 There are also capacity challenges in relation to statutory work associated with the trio of Acts associated with Adult Protection as the volume of work continues to rise. There was a modest investment on Social Worker and MHO posts using additional resources provided by the Scottish Government when the Adult protection Act came into effect in 2008. A further 3 MHO posts were created using the Change Fund in 2012 and a further 3 Social Worker posts were funded in Council's 2016/17 budget. However the demand has absorbed the capacity of these investments and demand continues on an upward trend indicating a need to ensure that qualified Social Workers are focused on these most complex areas of work with the consequence that more everyday care management tasks are directed to other job roles. This has influenced the HSCP's decision to invest in para professional posts to undertake assessment and care management roles with less complex circumstance and where personal budgets are primarily directed towards care at home and day care services interventions

Recruitment and Retention Challenges

- 2.6 There are a range of challenges to be addressed arising from the fact that Health and Care has growing demands to secure a larger share of working age adults and there is competition both within the sector (across HSCP's; within the NHS; with the independent a sector) and with other areas of the employment market (retail, leisure).
- 2.7 Social Care Posts: The largest components of the HSCP's workforce are social care workers who work within Care at Home, Care Homes and Day centres. As noted there is increased demand for these roles in care at home whilst the demand in care homes and day care is relatively static. The introduction of the living wage has helped to improve the pay of this element of the workforce, however it has not helped particularly with making the role in Renfrewshire more attractive as the HSCP is still in competition with other living wage employers in the same employment sector as well as those out with where arguably the task is less complex and requires fewer conditions to employment (PVG, SSC registration). The partnership has adopted an improvement approach to this issue to both increase the profile of social care roles and be more pro-active in its efforts to attract and retain staff.
- 2.8 Specialist Roles: There are similar challenges with the specialist role of Band 6 District Nurse and Mental Health Officer. Both of these roles require experienced practitioners (Nurse and Social Worker respectively) to undertake additional Masters level training. In both service areas there is risk associated with the age profile of the workforce and the ability to replace people who retire or leave for other reasons. This is as much a national as a local issue. Replacement is dependent upon practitioner's willingness to progress to these roles, funding for training being available and there being sufficient training places at the Universities. The services have been active in managing the local pressures for example our stand alone MHO team is seen as an attractive service to work in and we have successfully recruited when we increase the size of the team. However, the dispersed MHO numbers remain static as these practitioners are promoted or are drawn from the generic to specialist MHO teams. In both of these service areas successions planning and growth will need to be considered going forward.

Succession Planning

- 2.9 Strong leadership and effective management at the first line manager level are essential for delivering quality services and meeting outcomes. The DN Band 6 challenge is illustrative of some of challenges of replacing key roles. Across a range of promoted post there is often a poor response to vacancy adverts. Not everyone is attracted to specialist or promoted posts and even those who are can be hesitant to move from a role they are comfortable with and perform well in to take on the responsibility of leading a team or providing professional leadership which require a different skill set. The workforce plan will strengthen the HSCP's approach to talent spotting, succession planning and supporting new leaders to optimise the appeal of these posts to those most able to lead the service in the future. In relation to retiral rates, there is scope to offer those retiring part-time positions, to retain experience within the workforce.

Resilience

- 2.10 There are a number of service areas, particularly AHP roles, where the service is small in scale and/or where activity level is high where risk emerges whenever they staffing levels are anything other than optimal (e.g. through vacancies, maternity leave, long term absence). Waiting lists and times quickly increase and take time to

recover once staffing levels are restored. This is associated with the capacity issue noted above and will require managers to be active in addressing the prevailing issues as they arise and also to consider opportunities to redesign services to manage demand.

- 2.11 Similar issues are experienced across the wider range of health and social care services including Child & Family, Mental Health, Addictions and Learning Disability Services.

Development Challenges

- 2.12 As well as succession planning there are a number of personal and organisational development challenges for the locality services. One particular issue is the imminent registration of the care at home workforce with the SSSC. All carers will have to hold or work towards attaining relevant qualifications. This will be a considerable personal endeavour for the workforce and will make significant demands on the organisation. Previous tranches of registration have shown that some existing and very competent employees will need a lot of support to secure the relevant qualifications. A further concern is that this additional “test” will further discourage potential recruits. It will be important that we support this staff group in securing registration and also take time to consider the development of an improved career pathway and other incentives to ensure the role stands out as a positive opportunity in a competitive market place.
- 2.13 Working within an integrated organisational model, continues to highlight both opportunities and challenges for the different professional groups within locality services. Within the localities there is work under way to scope out and capitalise on the opportunities to unlock the benefits of integration to improve the Adults experience of using services, to engage better with referrers and other partners and to release capacity within the existing workforce resource. For existing staff this work will requires them to change and give up previous ways of working and for some there is an element of loss and even threat inherent to this. The challenge for the HSCP is to make the most of the opportunities whilst ensuring that professional identity is preserved and that professional expertise is utilised to achieve the maximum impact. There will be a need to maintain the engagement with professional leads and the staff partnership Forum and through forums such as team meetings and the Leadership Network to engage with practitioners, their professional leads to move this element of the work forward in a structured and purposeful way that encourages participation and buy in from all levels of the workforce.

Key Workforce Priorities and Actions

- Explore opportunities to reinvest resources from elsewhere in the system (such as unscheduled care) to increase the capacity of locality based services with the aim to provide more support for people to live longer in their own home or community.
- Review and develop the recruitment strategy for key posts such as social care workers, specialist roles such as DN’s and MHO’s and first line managers. As part of this, to review the career pathway and incentivising of care at home staff.
- Continue the programmes of work which set out to streamline business processes and redesign delivery models to capitalise on the benefits of integration and to release capacity to manage increasing demand levels. In doing so to ensure effective engagement with practitioners and professional groups.
- Invest in a programme of activity to support the registration of the Care at Home workforce over the next 3-5 years.

- Develop proposals to increase the resilience of particular services including SLT, Dieticians, and Physiotherapy.
- Conduct Service Needs Analysis to determine if Advanced Nurse Practitioners could be developed to provide an expert level of clinical assessment and treatment planning for our population with a potential resultant pressure on GPs.

3. Children's Services

Focus of Activity

- 3.1 Children's Services consist of a number of services including Health Visiting, delivering on the universal pathway for pre-school children, School Nursing and more specialist service provision such as Paediatric services including child development, vulnerability and disability pathways and Child & Adolescent Mental Health Services (CAMHs). These services are delivered by range of professionals including nurses, psychologists, medical staff, occupational therapists (OT), physiotherapists, speech and language therapists (SLT). Children services programmes are planned on a GGC boardwide basis and Medical staff (paediatricians and psychiatrists) are managed boardwide.
- 3.2 There is also a Family Nurse Partnership (FNP) team hosted by Renfrewshire and serving Renfrewshire, East Renfrewshire and Inverclyde populations. FNP is an early intervention licensed home visiting programme offered to young mothers and their families under 19 years and having their first baby. The Family Nurse also delivers the components of the universal health visiting pathway until the child is 2 years old. The programme is funded directly by Scottish Government and a service level agreement in place for delivery of the programme until 2020. The Family Nurses come from a variety of professional backgrounds including health visiting and midwifery and have completed further training at an advanced level to equip them for delivery of the programme.

Workforce Capacity

- 3.3 In 2015 the Scottish Government announced development in the health visiting workforce and the intention through the investment of £20 million across Scotland over a 4 year period to create an additional 500 FTE health visitors (200 for NHS GGC).
- 3.4 The majority of this investment was allocated to achieve the requirements of the Revised Universal Pathway and Children and Young People (Scotland) Act 2014. This required significant planning to support access to the health visiting course and coordination of releasing Band 5 staff where appropriate whilst continuing to deliver safe and effective services. The planning and implementation of this 4 year workforce plan has been project managed as a whole system.
- 3.5 In Renfrewshire this means an additional 19.4 FTE trained Health visitors by 2020. There has also been additional investment of 6.6 FTE band 7 supervisory and leadership positions to deliver on 1:10 supervisory ratio and ensure adequate practise teacher support for student HV placements. Whilst there has been significant investment in these posts to deliver on the universal pathway there requires to be a reduction in the Band 5 workforce by 9.0 FTE resulting in the total new investment of 17.0 FTE additional staff by 2020.
- 3.6 A National review of School Aged Children is currently underway in response to CEL 13 (2013) and the resulting change in policy and the future focus of public health nursing. A report is due to report to Scottish Executive Nurse Directors (SEND) March 2017.
- 3.7 There has been no access to school nursing post registration qualification for a number of years and this has resulted in none of the Renfrewshire workforce having completed a school nursing qualification. A number of existing school nursing staff have opted to access health visitor training.

- 3.8 There has recently been significant investment and / or redesign of Services across NHSGGC which have effectively reduced activities for School Aged Children. These include, for example, Enuresis / Encopresis Services, Thyroid Screening by Specialist Services and School Aged Children Immunisation Teams. Other partnerships across NHSGGC are currently involved in a review of NHS School aged children service. In Renfrewshire there is a requirement to agree core school nurse activities and consider opportunities for skill mix and other agency involvement in the delivery of services to meet the health care needs of school aged children.
- 3.9 70% of the school nursing team currently work term time which means we have limited capacity during school holidays to be responsive to the healthcare needs of school age children.
- 3.10 Across specialist children services a resource allocation model has been agreed for all disciplines and whilst operationally managed in Renfrewshire planning of service provision is undertaken on an NHSGGC wide basis. The exception to this is the SLT workforce who are also receive funding by Renfrewshire Council education services and the workforce associated with this is determined by the funding and agreed outcomes.

Recruitment and Retention Challenges

- 3.11 There have been significant challenges associated with recruitment and retention of Band 7 psychology posts, usually associated with newly qualified clinical psychologists who then quickly move on to higher banded positions in the CAMHS service. It is understood this is not unique to CAMHS but a wider psychology issue.
- 3.12 With such investment across Scotland in the Health Visiting workforce we are experiencing some recruitment and retention issues among the workforce at present due to the number and choice of locations associated with these posts.

Succession Planning

- 3.13 The Health Visiting investment over a 4 year period has resulted in a robust and coordinated approach to succession planning. There has been further investment in leadership/ management posts in keeping with the overall NHSGGC health visiting workforce plan.
- 3.14 Children's Services have maintained a robust approach to supporting leadership through KSF and personal development planning.

Development Challenges

- 3.15 The HSCP needs to continue with developmental work across children service teams and ensure robust joint working with Renfrewshire Council Children's Services department and full engagement with NHSGGC and local workstreams associated with implementation of the revised universal pathway and the Children and young people (Scotland) Act.

Key Workforce Priorities and Actions

- Continue to implement the NHSGGC health visiting workforce model.

- Agree core school nurse activities and consider opportunities for skill mix and other agency involvement in the delivery of services to meet the health care needs of school aged children.
- Continue the programmes of work which set out to streamline business processes and redesign delivery models.
- Develop proposals to increase the resilience of particular services including SLT and Psychology.

4. Mental Health, Addictions and Learning Disability Services

Focus of Activity

- 4.1 The Head of Service for these services manages a wide range of NHS and Council staff who provide assessment, intervention and support for adults over the age of 16 years. These discrete services, including Community Mental Health, In-patient Mental Health, Older Peoples Mental Health Services, Learning Disability Day Centres, Torley Unit, Integrated Alcohol Team, Renfrewshire Drug Service and both adult and addiction Liaison services, face a number of competing challenges in supporting the population of Renfrewshire. Within these services there are a number of roles including Nurses, Social Workers, Allied Health Professionals (AHPs), Professional Nurse Advisors, Medical, Health Care and Social Care Support Workers.
- 4.2 These services and roles are co-ordinated and collaborate to provide a matrix of support in order to meet the national outcomes such as ensuring people are safe, and are supported to live independently at home or in a safe and caring setting.
- 4.3 It is estimated that 1 in 4 adults in the UK each year will experience a mental health disorder and this may also change over time in response to different life stages or challenges. The prevalence of mental health conditions is much higher amongst people with learning disabilities than amongst the rest of the population.
- 4.4 Furthermore, people with learning disabilities are at greater risk of developing dementia, which tends to develop at a much younger age and also physical conditions, such as, epilepsy, sensory impairment and respiratory disorder have been shown to be more common in people with learning disabilities. There is also a strong link between mental health conditions, such as, depression and the over consumption of alcohol.

Workforce Capacity

- 4.5 Some of the key workforce demands on the respective services within Mental Health, Addictions and Learning Disabilities are detailed below.

Addictions

- 4.6 Increasing referral levels, which currently stand at approximately 700 per year, drive the demand in this. There is an Alcohol and Drug Partnership funding deficit for Renfrewshire which will impact on front line service provision.

Renfrewshire Learning Disability Service

- 4.7 It can be difficult to categorise cases accurately as there are number of referrals that could be defined as being related to Learning Disabilities that may better fit or overlap with the work of other HSCP services. There is also a need to meet more stringent SSSC requirements. A significant amount of time is spent on contract and commissioning work and specific Officers deal with this area.
- 4.8 It can be difficult to get “overall control” of the workforce due to there being a mix of NHS and Council employees and different terms with conditions of employment, including hours and public holidays. Within the section there are 7 NHS employees who are protected by the relevant NHS Displacement Policy, which can provide availability challenges.

- 4.9 As a result of SDS, some employees are being privately employed as Personal Assistants at weekends and on days off, by or on behalf of the service user's family. This reduces the flexibility and availability of the workforce, but also can impact on the resilience of employees in an already demanding role.
- 4.10 Day Centre Managers are registered with the SSSC, which means that any related skill/qualification requirements do not extend to the Day Centre employees. This is a significant issue given the future more complex needs of service users. There is also an impact on succession planning and the recruitment process. The section often experiences high responses to job adverts, with many applicants not having the relevant skills and experiences. The Community Team have been through a re-design fairly recently which is hopefully making best use of workforce availability.

Community Mental Health

- 4.11 The availability of NHS employed Mental Health Officers is impacted on by the pension regulations which allow some Mental Health Officers special status to retire on full benefits from 55 years old.
- 4.12 The two Community Mental Health Teams are facing increasing referrals, activity and have significant issues retaining social work staff due to difference in payment grades from other HSCP areas. Health staff are under significant pressure to meet national heat targets which impact on staff deployment, resources and availability.
- 4.13 Across all disciplines recruitment and retention can be difficult due to increased workload, increased demand, reducing resources and skill mix
- 4.14 Primary Care Mental Health Team referrals have increased following the ability for clients to self-referral and this is impacting on waiting times

Adult Mental Health

- 4.15 There is significant pressure on our in-patient beds across all areas, linked in part to the patients requiring longer periods in hospital as a result of significant mental illness and the lack of suitable and appropriate supported accommodation options to provide care and treatment in the community.
- 4.16 As a result of this nursing observation levels are a significant cost pressure for all areas due to funding of appropriate staffing levels to meet the service activity and demands.

Recruitment and Retention Challenges

- 4.17 Within our NHS employed Mental Health/Addictions/Learning Disability Services workforce the issue of the ageing workforce is exacerbated by two additional factors:
- Mental Health Officer (MHO) status which allows some staff members to retire at age 55 years with full pension benefits;
 - Changes to NHS pension provision.
- 4.18 MHO status applies to certain groups of staff who were members of the pension scheme prior to 1st April 1995 and is given in recognition of the nature of the difficult work undertaken by the staff member.
- 4.19 Nurses, Midwives, Health Visitors, Physiotherapists and Mental Health officers in post before 1 April 1995 (collectively described as 'Special Class Status') have the right to

retire from age 55 without a reduction to their pension provided that they are in or have been in current membership for five years up to retirement.

- 4.20 MHO status affords NHS employed staff an earlier Normal Pension Age (NPA) of 55 rather than the age 60 NPA for other members and all completed years service beyond 20 years are doubled for pensionable purposes meaning staff can reach 40 years pensionable service after 30 years reckonable NHS employment with MHO status.
- 4.21 Under the new 2015 Pension scheme normal retiral age will increase in line with the state pension age for most NHS staff.
- 4.22 This means that most staff will see an increase in pension age from 66 years old as from October 2020 rising to 68 years old. However, some NHS staff within 10 years of current normal pension age are included in a protection scheme (which covers staff aged 45 years or over who have Mental Health Officer status).
- 4.23 Recent changes to the NHS pension scheme have introduced a protected period of 10 years for staff affected by these changes which will end in 2022. This effectively means that existing MHO staff within 10 years of their normal retiral age of 55 will continue to accrue pension benefits as normal until 2022.
- 4.24 Staff with MHO status remaining in the workforce beyond this will be required to comply with the retirement arrangements under the new scheme (including retiral age) and would potentially suffer detriment in relation to the age they are able to retire (i.e. they would lose the ability to retire at 55 and require to work until 67 years of age).
- 4.25 Given this, it is the Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are highly likely to do so.
- 4.26 90 (83.73 FTE) of the HSCPs Mental Health/Addictions & LD Services workforce have MHO status. 69 staff (64.3FTE) will reach 55 years of age by 2022 (i.e. the end of the pension protection period).53 staff (48.7 FTE) working within this service area are/will be eligible to retire by the end of 2020.

Succession Planning

- 4.27 The average age of Mental Health employees (excluding Medics) is approximately 48 years old, while for Medics it is approximately 51 years old. The population of Managers/Team Leaders in this section are aged 40 years plus on average, and the Psychotherapists who can take 10 years to fully train for their role also have an older age profile. Therefore, a significant number of the specialist workforce may be eligible for retirement in the coming years, impacting on workforce availability.

Development Challenges

- 4.28 As well as succession planning there are a number of personal and organisational development challenges for Mental Health, learning disability and addiction services. It is essential to maintain staff development and training within the existing demands to the service.
- 4.29 Working within an integrated organisational model, continues to highlight both opportunities and challenges for the different professional groups within locality services. Within the localities there is work under way to scope out and capitalise on the opportunities to unlock the benefits of integration to improve the Adults experience of using services, to engage better with referrers and other partners and to release

capacity within the existing workforce resource. For existing staff this work will requires them to change and give up previous ways of working and for some there is an element of loss and even threat inherent to this. The challenge for the HSCP is to make the most of the opportunities whilst ensuring that professional identity is preserved and that professional expertise is utilised to achieve the maximum impact. There will be a need to maintain the engagement with professional leads and the Staff Partnership Forum and through forums such as team meetings and the Leadership Network to engage with practitioners and their professional leads to move this element of the work forward in a structured and purposeful way that encourages participation and buy in from all levels of the workforce.

Key Workforce Priorities and Actions

- A Whole System Review of Addiction Services to include reviewing demand and capacity and also appropriate skill mix to support service needs.
- Continue with succession planning for staff who can retire at 55 years of age with Mental Health Officer status ensuring appropriate skills are deployed within the services.
- Continue to review observation levels within the clinical area as demands are increasing. Ensuring safe staffing levels with the appropriate skill mix to support the observation.

5. Health Improvement

- 5.1 Our specialist health improvement workforce support the HSCP aims of preventing ill health and early intervention. In a few areas, they deliver health improvement activity, but their role is more about working with the wider public health resource both inside and outside the HSCP. They are able to draw on current research and literature to support health practitioners and partners to promote wellbeing and self-care.

Challenges

- 5.2 The team is funded through recurring and non-recurring money, making it challenging to plan ahead and deliver a consistent service. The workforce tends to be mobile and flexible, moving to areas which can offer permanent contracts where possible.
- 5.3 The outcomes for the health improvement team are long term and although proxy measures can be used, tangible outcomes may not be apparent for 3 to 5 years or even longer.
- 5.4 The team works with communities, the Third Sector and Community Planning partners such as the Police, colleges and the Fire Service. This work is often not visible to health practitioners and the team has to evidence health benefits.

Key Workforce Priorities and Actions

- Offer permanency to health improvement staff where possible to minimise turnover, and attract and keep experienced, skilled staff.
- Plan a range of staff development opportunities linked to evidence about what works.

6. Support Services

- 6.1 Support Services is the overarching term to describe the teams that support the delivery of front line services including Finance, Administration, Human Resources, Strategic Planning, Organisational Development and Change and Improvement. These teams play a pivotal role in supporting the organisation and enabling frontline clinical and care staff to deliver the right service, to the right person, at the right time, in the right place.
- 6.2 Amidst the ever-changing healthcare landscape, HSCPs are continually challenged to “do more with less” and continue to seek opportunities to reduce costs and simultaneously improve service user care and outcomes. Effective support services enable a better use of resources by eliminating or significantly reducing the “dilution” effect on our health and social care professions, to enable our frontline services to prioritise their duties appropriate to their discipline, skill and job description.
- 6.3 Our Support Services staff undertake a wide range of organisational activity that allows the Partnership to effectively and efficiently function, including:
- Assuring the Integrated Joint Board and HSCP meet their statutory and governance responsibilities including management, monitoring and reporting of health and safety, complaints, enquiries and Freedom of Information, performance, financial management, building management, audit, risk management, data protection and record management.
 - Setting the strategic direction of the organisation and developing aligning Strategic and Financial Plans to deliver the best outcomes for the people who use our service, whilst ensuring best use of resources.
 - Providing a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP.
 - Support, develop and protect our staff through sound organisational development, appropriate HR policies and investing in our workforce’s learning and development.
 - Oversight, input and review of externally provided services such as human resources, payroll, building maintenance and ICT to ensure their effective delivery.
 - Providing a performance framework and performance management information to maintain organisational activities.
 - Customer facing, including frontline reception
 - Communication, including Team Brief, and website development
 - Data collection.

Challenges

- 6.4 At this time of financial challenge, there has been a national agenda to protect frontline services. However, it is important to recognise the organisational governance risks the HSCP could be exposed to if support services are degraded to deliver our ambitious financial savings.
- 6.5 HSCPs are complex organisations with dual systems and processes e.g. a budget delegated from two very different organisations and staff with differing terms and conditions. Work requires to be undertaken with the Scottish Government and parent organisations to create a more integrated, streamlined organisation, with aligned policies. In addition, two business support models are in place within the HSCP providing different levels of support.

- 6.6 It is recognised that current service provision is insufficient to meet future need. Going forward the scale and pace of the changes anticipated by new IJBs are significant. Continuing to deliver existing services at the same time as implementing change requires the HSCP to create some 'headroom' to allow staff to manage this agenda. This will be particularly difficult as, to date, general HSCP budgets have been balanced partly through the non-filling of vacancies and there is little capacity left in the organisation for additional project and development work.

Key Workforce Priorities and Actions

- Seek to maximise support services through improved use of IT, seeking to remove duplication and further opportunities to introduce new, smarter ways of working.
- Ensure the link with operational services continues to be fit for purpose with the required capability and capacity to deliver value to the organisation and reduce the burden on our frontline staff.
- With the introduction of EMIS, administration services within Mental Health are being reviewed to ensure that workforce skills and capacity provide a level of service appropriate to clinical, operational and governance requirements.
- Ongoing monitoring of the level of resources required to deliver effective financial management and governance.

7. GPs and Contracted Services

Primary Care Independent Contractors

- 7.1 There are approximately 120 GPs in practices in Renfrewshire. Of these, 16% are aged 55-64, with a further 40% aged 45-54. There is therefore an assumption of significant numbers of retirements over the coming years. Note this will be further updated based on results of local GP workforce survey (currently being undertaken)
- 7.2 In the past 10 years the GP headcount in Scotland has risen from 4,598 in 2006 to 4,913 in 2016 (ISD Scotland data). This represents an increase of 7% in headcount but this does not necessarily correlate with an increase in FTE GPs - anecdotal evidence points to a reduction in clinical sessions provided by more recently qualified GPs as well as those struggling to manage the increasing workload in primary care. This is against a backdrop of significantly increased demand and consultation rates over a similar period: a study by the Kings Fund into General Practice in England estimated that face to face consultations increased by 13% whilst telephone consultations increased by 63% in the 3 year period from 2010/11 to 2013/14.
- 7.3 In addition the demographic makeup of the GP workforce is changing; 58% of the workforce in 2016 was female, compared to 48% a decade earlier. A 2015 BMA survey highlighted the fact that one third of GPs in Scotland plan to retire in the next 5 years with an additional 14% planning to move to part time working. In Scotland the salaried GP workforce has more than doubled in the past decade – increasing from 8% to 16% of the total workforce - whilst in England more than 26% of GPs are salaried. This suggests a shift away from the previously predominantly GP partner workforce to a more diverse and sessional one.

Key Workforce Priorities and Actions

- RHSCP will undertake a local survey of GP practices – as well as GPs themselves – to help create a clearer picture of the scale of the workforce challenge. This may also provide early indications of the acceptability of potential solutions and inform the HSCPs approach to supporting sustainable General Practice in Renfrewshire.
- A practice evening event will be planned for May 2017 to review the results of the GP Workforce Survey and explore possible solutions and support for primary care locally. This will also allow Cluster Quality Leads (CQLs) and GPs to consider proposals for the Primary Care Transformation Fund (PCTF) across GGC.
- Clinical Director will work with the local GP Vocational Training Scheme (VTS) Programme Directors and trainees to understand the factors which may encourage recently qualified doctors to take up substantive posts in Renfrewshire.
- Clinical Director will work with the Glasgow Local Medical Committee (LMC) and NHSGGC colleagues within Primary Care Support services to identify regional and national programmes which have the potential to support local activities to enhance the GP workforce.

8. Hosted Services

8.1 Health and Social Care Partnerships across NHS Greater Glasgow and Clyde have responsibility for hosting of a variety of NHS boardwide services.

8.2 This arrangement has been in place for a number of years under previous Community Health Partnership (CHP) structures. Renfrewshire HSCP hosts two services on behalf of NHSGGC – all Podiatry Services and Primary Care Contractual Support. There are hosting agreements in place to support this arrangement and these outline that:

- Renfrewshire HSCP is responsible for the operational oversight of the services;
- Through the Chief Officer will be responsible for the operational management of the services, on behalf of the IJB; and
- Renfrewshire HSCP will be responsible for the strategic planning and operational budget of the services.

8.3 Details regarding workforce planning for these hosted services is detailed in the undernoted sections.

Podiatry Services

8.4 The Podiatry service anticipates a small workforce change during 2017/18 associated with the final phase of a Podiatry redesign process.

8.5 There is projected to be a reduction of 1.0 WTE Band 7 and 1.0 WTE Band 6 associated with a Learning Disability podiatry role being assimilated into a single-system service.

