

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

Date	Time	Venue
Friday, 18 March 2016	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Head of Corporate Governance

Members

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

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

Further Information

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

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

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

Members of the Press and Public

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

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 Renfrewshire Health & Social Care Integration Joint Board

Date	Time	Venue
Friday, 15 January 2016	09:30	Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

PRESENT

Councillors Iain McMillan, Michael Holmes, Jacqueline Henry and Derek Bibby (Renfrewshire Council); Donny Lyons, Donald Sime and Morag Brown (Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Stephen McLaughlin (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); Diane Goodman (substitute for Helen McAleer) (unpaid carer residing in Renfrewshire); John Boylan (trade union representative for Council staff); Graham Capstick (trade union representative for Health Board staff); David Leese, Chief Officer (Renfrewshire Health and Social Care Partnership) and Peter Macleod (Chief Social Work Officer, Renfrewshire Council).

CHAIR

Councillor Iain McMillan, Chair, presided.

IN ATTENDANCE

Ken Graham, Head of Corporate Governance, Anne McMillan, Head of Resources, George Lynch, Information and Application Services Manager, Heather Syme, Solicitor (Information Governance), Joseph Bartoletti, Records Manager and Elaine Currie, Senior Committee Services Officer (all Renfrewshire Council); Iain Beattie, Head of Adult Services, Jean Still, Head of Administration, Fiona Mackay, Head of Planning & Health Improvement, Mandy Ferguson, Operational Head of Service, Frances Burns, Health and Social Care Integration Programme Manager and James Higgins, Health and Social Care Integration Project Officer (all Renfrewshire Health and Social Care Partnership); and Mark Darroch, Joint Services Manager IT (NHS Greater Glasgow and Clyde).

APOLOGIES

John Brown (Greater Glasgow & Clyde Health Board); Alan McNiven (third sector representative); Helen McAleer (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership).

DECLARATIONS OF INTEREST

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

1 MINUTE

The Minute of meeting of the Integration Joint Board held on 20 November 2015 was submitted.

DECIDED: That the Minute be approved.

2 FINANCE REPORT - PERIOD 8

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April to 13 November 2015 for Social Work and from 1 April to 30 November 2015 for the Health Board.

The report intimated that work was underway to carry out the required financial due diligence work to ensure that resources delegated on 1 April 2016 were sufficient for the Integration Joint Board to carry out its functions. The due diligence process for the 2015/16 budgets formed the appendix to the report.

It was noted that the budget setting process for both partner organisations was set against a context of emerging risks and these were detailed in the report together with the financial pressures relating to adult social care services and NHS budgets.

The Public Bodies (Joint Working) (Scotland) Act 2014 required the Joint Board to issue directions to the constituent bodies for each function being delegated to is as the integration authority. Approval of the Strategic Plan would allow for health and adult social care functions to be delegated from the constituent bodies to the new integrated authority. Given the statutory timescale for the approval of the Strategic Plan and the Scottish Government's delay in issuing supporting guidance, there was insufficient time to finalise the directions and submit them to the Integration Joint Board for approval prior to 1 April 2016. The report proposed that authority be delegated to the Chief Officer, in consultation with the Chair and Vice Chair of the Integration Joint Board, to finalise the directions.

It was proposed that the Chief Officer submit a report to the next meeting of the Integration Joint Board to be held on 18 March 2016 relative to the number of national training places available for general nursing in Scotland. This was agreed.

DECIDED:

- (a) That the financial position to date be noted;
- (b) That the progress made on the financial planning process for 2016/17 be noted;
- (c) That the progress made to date on due diligence be noted;
- (d) That authority be delegated to the Chief Officer, in consultation with the Chair and Vice Chair of the Joint Board, to issue directions to the constituent bodies by 1 April 2016; and
- (e) That the Chief Officer submit a report to the next meeting of the Integration Joint Board to be held on 18 March 2016 relative to the number of national training places available for general nursing in Scotland.

3 INFORMATION SHARING AND INFORMATION GOVERNANCE ARRANGEMENTS

The Chief Officer submitted a report relative to the information sharing arrangement amongst NHS Greater Glasgow and Clyde, Renfrewshire Council and the Integration Joint Board and the Integration Joint Board's responsibilities in relation to information governance issues.

The Public Bodies (Joint Working) (Scotland) Act 2014 allowed for information sharing between a local authority, a health board and an Integration Joint Board for the purposes of carrying out the integrated functions. The Integration Scheme required the Chief Officer to ensure that appropriate arrangements were in place in respect of information governance for the Integration Joint Board and these arrangements could be achieved by Information Sharing Protocols.

The report intimated that in terms of the Integration Scheme, Renfrewshire Council and NHS Greater Glasgow and Clyde were obliged to ratify arrangements for information governance by April 2016 and the report detailed the progress to date.

The Chief Officer would act as the Senior Information Risk Officer on behalf of the Integration Joint Board and as such would be responsible for the information risk profile of the Integration Joint Board; identifying all of the information risks in relation to the responsibilities of the Integration Joint Board; and making sure that appropriate mitigations were in place so that the risks could be accepted.