8.6 Over the next two years there will be a small decrease in the Band 5 and 6 workforces, although the Band 6 WTE deployed in the high risk foot protection services will increase. The Band 3 assistant workforce will also be subject to redesign over the next 5 years, with the requirement for these pots reducing from 10.89 WTE to 4.8 WTE.

8.7 Some further small changes may also take place across the next five year period predicated upon a potential reduction in the number of administrative staff required following TrakCare implementation in order to improve services to the highest risk foot protection element of the service. This will be managed via vacancies.

Key Workforce Priorities and Actions

- Implementation of the final stages of the Podiatry workforce plan (which has its own detailed supporting action plan)

Primary Care Support Services

8.8 The Key drivers for change for the hosted Primary Care Support and Development Services in 2017/18 are as noted below.

8.9 The key driver of change for Primary Care Support and Development is the new GP contract. This is being negotiated nationally, and has implications for PCS staff

involved in administering and implementing the contract and changes within NHSGGC. While a period of relative stability is anticipated in 17/18 for the contract, this will be a period when the team will have to prepare for the changes to the contract and develop new skills and roles in supporting GP cluster working, quality improvement and assurance approaches, and ensuring that payment processes are implemented accordingly.

- 8.10 The further development of HSCPs, with a critical role in strategic planning for GP services, means that the team will have to continue to develop relationships and joint working with HSCPs to ensure that local contractual arrangements support HSCP priorities.
- 8.11 The new nationally procured Child Health System (SCPHWS) is likely to lead to changes in business processes within the screening and immunisation team and corresponding service redesign, building on recent EMIS developments. A regional model for child health administration is not currently being pursued but may be revisited in future as the benefits and implementation of the new system become clearer.
- 8.12 Attention is being given to succession planning for a small number of critical roles where individuals have particular specialist knowledge. The approach includes documenting operational processes and ensuring that staff within the team have the opportunity to develop their skills and knowledge.
- 8.13 Pressures within the wider GP contractor workforce including recruitment difficulties for GPs, Practice Nurses and other practice staff will influence the focus of the team and the skills and interactions required.

Key Workforce Priorities and Actions

- Providing direct support to practices in difficulty, including support to find cover, occasional direct input from team members to practices and advice on roles and recruitment
- Increasing role for the PCS team in supporting new approaches to skill mix and workforce development, e.g. Advanced Nurse Practitioner roles, development of practice nurses from other nursing roles.
- Potential for more practices to become 2c Board managed practices on a temporary or longer term basis. The governance and management arrangements for this will need to be reviewed if this becomes a more common scenario; management of the workforce within these practices also becomes the Boards / HSCPs responsibility with attendant risks re managing vacancies, and TUPE transfer of staff.

Section 5: Action Plan, Implementation, Monitoring and Review

1. HSCP Organisational Priorities

- 1.1 To be successful in the medium to long term, our workforce needs to adapt to a rapidly shifting landscape, influenced by the wide range of significant and challenging policy, social, digital and financial drivers (detailed in section 3). This Workforce Plan is intended to provide a framework to support our leaders and staff in delivering on their service specific priorities whilst addressing the real challenges they face. Our future skills requirements and resourcing needs will be aligned by providing an HSCP-wide workforce planning approach and supporting organisational development strategies.
- 1.2 The Partnership has identified a range of overarching, organisation-wide priorities which focus on transformational change, developing our workforce and defining how we will operate in the future, in alignment with the ethos of our parent organisations.
- 1.3 These priorities, which contribute to delivering our three core objectives, are noted below:

Objective 1: Establish a Sustainable Workforce

- Invest in staff training and development, where appropriate, to strengthen workforce capability, competence and resilience in support of effective service delivery.
- Develop engagement strategies within Renfrewshire HSCP priority areas with higher staff turnover and for 'difficult to recruit to' posts.
- Retain and recruit a sustainable workforce of the right size, with the right skills and in the right place, which is responsive to health and social care demand. This will require access to accurate, detailed workforce information and data will highlight areas for focus.
- Invest in strong leadership and robust succession planning.
- Benchmark current equalities data available through parent employers and create common dataset that captures required information.
- Benchmark and source data on increasing demand particularly around over 65s; mental health services and learning disability services in order to provide clear projections of service need moving forward.

Objective 2: Maintaining a Capable Workforce

- Develop our workforce by ensuring employee performance and development reviews are meaningful, with agreed standards and objectives. This process should provide fair access to learning and development and strengthen workforce capability in support of continuous service delivery.
- Ensure managers are supported and developed with the strategic knowledge and practical skills they require to be effective.
- Effective workforce planning strategies to ensure that the HSCP has the necessary capacity and skills to plan for current and future workforce requirements. This will strengthen the delivery of safe, effective services which operate within clear clinical and care governance arrangements.

Objective 3: Developing an Integrated Workforce

- Foster and develop the right conditions for an integrated workforce, by facilitating improved communication and collaborative working.
- Realise the benefits of integrated working through focused organisational development approaches to individual, team and leadership development.
- Work towards building a single, unified organisational management model with a shared vision, priorities and common language.
- Build upon existing interfaces with our partners e.g. GPs, our parent organisations, community planning partners and providers in order to optimise shared working approaches that deliver efficient and effective services, making best use of valuable workforce resource.

2. HSCP Action Plan

- 2.1 The full HSCP's Workforce Action Plan can be found in Appendix 1. This plan includes our overarching priorities set out above and also includes service specific actions and priorities, which are more fully described in Section 4.
- 2.2 The Action Plan is structured under the overarching three workforce planning objectives, though it is noted there will be necessary crossover at points:
- Establishing a Sustainable Workforce;
 - Maintaining a Capable Workforce;
 - Developing an Integrated Workforce.

3. Implementation, Monitoring and Review

- 3.1 The Workforce, People & Change Group, which reports directly into the HSCP Senior Management Team (SMT), is responsible for monitoring and reviewing progress against the agreed actions within this Workforce Plan, and the successful implementation of the identified HSCP organisational priorities. Responsibility for the service area specific actions lies with the Head of Service for the area who will be supported in achieving this by the Workforce People & Change Group.
- 3.2 The Workforce, People & Change Group will report progress on a regular basis to the Senior Management Team and Staff Partnership Forum (SPF), highlighting any new risks and/or issues that emerge and require action throughout the year.
- 3.3 An annual review will also be brought to the IJB and shared with parent organisations.

Appendix 1a: HSCP Wide Action Plan

1 - Establishing a Sustainable Workforce			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead
1	<p>Further work is required to explore how succession planning can be more effectively managed</p> <p>For existing staff:</p> <ul style="list-style-type: none"> - An audit of required skills and knowledge for posts along with analysis of existing skills and knowledge will be undertaken. - Ensure the reasons for resignation are regularly reviewed through exit questionnaire and or/interview process to establish if there are indicators requiring specific focus and mechanisms and safeguards applied to improve retention. - Encourage retention of staff by ensuring fixed term contracts are carefully utilised and reviewed and where possible made permanent following appropriate Risk Assessment i.e. NHSGGC Fixed term contract policy. <p>Specific planning to increase the percentage of HSCP staff under aged 24 years from currently 1.78% to 5% by 2019 by:</p> <ul style="list-style-type: none"> - Identifying career pathways to target and inform schools colleges and universities to promote health and social care as a first choice career. - Considering the Modern Apprenticeship scheme as a mechanism of providing a route into a variety of roles within the health and social care sector. - Promoting employability within our patient groups - Pursuing opportunities for students who leave professional healthcare study early 	<p>A clear succession planning approach will be in place with individuals "next job ready" and ready for development identified.</p> <p>Any underlying trends will be identified.</p> <p>Turnover levels will reduce.</p> <p>We will be able to recruit from a more diverse workforce and shape the skills of those we recruit. There will be clear plans for addressing:</p> <ul style="list-style-type: none"> - Engagement with schools, colleges and universities. - Management of the Modern Apprenticeship Scheme within the HSCP - Evidence of increased employment rates. - Reduction in loss of partially trained individuals to service. 	Heads of Service, Professional Leads & OD Lead

	Action	Desired Outcome/Potential impact on Workforce /Service	Lead
2	Take cognisance of the national and parent organisation position in terms of workforce planning and explore examples of best practice that will support and enhance the delivery of services within Renfrewshire HSCP	There will be collaboration and continuity of approach to the delivery of service and reduced duplication and conflict of priorities for the workforce.	Head of People & Change
3	Reductions of current absence levels and focus on incremental improvement towards employing organisation strategic targets.	Reduced burden on other staff, cover and replacement costs and less disruption to the delivery of services and ultimately improved continuity to the individuals we provide service for.	Head of People & Change Heads of Service
4	Provide SMT and SPF with quarterly reports on workforce analysis and trends.	Accurate information about the workforce will be available to assist planning and enable us to identify and respond any emerging issues.	Head of People & Change
5	Provide monthly reports on absence figures and trends.	Accurate information will enable proactive management and support of absence levels and impact on services e.g. use of Resilience Toolkit and other supportive resources. Downward trajectory.	Head of People & Change
6	Benchmark current equalities data available through parent employers and create common dataset that captures required information.	Improved Equalities Data will enable us to address any issues that might prevent our workforce being representative	Head of Planning and Health Improvement, Strategic Change and Improvement Manager
7	Benchmark and source data on increasing demand particularly around over 65s; mental health services and learning disability services in order to provide clear projections of service need moving forward.	Consistent and accurate data will be available to enable workforce planning to be proactive.	Head of Planning and Health Improvement, Strategic Change and Improvement Manager

2 - Maintaining a Capable Workforce			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead/Responsible
1	We will meet our Parent organisation performance targets for employee completion of KSF/PDP/Appraisal	All staff have appropriate performance management, support and development to their role.	Head of People & Change, Heads of Service; Service Managers, Line Managers
2	Work towards integrated induction processes.	There is a clear structure of both an integrated induction process applicable to all staff and service/profession and role specific induction.	Learning, Education and Development Leads, Professional Leads, Heads of Service; Service Managers, Line Managers
3	Provide adequate awareness and training in public protection.	All staff are confident and competent in carrying out their public protection role	Learning, Education and Development Leads
4	Provide staff with the opportunity to develop their knowledge and skills in relation to the legislative requirements of their role.	All staff are confident and competent in carrying out the legislative requirements of their role.	Learning, Education and Development Leads, Professional Leads, Heads of Service; Service Managers, Line Managers
5	Professional learning is enhanced to reflect the changing and developing requirements of professional roles.	All relevant staff hold or are working towards the required qualifications for their professional role.	Professional Leads & Learning, Education and Development Leads,
6	Management development is reviewed to ensure we meet the requirements of a new and integrated organisation.	Managers are capable, confident and competent in their managerial duties.	Head of People & Change, Learning, Education and Development Leads & OD Lead
7	Team Development will be a priority for new and existing teams to facilitate high quality and efficient service delivery and a positive work experience for team members.	New and existing teams are high performing and fully functioning.	Heads of Service, OD Lead and all line Managers
8	Leadership development will be available	Our Leaders will be competent, capable and confident in their role and the workforce will feel that they are effective, supportive and accessible.	OD Lead, Learning, Education and Development Leads, Professional Leads and Heads of Service

3 – Developing an integrated workforce			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead
1	Foster and develop the right conditions for an integrated workforce, by facilitating improved communication and collaborative working.	An Integrated Workforce will be evident.	Heads of Service and Service Managers supported by Change and Improvement Team
2	Realise the benefits of integrated working through focused organisational development approaches to individual, team and leadership development.	An Integrated Workforce will be evident.	Team Leaders supported by Organisational Development
3	Work towards building a single, unified organisational management model with a shared vision, priorities and common language.	An Integrated Workforce will be evident.	Chief Officer and Heads of Service supported by Organisational Development
4	Build upon existing interfaces with our partners e.g. GPs, our parent organisations, community planning partners and providers in order to optimise shared working approaches that deliver efficient and effective services, making best use of valuable workforce resource.	An Integrated Workforce will be evident.	Heads of Service supported by Service Improvement Officer

Appendix 1b: Service Specific Plans

Adult Services			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead/Responsible
1	Explore opportunities to reinvest resources from elsewhere in the system (such as unscheduled care) to increase the capacity of locality based services with the aim to provide more support for people to live longer in their own home or community	Increased capacity will be evident.	Heads of Service and Service Managers
2	Review and develop the recruitment strategy for key posts such as social care workers, specialist roles such as DN's and MHO's and first line managers. As part of this to review the career pathway and for and incentivising of care at home staff.	Clear strategy and career pathway will be in place.	Heads of Service and Service Managers, Professional Leads, HR and Staff Side
3	Continue the programmes of work which set out to streamline business processes and redesign delivery models to capitalise on the benefits of integration and to release capacity to manage increasing demand levels. In doing so to ensure effective engagement with practitioners and professional groups.	Revised delivery models will be in place.	Heads of Service and Service Managers, Professional Leads
4	Invest in a programme of activity to support the registration of the Care at Home workforce over the next 3-5 years.	Programme will be evident.	Heads of Service and Service Managers, Professional Leads
5	Develop proposals to increase the resilience of particular services including SLT, Dieticians, and Physiotherapy.	Proposals will be offered for consideration to SMT.	Heads of Service and Service Managers, Professional Leads
6	Conduct Service Needs Analysis to determine if Advanced Nurse Practitioners could be developed to provide an expert level of clinical assessment and treatment planning for our population with a potential resultant pressure on GPs	Proposal will be offered for consideration to SMT.	Heads of Service and Service Managers, Professional Leads

Children's Services			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead/Responsible
1	Continue to implement the NHSGGC health visiting workforce model.	Health visiting Workforce will be fit for purpose as defined by the NHSGGC workforce model.	Heads of Service and Service Managers, Professional Leads
2	Agree core school nurse activities and consider opportunities for skill mix and other agency involvement in the delivery of services to meet the health care needs of school aged children	Roles and responsibilities will be clear.	Heads of Service and Service Managers, Professional Leads
3	Continue the programmes of work which set out to streamline business processes and redesign delivery models.	Revised business processes and redesign delivery models will be in place.	Heads of Service and Service Managers, Professional Leads
4	Develop proposals to increase the resilience of particular services including SLT and Psychology.	Resilience of key services will be improved.	Heads of Service and Service Managers, Professional Leads
Mental Health, Addictions & Learning Disability Services			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead/Responsible
1	A Whole System Review of Addiction Services to include reviewing demand and capacity and also appropriate skill mix to support service needs.	Review outcomes will be offered for consideration to SMT.	Heads of Service and Service Managers, Professional Leads
2	Continue with succession planning for staff who can retire at 55 years of age with Mental Health Officer status ensuring appropriate skills are deployed within the services.	There will be clarity of succession plan for key roles.	Heads of Service and Service Managers, Professional Leads
3	Continue to review observation levels within the clinical area as demands are increasing. Ensuring safe staffing levels with the appropriate skill mix to support the observation.	Staffing levels for clinical observation will remain within safe parameters.	Heads of Service and Service Managers, Professional Leads

Support Services			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead/Responsible
1	Seek to maximise support services through improved use of IT, seeking to remove duplication and further opportunities to introduce new, smarter ways of working.	Continuous improvement will take place in order to maximise resource productivity.	Heads of Service and Service Managers
2	Ensure the link with operational services continues to be fit for purpose with the required capability and capacity to deliver value to the organisation and reduce the burden on our frontline staff.	Continuous improvement will take place in order to maximise effective skill utilisation.	Heads of Service and Service Managers
3	With the introduction of EMIS, administration services within Mental Health are being reviewed to ensure that workforce skills and capacity provide a level of service appropriate to clinical, operational and governance requirements.	Continuous improvement will take place in order to ensure resource is fit for purpose.	Heads of Service and Service Managers
4	Ongoing monitoring of the level of resources required to deliver effective financial management and governance.	Continuous improvement will take place in order to maximise resource productivity and budgetary compliance.	Heads of Service and Service Managers

Contracted Services			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead/Responsible
1	RHSCP will undertake a local survey of GP practices – as well as GPs themselves – to help create a clearer picture of the scale of the workforce challenge. This may also provide early indications of the acceptability of potential solutions and inform the HSCPs approach to supporting sustainable General Practice in Renfrewshire.	We will have a clearer picture of the workforce challenge and some solutions.	Clinical Director and Service Improvement Officer
2	A practice evening event will be planned for May 2017 to review the results of the GP Workforce Survey and explore possible solutions and support for primary care locally. This will also allow Cluster Quality Leads (CQLs) and GPs to consider proposals for the Primary Care Transformation Fund (PCTF) across GGC.	Proposals will be in place to utilise the PCTF.	Clinical Director and Service Improvement Officer
3	Clinical Director will work with the local GP Vocational Training Scheme (VTS) Programme Directors and trainees to understand the factors which may encourage recently qualified doctors to take up substantive posts in Renfrewshire.	We will have enhanced understanding of motivating factors and will be able to utilise this to aid recruitment.	Clinical Director
4	Clinical Director will work with the Glasgow Local Medical Committee (LMC) and NHSGGC colleagues within Primary Care Support services to identify regional and national programmes which have the potential to support local activities to enhance the GP workforce.	Access to activities will be evident.	Clinical Director and Service Improvement Officer

Hosted Services – Podiatry			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead/Responsible
1	Implementation of the final stages of the Podiatry workforce plan (which has its own detailed supporting action plan)	Podiatry workforce will be fit for purpose and able to respond to demand.	Head of Service, Quadrant Managers
Hosted Services – Primary Care Support Services			
	Action	Desired Outcome/Potential impact on Workforce /Service	Lead/Responsible
1	Providing direct support to practices in difficulty, including support to find cover, occasional direct input from team members to practices and advice on roles and recruitment	System and Process will be in place.	Head of Service
2	Increasing role for the PCS team in supporting new approaches to skill mix and workforce development, e.g. Advanced Nurse Practitioner roles, development of practice nurses from other nursing roles.	New ways of working will be evident.	Head of Service
3	Potential for more practices to become 2c Board managed practices on a temporary or longer term basis. The governance and management arrangements for this will need to be reviewed if this becomes a more common scenario; management of the workforce within these practices also becomes the Boards / HSCPs responsibility with attendant risks re managing vacancies, and TUPE transfer of staff.	Review will be offered for consideration to Board.	Head of Service

To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Heading: Update on Joint Inspection for Adult Services

1. Summary

1.1. The Care Inspectorate and Healthcare Improvement Scotland advised in January 2017 that a Joint Inspection of Adult Services within Renfrewshire Health and Social Care Partnership would take place during 2017/18.

1.2. This paper outlines the preparation underway for the joint inspection and a high-level action plan for the coming months pending formal notification of the joint inspection to ensure the Partnership is fully equipped and organised for the inspection process. The Inspection field work is scheduled for November 2017 indicating that the Inspection process will formally commence in the Autumn.

2. Recommendation

2.1. It is recommended that the IJB:

- Note the information relating to the forthcoming Joint Inspection for Adult Services;
- Note a Core Steering Group is now in place which will oversee the agreed the high level action plan in preparation for inspection; and
- Agree a regular update will be provided to IJB on joint inspection preparation.

3. Background

3.1. On 20 January 2017, a letter from the Care Inspectorate and Healthcare Improvement Scotland indicated that a joint inspection of Adult Services within Renfrewshire HSCP would take place during 2017/18.

3.2. During the follow up conversations between the Chief Officer and his team, the Care Inspectorate and Healthcare Improvement Scotland advised that the joint inspection will not replicate the intensity of previous joint inspections. The inspection framework will specifically take account of new requirements around 'joint commissioning'. The guidance for this

new inspection framework, which was intended to be released in April 2017, is not available at the point this report is written.

3.3. The Chief Executive of Renfrewshire Council arranged a meeting between the Care Inspectorate and Senior Management representatives on 30th May 2017 to discuss the scope of the inspection in more depth in the absence of formal guidance. At the meeting, it was confirmed that five Quality Indicators (detailed within Appendix 2) will be covered during the joint inspection. These cover the following areas:

- Improvements in partnership performance in both healthcare and social care;
- Operational and strategic planning arrangements;
- Commissioning arrangements;
- Vision, values and culture across the partnership; and
- Leadership of strategy.

3.4. The Care Inspectorate has indicated that the inspection fieldwork will be carried out towards the end of 2017 and they would give 4 weeks' notice of the requirement of the partnership to provide a brief position statement on each of the 5 quality indicators being assessed. The Care Inspectorate anticipates that the whole process from notification to the final report will be approximately 19 weeks in duration. The following was also confirmed:

- The inspection will cover all delegated health and social care services for all adults;
- During the notification period RHSCP will be expected to coordinate a position statement based on the five Quality Indicators (QIs) areas outlined above;
- There will be no file reading process;
- The Inspectors will issue a staff survey in advance of the fieldwork;
- Interviews and Focus groups will take place staff, which will include IJB members, providers staff service users, carers and other stakeholders in terms of evidencing and validating the 5 areas of inspection;
- A professional dialogue will be used as a method of exploring the issues in scope with the partnership; and
- Two periods of fieldwork planned to be over 5 days and then 3 days.

Action Plan

3.5. Based on the information the Partnership has received to date, a Core Steering Group (CSG) has been established to oversee and coordinate the preparatory work for the joint inspection. Three meetings of the CSG have already taken place. The group plans to meet fortnightly but this

will be reviewed depending on progress and proximity of the formal inspection date. The CSG will regularly consult with a Wider Consultation Group (WSG) comprised of senior strategic and operational managers across the Partnership.

- 3.6. A managers briefing session was held on 12th May 2017. This comprised 2nd and 3rd tier managers across all HSCP services. The group discussed areas of strength and improvement, and has categorised these according to Red, Amber, and Green. This exercise will be followed up and developed with planned staff engagement sessions and through the HSCP's Leadership Network.
- 3.7. A high level Action Plan (Appendix 1) has been developed to ensure that Renfrewshire HSCP is fully equipped and prepared for the joint inspection process. Work is already underway in terms of communication with all staff and stakeholders; establishing contact lists for Inspectors; collating evidence; building case studies and a position statement which highlights integrated working practices between health and social care which is delivering outcomes for our local communities.
- 3.8. Self-evaluation will be critical to ensuring that the Partnership is taking a whole systems approach to health and social care as legislated for in Public Bodies (Joint Working) (Scotland) Act 2014. A self-evaluation process has been developed and structured around the five areas of inspection highlighted above as well as the various stages of intervention that Renfrewshire Health and Social Care Partnership provides services across, and in terms of our central core. These include:
- Prevention and Early Intervention;
 - Unscheduled Care / Crisis Management;
 - Scheduled Care / Community Care;
 - Long Term Conditions and Palliative Care; and
 - Infrastructure
- 3.9. The self-evaluation is structured to allow the Partnership the opportunity to ascertain areas of good practice, and identify where potential gaps or risks exist and provide the opportunity to plan and undertake remedial or mitigating actions.

4. Next Steps

- 4.1. The Core Steering Group is now in place. It has discussed and agreed the high level action plan, and will continue to undertake the necessary preparation in advance of the formal notification of joint inspection;
- 4.2. A regular update will be provided to SMT on joint inspection preparation;
- 4.3. A paper on the Action Plan for Joint Inspection has been presented to the Public Protection Chief Officers Group as requested by the Chief

Executive of Renfrewshire Council and ongoing updates will be provided to both this group and the Council's Corporate Management Team.

- 4.4. A further update will be provided to the IJB.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – Partners will be asked to contribute to the inspection
4. **Legal** – None
5. **Property/Assets** –None.
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – None.

List of Background Papers – None.

Author: Peter McCulloch, Adult Services Manager

Appendix 1 – High Level Action Plan

Action No.	Action	Progress	When
Element 1 - Organisation and Preparation			
1	Formal letter to Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS)	Complete	Jan-17
2	Informal Discussion with CI/HIS to establish contact and certain scope of inspection.	Complete	Feb/Mar 17
3	Obtain new framework for Joint Inspection	Awaiting	Apr-17
4	Establish Core Steering Group (CSG) and administrative support arrangements	Complete	Apr-17
5	Establish Key Contact list and wider consultation group (WCG)	In progress	Apr-17
6	Communications, participation and engagement with all staff and stakeholders	In progress	Ongoing
7	Establish timeline for Inspection preparation	In progress	Apr-17
8	Establish regular meetings with key officers	In progress	Apr-17
9	Report to RHSCP SMT and RC CMT	In progress	Apr-17
10	Develop Evidence List, Collation of Essential Documents and map to Quality Indicator / Workstream Areas	In progress	Apr/May 17
11	Identify Workstreams based on Quality Indicators being used in the inspection	Complete	Apr-17
12	Establish ICT folder for all Inspection Materials	Not started	Apr-17
13	Arrange workstream focused workshops with key officers to map out SWOT analysis	Complete	Apr-17
14	Undertake Literary Review to establish key areas of feedback- External Inspection Reports	In progress	Apr/May 17
15	Develop Self Evaluation Framework in absence of formal inspection framework	In progress	Apr/May 17
16	Develop questions for 'practice run' Focus Groups and 'Interviews/Discussions'	Not started	Apr/May 17
Element 2 - Self Evaluation			
17	SWOT Analysis and Evidence Mapping Workshop with key officers	In progress	Jun/Jul 17
18	Undertake 'practice run' of Focus Groups with staff and stakeholders	Not started	Jun-17
19	Identify Staff Consultation and Review Key Messages from this	Not started	Jun-17
20	Undertake 'practice run' of Senior Officer interviews/discussions	Not started	Jul-Sep 17
21	Develop case studies highlighting integrated working (in the absence of file reading)	Not started	Jul-Sep 18
Action No.	Action	Progress	When

Element 3 - Action Planning			
22	Self Evaluation Status Report identifying Areas of Strength, Areas Requiring Improvement Action Plan based on Self Evaluation (Remedial/Mitigating Actions - Managing Key Messages) Develop and Coordinate Position Statement	Not started	Jul-17
23		Not started	Jul-17
24		Not started	Apr-Sep 17
Element 4 - Post-Notification Period			
25	Check Availability of key staff during Inspection period Identify work space that can be utilised by Inspectors during the Joint Inspection Complete, Agree and Submit Template for Joint Inspection	Not started	TBC
26		Not started	TBC
27		Not started	TBC

Appendix 2 – Self-Evaluation Template

Theme	Workstream	Good Practice	Potential Gaps / Issues
Prevention and Early Intervention			
Workstream 1	Improvements in Health & Social Work Performance		
Workstream 2	Joint Operational & Strategic Planning Arrangements		
Workstream 3	Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution		
Workstream 4	Vision, Values & Culture across the Partnership		
Workstream 5	Leadership of Strategy & Direction		
Unscheduled Care			
Workstream 1	Improvements in Health & Social Work Performance		
Workstream 2	Joint Operational & Strategic Planning Arrangements		
Workstream 3	Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution		
Workstream 4	Vision, Values & Culture across the Partnership		
Workstream 5	Leadership of Strategy & Direction		
Scheduled Care			
Workstream 1	Improvements in Health & Social Work Performance		
Workstream 2	Joint Operational & Strategic Planning Arrangements		
Workstream 3	Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution		
Workstream 4	Vision, Values & Culture across the Partnership		
Workstream 5	Leadership of Strategy & Direction		
Long Term Conditions and Palliative Care			
Workstream 1	Improvements in Health & Social Work Performance		
Workstream 2	Joint Operational & Strategic Planning Arrangements		
Workstream 3	Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution		
Workstream 4	Vision, Values & Culture across the Partnership		
Workstream 5	Leadership of Strategy & Direction		

Infrastructure			
Workstream 1	Improvements in Health & Social Work Performance Joint Operational & Strategic Planning Arrangements Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution Vision, Values & Culture across the Partnership		
Workstream 2			
Workstream 3			
Workstream 4			

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Appendix 2

What key outcomes have we achieved?	How good is our management of whole systems in the partnership?	How good is our leadership?
1. Key performance outcomes	6. Policy development and plans to support improvement in service.	9. Leadership and direction that promotes partnership.
1.1 Improvements in partnership performance in both healthcare and social care.	6.1 Operational and strategic planning arrangements. 6.5 Commissioning arrangements.	9.1 Vision, values and culture across the partnership. 9.2 Leadership of strategy and direction.

What key performance outcomes have we achieved?		
1. Key performance outcomes		
	Main areas	Examples of Evidence
1.1 Improvements in partnership performance in both healthcare and social care	<ul style="list-style-type: none"> Partners work together to enable adults to achieve the best possible social care and health outcomes in terms of independence, overcoming barriers to inclusion, and maintaining or developing their abilities : <ul style="list-style-type: none"> ➢ People are supported to continue to live in their own homes or in their local community ➢ Partners have evidence of effective outcomes for people who use social work and health services and their carers ➢ People are supported to live independently through support commissioned by social work and health services ➢ People with long term conditions are supported to be independent and in control of their condition 	<ul style="list-style-type: none"> Qualitative information from peoples experience of outcome focused assessment Long term conditions data nationally reported Partnership, NHS Board and local authority self-evaluation information and evidence; Change Fund / Integrated Care Fund/ Delayed Discharge Fund progress reports Level and type of complaints and evidence of Partners taking positive action in response to complaints Benchmarking activity against dementia standards, Keys to Life, Mental health Strategy and Palliative Care standards Joint performance frameworks and recent performance reports Falls strategy and falls pathway Evidence of benchmarking falls data

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Appendix 2

	<ul style="list-style-type: none"> ➤ People with dementia are supported to be as independent and integrated into the community as possible ➤ management information is used as a basis for key decisions and improvements 	<ul style="list-style-type: none"> • ACP paperwork being developed or in use • Protocols for identifying those who require ACP
How good is our management of whole systems		
6. Policy development and plans to support improvement in services	Main areas	
6.1 Operational and strategic planning arrangements	<ul style="list-style-type: none"> • There is a shared vision for older people's services which is informed by a whole systems approach including acute hospital settings and is set out in comprehensive, joint plans for older people's services. These contain strategic objectives, measurable targets and timescales • There are processes, frameworks and guidance to implement the joint vision, policies and strategies • There is a systematic approach between health and social work operational managers which results in effective management of services and resources across the whole system of care • Priorities set at partnership, team and unit levels reflect jointly agreed plans and priorities 	Examples of Evidence <ul style="list-style-type: none"> • Strategic Needs Assessment and the Strategic Commissioning Plan • Local Health Delivery Plans • Service Plans • Evidence base for range of services developed or commissioned • Evidence of how the partnership has used the Integrated Care Fund to build on progress delivered through the RCOP programme • Implementation of dementia standards • Strategic planning group information – membership, terms of reference and minutes • Planning framework (governance) • Evidence of use of IRF or similar approach to financial planning • Arrangements for GP service to regulated care homes and housing support • Operational implementation and plans • User involvement • Scottish Health Council major service redesign reports • Scottish Health Council patient focus / public involvement reports

Document Name: Core Documentation_Evidence List

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		<ul style="list-style-type: none"> • Implementation and evidence of the quality of operational and strategic planning arrangements • Joint commissioning approaches • Evidence of operational plans being influenced by the strategic vision • Evidence of aligned or pooled budgets • Use of data to identify those at risk of readmission • Evidence of qualitative data derived from personal outcomes approaches (e.g. Talking Points) and how this is informing planning arrangements • Evidence of how clinical data and quality assurance frameworks inform development of operational planning arrangements
6.5 Commissioning arrangements	<ul style="list-style-type: none"> • Joint strategic commissioning strategies are in place that identify partnership priorities and resource contribution • Commissioning by partners is able to deliver increasingly personalised services • Views and preferences of adults, older adults and carers inform commissioning • Best value and best outcomes for adults and older adults determines the balance between direct provision and purchased services • There are sound monitoring and review systems, including effective collaboration with regulators and scrutiny bodies. 	<ul style="list-style-type: none"> • Change Fund / Integrated Care Fund applications and reviews • Analysis of population needs – evidence of the use of the SPIRE tool • Development of supports for people with dementia • Analysis of needs and unmet needs from care planning • Mapping of services and gap analysis across services • Identification and mapping of health inequalities • Joint plans and joint commissioning strategies • User and carer involvement consultation groups for planning, reviewing and commissioning services and evidence of how consultations have informed commissioning • Provider forums • Published information on purchasing intentions • Records and audits of commissioning and purchasing decisions; • Procurement and contracting procedures and templates • Evidence that commissioning decisions are impacted

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		positively on shifting the balance of care.	<ul style="list-style-type: none"> Commissioning decisions are having a positive impact on outcomes for people
9. Leadership and direction			
	Main areas	Examples of Evidence	
9.1 Vision, values and culture across the partnership	<ul style="list-style-type: none"> There is a clear vision for adult and older adults services with a shared understanding of the priorities There is a supportive and respectful culture with explicit shared values which all staff and managers are engaged Board members and elected members share these values and vision High standards of professionalism are promoted and supported by all professional leaders elected members and Board members Partners can demonstrate clear links between the vision and the strategic plans 	<ul style="list-style-type: none"> Joint Strategic 10 year plan Committee minutes and public meetings Performance committee reports and reviews Meeting with elected members Meeting with board members 	
9.2 Leadership of strategy and direction	<ul style="list-style-type: none"> Senior managers promote collaboration between social work and health teams and other external partners There is a clear understanding for when partnership activity takes place Elected members and Board members promote partnership working Leaders of social work and health services have a high level awareness of future trends Social work and health services are aligned with 	<ul style="list-style-type: none"> Single outcome agreements// Local Outcomes Improvement Plans Change / Integrated Care Fund Plans Meetings with senior managers and elected and board members Focus groups with staff 	

Document Name: Core Documentation_Evidence List

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Appendix 2

	community planning priorities	
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To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Heading: Community Justice Renfrewshire

1. Summary

- 1.1 The Community Justice (Scotland) Act 2016 received royal assent on 21 March 2016. Under the new model, the Community Justice Authorities were disestablished on 31 March 2017 and new community justice arrangements were put in place from 1 April 2017 at both a national and local level. These place a duty on statutory partners to have regard to the National Strategy for Community Justice, and work together to plan their work and report on how they are performing.
- 1.2 Community Justice Renfrewshire was created in response to the Act and is now firmly established within Renfrewshire's robust Community Planning arrangements. It sits alongside the Community Safety and Public Protection Steering Group and reports to the Safer and Stronger Thematic Board.
- 1.3 In preparing the Renfrewshire Community Justice Outcomes Improvement Plan (CJOIP), a strategic needs assessment was carried out, along with a series of focus groups with people with convictions in prison and on community sentences. The plan sets out our assessment against national outcomes. It identifies local priorities for action, along with a participation statement detailing actions taken to involve community bodies and thirds sector bodies in community justice and the preparation of the plan.
- 1.4 The Renfrewshire draft CJOIP was published on the Renfrewshire Council website for public consultation and comments were invited via Survey Monkey. It was also circulated amongst partners and forwarded to Community Justice Scotland for consideration.
- 1.5 The CJOIP passed through local governance structures prior to being submitted to Community Justice Scotland by 31 March 2017, in line with the requirements of the Community Justice (Scotland) Act 2016.
- 1.6 On 1 April 2017 the plan was published and Community Justice Renfrewshire assumed full responsibility.
- 1.7 The Community Justice Renfrewshire Steering Group drafted a Memorandum of Understanding outlining how they intend to work together. It is in its final stages and once concluded a signing ceremony will be arranged.

- 1.8 The Lead Officer Community Justice is now attending a number of cross cutting groups, including the Renfrewshire Alcohol and Drug Partnership Delivery Group and the NHSGGC Community Justice Health Improvement Strategic Group.
- 1.9 The action plan section of the Renfrewshire CJOIP contains National Outcomes and measures which are required to be reported against and includes people with convictions having better access to the services they require, including welfare, health and wellbeing, housing and employability. By working in partnership with health colleagues, we will look at the speed of access to mental health and addiction services. We will explore current waiting times/barriers and consider any potential areas for improvement. We also plan to collate information relating to the number of people released from a custodial service that are/not registered with a GP, and will incorporate these measures into the performance reporting framework and improvement cycle.
-

2. Recommendations

- 2.1 It is recommended that the IJB:
- Note the contents of the Renfrewshire Community Justice Outcomes Improvement Plan, as outlined in Appendix A; and
 - Note that the report seeks approval from the Board to agree and sign off the contents of the Memorandum of Understanding, as outlined in Appendix B.
-

3. Background

What is community justice?

- 3.1 Community Justice is protecting the community, as well as delivering justice for the victims of offending and about making our communities feel safer. It is about working with people with convictions to give them the support and help they need to reduce the risk of re-offending.
- 3.2 When we talk about community justice, we mean all the people and organisations that work together to support victims and families affected by crime and who support manage and supervise people who have committed offences from arrest through to the sentence they receive in court and on to their rehabilitation and reintegration back into the community.

Why a community justice approach?

- 3.3 The Community Justice (Scotland) Act 2016 received Royal Assent on 21 March 2016. Its purpose, to make provision about community justice, establishing a new national body (Community Justice Scotland) to oversee community justice and introduce requirements in relation to the achievement of particular nationally and locally determined outcomes, and to provide national, professional and strategic leadership for community justice in Scotland.

3.4 Under the new model, the Community Justice Authorities were disestablished on 31 March 2017. New community justice arrangements were put in place from 1 April 2017 at both a national and local level. This places a duty on statutory partners to have regard to the National Strategy for Community Justice, and work together to plan their work and report on how they are performing. Community Justice Renfrewshire was created in response to the Act and is now firmly established within Renfrewshire's robust Community Planning arrangements. The membership includes:

- Renfrewshire Council, Children's Services
- Renfrewshire Council, Chief Executive's Service/Renfrewshire Community Planning Partnership
- Police Scotland
- Scottish Fire and Rescue Service
- Scottish Courts and Tribunals
- Scottish Prison Service
- Skills Development Scotland
- Renfrewshire Health and Social Care Partnership
- Engage Renfrewshire (TSI)
- Criminal Justice Voluntary Sector Forum
- Victim Support Scotland
- The Wise Group
- Apex Scotland
- Turning Point Scotland
- NHS Greater Glasgow and Clyde
- Renfrewshire Alcohol and Drug Partnership

Consultation

3.5 In preparing the Renfrewshire Community Justice Outcomes Improvement Plan (CJIOP), a Strategic needs assessment was carried out, along with a series of focus groups. People with convictions from across the Renfrewshire area, many of whom also victims of crime were given the opportunity to share their views and experiences of community justice services. The people involved in these groups participated on a voluntary and confidential basis and were keen to have their voices heard.

3.6 The focus groups were facilitated by the Lead Officer Community Justice Renfrewshire and included people with an offending history in the following settings;

- HMP Low Moss – Untried prisoners
- HMP Low Moss – Short term prisoners
- HMP Low Moss – Long term prisoners
- Backsneddon Centre, Paisley – Men's life skills group (some on Community orders, some voluntary)
- Women's Community Justice service, Paisley – Women's support group (all on Community Orders).

- 3.7 The information gathered from these sessions contributed to our needs assessment and assisted partners in their decision making process to identify local priorities for action within the Renfrewshire CJOIP.
- 3.8 The Renfrewshire Draft CJOIP was published on the Renfrewshire Council Website for public consultation and comments were invited via Survey Monkey. It was also circulated amongst partners and forwarded to Community Justice Scotland for consideration.
- 3.9 The CJOIP passed through local governance structures prior to being submitted to Community Justice Scotland by 31 March 2017, in line with the requirements of the Community Justice (Scotland) Act 2016.
- 3.10 On 1 April 2017 the plan was published and Community Justice Renfrewshire assumed full responsibility.
- 3.11 Our CJOIP outlines our priorities and forward actions in how we intend to work together to reduce offending and re-offending within Renfrewshire. We are committed to working with the local community to identify local priorities and take action to reduce offending and reoffending in Renfrewshire.

What are our priorities?

- 3.12 We will continue to develop a commissioning approach to community justice services in Renfrewshire as we develop our understanding of local needs and consult with our stakeholders. Our key priorities have been identified from within Renfrewshire's existing community plan, our strategic needs assessment and our interaction with stakeholders.

We will focus on

- Prevention and earlier intervention
- Reduce offending and reoffending
- Increase awareness of Community Justice Renfrewshire and its role.

Key Priorities

- Employability
- Alternatives to custody
- Homelessness for prison leavers
- Gender based violence
- Support to children and families

Awareness raising

- 3.13 In order to raise awareness and the profile of Community Justice Renfrewshire, the following work has been undertaken:
- The Community Justice Renfrewshire brand has been established and leaflets, banners and branded merchandise produced for use at engagement events going forward.

- A Community Justice webpage has been designed on the Renfrewshire Council website which provides information and published reports. It also links users to partners own websites.
- The first Community Justice Renfrewshire newsletter was published in April 2017 and circulated amongst partners to be disseminated amongst wider networks, with contact details encouraging readers to get involved and subscribe to future correspondence.
- The Lead Officer has been attending a number of network/staff meetings, providing presentations on the new model of Community Justice in order to raise awareness and encourage participation.
- The Lead Officer has spent time in the public areas of Renfrewshire Council buildings with a branded stand, delivering leaflets and information to staff members, visitors and members of the public to benchmark awareness of Community Justice.

Partnership Working

3.14 Along with establishing good working practices amongst the Steering Group and their organisations, Community Justice Renfrewshire has begun tackling local priorities and have been working in partnership with the following organisations;

- **Recruit with Conviction** – Through joint working, The Renfrewshire Employability Development Network has been established. This network promotes good practice in safe and effective employment of people with criminal records through a training and development programme for intermediaries and employers. The first of 3 Apply with Conviction Workshops took place on 7 February 2017 which was aimed at employability staff, with future workshops also encouraging participation from local businesses.
- **Families Outside** - funding provided by NHS GGC who are a Community Justice Partner, has enabled Families Outside to provide training to around 80 Renfrewshire staff members. This included Health and Social Care workers, Criminal Justice Social Work, and Families First team members. The purpose of this was to promote better outcomes for families by raising awareness of the issues facing families when a significant person is sent to prison; and by increasing understanding of ways to support them.

3.15 A training event was also held within HMP Low Moss, specifically aimed at teachers. 18 teachers from Renfrewshire attended. The aim of this session was to explore the impact that imprisonment of a close relative can have on children and to learn how school communities can provide key support for them and their carers. This event provided;

- an opportunity to visit a prison and to enter into the stories of children affected;
- an insight into the issues facing children and families who have a close relative in prison;
- And practical ways in which teachers and school communities can help families affected

Feedback from participants of all training sessions was extremely positive.

- 3.16 Community Justice Renfrewshire has commissioned Families Outside to produce a jointly branded card and poster, which gives a very clear message as to what support they can offer for families affected by imprisonment in Renfrewshire. These publications have been distributed to a variety of locations throughout Renfrewshire. These include schools and nurseries, social work offices, GP surgery's, addiction services, court and council buildings and will be displayed in their public spaces, to raise awareness of the help available for Renfrewshire families.

Cross cutting group membership

- 3.17 The Lead Officer Community Justice Renfrewshire is now attending the Renfrewshire Alcohol and Drug Partnership Delivery Group, the Renfrewshire Gender Based Violence Strategy Group, the NHSGGC Community Justice Health Improvement Strategic Group, Low Moss PSP Governance Group, Renfrewshire Homelessness Network and the Community Justice National Coordinators Steering Group.

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

List of Background Papers –

- Community Justice Renfrewshire Local Outcomes Improvement Plan 2017/18
- Community Justice Renfrewshire Memorandum of Understanding

Author: Ian Beattie, Head of Health and Social Care Services

Community justice outcomes improvement plan 2017-2018

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What is community justice?

Community justice is protecting the community. As well as delivering justice for the victims of offending and about making our communities feel safer, it's about working with people with convictions to give them the support and help they need to reduce the risk of re-offending.

When we talk about community justice, we mean all the people and organisations that work together to support victims and families affected by crime and who support, manage and supervise people who have committed offences from arrests through to the sentences they receive in court and on to their rehabilitation and reintegration back into the community.

These are not things that any single organisation could achieve alone. Because of this, the Scottish Parliament has introduced the Community Justice (Scotland) Act 2016, a law which means that statutory agencies must work together to plan their work and report on how they are performing.

In passing the law, the Scottish Government set out a goal:

Scotland is a safer, fairer and more inclusive nation where we:

- Prevent and reduce further offending by addressing its underlying causes and;
- Safely and effectively manage and support those who have committed offences to help them become part of the community and realise their potential for the benefit of all citizens.

To reach this goal, we know that:

- By telling communities about community justice issues and encouraging them to take part in planning our services, interventions will be more effective.
- Community justice issues are complex and we need to work together to make things better.
- Every member of our community, including those who have committed offences, their families, and victims of crime should have access to high quality services that work together to address the needs of each individual.
- People should be given the right help at the right time; this should assist in preventing people from committing offences.
- People must be held to account for their offences, in a way that recognises the impact on victims of crime and is mindful of risks to the public, while being proportionate and effective in preventing and reducing further offending.
- Re-integrating those who have committed offences into the community and helping them to realise their potential will create a safer and fairer society for all.



“Community justice is protecting the community”

Why have a community justice approach?

The community is at the heart of the new model – we aim to consult and engage with those who have a stake in it.

We are committed to working with the local community to identify local priorities and take action to reduce offending and re offending within Renfrewshire. Plans will be made involving local people who know their area best. This is our opportunity to create to a better community for Renfrewshire.

Community Justice Renfrewshire will help prevent crime by working with partners to support preventative activities in the community and help reduce crime by encouraging people with an offending history to feel part of their community and be good citizens.

Prison remains appropriate for people who commit serious offences but locking people up isn't always a good way to stop reoffending. Community justice is proven to work.

Community-based justice is not a soft option – it's a punishment based on reparation as well as rehabilitation.

Rehabilitation is a key part of the approach – we want to help people with convictions find employment and stable housing, and reduce the chances of them reoffending; this benefits the whole community.

Community Justice Renfrewshire will work with wider community planning partners to support the prevention of offending.

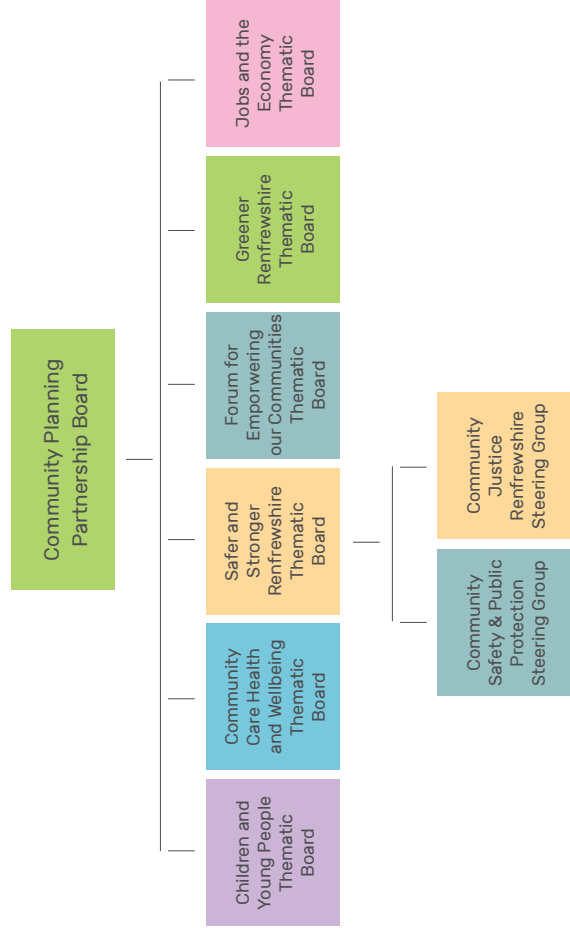
Who are Community Justice Renfrewshire?

Community Justice Renfrewshire is firmly established within Renfrewshire Council's robust Community Planning arrangements and our priorities reflect those contained in the Renfrewshire Community Plan 2013–2023.

The Community Plan is due to be replaced by a new Local Outcome Improvement Plan and locality plans by 1 October 2017 with a focus on improving outcomes and reducing inequalities. The diagram below identifies the existing Community Planning arrangements; however these will change during 2017.

People and organisations in Renfrewshire already work together on community justice and the new arrangements will make this partnership even stronger. Some of the groups where organisations already come together include:

- Safer and Stronger and Children and Young People Community Planning Thematic Boards
- Multi-Agency Public Protection Arrangements
- Child and Adult Protection Committees
- Alcohol and Drug Partnership
- Gender Based Violence Strategy Group
- Employability Network
- Low Moss PSP Governance Group
- NHSGGC Community Justice Health Improvement Strategic group



What are the local issues?

Just over a quarter of the population of Renfrewshire are in the top 20% most deprived parts of Scotland.

Deprivation

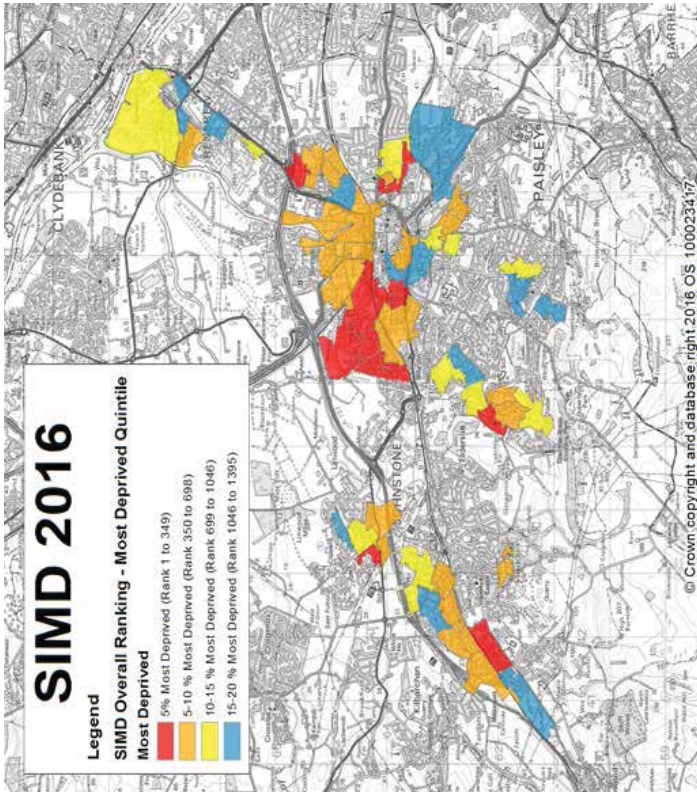
Renfrewshire's population is around 174,500 which accounts for 3 per cent of the Scottish population. We have the ninth largest population by council area and the second highest population density in Scotland outside the four major cities.

Renfrewshire is a diverse area with both large towns and rural areas and our communities have a strong sense of identity and in many cases a long history. Pockets of severe long-term deprivation sit very close to prosperous areas, and centuries-old settlements are neighbours to growing new communities.

Just over a quarter of the population of Renfrewshire are in the top 20% most deprived parts of Scotland. The single overall most deprived data zone in Scotland is located in Paisley. At the other end of the scale, there are 12 small areas in Renfrewshire which are in the 10% least deprived parts of the country.

Deprivation is not just about income. It's also about health and wellbeing, about education and job prospects, about access to services, about housing and about crime. All of this affects the quality of life in our communities.

We know, for example, that there is a big gap in life expectancy between communities within Renfrewshire. Life expectancy for men living in Ferguslie is 16.4 years less than for men who live in Bishopton, and there are other examples of these gaps. We also know that there are big differences in how healthy people are in older age.



What are the local issues? *continued*

Up to 1 in 3 males and 1 in 10 females in Scotland are likely to have a criminal record which may act as a barrier to employment.

Drugs and Alcohol

Figures on hospital presentations tell us that Renfrewshire has a higher than average number of people misusing drugs and alcohol. Misuse of alcohol and drugs are recognised as leading to ill health, preventable injury and death, worklessness and serious and petty offending. Alcohol and drugs are key factors in violence and is often a factor when children are taken into care.

Homelessness

The security of having a roof over your head and somewhere you identify as home is important for all of us in maintaining a secure and stable lifestyle. People leaving prison were almost twice as likely to have reported homelessness in the preceding 12 months as someone who has not been in prison. They are also less likely, as a homeless person, to receive permanent accommodation and more likely to have their application closed due to 'lost contact'. In 2014/15, 83% of all homeless applications in Renfrewshire were from single applicants (60% males, 23% females).

Homeless applications have been falling in Renfrewshire for several years for all groups of people except prison leavers – those applications have almost doubled in the last 10 years.

Employability

Up to 1 in 3 males and 1 in 10 females in Scotland are likely to have a criminal record which may act as a barrier to employment. People with convictions may not feel that their conviction is the only barrier. As well as the process of having to declare convictions to potential employers, there is evidence which links a lack of skills, poorer education and a lack of self-confidence with offending. Because of this, people with convictions can be less 'job ready' than others. When people struggle to find work, it may be another reason that makes it difficult for them to have a stable lifestyle and contribute to their community.

Last year, we carried out some research with people in prison and those serving community sentences. Almost all those interviewed cited joblessness and lack of money as a key factor in their offending. Drug and alcohol use also featured strongly. When asked what would help them not to re-offend, almost three-quarters of those being interviewed said training and help to find employment.

Crime

Each year, the Scottish Government publishes information on the number and type of crimes committed in each council area. Figures for Renfrewshire tell us that the number of crimes is falling. When Police Scotland were preparing their local policing plan for 2014-17, they consulted Renfrewshire residents. The biggest single issue they wanted police to focus on locally was drug crime. Because of this, tackling the supply and misuse of drugs was a top priority in the Renfrewshire Local Policing Plan.

Tackling the illegal supply and use of controlled drugs not only reduces the harm it does to individuals, families and communities, it also addresses a number of other issues associated with the drug trade from funding serious and organised crime and terrorism to general antisocial behaviour and linked crimes of dishonesty. Because of this focus, almost one-quarter of all crimes reported in Renfrewshire in 2015-16 were drug-related.

Gender-based violence is another focus for not only the police but for other organisations locally. The number of people who are victims of physical, sexual or emotional abuse and neglect is a major concern. Domestic abuse in particular affects the lives of individuals as well as their families.

There are already strong multi-agency arrangements in place to work with the perpetrators and victims of gender based violence and it is important that this work remains a priority for everyone involved.

Sentencing

The number of people receiving short prison sentences from the courts has been falling and there is much more use of community sentences. In Renfrewshire, work with women who offend has been very successful and there are fewer than 10 women from Renfrewshire currently serving a prison term. 97% of Renfrewshire's prison population are male with 94% being over 21 years of age.

The main community sentence used by courts is the Community Payback Order. In Renfrewshire, a person on one of these orders is most likely to be aged 21-30. The number of these orders being made by the court has increased year on year since they were introduced in 2011, and the length of the orders has also been increasing. More women are being given this type of sentence.

There has been considerable research to show that community sentences work better than prison for many people. This is especially true when compared to short prison sentences. Research with a small group of people currently on a Community Payback Order in Renfrewshire highlighted positive results. All those who took part felt that undertaking the order had not only had a positive effect on their lives, it had helped them to understand the impact on the victims of their offences. They were also able to cite a range of other services they had been able to access during the CPO, such as support with housing, mental and physical health issues and substance misuse.

The user voice

We asked people with convictions who use our services, what would help to stop them offending?

Hope – that you can
change and better
yourself, give people
something to do.

I just want
the chance at
a normal life
and job

A job, house
and family

Employment,
but previous
convictions hold
you back!

Structure
in life



Services, Programmes and Partnerships

We want to build on existing success.

In addition to services targeted specifically at those who have been convicted, Renfrewshire has a range of universal services which can address some of these needs and contribute to better outcomes and potentially a reduction in offending behaviour. Fuller information on the services available in Renfrewshire is included as Appendix C of this plan.

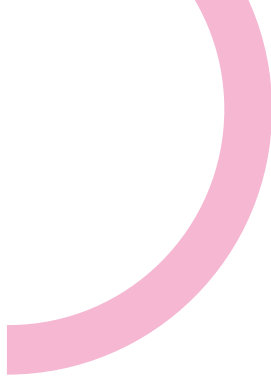
The Renfrewshire Community Safety Partnership already brings together services which have a part to play in preventing and reducing offending, and protecting the public.

By working in this way, Renfrewshire recognises that the police, the council, health, community wardens and voluntary organisations each play a part in making communities safer.

As well as the wider work they do, partners also come together to deal with specific issues, such as gender based violence and managing high risk offenders.

We want to build on existing success.

Services and programmes for people with convictions include:	Universal services which can support a reduction in offending
Low Moss Public Social Partnership Turnaround Constructs: Positive Steps to Stop Offending Moving Forward making Changes (MFMC, a Sexual Offending Group Work Programme) The Self-Change Programme (SCP) The Short Term Intervention Programme Controlling Anger and Regulating Emotions (CARE) The Pathways: Routes to Recovery and Desistance programme The Female Offending Behaviour (FOB) Programme Women's Community Justice Service Up2U-Creating Healthy Relationships	Homelessness and housing support services Drugs services Alcohol services Health services Family support services Employability services Education providers



What are our priorities?

Community Justice Renfrewshire will continue to develop a commissioning approach to Community Justice Services in Renfrewshire as we develop our understanding of local needs and consult with our stakeholders.

Our key priorities have been identified as current priorities within Renfrewshire's existing Community Plan, our strategic needs assessment and from our interaction with stakeholders, with housing and employment also currently identified as national priorities for Scotland.

We will focus on:

- 1) Prevention and earlier intervention
- 2) Reduce offending and reoffending
- 3) Increase awareness of Community Justice Renfrewshire and its role

Key priorities

Employability

Renfrewshire has been committed to tackling worklessness and has made significant strides in tackling youth unemployment. Employment continues to be a national priority and people with convictions have told us this is the biggest factor which would help to stop them offending. It would provide much needed stability and structure and can help people gain confidence and the belief in themselves to make better choices and choose a different path.

To improve employability, community justice partners, including SPS, criminal justice social work, SDS and third sector partners will work to ensure that gaining skills and training for employment are a part of the rehabilitation journey and access to the job market is fair for people with convictions.

We will develop the Renfrewshire Employability network and aim to hold a series of events with partners to identify opportunities for employment, volunteering, training and placements for people with convictions within Renfrewshire.

Alternatives to custody

Evidence has shown that short prison sentences don't work when it comes to reducing reoffending.

The number of people in Renfrewshire serving prison sentences has been reducing and there has been particular success in reducing the number of women and young people in prison. One impact has been the large increase in the use of Community Payback Orders but Community Justice Renfrewshire will consider other options, such as electronic monitoring.

We will work to gain a better understanding of alternatives and any barriers to their use.

Homelessness for Prison Leavers

Housing remains a national priority and we know that people who serve prison sentences are likely to return to custody and therefore to lose their accommodation. It is important that we try to break this cycle.

We know how important it is to have a stable home and the impact that can have on the likelihood of a person offending or reoffending.

We will develop initiatives to minimise the proportion of prison leavers presenting as homeless.

Gender Based Violence

Tackling Gender Based Violence has been a priority for Renfrewshire given the significant impact for women and families.

In 2015-16 Renfrewshire was above the national average for the number of incidents of gender based violence recorded by Police Scotland. There is a strong commitment to tackling this issue and Renfrewshire has a Gender Based Violence Strategy Group that is responsible for taking forward the national strategy "Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls" which was published in 2014. The group also takes forward actions delegated from with the Safer and Stronger Renfrewshire Action Plan and other activity to support the agenda locally.

Community Justice Renfrewshire will work with this group to contribute to the development of a Gender Based Violence Strategy to reduce gender based violence in Renfrewshire through a consistent approach to addressing perpetrators behaviours.

Support to Children and Families

We recognise the significant impact of prison on the families of people in custody. Our needs assessment identified that Renfrewshire families rarely seek support. We will work with Families Outside to raise awareness of and improve support to families and children and to educate staff to have better understanding of the impact of custody on family members.

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How will we know it's working?

We will review our plan each year; so that we can measure success.

A national organisation, Community Justice Scotland, will have an overview of the work being done in each of the council areas; this plan is part of that oversight.

Every Community Justice Partnership has to have a plan which explains what they intend to do to reduce offending and re-offending in their local area. Community Justice Scotland will give us feedback on the plan and give us support with things that we want to improve.

Our action plan (Appendix A) details the actions we plan to undertake and we will develop measurable outcomes and indicators.

We will review our plan each year, so that we can measure success, ensure that the priorities are still the right ones for Renfrewshire and that we are grasping the opportunity to create a better community in Renfrewshire.

Appendix A – Action Plan

In line with the requirements contained within the National Strategy for Community Justice and Outcomes, Performance and Improvements Framework we will report against the following National and Local Outcomes:

National Outcomes

Structural

1. Communities improve their understanding and participation in community justice
2. Partners plan and deliver services in a more strategic and collaborative way.
3. People have better access to the services they require, including welfare, health and wellbeing, housing and employability.
4. Effective interventions are delivered to prevent and reduce the risk of further offending.

By achieving the above structural outcomes we seek to deliver changes which will improve lives at an individual level and lead to the following person centric outcomes.

Person Centric Outcomes

5. Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.
6. People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.
7. Individual's resilience and capacity for change and self-management are enhanced.

Local Outcomes

8. Prevention and earlier intervention
9. Reduce offending and reoffending
10. Increase awareness of Community Justice Renfrewshire and its role

National Outcomes

1. Communities improve their understanding and participation in community justice					
Ref	Indicator	Action / Measure	Lead	Timescale	Status
1.1	Activities carried out to engage with "communities" as well as other relevant constituencies.	Develop Communication & Engagement Strategy.	CJR Lead Officer/all relevant partners	2017	
		Develop Communication & Engagement Plan.		2017	
1.2	Consultation with communities as part of community justice planning and service provision.	Develop a consultation process that feeds into the planning and improvement cycle.	CJR Lead Officer/ all relevant partners	2017	
		Develop specific consultation process for direct engagement with service users.		2017	
		Link wider Community Planning and Community Safety consultations to Community Justice.		2017	
1.3	Participation in community justice, such as co-production and joint delivery.	Develop a Participation Strategy and Plan and explore opportunities from identified needs.	CJR Lead Officer/ all relevant partners	2017	
		Explore opportunities for joint delivery using community assets.		2017-2018	
1.4	Level of community awareness of / satisfaction with work undertaken as part of a CPO.	Incorporate customer / community feedback as part of Community Justice Quality Assurance reporting.	CJR Lead Officer	2018	
1.5	Evidence from questions to be used in local surveys / citizens panels etc.	Develop a question set that includes awareness, visibility, understanding, confidence and participation.	CJR Lead Officer	2018	
1.6	Perceptions of the local crime rate.	Incorporate this as part of a local community justice performance framework.	CJR Lead Officer	2017	

2. Partners plan and deliver services in a more strategic and collaborative way						
Ref	Indicator	Action / Measure	Lead	Timescale	Status	
2.1	Services are planned for and delivered in a strategic and collaborative way.	Maximise the use of existing self-evaluation and quality assurance and review for any gaps. support development of a programmed approach.	CJR Lead Officer/ all relevant partners	2018		
		Participate in local strategic groups to ensure community justice agenda is embedded within the prevention and early intervention agenda.		2017		
		A Community Justice Strategic Commissioning Strategy will be developed. This will include identifying potential opportunities for tests of change.		2018		
		Develop a Participation Strategy & Plan.		2017		
		Ensure transition planning for young people is reflected in both community justice and integrated children's service planning.		2017		
2.2	Partners have leveraged resources for community justice.	A Community Justice Strategic Commissioning Strategy will be developed.	CJR Lead Officer	2018		
		Community Justice Renfrewshire partners will explore every opportunity for leverage of resources within development of pathways and services and will report on this as part of the performance framework.	CJR Lead Officer/ all relevant partners	2017+ Ongoing		
2.3	Development of community justice workforce to work effectively across organisations / professional / geographical boundaries.	A Workforce Plan will be incorporated into the Strategic Community Justice Commissioning Strategy. This will take cognisance of existing community justice partner's workforce development.	CJR Lead Officer/ all relevant partners	2018 2017		
		Ensure all opportunities for joint training are utilised.				
		Community justice awareness raising sessions will be provided to ensure staff awareness of their role within community justice.				
2.4	Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA.	Existing arrangements across the local authority areas of the NSCJA will continue with regards to the delivery of MAPPA. These will be reported within MAPPA annual reports. Quality Assurance will continue to inform effectiveness or areas for development.	Responsible authorities for MAPPA	2017+ annually		

3. People have better access to the services they require, including welfare, health and wellbeing, housing and employability						
Ref	Indicator	Action / Measure	Lead	Timescale	Status	
3.1	Partners have identified and are overcoming structural barriers for people accessing services.	Develop process to understand barriers from service user's perspective.	CJR Lead Officer/ all relevant partners	2017		
		Develop an improvement plan detailing steps to be taken and progress to address barriers.		2017		
3.2	Existence of joint-working arrangements such as processes / protocols/pathways to ensure access to services to address underlying needs.	Review existing arrangements, including processes, protocols and pathways ensuring appropriate access to services at every part of the community justice journey.	CJR Lead Officer/ all relevant partners	2017-2019		
		Develop an Improvement plan detailing appropriate steps to be taken and progress to address any gaps and barriers to services.		2017		
		Review current pathways in place on specific initiatives including mentoring, through care, employability, education and other pro-social activities, considering responsiveness and supports to aid access to services.		2017-2018		
		Develop performance measures and include these in the performance reporting framework.		2017-2018		
3.4	Speed of access to mental health services.	Explore current waiting times/barriers and consider any potential areas for improvement.	HSCP	2017		
3.5	Speed of access to drug and alcohol services.	Explore current waiting times/barriers and consider any potential areas for improvement. Contribute to the redesign of addiction services in Renfrewshire.	ADP Lead Officer	2017		
3.6	% of people released from a custodial sentence: Registered with a GP; where homelessness prevented Have had a benefits eligibility check.	Clarify capacity to track and measure and incorporate relevant measures into the performance reporting framework and improvement cycle.	SPS/ Homeless Services	2017		

4. Effective interventions are delivered to prevent and reduce the risk of further offending					
Ref	Indicator	Action / Measure	Lead	Timescale	Status
4.1	Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending.	Map existing intervention options and consider how their effectiveness can be evaluated.	CJSW	2017-2019	
		Identify gaps and develop an Improvement Plan.		2017-2019	
		Develop a Community Justice Strategic Commissioning Strategy, including targeted interventions and community capacity building opportunities.		2018	
4.2	Provision of appropriate other activities requirement within CPOs.	Evaluate the current use of "other activities requirement" in CPOs, ensuring these are person-centred.	CJSW	2017-2018	
		Identify community capacity opportunities and develop an Improvement Plan.		2017-2018	
4.3	Quality provision of CPOs and DTTOs.	Continue to develop quality assurance in relation to the supervision of CPOs and DTTOs	CJSW	2017	
4.4	Reduced use of custodial sentences and remand: • Balance between community sentences relative to short custodial sentences under 1 year. • Proportion of people appearing from custody who are remanded.	Develop a quantitative measure to outline the impact of initiatives to shift the balance between custody and non-custodial measures and sentences. Incorporate this into the Community Justice Performance Framework. • Clarify source of reporting for those sentenced where there is no CJSW involvement.	CJR Lead Officer/all relevant partners	2018	

4. Effective interventions are delivered to prevent and reduce the risk of further offending					
Ref	Indicator	Action / Measure	Lead	Timescale	Status
4.5	The delivery of interventions targeted at problem drug and alcohol use.	Consider the number of Alcohol Brief Interventions delivered in criminal justice healthcare settings and whether there is any capacity for improvement. Include this in the Community Justice Performance Framework. Develop a measure to report on the number of referrals from criminal justice sources to drug and alcohol specialist treatment. Include this in the Community Justice Performance Framework.	CJSW		
4.6	Numbers of police recorded warnings, police diversion, fiscal measures, fiscal orders, supervised bail, and community sentences (including CPOs, DTTOs and RLOs).	Develop processes to capture the number of police recorded warnings; police diversion; fiscal measures. (including fines, fiscal work orders, fiscal compensation order and fixed penalty notice), fiscal diversion to social work; supervised bail and community sentences. Include this in the Community Justice Performance Framework.	Police Scotland/ CJSW	2017-2018	
4.7	Identify those subject to short-term sentences less than 1 year.	Assess the ability to identify those currently subject to short term sentences. Explore with PSP the opportunity to understand the needs of this group with the aim of identifying if alternative to custody could be better utilised in future.	SPS	2017	

5. Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.					
Ref	Indicator	Action / Measure	Lead	Timescale	Status
5.1	Individuals have made progress against the outcome.	Develop service user feedback processes for health, finance, housing and safety indicators and measure over time to understand and record progress against outcomes.	CJR Lead Officer/all relevant partners	2017	

6. People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.				
Ref	Indicator	Action / Measure	Lead	Timescale
6.1	Individuals have made progress against this outcome.	Develop service user feedback processes for education, employment and leisure indicators and measure over time to understand and record progress.	CJR Lead Officer/all relevant partners	2017

7. Individual's resilience and capacity for change and self-management are enhanced.				
Ref	Indicator	Action / Measure	Lead	Timescale
7.1	Individuals have made progress against this outcome.	Develop service user feedback on indicators for resilience, capacity for change and self-management and measure over time to understand and record progress.	CJR Lead Officer/all relevant partners	2018/19

Local Outcomes

8. Prevention and earlier intervention				
Ref	Indicator	Action / Measure	Lead	Timescale
8.1	Contribute to the development of a Gender Based Violence Strategy to reduce Gender Based Violence in Renfrewshire, and ensure a consistent approach to addressing Gender Based Violence by Criminal Justice Social Work.	Strategy developed, including outcome measures.	CJR Lead Officer/CJSW	2017
8.2	Ensure a consistent approach to addressing Gender Based Violence by Criminal Justice Social Work.	Evaluation of Up2U intervention programme.	CJSW	
8.3	Maximise local prevention and early intervention.	Strategy developed, including outcome measures.	CJR Lead Officer	2017

9. Reduce offending and reoffending				
Ref	Indicator	Action / Measure	Lead	Timescale
9.1	Reduce homelessness in prison leavers.	Monitor numbers and consider impact of service initiatives.	Housing	2018
9.2	Implementation of new alternatives to custody.	Roll out national initiatives when available e.g. social work support to electronic monitoring.	CJSW	
9.3	Improve engagement with through care services.	Work with Low moss PSP to explore sustainability of approach.	SPS	2018

10. Increase awareness of Community Justice Renfrewshire and its role				
Ref	Indicator	Action / Measure	Lead	Timescale
10.1	Raise the profile and promote community justice.	Undertake awareness raising events with stakeholders and the general public, and then measure awareness at a future date.	Housing	2018
10.2	Educate and raise awareness of employability staff and strengthen links with local employers	Develop Renfrewshire Employability network and hold events/training/workshops in conjunction with Recruit with conviction, and identify employment opportunities / placements and skills / training / volunteering opportunities that employer's need. Evaluate awareness and training.	CJSW	
10.3	Raise awareness of the impact of prison on families and children.	Provide Families Outside training to CJSW staff, Children's and families' SW staff, Teachers, Families First staff and Home link workers. Undertake evaluation of training and awareness delivered.	SPS	2018

Appendix B – Services available in Renfrewshire

a) Substance Misuse Services

The Torley Unit

The Torley Unit is located in Dykebar Hospital and offers support to individuals in Renfrewshire area with addiction problems to maintain them in the community to reduce physical and psychological harm. The service promotes recovery based interventions in the form of alcohol detoxification, education and relapse prevention groups and offers protective medications.

The Torley Unit promotes abstinence from both alcohol and substance misuse and can refer on to other agencies if controlled drinking/substance misuse is preferred. Care plans are developed in collaboration with individuals. The service also works closely with social work colleagues in maintaining child safety. Links are also established with other partners who offer support to access training and employment opportunities.

Renfrewshire Drug Service (RDS)

Renfrewshire Drug Service (RDS) offers a range of support to assist people to work towards recovery from drug addiction. The team is based at the Backsneddon Centre, Backsneddon Street, Paisley.

RDS can offer a wide range of support. The team comprises of nurses, doctors, social workers, addiction workers and a psychologist. Support available includes psychological therapies, medicines such as methadone or subutex and group work programmes to help in an individual's recovery.

RDS offers harm reduction too which includes access to the needle exchange, sexual health advice and overdose prevention awareness. Hep C testing is also available.

Staff regularly liaises with other health/ social work professionals to support individuals in their recovery.

Integrated Alcohol Team (IAT)

The IAT offers a range of support to assist people work towards recovery. Recovery might include reduced alcohol use or becoming abstinent from alcohol, through 1:1 sessions, group work and where appropriate referral to The Torley Unit, RCA Trust and other appropriate services

RADAR

RADAR is a dedicated resource for young people from their teenage years to early adulthood if they continue to require support. The team are based at Backsneddon Street. RADAR provides group work programmes to support young people with alcohol or drug issues. This includes specific groups for young people affected by Cannabis use, young women's groups, young men's groups, as well as a summer programme.

RCA Trust

RCA Trust, based at Inle Street Paisley, is a voluntary agency who offer support to people affected by alcohol.

The RCA Trust is an independent voluntary organisation and a charity registered in Scotland with over 35 years' experience in supporting people across Renfrewshire. The main aim of the organisation is to help and support people who are both directly and indirectly affected by alcohol, gambling and other problem behaviours to reduce the impact on the individual, their families and the wider community as a whole.

They support people with:

- Advice and Education
- Information and signposting
- One to One counselling
- Group work
- Accommodation Services

Sunshine Recovery Café

The café is open every Wednesday from 1pm–4pm. The Sunshine Recovery Café offers a safe, drug and alcohol free space where people in recovery can meet up with peers and get involved in positive activities. The Café is run by people who are in recovery from addiction who are passionate about supporting others to recover.

Individuals visiting the Café can have a low cost lunch, receive acupuncture, join a writers group, play pool, get involved in a guitar group and share experiences with other people in recovery. The volunteers who support the Café were recognised by the NHS for their inspirational leadership in championing recovery from addiction in Renfrewshire by winning the chairman's award.

The Alcohol Carers Group

The Alcohol Carers Group was set up to help people who care for someone with an alcohol problem. Carers can come along to one of the support groups to talk to other people who are in a similar situation for support, practical advice and a listening ear.

Barnardo's Threads

Barnardo's Threads provides family and housing support to young people and young parents across Renfrewshire.

They can offer:

- pre & post-natal group parenting programmes- pre-natal education, new baby group, Mellow Bumps, Triple P, play & child development groups underpinned by the Five to Thrive approach.
- one to one emotional support
- practical advice with benefits, grants & budgeting
- energy advice to reduce fuel poverty

Threads Plus offers additional intensive support to families affected by problematic substance use. There are 2 types of support available- to the young parent who is using substances and support to the non-using parent and their child.

Threads Connections provides additional help and support to young parents and children affected by Domestic Abuse- safety planning, information on the impact on domestic abuse, support to access specialist services etc.

The Alcohol Liaison Service

The Acute Addiction Liaison Service provides a referral route, and assessment for all individuals either admitted to or who have attended the Royal Alexandra Hospital. Addiction liaison staff also provides professional recommendations on treatment options and implementation of training to acute sector staff and implementation of appropriate care programmes for patients. Addiction liaison staff also provides an out-patient clinic and a home visit service for patients to ensure a seamless transition of care. The service also conducts regular clinical audits to ensure best practice is implemented and also pilot new service developments.

Family Support Service

The Family Support Service supports people who are affected by someone else's drug use. They offer friendly support in group sessions or one to one advice. Family Support also provides respite days out. Most recently the group have been sailing and rock climbing.

Continued over

Appendix B – Services available in Renfrewshire *continued*

Route 66

The Route 66 service was established in 2012 with financial support from Renfrewshire ADP and Scottish Recovery Consortium with the key aim of supporting women to recover from problematic alcohol use by providing peer support and befriending services.

The Network

The Network Service can provide support individuals to engage in meaningful day activities, including employment, work placements, voluntary work or educational opportunities. The service provides ongoing practical and emotional support to enable individuals to identify, achieve and maintain vocational goals and aspirations.

Turning Point Scotland Abstinence Project

Turning Point Scotland Abstinence Project aims to support individuals looking to achieve and sustain recovery from using alcohol and/or drugs whilst living in ordinary community settings.

The service is committed to achieving abstinence in recovery and builds on the skills and experience of staff to deliver a unique abstinence based therapeutic community recovery service. We believe everyone is capable of recovery and we offer a range of support to empower individuals to achieve and maintain their recovery in the longer term.

The service delivers a group work programme for up to 6 months supporting an individual in their recovery journey and to achieve total abstinence from all substances and ORT based medications. The service works closely with each individual and other professionals (where relevant) to deliver their recovery plan.

b) Housing and homelessness

Support for Homeless Clients in Renfrewshire

In 2015, we assessed 843 applications and with few exceptions we carry out a support needs assessment using the Better Futures Matrix. Approximately half of our clients have an identified support need ranging from high level addictions and mental health to low level housing support needs (many will already be linked in with health and Social Work Services e.g. RDS or IAT). Once the housing options adviser has assessed someone's support needs they have various options to link our clients into support.

Supported Accommodation

The highest tariff of support we provide is through our commissioned supported accommodation units as follows:

- Loretto Care – who provide 13 bed spaces and up to 76 support hours per person per week.
- Loretto Care – who provide 9 self-contained flats and offer up to 13 support hours per person per week.
- BTHA – Young person project who provide 23 bed spaces and up to 14 support hours per person per week
- BTHA – who provide 19 bed spaces and up to 6 support hours per person per week.

Our supported accommodation services will provide low threshold housing support but also link clients into all relevant community based supports as they deal with our most complex cases. They are often linking in with mental health services and involved in safeguarding through the Adult Protection process.

Housing Support team

There are two dedicated housing support officers who receive our support referrals. They will then deliver or commission support for those individuals as appropriate. They normally commission support from Ramh, Turning Point, RCA and are looking to create working links with the Richmond Fellowship to provide a broad range of expertise.

Housing First

Housing first is delivered by Turning Point Scotland and targets our most complex clients, where they have previous homeless applications and been unable to maintain their tenancies. The key principles of this programme are to get a permanent tenancy straight away, provide assertive outreach, and to use peer support workers with lived experience. They will work with someone for up to two years in their permanent tenancies and will work with them no matter the circumstances. This project has been going for nearly two years is funded via the Big Lottery for another 4 years and so far they have worked with approximately 18 individuals and are targeted to work with and extra ten each year.

Mediation Service

We provide staff to deliver mediation which is primarily targeted at young people at risk of homelessness and typically run with 5 open cases at any one time.

Specialist Posts

We have two specialist posts within homelessness services dedicated to working with prisoners, our New Start Officer, who visits prisons, meets with prisoners who will return to the Renfrewshire area undertaking homeless application, and our Housing Addictions Liaison Officer, based within homeless services who is dedicated to working with those with addiction issues who present as homeless, ensuring appropriate and early assessments and referrals to relevant addiction services. Between them they will work with approximately 150 clients per year.

Continued over

Appendix B – Services available in Renfrewshire *continued*

c) Employability

Invest in Renfrewshire

Invest in Renfrewshire is Renfrewshire Council's programme to boost the local economy and tackle unemployment.

Launched in June 2012, we now have more than 900 local companies signed up to provide support and together we've helped to create more than 1000 new local jobs

What do Invest want to achieve?

- We want to create conditions in which local businesses can grow and attract investment
- We want to help local people find and keep work

How do Invest do that?

- By working with employers to create additional jobs.
- By ensuring that people are more aware of future job opportunities and better prepared for them.
- By supporting companies to grow and develop.
- By linking the right people to the right businesses and watching them flourish.

How does it work?

- Local companies and employers across Renfrewshire sign up to provide a range of local opportunities including employment, work placements and offering staff time.
- Renfrewshire Council will support local businesses to grow, develop and increase employment opportunities.
- Renfrewshire Council, together with a range of partner organizations, will link jobseekers to the right opportunities and the right employers.
- Additional support will be provided to ensure jobseekers are ready for the workplace.

Renfrewshire Council continues to make a sizeable financial commitment to invest in Renfrewshire. The support provides new and ongoing economic development, business support and youth employment initiatives to improve the prospects of local jobseekers.

Renfrewshire Employability Network

Community Justice Renfrewshire has engaged with the Renfrewshire employability network to establish a partnership with employability and health colleagues and Recruit with Conviction.

Recruit with Conviction is a not-for-profit company, established to fill the gap that exists for helping businesses to understand the issues and benefits from employing people with criminal records. Recruit with Conviction promotes safe, effective and sustainable employment for people with criminal records.

They aim to achieve this by:

- Working with employers to develop good practice in the recruitment of people with convictions
- Supporting employability organisations to implement the Apply With Conviction approach
- Influencing wider political and society changes which enhance the employability and sustainable employment of people with convictions, such as improvements to the Rehabilitation of People with convictions Act 1974, Ban the Box and Unlock Your Future.

The Renfrewshire Employability Network plan to hold a series of workshops and training events in 2017. These will be facilitated by Recruit with Conviction with the aim of raising awareness and educating staff and local businesses in order to promote employability of people with convictions.

Skills Development Scotland

Skills Development Scotland (SDS) is Scotland's skills body. SDS's aim is to deliver the best possible outcomes for people, businesses and the economy. In education SDS support pupils, parents and teachers with a range of career information advice and guidance services.

SDS also encourages employers to develop their workforce and young people to choose to work, learn and earn through apprenticeships.

SDS are committed to increasing Modern Apprenticeship starts nationally to 30,000 annually by 2020 while raising awareness of the range of work based learning on offer such as Foundation and Graduate Level Apprenticeships.

SDS want to ensure that people in Renfrewshire have the right skills and confidence to secure good work, progress in their careers and achieve their potential in today's competitive world of work.

SDS provides careers information, advice and guidance, development of career management skills, as well as SDS's Apprenticeship Family offer through Modern, Foundation and Graduate Level Apprenticeships.

SDS helps employers across Renfrewshire to grow and develop their business through investing and developing the workforce of the future. SDS employer support includes Employability Services, tailored skills advice and funding for workforce development, Flexible Training opportunities, redundancy assistance and Our Skills force.

- SDS Work Coaches within Renfrewshire engage with those young people most at risk of not progressing to a positive destination whilst they are still at school, and support them in the transition to post school opportunities in employment, education or training.
- SDS work coaches work with the most vulnerable young people including those who have offended and help to develop their employability and career management skills.
- SDS support will be available for young men and women released from prison via local resources and the digital offer.
- SDS Work Coaches continue to support and mentor young people post school to further develop career management skills, and help to sustain their work / training placement or college place.
- SDS will work with appropriate targeted customers, including those who have offended, and help to develop their employability and career management skills. Skills Development Scotland will signpost to other organisations as required e.g. health, financial inclusion, housing, voluntary sector etc.
- SDS will describe and promote SDS service offers to partners and customers detailing how individuals can access SDS support/services.
- SDS will work with the business community to reduce perception and stigma associated with an offending history.

Continued over

Appendix B – Services available in Renfrewshire *continued*

- Create linkages between Skills Development Scotland and the business community in relation to national training programmes and employer engagement services.
 - Skills Development Scotland will provide an introduction and overview of SDS services to Community Justice statutory partners.
 - SDS will encourage partner agency practitioners to engage in My World of Work sessions to build capacity.
 - SDS will help others understand that community-based sentences mean individuals can continue to access SDS services.
 - SDS will highlight to partners the relevant funding support for individuals (e.g. ILAs/ Client Intervention Fund)
 - SDS will market the positive impact Career Management Skills development can have on health and wellbeing.
 - SDS will work to support the removal of barriers to employment by supporting efforts to work with the business community to reduce stigma.
 - SDS will promote employment support services, information and funding sources to community justice partners, service and perspective service users.
 - SDS will explain school offer and post-school offer, with emphasis on the targeted support and early intervention approach.
 - Skills Development Scotland will listen to and take on board partner views regarding evolving SDS service offers as these are implemented.
- d) Services for people with convictions include:**
- Low Moss Public Social Partnership**
- Low Moss Public Social Partnership set out to develop and test a new approach to improve through care support for short term prisoners. Uniquely the service works with individuals from their admission into prison through the transition of release and integration into the community.
- The service provides help to address issues such as housing, welfare and benefits, family and relationships, substance use etc and to co-ordinate and support engagement with a network of community based services.
- The staff team is based within the prison working on an outreach basis in local communities. The partnership brings together the statutory and voluntary sectors and is led by Turning Point Scotland.
- Turnaround**
- Turnaround is a service provided to men and women in Renfrewshire who are currently undertaking a Community Payback Order. Workers are co-located with CJSW Services and draw on our ECHO programme to provide a range of interventions tailored to address the specific needs and issues of an individual as part of the 'other activity' element of their CPO.
- Turnaround also has a Residential Unit which can accommodate up to 10 men for a period of 6 to 8 weeks providing an opportunity for them to find stability and begin to address some of the issues which contribute to their substance use and offending behaviour. Although located within Renfrewshire the residential unit also takes referrals from other local authorities across North Strathclyde Community Justice Authority (NSCJA) and South West Scotland Community Justice Authority (SWSCJA).
- Turnaround is currently funded by the Scottish Government and delivered by Turning Point Scotland.

Constructs: Positive Steps to Stop Offending (Custody and Community)

Constructs: Positive Steps to Stop Offending is a 26 week group work programme designed for males with convictions, aged 18+, who are at a medium or high risk of re-offending. It is not designed for those with a pattern of sexual or domestic violence offending. The programme tackles four main areas of need associated with offending: Problem Solving, Achieving Goals, Impulsivity and Concrete/Rigid Thinking. As such, the programme is split into four sections: Motivation and Change, Problem Solving, Skills Acquisition and Relapse Prevention.

Moving Forward making Changes (MFMC, a Sexual Offending Group work Programme) (Custody and Community)

This programme has been designed for the treatment of adult males convicted of a sexual offence, or an offence which is considered to contain a sexual element, and assessed as presenting a medium to high risk of re-offending. The programme is delivered on a rolling basis, which allows participants to access the programme more quickly and complete the modules that are relevant to their needs. The programme's overall aim is to work with men convicted of sexual offences to assist them to lead lives which do not involve harming others, reducing their risk of re-offending in the process.

The Self-Change Programme (SCP) (Custody)

This is a high intensity cognitive-behavioural intervention that aims to reduce violence in high-risk adult male offenders, whose repetitive use of violence is part of a general pattern of antisocial behaviour and criminality. There is an Engagement Phase, a Core Phase, a Transition Phase and a final Consolidation Phase. The Consolidation Phase is delivered at key points during the participants' progression through the custodial element of the sentence through to resettlement within the community, with the primary focus on reviewing and enhancing the participant's relapse prevention plan ('New Me' Life Plan).

The Short Term Intervention Programme (Custody)

The Short Term Intervention Programme is a voluntary programme developed at HMP Low Moss aimed at offenders serving less than 4 years. Offenders can self-refer to STIP or be referred by staff members involved in their case management. STIP is a module based programme; every individual completes the entry module and then a collaborative formulation identifies optional modules specific to the individuals treatment needs. STIP is constantly developing, with new modules regularly being added to address treatment needs being identified through formulation.

Continued over

Appendix B – Services available in Renfrewshire *continued*

Controlling Anger and Regulating Emotions (CARE) (Custody)

Controlling Anger and Regulating Emotions (CARE) is a cognitive behavioural group work programme designed to target male offenders who are Medium to High Risk of reoffending, where their offending is characterised by aggression and/or violence and can be directly linked to difficulties managing reactive anger. The C.A.R.E. programme aims to provide offenders with an increased awareness of emotions and the impact they can have on behaviour, the skills needed to manage anger and other emotions associated with the occurrence of aggression and antisocial behaviour; to reduce the intensity and frequency of emotional arousal linked to aggression and to increase the use of pro-social skills to resolve conflict.

The Pathways: Routes to Recovery and Desistance programme(Custody)

The Pathways: Routes to Recovery and Desistance programme (hereafter referred to as Pathways) has been carefully designed with a strong evidence base, to build group members' capacity to lead a more positive lifestyle, away from substance misuse and offending. The programme aims to build the individuals capacity for recovery and also seeks to identify and target participants' criminogenic needs. These are the factors that, if present, are directly related to an individual's risk of re-offending, e.g. poor stress management, anti-social attitudes, and pro-criminal peers. By specifically addressing these areas, Pathways aims to have an impact in relation to risk reduction.

The Female Offending Behaviour (FOB) Programme(Custody)

The Female Offending Behaviour (FOB) Programme is a rolling group work programme for females who have offended and are assessed as being medium to high risk of re-offending/harm. It is offence specific and therefore targets the participant's offending behaviour (i.e. offence focused rather than a single problem focus) which involves targeting a range of needs that are identified within the literature as being criminogenic for female offenders.

Women's Community Justice Service

Women's Community Justice Service: Following the recommendations from the Commission on Women with convictions published in April 2012, Renfrewshire establish a Women's Community Justice Service. This enabled the creation of a specific service for females with convictions, with access to criminal justice group and individual support, and on site addiction services.

The centre built upon the existing individual and group work services offered to women within Backsneddon Centre. Staff consists of a range of social work and 3rd sector staff. Women and Children First, who provide domestic abuse services are also linked.

Whilst the team supervise statutory orders, the aim was for greater focus on women subject to diversionary measures, support for bail and thus prevention of remand, as well as enabling additional focus on service provision to women released from short sentences. Co-ordinating a range of professionals ensured utilisation of the skills and experience of the range of staff, enabling allocation to the most appropriate individual within the service.

Up2U: Creating Healthy Relationships

Up2U is an innovative programme developed by Portsmouth City Council for people who use domestically abusive behaviours in their intimate partner relationships. The programme is evidence based and has been developed with the support of a Quality Assurance Group consisting of representatives from Victim Support Services, Mental Health, Children's Services, Substance Services and Health.

Up2U recognises that people use domestic abuse for different underlying reasons ranging from childhood trauma and emotional deregulation, learned behaviour, attitudes that support gender differentials, poor conflict resolution to the use of power and control resulting in different typologies of domestic abusers. Therefore Up2U is an assessment led intervention programme responding to individual need, risk and responsibility by offering tailored packages to suit the needs of the individual. When someone is accepted onto Up2U support is offered to their partner/ex-partner to ensure ongoing safety and risk management, this support is provided from a range of Council and third sector services, and will be part of the role of the Social Workers within the Women's Service.

Renfrewshire Women's Aid

Renfrewshire Women's Aid (RWA) provides specialist support services for women and their children affected by Domestic Abuse. RWA works to a gendered analysis of domestic abuse and recognises that domestic abuse is a cause and consequence of gender inequality.

Unpaid Work

In 2015/16, just less than 50,000 hours of unpaid work were undertaken for the community in Renfrewshire, allowing people with convictions to make reparation to their community. Hours imposed by the court have increased by 93% since CPOs were introduced. Work includes services to individuals, organisations such as charities, churches, educational establishments, care establishments and support to housing services.

The Women's Unpaid work squad commenced in 2014 to address the complex needs of some women who were having difficulty undertaking unpaid work due to previous experiences, mental health issues etc. The squad is staffed by women and service users undertake crafts including bag painting, card and jewellery making, which they then sell at the unpaid work sale. Any funds raised at sales are used as available resource should someone seeking assistance from unpaid work i.e. house decorations etc not have funds to resource the materials, thus assisting the community.

Electronic monitoring

Electronic monitoring is not a disposal that is used often in Renfrewshire. Going forward we would wish to explore if this disposal could assist us in reducing short sentences.

Criminal Justice Social Work

Criminal Justice Social Work has been working closely with Scottish Government and partners in the Penal Policy Improvement Programme focusing on bail supervision for women. Early indications that this approach has been successful in diverting women from remand. This is significant as the vast majority of women who are placed on remand never go on to serve a custodial sentence. Sustainability of this approach requires consideration.

Continued over

e) Youth Justice

Early and Effective Intervention (EEI)

Services to Renfrewshire young people aged under 18 who are involved in offending behaviour are delivered under the Whole System Approach framework. This approach emphasises the importance of where possible diverting young people away from formal criminal justice processes. It recognises the developmental needs of young people, and is informed by an awareness of the childhood trauma that many of these young people have experienced. Youth Justice in Renfrewshire is not a discreet service; rather it is delivered as part of a holistic approach to young people who are involved in a range of risk taking behaviours. The emphasis is on early and proportionate intervention, but with the capacity to provide very intensive levels of support to the critical few.

Renfrewshire has been operating an EEI system since 2009. EEI is a national approach that aims to respond to offending by young people in a timely and proportionate manner. It has significantly reduced the number of unnecessary referrals to SCRA for low level offences that do not require a more formal response. It has enabled a range of services to provide a swift response to concerns thus reducing the likelihood of escalating behaviour. It has also increased the capacity of universal services such as Education to respond to low level offending behaviour, thus reducing potential effects of stigmatisation.

Police Scotland submits a Concern Form to Social Work every time a child under the age of 18 is charged with an offence. The EEI Coordinator will then decide whether to take that young person to the multi-agency screening group (Education, Employment services, Community Safety, Addiction Services, Police, and Children's Services) where relevant information is shared. If an appropriate service is identified to provide additional support to the young person and their family then this will be how the case is disposed of, and no further formal action will be taken.

Diversion from Prosecution

The Additional Family Youth Support Service (AFYSS) team delivers the Under 18 Diversion from Prosecution Service. This enables young people to benefit from a short period of structured intervention as an alternative to more formal measures such as a Fiscal Work Order or even prosecution in the court. The service is geared specifically towards the needs of young people. Where possible the programme is delivered in a group work format as this generally aids engagement and learning.

As part of the Court Support service the AFYSS team will routinely request that Diversion be considered for young people who are appearing from custody. However, most referrals are initiated by the PF based on their own criteria. Issues persist in terms of maintaining a steady flow of appropriate referrals, as will be seen from the stats below. Due to significant reorganisation it has been challenging to maintain strong working links with the relevant Fiscal marking teams, which is absolutely key to developing the credibility of the service and ensuring that young people are routinely considered for this disposal.

Court Support

The AFYSS team provide a Court Support Service to under 18 Renfrewshire young people. There is a daily rota to provide support to any young person appearing in the Custody Court. Where required, a Bail Information Report will be submitted, with a clear plan of support in cases where bail may be opposed. In addition, young people known to the service who are making scheduled appearances at Court will also be offered support. AFYSS Social Workers provide this support to cases already allocated to them, and this will include the submission of Criminal Justice Social Work Reports when the young person is sentenced. One of the priorities of the AFYSS service is to maximise the use of remittal to the Children's Hearing by the Sheriff Court.

Intensive Support

The AFYSS Team has case management responsibility for the highest risk young people from across the authority. Using a multi-agency approach it can provide very intensive levels of support (up to 7 days per week) to the critical few young people who present a significant risk to themselves or to others. This service is available to young people whether they are under the Children's Hearing or in the adult court system. This support minimises the need for the use of secure care or prison, thus supporting young people to remain in their own communities and improve their longer term outcomes

Re-integration

Any young person who is remanded or sentenced to custody will receive ongoing support based on the best practice guidelines issued by the Scottish Government and CYCJ. This includes Initial Custody Review meetings and pre-release planning meetings in the YOI, ensuring that the key agencies and family members are part of the planning process. The AFYSS service also maintains contact with the young person throughout their period in custody according to their individual level of need. They will where necessary meet the young person at the gate on the day of their release, and provide intensive support to enable them to reintegrate successfully.

Appendix C – Glossary

Rehabilitation

Assistance given to persons with convictions for underlying issues which contribute to their offending behaviour.

Reintegration

The action or process of integrating someone back into society from custody.

Statutory agencies

Agencies with a legislative requirement.

Underlying causes

Factors which may impact on why a person offends.

Preventative activities

Activities which help to stop people committing offences.

Reparation

Paying back to the community.

Whole System Approach

A proactive approach to diverting and supporting young people in contact with the Criminal Justice system.

Children's Hearing system

Is Scotland's unique care and justice system for children and young people. It aims to ensure the safety and wellbeing of vulnerable children and young people through a decision making lay tribunal called the Children's Panel.

Population density

Population density is the number of people per unit of area, usually quoted per square kilometre or square mile.

Life expectancy

Is a statistical measure of the average time a person is expected to live, based on the year of their birth, their current age and other demographic factors including sex.

People with convictions

Persons who have been convicted in a court of law of one or more offence.

Community sentences

An alternative to deal with individuals whose offending does not warrant a prison sentence.

Community Payback Order

Is an alternative to custody designed to ensure that people with convictions payback to society, and to particular communities. Often a person with convictions will have to carry out unpaid work.

Universal services

Services available to all.

Electronic monitoring

A form of surveillance which uses an electronic device (a tag) fitted to the person. It is commonly used as a form of electronically monitored punishment for people who have been sentenced to electronic monitoring by a court, or required to wear a tag upon release from prison.



For more information please visit:
www.renfrewshire.gov.uk/communityjustice

MEMORANDUM OF UNDERSTANDING

Between

RENFREWSHIRE COUNCIL, constituted under the Local Government etc. (Scotland) Act 1994 and having its headquarters at Renfrewshire House, Cotton Street, Paisley, PA1 1WB (hereinafter referred to as “the Council”);

And

GREATER GLASGOW HEALTH BOARD, constituted under section 2(1) of the National Health Service (Scotland) Act 1978 (as amended) (operating as “NHS Greater Glasgow and Clyde”) and having its principal office at J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH;

And

THE CHIEF CONSTABLE OF THE POLICE SERVICE OF SCOTLAND, appointed in terms of section 7 of the Police and Fire Reform (Scotland) Act 2012 and having his headquarters at Tulliallan Castle, Kincardine, Fife, FK10 4BE (“the Chief Constable”);

And

THE SCOTTISH FIRE AND RESCUE SERVICES
The Scottish Fire and Rescue Service
Headquarters, Westburn Drive Cambuslang G72 7NA

And

SKILLS DEVELOPMENT SCOTLAND
The Skills Development Scotland Co. Limited incorporated under the Companies Act (Company Number SC202659), having there registered office at Monteith House, 11 George Square, Glasgow G2 1DY

And

THE RENFREWSHIRE INTEGRATION JOINT BOARD constituted by the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015 and having its principal office at Renfrewshire House, Cotton Street, Paisley, PA1 1WB;

And

The Scottish Courts and Tribunal Service
Jane McDonald, SCTS HQ, Saughton House, Broomhouse Drive, Edinburgh EH11 3XD.

And

The Scottish Ministers represented by the Scottish Prison Service [The Governor, HMP Low Moss, 190 Crosshill Road, Bishopbriggs, Glasgow G64 2QB]

(Referred to together as “the partners”)

Introduction

The Scottish Government’s Future Model for Community Justice in Scotland consultation paper (2014) defined community justice as:

“The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance.”

The Community Justice (Scotland) Act 2016 is the legislative vehicle for implementing this new model whereby responsibility will transfer to local strategic planning and delivery partners while disbanding the current Community Justice Authorities.

The Community Justice Division has identified four key themes in the national Community Justice Strategy and that are also reflected in the national performance framework, both of which are currently being progressed. These include:

- Improved community understanding and participation.
- Strategic planning and partnership working.
- Effective use of evidence-based interventions.
- Equal access to services.

This Memorandum of Understanding sets out the working framework of Community Justice Renfrewshire as detailed in the Community Justice (Scotland) Act 2016. It has been developed in consultation with all of the statutory partners included in this legislation who have collectively, through the Community Justice Steering Group, endorsed this Memorandum of Understanding.

The Community Justice Steering Group sits under the umbrella of Community Planning alongside the Community Safety and Public Protection Steering group and reports directly to the Safer and Stronger Thematic Board.

Aim

The aim of the Community Justice Steering Group is to ensure the implementation of the new model of community justice in Renfrewshire as detailed in The Community Justice (Scotland) Act 2016 by¹:

- Working together in planning for and delivering improved outcomes for community justice in Renfrewshire..
- Actively involving the Third Sector, Community Based Organisations, communities, service users and their families and victims and their families in community justice.
- Securing partners contribution towards resourcing community justice in order to achieve the outcomes identified in the annual Community Justice Renfrewshire Improvement Plan.
- Contributing information in accordance with the national Performance Framework and evidencing this in the annual Community Justice Renfrewshire performance report.
- Establish local partnership arrangements for the strategic planning and delivery of community justice in Renfrewshire, including with CPP, ADP and HSCP.

Community Justice Renfrewshire includes involvement of all of the statutory partners and representation from Turning Point Scotland, Apex Scotland, The Wise Group, and Victim Support Scotland who all deliver services locally. Other third sector partners are represented by the Criminal Justice Voluntary Sector Forum. We also have representation from engage Renfrewshire, ADP Co-ordinator and NSCJA Chief Officer (until the dis-establishment of NSCJA).

Functions

The Community Justice (Scotland) Act 2016 specifies core functionsⁱ for community justice partners. These include²:

- Publishing a Community Justice Improvement Plan for the local authority area in relation to the nationally determined outcomes and any other local outcome measures.

¹ New Model for Community Justice – Transitional Funding 2016 / 2017 – Letter from Community Justice Division

- Having due regard to the national Community Justice Strategy; the national Community Justice Performance Framework and Guidance issued by Scottish Ministers.
- In preparing a Community Justice Improvement Plan consideration must be given to identifying which bodies are able to contribute to the preparation of this plan. The community justice partners must also consult with Community Justice Scotland and any other appropriate body or person.
- Prepare a participation statement with regard to the preparation of the local Community Justice Improvement Plan and publish this.
- Review the local Community Justice Improvement Plan periodically or as required and publish a revised plan.
- Publish a Community Justice Performance Report on an annual basis.
- Have regard to the community justice outcomes improvement plan in relation to the area of a particular local authority.
- Comply with any direction issued by Community Justice Scotland.

Duty of Co-operation

The partners in this Memorandum of Understanding (“MoU”) are designated as community justice partners under the Act which places a duty on them to co-operate with one another, with Community Justice Scotland, and with community justice partners in other local authority areas to contribute to the achievement of the nationally and locally determined outcomes in relation to community justice.

In addition to the core functions, there is a duty of co-operation² included in the Community Justice (Scotland) Act 2016. This may include:

- Sharing information;
- Providing advice and assistance
- Co-ordinating activities (and seeking to prevent unnecessary duplication);
- Funding activities together.

The partners will work together under this MoU throughout the transition period and will continue this partnership working under the new model of community justice, reporting annually on progress to the Scottish Government.

²Section 19-29 Community Justice (Scotland) Act 2016

The partners agree and acknowledge that the purpose of this MoU is to facilitate discussion between them and it shall have no legal effect.

Community Justice Steering Group

The steering group is expected to meet quarterly but meetings may be more or less frequent as required. Meetings will be hosted by the Council and arranged by the Lead Officer.

Each partner will nominate at least one representative to the steering group and all representatives must have appropriate knowledge, experience and delegated authority to make day to day decisions on behalf of the partner they represent. If the nominated person is unable to attend they may send a representative or depute. The steering group representatives will aim to reach consensus on any matter that requires a decision.

The partners recognise that any formal or binding decisions will require to be made in accordance with the respective governance arrangements of the partners and may not be made by the steering group.

The partners agree that other bodies with an interest in community justice in the Renfrewshire area should be represented on the steering group and participate in the preparation of the Local Outcomes Improvement plan for the area.

Links with other Community Justice Bodies

For the time being, the existing partnership approach established among Renfrewshire Council, East Renfrewshire Council and Inverclyde Council for the delivery of some criminal justice social work services will continue: as will the current MAPPA arrangements which cover these three Councils and Argyll and Bute Council, East Dunbartonshire Council and West Dunbartonshire Council, and the Training and Development Officer post which crosses the six local authorities, hosted by Renfrewshire Council.

In addition to these arrangements, links will be established with Community Justice Scotland and with community planning partners in other local authority areas as required by the Act or as the partners consider it appropriate to do so.

Transition Funding

The partners have received £50,000 of transition funding from the Scottish Government to assist in the implementation of the requirements of the Act. The Council will administer this funding on behalf of the partners and will provide the other partners with regular updates on spend.

The funding has primarily been used to employ a Part time Temporary Community Justice Lead Officer whose post is hosted by Criminal Justice Social Work service on behalf of all the community justice partners in Renfrewshire.

The role of Community Justice Lead Officer is in assisting Renfrewshire Community Planning Partnership in bringing together and supporting the defined range of partner agencies that will be responsible for ensuring appropriate actions to address re-offending in Renfrewshire. This includes the provision of the Community Justice Renfrewshire Outcome Improvement Plans to Scottish Government / Community Justice Scotland, review of these Plans and regular reporting in line with the National Strategy, the National Performance Framework and any locally determined outcomes frameworks.

Information Sharing

Community Justice Partners agree to work to the principles of information sharing detailed in the Community Justice (Scotland) Act 2016, the national Community Justice Strategy and the national Community Justice Outcomes, Performance and Improvement Framework.

Review of Memorandum of Understanding

This Memorandum of Understanding is a working document and subject to review to reflect both national and local changing circumstances with regards to community justice. It will be reviewed on at least an annual basis and any changes will be subject to the collective agreement of the Community Justice Partnership.

Signed for and on behalf of:

Renfrewshire Council

Designation

Signature

Date

DRAFT

Signed for and on behalf of:

Greater Glasgow and Clyde Health Board

Designation

Signature

Date

DRAFT

Signed for and on behalf of:

Police Scotland

Designation

Signature

Date

DRAFT

Signed for and on behalf of:
Scottish Fire and Rescue Service

Designation

Signature

Date

DRAFT

Signed for and on behalf of:

Skills Development Scotland

Designation

Signature

Date

DRAFT

Signed for and on behalf of:

Renfewshire Integration Joint Board

Designation

Signature

Date

DRAFT

Signed for and on behalf of:

Scottish Court Service

Designation

Signature

Date

DRAFT

Signed for and on behalf of:

Scottish Prison Service

Designation

Signature

Date

To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Heading: Children's Services Partnership Plan 2017-18

1. Summary

- 1.1 The Children and Young People (Scotland) Act 2014 ('the Act') received Royal Assent on 27th March 2014. Part 3 of the Act extends a statutory duty on Local Authorities and Health Boards to produce three yearly Children's Services Plans, with the first plan required to commence on 1st April 2017.
 - 1.2 The Statutory Guidance for Children's Services Plans was issued in late December 2016 and included extensive provisions regulating the aims, processes for development, implementation and review of children's services plans.
 - 1.3 The children's wellbeing survey (conducted between November 2016 and January 2017) was commissioned principally to inform the development of our new Children's Services Plan. The results of this survey were returned in late February 2017.
 - 1.4 The publication of the Guidance and the wellbeing data did not arrive in sufficient time for partners to adapt fully to the new legislative requirements and to give fullest expression to the intention of the Act.
 - 1.5 In order to allow fullest consideration of the wellbeing data and to establish the processes necessary to satisfy the new statutory requirements, an interim plan entitled, 'Re-assessing our Priorities' was agreed to cover the period 1 April 2017 to 31 March 2018, attached at Appendix 1.
 - 1.6 The interim plan describes what we will do over the coming year to promote, support and safeguard the wellbeing of our children and young people and how we will work with partners to develop a new three year plan which gives full expression to the our aspiration to get it right for every child in Renfrewshire.
 - 1.7 We will have our new Children's Services Partnership Plan ready for consultation by October 2017, with the finalised plan being ready for publication 1 April 2018.
-

2. Recommendations

It is recommended that the IJB:

- Approve the Children's Services Partnership Plan which has been submitted in draft as required to the Government.
 - Approves the approach to developing our new plan described within the interim plan.
 - A further update will be submitted to the IJB by autumn 2017.
-

3. Background

- 3.1 Renfrewshire has a robust approach to the design, delivery and evaluation of children's services. We were the first local authority in Scotland to use children's wellbeing data to inform service planning and resource allocation when we partnered with the Dartington Social Research Unit to gather information about children's outcomes in 2013. The outcomes data enabled us to produce a truly evidence-based Children's Services Plan.
- 3.2 The robustness of our children's planning process enables us to rapidly and seamlessly adapt to the new requirements of the Act and Guidance. We have well rehearsed strategic commissioning processes in place underpinned by best quality needs analysis information.
- 3.3 In accordance with our established practice in Renfrewshire and in line with the requirements of the new Act, the current children's services plan was developed following a strategic commissioning approach.
- 3.4 This process has already commenced and has informed the interim children's services plan. The interim plan reviews progress of the previous plan, 'Reach for a Better Future', and goes on to describe the activities necessary to analyse local needs, the 'fit' between needs and service provision and to identify new priorities and related action plans.
- 3.5 Evaluation of the impact of the previous plan was undertaken by partners in January 2017. It showed a significantly positive impact was achieved for Renfrewshire's children and families. In particular, it highlighted the substantial reduction in the size of our looked after and accommodated population and our success at supporting more children and young people to remain safely at home with their families.
- 3.6 The interim plan sets out a number of achievements across the partnership over the past three years in terms of improved wellbeing for children and young people and describes the learning we will take forward into the new plan.
- 3.7 The interim plan will continue delivery of the 'Reach for a Better Future' action plan while we work with partners over the next year to refine our actions in line with the output of the strategic needs assessment.
- 3.8 The data arising from the recent children and young people's wellbeing survey found that most of our children and young people are doing very well. In relation to a number of important aspects, Renfrewshire's children and young people have more positive developmental experiences than their peers elsewhere in Scotland.

- 3.9 Renfrewshire is already compliant with the new duties around participation and consultation of service users. We have robust participation and engagement activities embedded across our services. Our 'Taking Children and Young People Seriously' participation strategy sets out our objectives and these are reflected in activities such as the Champions' Board, the Voluntary Sector Forum, the Young Carers' Forum and the STV – 'Communities that Care' project, along with the Life Changes Trust project. Moreover, the 2015 Joint Inspection of our children's services scored our performance in children and young people's engagement and participation as 'very good'.
- 3.10 We will take the opportunity presented in the Statutory Guidance to embed a common focus across service planning activity and to further strengthen our robust strategic commissioning approach to the deployment of resources. The Guidance also prompts to identify and clarify the relationships between related planning and reporting processes.
- 3.11 These opportunities were signalled in the Act and we have already embarked upon work with others to align related children's workstreams into a single Plan and coterminous review and reporting framework. We aim to bring together Corporate Parenting, Children's Rights, Participation and Young Carers activity under the umbrella of GIRFEC and the new Children's Services Plan. We will scope the feasibility of aligning the Children's Plan with wider children's services activities of the Early Learning and Childcare Plan, the National Improvement Framework for Education, the Community Learning and Development and the Child Protection Plan.
- 3.12 The harmonisation of the related children's services planning activities is an opportunity for us to be more efficient in our processes and to present more coherent plans to service users and partners. Doing so will enable us to better satisfy the new requirement to review and report progress in a way which is meaningful and facilitates greater accountability.
- 3.13 A detailed action plan describing the actions partners will take over the coming months to develop our new Children's Services Partnership Plan was agreed by the Renfrewshire Children's Services Partnership on 11 May 2017. The progress of the plan will be reported by the Partnership to the Improving Life Chances Community Planning Partnership group to ensure the plan is delivered on time and to the very high standards established in Renfrewshire.

Implications of this report

1. **Financial Implications** – None.
2. **HR and Organisational Development Implications** - None.
3. **Community Plan/Council Plan Implications** - the Children's Services Partnership Plan relates to the range of activities undertaken by the Partnership and the third sector to improve the wellbeing of Renfrewshire's children and young people.
4. **Legal Implications** - None.

5. **Property/Assets Implications** - None
 6. **Information Technology Implications** - None
 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 for example 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** - None.
 10. **Risk Implications** - None.
 11. **Privacy Impact** - None.
-

List of Background Papers - None.

Author: Mandy Ferguson, Head of Health and Social Care (West Renfrewshire)



Re-assessing Our Priorities

Interim Renfrewshire Children's Services
Partnership Plan 2017-18

Preface

Welcome to Renfrewshire Children's Services Partnership's fourth Children's Services Plan and our first under the new terms of the Children and Young People (Scotland) Act 2014.

The Statutory Guidance on Part 3 of the Act was issued in December 2016. The Guidance sets out extensive new provisions for how public authorities develop and evaluate their children's services plans.

Renfrewshire is well placed to adapt to the new requirements of the Act. In 2011 we led the way in Scotland by developing a truly evidence-based children's services plan. We were the first local area in Scotland to collect wellbeing data from our children and young people. The data from more than 10,000 children and young people informed our subsequent plan, 'Reach for a Better Future'. The plan included a suite of evidence-based and best practice approaches to support children to have the best start in life and to provide early and effective help to families in need.

Evaluation of the plan shows that it has had a significantly positive impact upon Renfrewshire's children and families. We are particularly proud of our achievement of significantly reducing our looked after and accommodated population and of supporting more children and young people to remain safely at home with their families.

Since its launch in 2015, Renfrewshire's Tackling Poverty Commission has had a particular focus on improving the life chances of children living in poverty. The Commission has delivered a range of innovative programmes which have boosted the mental and physical health and educational potential of children from our most deprived communities.

The golden thread running through our services for children and families across Renfrewshire is our commitment to improving early life experiences, exemplified by our Early Years and Early Intervention Strategy. This strategy has informed significant changes to how we identify and meet needs across the Council and our partners agencies.

We have recently repeated the wellbeing survey in Renfrewshire. The data shows that Renfrewshire's children and young people are generally doing very well. In relation to a number of important aspects, our children and young people have more positive developmental experiences than their peers elsewhere in Scotland. The wellbeing data will underpin the development of our new plan for children's services in Renfrewshire and we want to take time to consult widely on its meaning before we agree priorities for action.

We will continue to deliver the 'Reach for a Better Future' action plan while we develop our new children's services partnership plan. This plan describes what we will do over the coming year to promote, support and safeguard the wellbeing of our children and young people and how we will work our partners to understand what is getting the way of wellbeing and agree a new plan which gives full expression to our aspiration to get it right for every child in Renfrewshire.

We will have our new Children's Services Partnership Plan for 2018-2021 completed for extensive consultation by October 2017, with the finalised plan being ready for publication on 1 April 2018.

1. Introduction

The Children and Young People (Scotland) Act 2014 includes wide-ranging provisions which have implications for how local authorities, health boards and partners plan and deliver services for children and young people in their area. Key provisions of the new Act:

Getting it Right for Every Child

- Places a definition of 'wellbeing' on a statutory footing, referring to SHANARRI indicators.
- Proposes a 'Child's Plan' for every child that is deemed to need one.
- Proposes a 'Named Person' for every child up to the age of 18 years, to be provided by the health board for pre-school age children and by the local authority for school-age children. The 'Named Person' will 'promote, support or safeguard the wellbeing of the child or young person' through a range of activities.
- At the time of writing, the Named Person Service has not commenced pending development of guidance by the Scottish Government to address the ruling of the Supreme Court in 2016 regarding the implementation of the Service.

Children's Rights

- Places new duties on Scottish Ministers and the wider public sector in relation to the rights of children set out in the United Nations Convention on the Rights of the Child (UNCRC) in influencing the design and delivery of policies and services.

Looked After Children

- Establishes a list of public bodies to become 'Corporate Parents' and a definition of what that entails.
- Establishes 'continuing care', permitting looked after young people to stay in their placement beyond the age of 16 years and up to the age of 21 years.
- Extends the age up to which care leavers can request support ('aftercare') from local authorities from 21 to 26 years.
- Places a duty on local authorities to provide services to families with children at risk of becoming looked after, including information, advice and counselling.
- Provides additional support for kinship carers including a 'kinship care order' and duties on local authorities to provide additional support to kinship carers including advice, counselling and financial support.

Early Education and Childcare

- Increases the provision of mandatory 'early learning and childcare' to 1140 hours per year for each eligible child, including two year olds in families eligible for free school meals.
- Places duties on local authorities to consult and plan on delivery of early education and childcare once every two years.

This plan accords with the requirements of the new Act. It sets out how we are already meeting some of the new duties as well as our plans to adapt our activities to ensure our work across the partnership meets both the letter and spirit of the new Act.

Our journey to GIRFEC

GIRFEC underpins all that we do with children, young people and families in Renfrewshire. It informs the way partners work together to assess needs and co-ordinate services.

We began our journey to GIRFEC in 2008 through an incremental approach based on integrated assessments. Through an extensive programme of multi-agency training and system changes, we have now fully embedded the GIRFEC national practice model along with a single shared assessment and Child's Plan across Renfrewshire services. The new Child's Plan is the key document for GIRFEC and

replaces several other referrals and assessments documents. The streamlined GIRFEC approach delivers a single point of contact (Lead Professional) and joined-up services for service users.

Our self-evaluation activity shows that staff feel that GIRFEC has strengthened partnership working by providing a robust framework for action and common language for working together between professionals and families. Children, young people and families report positively on their experience of the GIRFEC approach too – they feel more involved in the development and delivery of their support services.

2. The purpose of this plan

The purpose of this plan is two-fold: To review the impact of 'Reach for a Better Future' 2013-16 and to set out the strategic agenda for the multi-agency development of our new Children's Services Partnership Plan. Detailed service-specific action plans sit underneath our Children's Services Partnership Plan and describe how our strategic objectives will be delivered.

'Reach for a Better Future' took an innovative approach to the design and delivery of services for children across Renfrewshire. It was based on robust survey data about children and young people's key developmental outcomes and established a strategic plan for a preventative, evidence-based approach to meeting local needs.

We know that this plan is delivering significant improvements to many of our most vulnerable children and families and has embedded evidence-informed interventions across our services. The feedback from the Joint Inspection of our services for children and young people reported in December 2015 rated our performance on improving the lives of children and young people as 'very good' and noted that we were delivering 'improving trends through effective approaches to early intervention and tackling inequalities'.

The conclusion of the 'Reach for a Better Future' plan presents an opportunity for us to take stock of what we've achieved and to consider how we can apply the learning from the past three years to the development of our new plan for Renfrewshire's children and young people.

The review of our current plan occurs alongside the implementation of the Scottish Government's new Children's Services Planning Statutory Guidance. The Guidance sets out a number of requirements for the process local authorities and health boards must follow in developing, implementing and reviewing their new children's services plans.

We want to dedicate time over the coming year to refreshing our children's services planning processes, particularly as regards building the capacity of our new planning partners to increase their participation in the preparation of the plan. We want to be able to provide effective opportunities to the range of 'related services' and organisations which 'represent the interests of people who use, or are likely to use, any children's or

related services'¹ within our planning process. This will require us to build strategic commissioning skills and knowledge within these agencies such that they are more able to participate in planning.

The Guidance also prompts us to consider what more we can do to make services more joined-up from the point of view of service users. We will harness this opportunity to bring together related plans and strategies within our new Children's Services Partnership Plan. Embedding the Children's Rights and Participation strategy, the Corporate Parenting Strategy and the Young Carers' Strategy within with the Children's Services Partnership Plan will enable greater co-ordination, oversight of performance and better reflects the holistic needs of our children and young people.

The new planning cycle coincides with the return of wellbeing data from more than 10,000 of our children and young people in February 2017. Renfrewshire is the first site in Europe to have repeated a large-scale wellbeing data sample and it means that we now have rich data to inform evaluation of impact of the previous children's services plan. We want to share this data widely with planning partners and stakeholders to 'sense-check' the results and to consider the implications for service evaluation.

This consultation is being conducted currently and will continue over the coming months in order to ensure that we achieve the fullest possible picture of children and young people's needs, preferences and aspirations.

In this plan we will describe how we will work with our planning partners to establish a new cycle of children's services planning, delivery and evaluation which identifies how we will adapt to the new legislative landscape and give full expression to our aspiration to get it right for every child in Renfrewshire.

1. Children and Young People Act (Scotland) 2014 Statutory Guidance on Part3, Section 10, parts 80-88, sets out the requirements for how local authorities and health boards must engage with 'other service providers' and 'relevant persons'.

3. Links to other plans

This Children's Services Partnership Plan sets out the high-level strategic vision and outcomes for children's services in Renfrewshire. The plan has been developed collaboratively with key partners reflecting shared ownership and commitment to the priorities which will be targeted over the period of the plan.

The plan is not a static document and will need to be flexible to address new legislative requirements for example relating to the Named Person Service and provisions relating to young carers.

This plan links to and is aligned with the Renfrewshire Community Plan. The Locality Improvement Plan – which will be published in October 2017 - prioritises the improvement of outcomes for children, young people and families. This Plan has also been informed by other local plans including:

- Tackling Poverty Strategy
- Early Years Strategy
- Participation Strategy
- Corporate Parenting Strategy
- Renfrewshire HSCP Strategic Plan

The Scottish Attainment Challenge and the Pupil Equity Fund will bring substantial investment into Renfrewshire's schools and communities over the next period. The implementation of these programmes will inform the delivery of the plan and the development of our new Children's Services Partnership Plan.

4. Aims of our Children's Services Partnership Plan

This Plan aims to deliver the Renfrewshire Community Plan vision:

“By 2023, we will get it right for every child and young person by ensuring that they live in a positive and inclusive environment, have the best start in life, are confident, healthy and free from disadvantage”.

Our journey towards achieving this ambitious vision began with our innovative Achieving Step Change programme in 2012. This programme was a unique and ground breaking piece of work aimed at generating a comprehensive understanding of the needs of children and young people in our area through engagement with children via a survey. The data from the survey was used to prioritise the issues and challenges faced by Renfrewshire's children and families. Achieving Step Change also led the development of new service responses, including the use of evidence based programmes, to meet the identified needs.

Achieving Step Change transformed our approach by focussing on outcomes for children and young people and increasing the use of evidence of 'what works' in

the design, delivery and evaluation of services, and has heralded a distinct 'Renfrewshire Way' of doing things.

Our Children's Services Partnership Plan aims to progress the 'Renfrewshire Way' of doing things:

- We put service users at the centre
- We strive for excellence
- We believe that we can always improve
- We work in partnership
- We support our staff to be their best
- We embrace change

Our plan is prepared with a view to achieving the aims set out in section 9 of the Statutory Guidance:

Our services for children in Renfrewshire will:

- Safeguard, support and promote the wellbeing of children;

- Be provided at the earliest appropriate time (including preventative approaches)

- Be integrated from the point of view of recipients
- Constitute the best use of available resources.

5. Who are Renfrewshire's Children?

Population Breakdown

Renfrewshire has 29,831 children aged 0-15, accounting for 17% of our population. Of these, 4,844 live in areas which are ranked in Scotland's 10% most deprived.

The child population in Renfrewshire has declined over the last five years.

Looked After Children

At 31 July 2016, Renfrewshire had 681 looked after children. Renfrewshire has the fifth highest percentage of looked after children in Scotland; 2% of our children are looked after compared with a Scottish average of 1.5%.

The looked after children population includes:

- **221** looked after at home
- **183** living with friends or relatives
- **130** placed with local authority foster carers
- **84** placed with independent foster carers
- **21** in other community which includes 14 living with prospective adoptive parents
- **32** living in a local authority children's house
- **10** in other residential care such as residential schools or secure care

Child Protection

As at 31 July 2016, there were 72 children on Renfrewshire's child protection register.

The rate of children on the child protection register per 1000 of the population of 0-15 year olds, which is based on the number of children on the register as at 31 July 2016, was 2.4 for Renfrewshire, and was below the Scottish average of 3.0.

It is important to note that total numbers of children on the Child Protection Register fluctuate due to variations in the size of families involved.

The Impact of Domestic Abuse

A very high proportion of referrals to our social work service are related to domestic abuse. Renfrewshire has one of the highest incidences of domestic abuse in Scotland and reducing the impact of domestic abuse upon children is a key element of our response to the national 'Equally Safe' agenda. We recently commenced implementation of the 'Safe and Together' model; a child-centred, approach which focuses on the perpetrator's pattern of behaviour and the strengths of the survivor. The approach is central to our efforts in Renfrewshire to keep children safe within their families and to link survivors of abuse and their children with appropriate community-based support services.

The Renfrewshire MARAC (multi agency risk assessment conference) was established and embedded within Public Protection in October 2015. MARAC is a multi agency victim-focussed meeting involving a range of statutory and voluntary sector agencies where information is shared on cases of domestic abuse identified as posing the highest risk of serious harm or homicide. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety and safeguard victims and their children from further harm. MARAC links closely with MATAC (multi agency tasking and co-ordination), a perpetrator-focussed meeting. Since October 2015 it has been clear that a significant number of the cases discussed involve children and young people and their wellbeing and safety is a key focus when considering interventions and support for victims of the most serious cases of domestic abuse.

The Impact of Parental Substance Misuse

Parental substance misuse and its impact upon children is a significant challenge in Renfrewshire. The proportion of children on the Child Protection Register for reasons relating to parental substance misuse is 60%, compared with 39% across Scotland as a whole. We have well established processes across the partnership to identify children and young people at risk as well as for the joint planning and delivery of services. The GIRFEC approach is key to our work to improve the wellbeing of children and young people affected by parental substance misuse.

Renfrewshire's Children's Services Partnership Plan: A strategic approach



Review of Progress— Reach for a Better Future 2013-2016

In 2011 we partnered with the Dartington Social Research Unit (DSRU) on an ambitious and ground-breaking project to develop an evidence-based strategy for improving outcomes for our children and young people. We did this by:

- Carrying out an in-depth analysis of need, policy drivers and current resources
- Carrying out development work with senior managers to agree a common language approach across all services
- Engaging with children and young people to secure their views
- Engaging with parents and carers of children aged zero to eight years
- Identifying outcomes we should focus on
- Identifying approaches and interventions which make a difference.

The result was an innovative strategy—Reach for a Better Future 2013–16—which focussed on early intervention and prevention and emphasised the use of evidence-based interventions.

Reach for a Better Future prioritised four outcomes:

- Maintaining the strong health and development of the majority of children;
- Supporting children in their local communities and with their families, where safe and appropriate;
- Improving behaviour, physical health and emotional wellbeing; and
- Improving the developmental outcomes for children entering primary school.

These four outcome areas were prioritised within the operational plans and activities which delivered the over-arching strategic objectives of the Integrated Children's Services Plan.

It is time for us to review what we've achieved over the course of the past three years: to celebrate success and also to learn from what didn't go so well so that we can adapt and change and continue our improvement journey.

6.1 Identifying Success

OUTCOME 1—Have the best start in life – be ready to learn, supported to achieve and be ambitious throughout and beyond school lives

- Our Children's Champions' Board (comprised of care experienced young people) has asked corporate parents for additional support to help them into meaningful paid employment. In response, the Community Planning Partnership has made a commitment to develop a 'Family Firm' model to support our care experienced young people to achieve employment which meets their individual needs, interest and aspirations. The model takes a holistic view of young people's needs and provides social and emotional support to prepare young people for the world of work, as well as mentoring and work experience placements to enable young people to practise their skills and build their confidence. We are currently working with partners to agree an ambitious new employment and training 'offer' which will include approaches to leverage support – such as apprenticeships and work experience - from council contract partners, as well as encouraging private sector employers to go the extra mile for young people with a care experience.
- Family Nurse Partnership (FNP) is a preventive, intensive home visiting programme offered to first time young mothers aged 19 years and under and their families. To date, 94 young mothers have joined the programme in Renfrewshire. Young women are offered the programme in early pregnancy and are visited by a specially trained Family Nurse until the baby is two years old. The programme delivers an attachment based therapeutic relationship in order to improve pregnancy outcomes, child health and development and future educational readiness and achievement. This programme is effectively diverting young, vulnerable parents away from statutory services.
- We introduced the Incredible Years Programme to support parents build and develop their skills to support their children as they move through the early years into primary school. Over the past three years over 350 parents have taken part in the programme with almost all reporting improved confidence in caring for their children. Almost all parents reported that their child's behaviour improved and that they were engaging better in nursery. Over the next twelve months we intend training additional staff in the Incredible Years Programme to extend access to more families across Renfrewshire.
- The independent Glasgow University evaluation of the original Families First teams in Linwood and Ferguslie led to the service securing additional funding from the Tackling Poverty strategy and this allowed three additional teams to be established in March 2016 in Foxbar, Gallowhill and Johnstone localities. More than 1,000 families with children aged 0-8 years across Renfrewshire have received support from our Families First support team. The team has generated over £4 million pounds for families in terms of unclaimed benefits and other entitlements. The impact on individual families has been recorded through a series of case studies and independently evaluated by Glasgow University.
- The Skoobmobile mobile children's service promotes literacy and play to children and families across Renfrewshire. Parents and carers are supported to interact and play with their children and increase their awareness of the benefits of play as well as having access to information, advice and support. The Skoobmobile service works in partnership with local schools and nurseries to introduce Bookbug sessions into the community. The Skoobmobile was one of three services in the 2016 Libraries Change Lives Award Shortlist.
- Renfrewshire Health and Social Care Partnership is to benefit from 22 additional health visitors from the Scottish Government's Universal Pathways programme. To date an additional 5.4 WTE health visitors have joined Renfrewshire with the remainder expected by early 2019. The Universal Pathway sets out the minimum core service from Health Visitors of 11 home visits to all families - 8 within the first year of life and 3 child health reviews between 13 months and 4-5 years. NHS Greater Glasgow & Clyde are using a staged model of implementation of the universal pathway in line with the additional health visiting capacity within the service. We will monitor the roll-out of the Pathway and measure its impact upon children's wellbeing.
- Renfrewshire Health and Social Care Partnership commenced delivery the 30-32 month development assessments in 2015. The current uptake of assessments is 80% of eligible families. Within this group, 79% of infants have achieved their developmental milestones. For children where difficulties are identified, there is an intervention pathway in place to support behavioural and communication needs.
- Renfrewshire has one of the lowest rates of exclusion from school for looked after children in Scotland, and one of the highest rates of school attendance. After leaving school, around two-thirds of our looked after children go on to a positive destination (e.g. employment, further education) but this is behind the national average of 77%.

- The 'Learning to Talk' approach is delivered as a partnership with Renfrewshire HSCP Speech and Language Therapists where pre-5 education staff receive training in developing language and communication supportive practice. This work is improving the communication skills of many of our most vulnerable children.

OUTCOME 2—Live in safe, stable, nurturing environment at home and in the community—where their rights are respected, they are free from poverty and neglect and supported to be resilient and to thrive

- Functional Family Therapy (FFT) is an intensive, evidence based intervention with families and young people aged 11-18 years. The programme works with some of the most vulnerable young people including those who are demonstrating significant behavioural difficulties, involvement in offending, violent behaviour and substance misuse. Since its inception in Renfrewshire in January 2012, FFT has taken over 200 families through the process with over 90% of young people remaining safely at home upon completion and 84% never becoming LAAC to date.
- A key aim of 'Reach for a Better Future' was to significantly reduce our population of accommodated children and young people. This aim was underpinned by a number of new programmes to reduce levels of need within the community and to support children and young people to safely remain with their families. The work was successful and enabled us to reduce capacity in our residential accommodation estate from 59 to 32 places.
- Our actions over the past four years have enabled us to dramatically shift the balance of our accommodated care away from a reliance on external providers. In 2013 more than half of our children's placements were provided externally – many outwith Renfrewshire. We now provide almost three quarters of placements for our children accommodated away from their families.
- Renfrewshire has adopted the 'Philosophy of Care' model of care within our children's houses. This trauma-informed approach has led to changes in both the policy and practice of our residential staff. We have consulted extensively with young people about the impact of the model and they report feeling a noticeable and positive shift in their experience of living within our houses. Young people have told us that they perceive a more respectful engagement with staff and greater emphasis upon discussing and resolving problems. The Philosophy of Care model won a Scottish Institute for Residential Child Care (SIRCC) 'Reaching Higher' award in 2015.
- Renfrewshire Leisure has developed robust safeguarding procedures to protect children and

young people accessing sports and leisure activities. All Renfrewshire Leisure staff and volunteers are appropriately qualified for their roles, are PVG cleared and attend annual safeguarding training. Renfrewshire Leisure staff and volunteers follow Renfrewshire Council child protection procedures as regards responding to issues of concern.

OUTCOME 3—Feel confident and responsible—able to participate fully in learning and the wider community and take part in opportunities which meet their needs, aspirations and interests.

- Across all educational establishments in Renfrewshire we have made a strong commitment to tackling the effects of poverty on the outcomes of our pupils and their families. Our approach is to ensure all of our educational establishments and, in particular, those serving our most vulnerable communities, are ambitious, promote high expectations and provide opportunities for the children to develop and achieve.
- Renfrewshire Leisure's Arts & Heritage Service support schools by providing a programme of formal curriculum linked and informal activities across the year. During last year, more than 5,000 local children and young people accessed activities such as museum workshops, theatre performances, visual arts exhibitions, heritage and intergenerational based projects, and active partnerships with external local and national cultural partners.
- Renfrewshire's Tackling Poverty Strategy has provided £2m of resource to help close the attainment gap between children from low income families and their better off peers. The resource is enabling development of new approaches to teaching reading and supporting parents to engage with their children's learning. This work is already showing improvements in pupil attainment levels in reading and increased pupil confidence and self esteem, along with increased parental engagement in supporting learning at home.
- In June 2017 Renfrewshire Council was announced as a Scottish Attainment Challenge authority by the Scottish Government. The Challenge has been introduced to focus and accelerate targeted improvement activity in literacy, numeracy and health and wellbeing in specific areas of Scotland. It also supports and complements a broader range of initiatives and programmes to ensure that all of Scotland's children and young people reach their full potential. Our focus is on three workstreams: learning and teaching, families, and communities and leadership. A number of evidenced based programmes are being developed to enhance the professional learning of our workforce to ensure that all staff are using approaches which extend the scope and pace

of learning for all our children and young people. Early indications of impact are that head teachers are reporting increased motivation, knowledge and confidence of staff working and teaching across establishments.

- Street Stuff was highlighted by the Care Inspectorate as an example of good practice during its inspection of Renfrewshire's children's services in 2015. Street Stuff is a highly positive, responsive, preventative youth engagement initiative supported by Renfrewshire Council, St Mirren Football Club, Engage Renfrewshire, Scottish Fire and Rescue and Police Scotland. Street Stuff deploys mobile resources, including football pitches and shipping containers with various equipment (such as games consoles, dance mats and exercise equipment) to areas where low-level offending and anti-social behaviour is taking place. Funding from the Tackling Poverty Commission has enabled the programme to target the most deprived areas of Renfrewshire, giving children and young people opportunities to engage more meaningfully in their local communities, interact positively with peers and engage in a range of effective diversionary activities. The programme is successful in improving life choices, providing training, coaching and volunteering opportunities, as well as improving employability. Street Stuff provides activities six nights per week and 2016/17 saw over 40,000 attendees.
- Central to the role of the Renfrewshire Community Safety Partnership, Daily Tasking was a process that impressed the Joint Inspectors of Children's Services during their recent inspection and more recently was identified by Audit Scotland (Best Value Audit) as best practice for partnership working. Many of the cases discussed at Daily tasking involve children and young people, particularly those engaging in or at risk of engaging in anti-social behaviour or other vulnerabilities. The connections made through Daily Tasking support early interventions progressed through Children's Services, the Council Youth Team, Wardens and Street Stuff diversionary services as well as Mental Health, Police and Fire Services. The Daily Tasking process now also supports the Renfrewshire Missing Persons Strategy and assists with the use of CCTV, radio link and Community Safety Officers to identify and support young and vulnerable people to safeguard them and avoid them from coming to harm.
- SafeLives is a national charity supporting a strong multi-agency response to domestic abuse. Their work focuses on saving lives and public money. SafeLives provides tools, training, guidance, quality assurance, policy and data insight to support professionals and organisations working with domestic abuse victims. The aim is to protect the highest risk victims and their children – those at risk of serious harm. SafeLives recently conducted an extensive audit of the MARAC

(multi agency risk assessment conference) process in Renfrewshire, with a number of observations, recommendations and examples of good practice being noted. Overall seven areas of good practice were identified that related to the governance and effectiveness of the MARAC process in Renfrewshire and highlighted the high quality of partnership working that contributes to the success of the approach.

- In line with the Scottish Government's approach to the UK-wide Counter Terrorism Prevent Strategy, Renfrewshire has focussed on the need to safeguard and support vulnerable individuals to avoid them from being drawn into terrorism related activities. This approach is consistent with the GIRFEC principles and has so far meant that any concerns have been addressed with Police Scotland through normal child protection and adult protection arrangements rather than a more formal prevent professional concerns case conference process.
- Renfrewshire has very active and effective Members of the Scottish Youth Parliament (MSYP). Campaigns by MYSPs have led to fairer bus fares for younger people and changes to how Education Maintenance Allowance is awarded to prevent hardship to young carers. In March 2017, Renfrewshire had the second highest turnout in the country for the Scottish Youth Parliament elections with more than 7,000 votes cast. Five MSYPs from Renfrewshire were elected.
- The Duke of Edinburgh Award scheme in Renfrewshire continues to go from strength to strength. In 2015 we had 160 young people completing an Award—in 2016, 550 young people completed Awards. Renfrewshire is well above the Scottish average for participation in the scheme and completion of Awards.
- We have been very successful at encouraging our young people to make use of their entitlement to a Young Scot card and more the 14,000 young people aged 11 to 25 currently in receipt of the card. Renfrewshire's young people are enthusiastic users of the card and have redeemed over 1,000,000 Scot Reward points – more than any other area in Scotland.

OUTCOME 4—Have good physical, emotional and mental health and wellbeing.

- We recognise that emotional intelligence and resilience are key to a positive attitude to learning. Several Renfrewshire schools and early years centres have implemented evidence based programmes to promote children's positive emotional wellbeing including PATHS and BounceBack. Evaluation in line with the requirements of PATHS and BounceBack shows that we are implementing the programmes with fidelity and that they are having a measurably positive impact upon children's outcomes. Of the 13 schools delivering

PATHS, three have been awarded 'model school' status by the programme developers. We will be expanding the roll-out of PATHS to a further 14 schools in 2017/18.

- Renfrewshire's Nurture Strategy, including the Five to Thrive approach (respond, cuddle, relax, play, talk) in partnership with Barnardo's, has been rolled-out to staff in all pre-five establishments. The Strategy has been in place since 2014 and has supported schools in setting up nurture champions and nurture rooms – both of which were viewed favourably during statutory inspections of our services. Feedback from teaching professionals is that the nurturing approach is improving the emotional regulation and behaviour of pupils.
- In June 2016, Health partners implemented a new clinical information system called EMIS Web and the aim is to replace single service paper records with a shared electronic record for all children age 0-18yrs. All health staff who work within community based Children's Services - Children and Families teams (C&F), Speech and Language therapy teams (SLT), Child and Adolescent Mental Health Teams (CAMHS), Community Paediatric Teams and the Child Protection Unit (CPU) are using the single shared record. The new approach will improve co-ordination of care for children and communication between care professionals, and ultimately enable services to provide the right help to children and families at the right time.
- The Health Improvement Team deliver the Childsmile programme in all 74 local authority, partnership and private nurseries and all 56 primary schools in Renfrewshire. 21 nurseries and 15 primary schools also take part in the fluoride varnishing programme through which children receive two applications per year. To further support local nurseries in the delivery of the Childsmile programme the Health Improvement Team train all childcare students at the West of Scotland College in its implementation. 87 students were trained in November 2016. Health Improvement staff also provide oral health sessions to Primaries 1, 2 and 7 as well as at P1 induction events and parents nights.
- Renfrewshire's school counselling service is funded through the Tackling Poverty programme and is currently delivered by LifeLink in all 11 secondary schools. More than 200 referrals have been made to the counselling service since May 2016 and the majority of service inputs are delivered on an individual basis with opportunities for group work to be promoted as the programme goes forward.
- The peer education service, also funded by the Tackling Poverty programme, is co-ordinated and led by Active Communities (Scotland) Ltd. It is now fully implemented across all secondary schools in Renfrewshire. The project aims to support young people to promote health behaviour change amongst their peers. The project has trained 250 peer educators (S3-6), within the first 3 months of the project who in turn have engaged with over 600 pupils (S1-3) via workshops, classes and assemblies. Topics within the peer education programme include: mental health (stress and anxiety); healthy eating; sleep; physical activity; drugs and alcohol; sexual health; and confidence and self esteem.
- The Children and Young People Health Improvement team support the delivery of the RSHPE Curriculum within our secondary schools. The team provides training and support teaching staff in their delivery of RSHPE topics and visits schools to promote the two Sandyford Renfrewshire satellite sexual health clinics for young people within non-denominational schools.
- Weigh to Go is an adolescent weight management service delivered by the Greater Glasgow and Clyde Youth Health Service, in partnership with commercial weight management providers. Young people aged 12-18 with a BMI>25, who are not pregnant, are eligible to access the service subject to a mental health assessment. The weight management programme is 12-24 weeks in duration and provides young people with free access to a local commercial weight management service with wrap around support for young people with complex issues/needs or long term conditions. The service was launched in March 2017 and impact will be evaluated over the coming year.
- Active Schools is an initiative to encourage physical activity and sport for all young people in Renfrewshire. It is key to Renfrewshire's aim to increase the number and quality of opportunities available for school pupils to participate at recreational, competitive and community sport and physical activity. Active Schools delivers a range of activities -such as multi-sports, dance and gymnastics - at morning, lunch and after schools sessions within 49 primary and 11 high schools across Renfrewshire, including three additional support needs schools. During the 40 weeks of the 2016/17 school year, Active Schools volunteers and staff delivered more than 215,000 participant sessions involving more than 10,500 school pupils.
- Active Schools facilitates links between schools and local community sport clubs to ensure children and young people have the opportunity to develop their skills and potential during their school years and beyond. There is a particular focus on supporting community sports clubs to make adaptations and undertake appropriate training to support children and young people with additional support needs.

6.2 Learning and adapting

‘Reach for a Better Future’ saw a step change in how we design, deliver and evaluate services in Renfrewshire. We want to take forward the learning from this experience into the development of our new plan.

- Functional Family Therapy has been a tremendous success story in Renfrewshire. We will learn from its model of implementation to ensure that future evidence based programmes are implemented effectively.
- We have learned from the experience of Triple P that taking evidence based programmes to scale is significantly difficult. In response, our approach to new programmes will be to start small and build confidence and capacity and to grow slowly.
- We will consider expanding our portfolio of evidence based approaches as the need arises and we will make better use of implementation science to inform future delivery.
- We will focus on selecting meaningful improvement targets and the tracking of progress. We have learned that data collection can vary over time across the partnership creating difficulties in the measurement of progress. We will collect less data which is more precisely targeted at measuring priority outcomes.
- The success of the Families First programme has reinforced the importance of working with local families and communities to develop services which meet with their needs and aspirations. We will use this development model to inform new service design.
- We recognise that we need the right governance arrangements to ensure successful implementation of a children’s services plan. We will review our current approach to ensure we have the necessary information and the right people around the table.
- We have learned that some of our third sector partners need additional support to expand their involvement in the planning of children’s services. We will allocate additional resource to support capacity building activity.

6.3 Strategic needs analysis

The basis of our Children’s Services Partnership Plan is a strategic needs assessment which identifies the key issues affecting the wellbeing of local children and young people and informs the selection of our priorities and related action plans.

As a part of our day-to-day work, we gather and analyse information from multiple sources to understand the impact of our services, and to make changes to service delivery to ensure maximum benefit for service users.

The strategic assessment draws together the range of information we gather across the partnership, including service performance data, community consultations, group and individual feedback and local and national research, to provide a rounded picture of how children, young people and their families are doing in Renfrewshire. In addition to community-wide consultation activity, we also undertake targeted consultations with groups such as children with disabilities, families from Black and Ethnic Minority communities, care experienced young people and parents’ groups, to ensure a diversity of views which fully represent our Renfrewshire communities.

In line with our focus on improving the early years experiences of Renfrewshire’s children and families, we will continue to review data about the performance and impact of our many early years interventions. We are currently considering how we can update the data we gathered in 2012 about families with children aged under eight years to ensure that we understand and respond to the needs and preferences of young families.

What do our children and young people tell us about their wellbeing?

Messages from the ‘ChildrenCount’ Wellbeing Survey

Between November 2016 and January 2017, more than 10,000 children and young people between P5 and S5 completed an on-line survey during class-time about their wellbeing. The survey used the ChildrenCount tool developed by the Dartington Social Research Unit and asked participants a range of questions about their experience of growing up in Renfrewshire.

At the time of writing, we are awaiting the completed data report and we are in the process of sharing the high level data with children and young people to develop a comprehensive understanding of the wellbeing of our children and young people.

Our data can be compared with three other Scottish local authorities (Dundee City, North Ayrshire and Angus Council) as well as with Renfrewshire's own data collected in 2011.

Key Findings:

- Early initiation of substance use (alcohol, tobacco, cannabis) has reduced by nearly 20% since 2011. The proportion of young people who have used alcohol, tobacco or cannabis in the last year is significantly lower in Renfrewshire than in comparator sites elsewhere in Scotland.
- Smoking – the proportion of young people smoking cigarettes under the age of 14 years has more than halved since 2011.
- Parenting and family management – children and young people in Renfrewshire report better attachment to their parents, lower levels of family conflict and more stable family management than children and young people elsewhere in Scotland.
- Family and social support – the majority of children and young people report that they receive strong social, emotional or instrumental support from their family and peers.
- Anxiety and Depression – the proportion of children and young people likely to receive a clinical diagnosis for an emotional disorder has moderately increased in Renfrewshire since 2011.
- School Engagement -the proportion of children and young people in Renfrewshire who experience difficulties with their engagement with school is the same as other areas in Scotland.
- Adolescent relationships – a significant minority of young people report difficulties in relationships with their boyfriends/girlfriends.
- Conduct problems and hyperactivity – the proportion of children and young people in Renfrewshire who experience problems managing their behaviour has improved slightly since 2011 and is lower than elsewhere in Scotland.
- Exercise – in common with their peers across Scotland, most of Renfrewshire's children and young people do not meet the NHS recommended minimum of one hour's exercise per day.

7. Emerging Priorities

The high level view of the wellbeing data points to the following priorities for action:

- Improving adolescent mental health
- Improving school engagement
- Supporting healthy and safe adolescent relationships
- Increasing exercise for all children and young people

8. Building on our achievements

We are confident that 'Reach for a Better Future' has delivered significant benefits to our children, young people and families over the past three years. We are proud of the work we have done to develop and implement an evidence-based approach to the design and delivery of children's services and the positive impact this has had upon all children and young people as well as some of our most vulnerable families.

The 'Reach for a Better Future' strategy sets out a robust action plan for the delivery of services which meets the needs of children, young people and families across Renfrewshire. We will continue delivery of this action plan while we work over the coming year to refine our actions in line with the output of the strategic needs assessment.

Over the course of the next year we undertake the range of activities necessary to produce a new children's services plan which aligns with the requirements of the new Act and fulfils our aspirations for Renfrewshire's children, young people and communities. (Our approach to developing our new plan is described in Appendix 1).

A new Renfrewshire Children's Services Partnership Plan will be operational on 1 April 2018. It will be a truly collaborative production involving children and young people, community planning partners and the widest range of 'other service providers' and 'relevant persons'. Our new plan will set the strategic agenda for children's services improvement and describe the performance framework through which we will specify outcomes, track progress and report impact.

9. Options Appraisal

How we will continue to deliver improved outcomes?

We will continue to progress the action plan arising from the Joint Inspection of our services for children and young people. We have implemented a new process to record joint decision-making in child protection referrals and are monitoring its operational delivery closely. Work is also ongoing to improve the quality and consistency of assessments, chronologies and SMART care planning. Multi-agency training is already showing a positive impact in improving these practice issues.

The wellbeing data shows that most children and young people in Renfrewshire are happy, healthy and achieving. We recognise the role of mainstream supports within schools as well as the extra-curricular sports and other activities in supporting positive wellbeing and we will consult with children and young people about how we might strengthen these further.

Health partners are exploring new approaches to improving developmental outcomes for pre-term babies in Renfrewshire. Work is focussed on ensuring early identification of need and provision of support as necessary throughout childhood. We will explore what more we can do to raise awareness of the potential developmental implications of pre-term births within pre-five establishments.

Reducing the incidence of domestic violence and its impact upon children and young people is a key priority in Renfrewshire. We will continue to monitor the implementation of a range of new services delivered across the partnership. We aim to embed the 'Safe and Together' model of working across services and we will evaluate the impact of this as we move forward.

Continue work to extend the reach of the Psychology of Parenting Programme (PoPP) across all localities within Renfrewshire. We will expand training opportunities to more staff in pre-five centres and level 4 group Triple P to staff in health visiting teams to expand the reach of the programme to more families in need of support.

We will explore ways of improving the range and accessibility of services to support parents in their parenting role.

During 2017/18 we will continue work between the Children and Young People Health Improvement team and the NHSGGC Sexual Health and Relationships Team to evaluate the delivery of the Relationships and Sexual Health Education (RSHPE) curriculum and use of associated resources within Renfrewshire's non-denominational schools.

Head Teachers are currently working on individual school approaches to allocating the Pupil Equity Fund to

meet the needs of their children, young people and families.

We will work with partners Renfrewshire Leisure to find effective ways of increasing the amount of exercise taken by children and young people. We will consult widely with children and young people to fully understand what gets in the way of them doing more exercise and identify opportunities within their families, schools and communities to encourage more active lifestyles.

Workforce development

Our staff are our most important resource. We rely on a confident, knowledgeable and well supported workforce to deliver the services necessary to improve outcomes for children and young people.

Renfrewshire Children's Services has commenced implementation of a new, competency-based supervision approach with social work staff which aims to raise standards of professional practice by focussing on reflective practice and continuous professional development.

Children's Services education staff have a focus on strengthening the professional development of teachers and support staff to ensure that they have the skills and knowledge they need to meet the diverse needs of children and young people. Within the portfolio of professional training opportunities, there is an emphasis upon equipping teachers to better respond to the needs of the most vulnerable children and those with additional support needs.

Across Health services, the GIRFEC National Practice Model is becoming embedded across services. It provides clarity of expectations for practitioners and promotes their confidence in decision-making. The framework has delivered greater consistency in the gathering, recording and analysis of information and is key to child-centred assessments and care plans. The Model is underpinned by extensive multi-agency planning and feedback from service users and practitioners is that it is working to improve the quality of assessments and deliver more joined-up support services.

We want to develop a distinct 'Renfrewshire way' of delivering children's services. We want Renfrewshire to be a place where we're all proud to work for the benefit of children and communities.

10. Next Steps

What's getting in the way of our children and young people's wellbeing?

We want our new plan to get it right for every child and young person in Renfrewshire. The wellbeing survey data has identified a number of issues which are getting in the way of children and young people's wellbeing. We need to explore further the causes and impacts of these issues and to understand how we can work together to safeguard, support and promote the wellbeing of local children and young people.

Some key areas of inquiry are:

- Young people have told us that they often feel anxious about their use of social media and don't always know how to keep safe on-line. We will find a way to support young people to make safe choices about social media use and explore how health services can better support those experiencing on-line bullying.
- We think that social media might be a driver of concerns about emotional control in adolescent relationships. We will consult with young people and frontline professionals to understand more about the role and impact of social media in young people's relationships. We will explore the potential use of a new programme called 'Face Up' to support healthy teenage relationships.
- We know that adults who had a negative experience at school find it difficult to support their own children at school. We will work with colleagues in schools to develop new ways of positively engaging parents in school activities.
- We know that there are many reasons why children and young people choose not to engage in physical activity. We will work to identify opportunities for us to influence positive choices.
- Young people tell us that there are sometimes practical reasons around changing facilities and timetabling which dissuade them from participating in school sport. We will work together with partners in schools to develop solutions to these issues.
- We recognise that we have work to do to get ready for the implementation of the new Carers Act. We will refresh our forum for young carers to include a broader range of children and young people with caring roles with the aim of developing a needs-led suite of services for young carers.

Appendix 1: How we will develop our new Children's Services Plan

We want to get it right for every child in Renfrewshire. We will do this by following a logic-modelling approach which starts with our vision of the future and describes the actions we need to take to achieve our goals.

1.1 Hearing the Voice of Our Children and Young People

The wellbeing data provides us with a very clear view of children and young people's experience. We want to share this data with the widest possible group of children and young people to 'sense-check' the information and to develop a comprehensive understanding of the data. We will explore with children and young people their perceptions of particular wellbeing issues and use their feedback to inform decision making.

Across the wider partnership, we have an active Participation Strategy which sets out our vision and actions for improving the participation of children and young people in all aspects of decision making. We have a number of well-embedded methods to hear the voices of children and young people in Renfrewshire, including approaches to consult and uphold the rights of our most vulnerable children and young people, and these will be harnessed in the development of our new plan. Renfrewshire has a pro-active strategy

Children's Champions' Board

In its joint inspection of services for children and young people in Renfrewshire in December 2015, the Care Inspectorate cited the Children's Champions' Board as a very positive initiative to support and empower vulnerable young people and noted its function to provide care experienced young people with direct access to their corporate parents. The Care Inspectorate noted that the Champions' Board enabled young people to influence the development of policies and practices which have a direct impact upon their lives.

1.2 Consultation and engagement with 'other service providers' and 'relevant persons'

We recognise that a children's services plan is a process not an event. Our plan will never be 'complete'. It will be used as a dynamic tool to set the strategic agenda for children's services and establish the framework for tracking progress and measuring impact.

We want to provide a range of opportunities for planning partners and others as specified in the Statutory Guidance to participate meaningfully in the development, implementation and evaluation of our children's services plan.

The new Children and Young People (Scotland) Act 2014 and the new Community Empowerment Act (2016) present us with an opportunity to review and strengthen our community engagement structures and processes. Our objective is to give expression to the requirements of the new Guidance to engage and consult with the widest range of stakeholders, communities and individuals, and to provide them with an effective opportunity to participate in or contribute to the preparation of the plan.

1.3 Building Capacity

We recognise that not all those organisations, individuals and groups who might wish to be involved in the planning process have the capacity to do so.

We will work closely with Engage Renfrewshire and other key third sector partners to broaden the reach of our voluntary sector fora and to develop the capacity of voluntary sector organisations to more fully participate in the development of our new plan. We want to achieve agreement between all planning partners and participants about the priorities for children's services and the manner in which we will measure outcomes.

Our aim is to develop a shared outcomes framework which will see all children's service providers integrating their data and adapting how they collect, track and share data to ensure that we put greater focus on measuring outcomes and what really matters to Renfrewshire's children, young people and families.

Sharing priorities and harmonising data will enable us to develop a 'data dashboard' which will show the real-time progress of services towards achieving our shared priorities. A data dashboard will enable the Children's Services Partnership Plan governance group to adapt activities and refine targets. It will also mean that we have at our disposal the necessary information to deliver a robust annual evaluation of the plan as per the new Statutory Guidance.

Community Support for Families

Social Prescribing, sometimes referred to as a community referral, is well established in Renfrewshire. It is a way of enabling GPs, nurses and other primary health care professionals to refer people to a range of local, non-clinical services, for example parenting support groups, drop-in centres and counselling services.

Social prescribing is helping some of our most vulnerable families to better manage mental health difficulties and overcome social isolation. By better connecting parents with local support services, social prescribing helps to strengthen parenting and improve experiences for children and young people.

1.4 A Joined-Up Children's Services Plan

We will seize the opportunity presented by the new children's services planning requirements to produce a comprehensive Plan which brings together all children's services plans and strategies.

Renfrewshire's Children's Rights and Participation Strategy, Corporate Parenting Strategy and Young Carers' Strategy will be refreshed alongside our Children's Services Partnership Plan development activities. Furthermore, we will harmonise the reporting timescales and processes such that all children's services related plans and strategies are evaluated and reviewed as one.

A consolidated Children's Services Partnership Plan will facilitate greater co-ordination between related activities and provide greater clarity about how partners are safeguarding, supporting and promoting children's wellbeing. The new Plan will thus provide a more readily accessible and joined-up narrative account of how we will get it right for every child in Renfrewshire.

1.5 Young Carers

We are currently working with community planning partners and other service providers to identify all young carers in Renfrewshire.

Our wellbeing survey tells us that we have more than 220 children and young people aged 9 – 16 years who provide daily care, such as helping with washing and dressing, cooking and cleaning, for a parent or relative who lives in their home.

While many families with young carers are in contact with services and receive support, we know that too few young carers receive specific support in relation to their role. We are also aware that there are others who, for a variety of reasons, are not known to us. We aim to identify these 'hidden' young carers and assess their wellbeing needs.

We will ensure that we are ready for the implementation in April 2018 of the new Carers (Scotland) Act 2016 by integrating the scoping and preparatory work within

the process for developing our new Children's Services Partnership Plan.

In line with our over-arching GIRFEC objectives, we will embed our young carer eligibility criteria within our new Children's Services Partnership Plan and align our process for Young Carer Statements with our Child's Plan framework.

It is essential that we work in partnership with colleagues in adult services to get it right for young carers. We will work with adult services professionals to raise awareness of young carers' issues and raise the profile of the new Act. Work is currently ongoing with partners to develop processes to ensure that young carers are identified and referred to Children's Services for assessment and support.

We want to ensure that the voice of young carers is heard in the strategic planning of adult services. We will collaborate with the Integrated Joint Board Strategic Planning Group to find ways for young carers to influence the design and delivery of services.

1.6 Corporate Parenting

In its December 2015 report, the Care Inspectorate noted the 'strong commitment' of Renfrewshire partners to the corporate parenting approach for looked after children and young people. Our cohesive and effective structures of multiagency implementation groups were found to be effective at fulfilling our corporate parenting obligations and making sure that it delivered positive outcomes for children, young people and their families.

We have worked closely over several years with partners at Who Cares? Scotland to develop our approach to improving outcomes for care experienced young people. Our Corporate Parenting approach has delivered considerable improvements to the lives of looked after and care experienced young people, particularly as regards positive destinations post school and transition to employment.

Renfrewshire community planning partners are currently in the process of refreshing our Corporate Parenting Strategy. We want to build on the good work already delivered and consider how we can be even more responsive to the needs of our looked after children and young people.

1.7 Children's Rights and Participation

Renfrewshire has a strategy agreed across the partnership which sets out our vision for the participation of children and young people in decision making across the authority.

Every child and young person in Renfrewshire will have the opportunity to express their views, be listened to and have their opinions respected. All our services will listen and respond honestly to what children and young people have to say.

We will seize the opportunity presented by the new statutory requirements to review our participation strategy and to develop new approaches to broaden the involvement of children and young people in the development and implementation of our new children's services plan.

We regard participation in decision making about matters which affect children and young people's lives as a basic right. As such, we will bring together our strategies for giving further effect to the United Nations Convention on the Rights of the Child with our participation strategy. This 'Children and Young People's Rights and Participation Strategy' will be developed alongside and included within our new children's services plan.

Partners at Barnardo's deliver high quality and innovative advocacy services to our children and young people who are involved in statutory processes (Children's Hearings) and who live at home. Barnardo's have developed innovative methods for ensuring children and young people have a range of opportunities for having their say at Children's Hearings. A particularly innovative example is the use of multi-media applications to enable children and young people to record a video or create an avatar which conveys their views to Children's Panel members.

1.8 Scottish Attainment Challenge and Pupil Equity Fund

The development and delivery of our new Children's Services Partnership Plan will be informed by the work being undertaken in respect of the Scottish Attainment Challenge and the Pupil Equity Fund. We will ensure that our plan links to the wider educational outcomes we seek for Renfrewshire's children and young people.

To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Chief Officer

Heading: Section 10 Grants to Voluntary Organisations - Applications 2017/18

1. Summary

- 1.1. The delegated authority to provide financial support to voluntary organisations is provided for in Section 10 of the Social Work Scotland Act 1968.
- 1.2. 16 organisations have submitted grant applications for Section 10 funding in 2017/18. The Section 10 budget for 2017-18 is £30,150 and the 16 organisations have applied for a total amount of £43,272.53.
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2. Recommendation

It is recommended that the IJB:

- Approve funding totalling £26,924 to 14 organisations as detailed in Appendix 1.
 - Give delegated responsibility to the Chief Officer for the future allocation of funds not yet granted following the same process outlined below.
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3. Background

- 3.1 The delegated authority to provide financial support to voluntary organisations is provided under Section 10 of the Social Work Scotland Act 1968, "A local authority may make contributions by way of grant or loan to any voluntary organisation the sole or primary object of which is to promote social welfare".
- 3.2 To receive funding, organisations must submit an application to the Health and Social Care Partnership's Community Link Team using the Council's grant application form which is available on the Council's website and should clearly demonstrate that they contribute to at least one of the Health and Social Care Partnership's strategic priorities in their application.
- 3.3 Grant awards can only be made to organisations accepting the Council's conditions of grant which are available on the Council's website.

- 3.4 As of June 2017 not all funds have been allocated and we expect further applications to be made at a later date.
- 3.5 Despite this being a relatively small amount of funding, it provides a lifeline for some very small groups and the application and allocation processes would benefit from some extra consideration from next year to ensure that all funds allocated support the development of social capital and the promotion of community-led activity, both vital to improving health and wellbeing.
- 3.6 The criteria and process of approval for Section 10 applications are set out in Appendix 2.
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Implications of the Report

1. **Financial** – The report deals with the allocation of the approved Section 10 budget for 2017-18
 2. **HR & Organisational Development** – None
 3. **Community Planning** – None
 4. **Legal** – None
 5. **Property/Assets** – None
 6. **Information Technology** – managing information and making information available may require ICT input.
 7. **Equality & Human Rights** - The recommendations in this report have been assessed in relation to the impact on Equalities and Human Rights and the contribution to the HSCP Equality Outcomes. This report impacts positively, in particular, on age and disability. If required the actual impact will be reviewed and monitored.
 8. **Health & Safety** – None
 9. **Procurement** – None
 10. **Risk** – None
 11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.
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List of Background Papers – None.

Author: Fiona Mackay, Head of Strategic Planning and Health Improvement

Section 10 Grant 2017-18
Renfrewshire Integration Joint Board

1. Recommend for funding

Name of Organisation/Group	Cairn Heights
What are the aims of your organisation?	To plan activities that will reduce isolation and loneliness, as well as improve each individual's health and wellbeing for them to live an independent and active life.
What is the purpose of the project?	To break down barriers and built up relationships within the amenity high rise flats. Gallowhill have had some extensive regeneration work and we are trying to expand on the work that has already been established, by bringing the tenants together to share experiences and reduce isolation and loneliness.
What will it do and how will you do it?	Our project is to arrange an outing that all the tenants will be invited to. We would organise a bus run that would take the tenants to a place of interest for example the Kelpies or a boat trip on the Kirkintilloch Canal. Some tenants have never been over the door as they don't have transport or family to take them places. We would also try for a fish tea.
Section 10 Award 2016/17	£0
How much grant funding are you seeking from Section 10?	£350
Please provide a breakdown	Refreshments £250
	Bus £100
Recommended award 2017/18	£350

Name of Organisation/Group	Cornerstone Drop In		
What are the aims of your organisation?	To provide a day time facility for shelter, food and friendship to those who are in need and require support. This includes meeting their social needs and giving them direction in providing them with life requirements which may involve linking with other agencies. While the drop in is open to all, many who attend have addiction issues.		
What is the purpose of the project?	While the main aims of the organisation is to engage and befriend those who have life needs, we find that the provision of food is an ideal way to invite people into the drop in. It allows for time to get to know them and make good contact		
What will it do and how will you do it?	<p>We will be able to provide sustenance to those who don't always have access to good quality food. This goes some way to supporting their well being. As indicated previously this will allow more time in meeting the folks who come in and subsequently enabling us to give greater support.</p> <p>The drop in is open one day per week where refreshments are offered all day and a full meal supplied at the lunch time period. We use the Holy Trinity Church, Paisley hall/kitchen facilities.</p>		
Section 10 Award 2016/17	£500		
How much grant funding are you seeking from Section 10?	£1,000		
Please provide a breakdown	<table> <tr> <td>Provision of food</td><td>£1,000</td></tr> </table>	Provision of food	£1,000
Provision of food	£1,000		
Recommended award 2017/18	£1,000		

Name of Organisation/Group	Cotton Club	
What are the aims of your organisation?	To plan activities that will reduce isolation and loneliness, as well as improve each individual's health and wellbeing for them to live an independent and active life.	
What is the purpose of the project?	<p>1-3 Barrhead Road is an amenity living complex with 15 flats that houses older adults of varying abilities.</p> <p>The complex was lucky enough to have a new path installed by the Neighbourhood forum and they are now hoping to do some work in the garden to brighten the remaining area that is now mainly mud and a bare fence that backs onto the railway.</p>	
What will it do and how will you do it?	<p>The tenants are also hoping to use the grassed area as a conservation area for local wildlife and perhaps use this to link in with the school's curriculum.</p> <p>There is an area of earth that the tenants hope can be used to do some basic gardening and produce some vegetables that the children can plant and maintain. This will include a trip for the adults to a garden centre to source the necessary plants, seeds, tools and other items for the garden.</p>	
Section 10 Award 2016/17	£500	
How much grant funding are you seeking from Section 10?	£500	
Please provide a breakdown	Soil	£75
	Seeds	£75
	Wood	£200
	Paint	£100
	Refreshments	£50
Recommended award 2017/18	£500	

Name of Organisation/Group	CREATE Paisley		
What are the aims of your organisation?	Create primarily works with local young people in Paisley, with the aim of fostering safe environments and facilitating events and activities inspired and informed by the interest and passions of local young people and the wider community. We are working hard to promote a 'positive Paisley'. Central to this, Create aims to advance local arts and culture, cultivating a creative community and giving spaces and opportunities for artists and musicians to develop their skills, abilities and potential.		
What is the purpose of the project?	Create will provide safe environments by renting a workshop space in the Methodist Central Halls and running accessible, safe and youth-friendly workshops. Young people will opportunities to access the space around 3 times a week to develop their creative skills in song writing, filmmaking, photography and digital app design etc. Young people will increase in confidence, develop skills in technology, design, engage in City of Culture projects and build social networks with other young people and in the wider community.		
What will it do and how will you do it?	Create will create a safe accessible space for art projects, filmmaking, photography and more. Young people will access art workshops and get access to free materials. Young people will also contribute towards the design of the safe space. We will then continue to run our arts programmes, youth forum, mural project and other projects in association with Paisley 2021 that young people express an interest in.		
Section 10 Award 2016/17	£0		
How much grant funding are you seeking from Section 10?	£2,200		
Please provide a breakdown	Space Hire for Arts Space at Methodist Central Halls (12 Months)		£1,000
	Art Workshop Facilitator		£1,200
Recommended Award 2017/18	£2,200		

Name of Organisation/Group	Engage Renfrewshire	
What are the aims of your organisation?	We are a single door access point for community action, volunteering and the voluntary sector in Renfrewshire. We deliver key services for the community and voluntary sector as well as public sector partners: including the HSCP, through IJB, the ICF committee and community involvement (including health related third sector projects) to support and inform health delivery. We aim for high levels of volunteering/community action aligned to increased confidence in the voluntary sector.	
What is the purpose of the project?	The grant will support our aims of improving the Sector's relationship with other Community Planning Partners by playing an important role in supporting the sector achieve against the six strategic Community Plan objectives. Engagement activities and services will interconnect with the aims of delivery improved levels of volunteering, opportunities for the development of true community led services and the improvement of local economic growth.	
What will it do and how will you do it?	Engage Renfrewshire is seen as a trusted 'umbrella' agency providing influential services to its members and a presence for the Third Sector within the strategic local partnerships. The work carried out by the organisation is enriched by the flexibility of the approach of Engage Renfrewshire's experienced officers. The company will use this experience to build better connectivity for all local health organisations as the HSCP continues to develop.	
Section 10 Award 2016/17	£9,900	
How much grant funding are you seeking from Section 10?	£9,900	
Please provide a breakdown	Property Costs	£756
	Admin Costs	£646
	Professional fees	£366
	Marketing	£243
	Participant Costs	£133
	Staff Costs	£7,756
Recommended award 2017/18	£7,756 (staff costs)	

Name of Organisation/Group	Forever Young – Intergeneration Quiz		
What are the aims of your organisation?	To plan activities that will reduce isolation and loneliness, as well as improve each individuals health and wellbeing for them to live an independent and active life.		
What is the purpose of the project?	The IQ is an effective partnership approach to reduce the social isolation for older people, but also to tackle the negative attitudes children, young people and older people have towards one another. The project successfully involves a range of learners, including primary school pupils and people from the local community		
What will it do and how will you do it?	To provide meaningful activities to combat loneliness and isolation within sheltered housing. To encourage social inclusion and great better health and wellbeing.		
	Children from the primary schools benefit from the experiences of the older people learning their skill. The positive relationship between the schools, children and community members has resulted in further links being made especially in the curricular areas. The children and young people benefit from working with people of a different age group and feel more confident about talking to older people in their local area. Older people feel more involved in their community.		
Section 10 Award 2016/17	£800		
How much grant funding are you seeking from Section 10?	£1000		
Please provide a breakdown	Venue	£200	
	Medals	£150	
	Transport	£200	
	Stationery	£150	
	Refreshments	£150	
	Equipment	£150	
Recommended award 2017/18	£1,000		

Name of Organisation/Group	Greensyde Carers
What are the aims of your organisation?	The aims of the Group are to advance the education of and promote the welfare of people with learning difficulties and of their carers in Renfrewshire and to provide or assist in the provision of facilities, in the interests of social welfare, for recreation and other leisure time occupation so that the conditions of life of the aforementioned people with learning difficulties and their carers may be improved.
What is the purpose of the project?	The purpose is to engage qualified sessional workers to provide programmes of Music, Dance and Aerobics, enabling the 80 disabled adults receiving a service at Milldale to participate in supervised physical activities complemented by music. As well as promoting self-esteem, these sessions promote co-ordination, communication, and confidence building skills. Those activities were introduced during recent years and have proved to be extremely well received and most beneficial.
What will it do and how will you do it?	Weekly sessional workers attend at Milldale Centre where they work with either a group or an individual alongside members of staff or volunteers, thus ensuring that their skills are helping to develop both the adults who attend the Centre and support staff. The provision of such therapy is cost effective in that it provides for all 80 adults attending Milldale on an ongoing basis throughout the year and complements rather than duplicates the services provided by Renfrewshire Soc Work Dept.
Section 10 Award 2016/17	£500
How much grant funding are you seeking from Section 10?	£600
Recommended award 2017/18	£600

Name of Organisation/Group	Music in Hospitals
What are the aims of your organisation?	Music in Hospitals aims, through the provision of professionally delivered live music performances, to enhance the quality of life of children and adults with a range of conditions relating to illness or disability.
What is the purpose of the project?	We would like to provide at least 20 concerts in healthcare settings in Renfrewshire during 2017/18 and, we would like the Council to fully fund three of these in its own local authority care homes which, due to limited funds, are often precluded from regular take up of high quality live music. The homes we would like to benefit from a grant from the Council are Montrose, Hunterhill and Renfrew.
What will it do and how will you do it?	Selected professional musicians will travel to each care unit to bring their live musical sessions directly to frail and vulnerable people who can no longer attend events out with their care home. Concerts will last for around an hour and each audience will be encouraged to request songs, sing, dance and participate in whichever way feels most natural.
Section 10 Award 2016/17	£330
How much grant funding are you seeking from Section 10?	£768
Recommended award 2017/18	£768

Name of Organisation/Group	Renfrewshire Access Panel	
What are the aims of your organisation?	Renfrewshire Access Panel is a small charity based in Renfrewshire dealing with accessibility. Originally we started with access to the built and natural environment and access to services although we are now delighted to be at the forefront of promoting access across its widest remit and endeavours to be fully inclusive in its approach. This means working across the private, public and third sector to remove physical and attitudinal barriers to equality, and to promote all aspects of independent living within the Renfrewshire community.	
What is the purpose of the project?	<p>The purpose of the grant is to assist with the on-going running costs of the group for paper & printer ink. To assist with the costs involved in the working group which will allow us to continue training other groups in the skills they need to return to work.</p> <p>We are also providing office skills, job training for clients that are currently leaving council day services.</p> <p>We are looking into changing places toilets being installed at various locations through Renfrewshire as following a survey of the disabled community it is clear that people are put off visiting the town and the Renfrewshire-wide area as the toilet facilities are not suitable and the closest changing places toilet is in Barrhead, East Renfrewshire therefore not even in our area.</p> <p>The grant will be supporting access for all which includes access to services, built environment, the outdoors, education and information on benefit changes. When we ensure that the access is accessible for people with disabilities this also assists parents/guardian with prams, children on bikes and the elderly as their mobility deteriorates. We are more than happy to help any member of Renfrewshire with any access issue.</p>	
Section 10 Award 2016/17	£620	
How much grant funding are you seeking from Section 10?	£6239.53	
Please provide a breakdown	Rent	£3606.66
	Insurance	£625.67
	Printing and Stationary	£600
	Audit/accountancy fees	£500
	Telephones	£907.20
Recommended award 2017/18	£1,100 (printing and stationery; audit/ accountancy fees)	

Name of Organisation/Group	Renfrewshire Seniors Forum
What are the aims of your organisation?	<p>We are an umbrella group for all the Senior/Elderly forums in Renfrewshire, as well as many associate member groups. Our objectives are to promote the general welfare of older people in the Renfrewshire local authority area by campaigning on issues that affect them and, to raise such issues with departments or agencies concerned. We will also provide support and where appropriate services to organisations as well as forums that are working with seniors within Renfrewshire.</p>
What is the purpose of the project?	<p>Project 1 The purpose of this project is to bring together seniors from all those organisations who work to provide opportunities for them. This SOOPIR day tries to encourage seniors to come and mix with others of their age group and enjoy the company of others.</p> <p>Project 2 The purpose of this project is to provide a format where seniors can be given the most up to date information from those organisations that are available to assist them in their senior years. These organisations are invited in to set up or to deliver a presentation. We are aware from past experiences how valuable this approach is to those seniors who do not have the benefits or confidence to interface with today's technology and how they could be losing out on benefits because of a lack in knowledge. A light lunch and entertainment is also provided affording the seniors the opportunity to relax and discuss issues with others who can pass on valuable guidance.</p> <p>Project 3 This project is being started to move the RSF into the world of Technological Communication. We are going to establish a Web Site with each forum member trained to make use of available technology to access the information available. This move will help to make communication between all the forums quicker, easier and more efficient. The RSF would like to provide each forum secretary with a laptop that will be used to benefit the running of the forum when organising activities and providing presentations. The RSF is at present enquiring into the establishment of this web site and the cost of setting it up.</p>

What will it do and how will you do it?	We will be organising several events that will empower older people, build their confidence and increase their knowledge as well as help them to build relationships. Through this approach we will encourage building partnerships with those organisations who have an impact on the lives of senior citizens. We will be establishing working groups from the delegates within the Senior Forum who will organise these events and will maintain the very important link between the senior and local forums.		
Section 10 Award 2016/17	£2,900		
How much grant funding are you seeking from Section 10?	£3,200		
Please provide a breakdown	The Administration and maintenance of the Renfrewshire Senior Forum		£750
	SOOPIR Day (1) Strengthening Opportunities for Older People in Renfrewshire		£535
	SOOPIR Day (2) Strengthening Opportunities for Older People in Renfrewshire		£485
	Equipment to assist with running of SOOPIR Days		£180
	Project: Communication and Technology Development		£1250
Recommended award 2017/18	£2,450 (SOOPIR day 1; SOOPIR day 2; Equipment to assist with running of SOOPIR Days; Project: Communication and Technology Development)		

Name of Organisation/Group	Renfrewshire Sound Talking Newspaper for the Blind	
What are the aims of your organisation?	To provide a recorded local news service to visually impaired people in Renfrewshire.	
What is the purpose of the project?	Renfrewshire Sound rents its premises from Renfrewshire Council at the rate of £2,500 per annum. The purpose of the project is to allow us to pay rent for the premises and allow our service to visually impaired people in Renfrewshire to continue.	
What will it do and how will you do it?	The project will allow us to continue to rent premises from Renfrewshire Council and this will allow us to continue to provide a service to over 100 visually impaired people in Renfrewshire.	
Section 10 award 2016/17	£1,700	
How much grant funding are you seeking from Section 10?	£2,500	
Please provide a breakdown	Rent of Council owned premises at 16 Barscube Terrace, Paisley	£2,500
Recommended award 2017/18	£1,700	

Name of Organisation/Group	Renfrewshire Visually Impaired Forum		
What are the aims of your organisation?	To promote the benefit of all people with a visual impairment		
What is the purpose of the project?	To enable us to continue to meet weekly for the drop in and monthly for the main meeting. We require assistance with taxis.		
What will it do and how will you do it?	We will continue to rent the premises and provide teas.		
Section 10 Award 2016/17	£1,000		
How much grant funding are you seeking from Section 10?	£1,200		
Please provide a breakdown	Rent		£800
	Taxis		£200
	Apps for iPhone to assist people with a visual impairment		£200
	£1,000 (rent, taxis)		
Recommended award 2017/18			

Name of Organisation/Group	Victim Support Scotland	
What are the aims of your organisation?	VSS aims to achieve positive outcomes for victims and witnesses by focusing on improving health and wellbeing; increasing safety and perception of safety and ensuring victims and witnesses are better informed. Locally we provide a flexible, accessible and efficiently organised service, providing a community based response offering free, confidential and independent emotional support and practical assistance regardless of race, gender, age sexuality or ability.	
What is the purpose of the project?	To contribute to the running costs including rent rates heating maintenance and insurance of VS Renfrewshire.	
What will it do and how will you do it?	<p>We will provide a range of free, confidential and professional services, providing emotional and practical support, CICA representation while adhering to our core values.</p> <p>Supportive-our volunteers will give victims time to talk, recognise how they are feeling and help them grow stronger.</p> <p>Accessible- VSR will be there for as long as there is a need.</p> <p>Personalised- we tailor our services to support the needs of the individual.</p> <p>Excellence- we aim for the best service and strive to improve.</p>	
Section 10 Award 2016/17	£7,000	
How much grant funding are you seeking from Section 10?	£10,000	
Please provide a breakdown	Salary Costs	£4,000
	Property Costs	£4,000
	Administration Costs (telephone, postage,stationery & management costs re: finance, HR, IT & training)	£1,100
	Other costs - volunteer costs	£900
Recommended award 2017/18	£6,000 (property costs; administration costs; volunteer costs)	

Name of Organisation/Group	Wednesday Social Club Whitehaugh		
What are the aims of your organisation?	Our members are all elderly so we support them through social, recreational activities, bingo, raffles and auctions. We also go to various places for our outings.		
What is the purpose of the project?	To help – rent, outings and our admin cost. Christmas dinner. West College Scotland lunches.		
Section 10 Award 2016/17	£500		
How much grant funding are you seeking from Section 10?	£1,000		
Please provide a breakdown	Rent	£1,000	
Recommended award 2017/18	£500		

2. Do not Recommend

Name of Organisation/Group	Birthinglink
What are the aims of your organisation?	To enhance the wellbeing and promote the welfare of all people affected by adoption with a Scottish connection. To provide assistance to local authorities in the fulfilment of their statutory responsibilities towards adults affected by adoption and to develop a comprehensive strategy on After Adoption Services across Scotland
What is the purpose of the project?	Provide support, advice and information for all those affected by adoption either resident in Renfrewshire or whose adoptions took place in Renfrewshire.
What will it do and how will you do it?	Provide a one stop shop for those affected by adoption to receive advice, information and support.
Section 10 Award 2016/17	£0
How much grant funding are you seeking from Section 10?	£1,000
Please provide a breakdown	After Adoption information Line £1,000
Recommended award 2017/18	£0 – adoption support available locally

Name of Organisation/Group	Scottish Child Law Centre	
What are the aims of your organisation?	The promotion and welfare of children and young people under the age of twenty-one by providing free expert legal information and advice on Scots Law relating to children and young people by telephone or e-mail. This information is available to children, young people, their families, carers and external organisations. Our legal advice is always in the best interests of the child. We believe that knowing your legal rights enables vulnerable children and young people to make informed choices.	
What is the purpose of the project?	The grant will contribute to the running costs of the Centre's core service – provision of information and advice on legal issues relating to children and young people. This is a National service accessible to anyone who needs legal advice and support including Renfrewshire. Calls to the advice line are free for under 21s. Advice is provided by qualified solicitors who specialise in Child and Family Law. This is a unique service in Scotland.	
What will it do and how will you do it?	Provide free expert legal information and advice on Scots Law relating to children and young people under 21 by telephone or e-mail. Respond to changes in legislation. Provide open and external training, run conferences and roundtable discussions. Provide speakers for panels and conferences. Provide publications, free to children and young people. Update and develop our website including translation of our publications. Provide volunteer opportunities, internships & school placements	
Section 10 Award 2016/17	£0	
How much grant funding are you seeking from Section 10?	£1,815	
Please provide a breakdown	Salaries	£1,351
	Property Costs	£197
	Administration Costs	£267
Recommended award 2017/18	£0 – advice is available locally	

Criteria for Section 10 Applications

The criteria for Section 10 applications are:

- Organisations must be a constituted organisation.
- Organisations should be financially viable as demonstrated in their accounts and bank statement submitted along with their application.
- Organisations must demonstrate that they will support Section 10 of the Social Work Scotland Act 1968, “A local authority may make contributions by way of grant or loan to any voluntary organisation the sole or primary object of which is to promote social welfare.”¹.
- Organisations must clearly demonstrate that they contribute to at least one of Renfrewshire Health and Social Care Partnership’s (HSCP) strategic priorities in their application; Improving Health and Wellbeing, The Right Service at the Right Time in the Right Place, Working in Partnership to Treat the Person as well as the Condition.

Process of Approval for Section 10 Applications

The process for approval of a grant is:

1. Organisation submits an application to the HSCP’s Community Link Team (CLT).
2. CLT checks that all relevant paperwork has been submitted: signed application form; constitution or memorandum and articles of association; most recent annual accounts or income and expenditure statement dated and signed as approved, and less than fifteen months old; and recent bank statement less than three months old.
3. CLT assesses whether the application promotes ‘social welfare’ as set out in the Social Work Scotland Act 1968, and contributes to at least one of the HSCP’s strategic priorities as set out in the Strategic Plan.
4. CLT drafts a report in consultation with the HSCP’s Head of Strategic Planning and Health Improvement.
5. Draft report is submitted to the Integrated Joint Board for approval.

¹ <http://www.legislation.gov.uk/ukpga/1968/49>

To: Renfrewshire Integration Joint Board

On: 23 June 2017

Report by: Director of Finance & Resources, Renfrewshire Council

Heading: Proposed Dates of Meetings of the Joint Board 2017/18

1. Summary

- 1.1 At the meeting of the Joint Board held on 18 March 2016 the IJB approved its timetable of future meetings to June 2017. It is proposed that the IJB consider its timetable of meeting dates in 2017/18 based on five meetings per annum.
- 1.2 Arrangements for ordinary meetings of the IJB are governed by the provisions of Standing Order 5.1 of the IJB's Procedural Standing Orders which state that:-
- 5.1 The IJB shall meet at such place and such frequency as may be agreed by the IJB, but not less than five times within each financial year. The IJB will annually approve a forward schedule of meetings.
- 1.3 The suggested dates are set out below, with meetings being held on Fridays and starting at 9.30 am
- 29 September 2017
24 November 2017
26 January 2018
23 March 2018
29 June 2018.
- 1.4 It is proposed that meetings of the IJB are held in the Abercorn Conference Centre, Renfrew Road, Paisley.
- 1.5 A further report will be presented to the IJB in due course to agree meetings post June 2018.
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2. Recommendations

- 2.1 That the IJB approve the dates of meetings for 2017/18 as detailed in section 1.3 of the report; and

- 2.2 That meetings of the IJB be held in the Abercorn Conference Centre, Renfrew Road, Paisley.
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Implications of the Report

1. **Financial** - none.
 2. **HR & Organisational Development** - none.
 3. **Community Planning** - none.
 4. **Legal** - none.
 5. **Property/Assets** - none.
 6. **Information Technology** - none.
 7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the NHS GC&C website.
 8. **Health & Safety** - none.
 9. **Procurement** - none.
 10. **Risk** - none.
 11. **Privacy Impact** - none.
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List of Background Papers – none.

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