DECIDED:

- (a) That the report and the protocols established to meet the information governance requirements of the Integration Scheme be noted; and
- (b) That it be noted that the Chief Officer had been appointed as Senior Information Risk Owner for the Integration Joint Board.

4 **FREEDOM OF INFORMATION ARRANGEMENTS**

The Chief Officer submitted a report relative to the arrangements for the Integration Joint Board meeting its obligations under the Freedom of Information (Scotland) Act 2012 (FOISA).

The report intimated that although the Council and the Health Board, as public authorities, were both separately subject to FOISA, this did not satisfy the Integration Joint Board's obligations under the Act. Although the Integration Joint Board would itself hold a very limited amount of information, it was designated as a public authority and had its own obligations under FOISA. As a result the Integration Joint Board would need to respond to requests for information it held within the statutory timescale and have its own Publication Scheme.

The Integration Joint Board Publication Scheme formed the appendix to the report and followed the model approved by the Scottish Information Commissioner, the regulator for freedom of information.

DECIDED:

(a) That the arrangements for dealing with requests for information in respect of functions undertaken by the Integration Joint Board be noted; and

(b) That the Integration Joint Board Publication Scheme, which formed the appendix to the report, be approved.

5 **RISK MANAGEMENT UPDATE**

Under reference to item 4 of the Minute of the meeting of this Joint Board held on 20 November 2015 the Chief Officer submitted a report relative to the progress being made with regards to the specific risks previously reported. Appendix 1 to the report detailed a list of social work and health key risks in order that the Integration Joint Board had awareness at this time of the more operational risks being managed by the Integration Joint Board's partner organisations.

DECIDED: That the progress being made in managing the key risks identified be noted.

6 **NON-FINANCIAL GOVERNANCE ARRANGEMENTS**

The Chief Officer submitted a report relative to an overview of the proposed non-financial governance and support arrangements from 1 April 2016 when health and adult social care functions would be delegated to the Integration Joint Board.

The report intimated that the Renfrewshire Integration Scheme set out a series of commitments in relation to the establishment of sound governance arrangements by 1 April 2016.

Appendix 1 to the report provided an overview of all proposed non-financial governance arrangements setting out proposed amendments to the current parent organisations' procedures from 1 April 2016 in relation to the operational delivery of health and adult social care services to reflect the integrated working arrangements; Integration Joint Board arrangements in relation to the strategic planning and commissioning of health and adult social care services; and monitoring, review and reporting arrangements for health and adult social care services to ensure the Integration Joint Board had appropriate assurance and oversight.

In relation to support services the report proposed that existing support arrangements for operational services delegated would continue to be provided by the parent organisations and that administrative support for the Integration Joint Board would be provided by Renfrewshire Council Committee Services. The Chief Officer would put in place monitoring arrangements to ensure effective working.

In relation to hosted services it had been agreed that responsibility for hosting a variety of NHS Greater Glasgow and Clyde wide services, previously hosted by Community Health Partnerships, would not be delegated to the new Integration Joint Boards to be hosted through the six Health and Social Care Partnerships within Greater Glasgow and Clyde. Renfrewshire Health and Social Care Partnership would host two services being, Podiatry Services and Primary Care Contractual Support and existing hosting agreements had been updated to reflect these changes.

The Renfrewshire Health and Social Care Integration Joint Board would retain oversight for any services delivered to the people of Renfrewshire that were hosted on its behalf by another Integration Joint Board.

DECIDED:

(a) That the Integration Joint Board non-financial governance arrangements which would be implemented and operational from 1 April 2016 be approved;

(b) That the arrangements for the provision of support services to the Integration Joint Board be approved; and

(c) That the arrangements for both the provision and delivery of NHS Greater Glasgow and Clyde hosted services to the Integration Joint Board be approved.

7 INTEGRATION OF HEALTH AND SOCIAL CARE IN RENFREWSHIRE - PROGRAMME UPDATE

The Chief Officer submitted a report relative to current status and planned activity to provide assurance that all the necessary processes, policies and plans were in place as required to allow local implementation of integrated health and social care services by 1 April 2016 in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

Progress made in terms of governance arrangements; strategic plan; finance and audit; and ICT and information sharing were detailed in the report and in the appendix to the report.

DECIDED: That the planned activity and reporting dates for the key legislative and other commitments to put in place sound governance arrangements for the Health and Social Care Partnership from 1 April 2016 be noted.

8 INTEGRATED CARE FUND MID-YEAR REPORT TO SCOTTISH GOVERNMENT

The Chief Officer submitted a report relative to the mid-year report on the Integrated Care Fund submitted to the Scottish Government, a copy of which formed the appendix to the report.

The report intimated that the Scottish Government had allocated £100m across Scotland in 2015/16, the Integrated Care Fund, to support investment in integrated services for adults with a focus on prevention, early intervention and support for people with complex and multiple conditions. The Integrated Care Fund had been committed for three years and Renfrewshire Health and Social Care Partnership's allocation for 2015/16 was £3.49m.

The Integrated Care Fund Plan for Renfrewshire 2015/16 had two main themes: the roll-out of successful rehabilitation, reablement and technology-enabled models of service to all adult groups, building on the successful application of such models through the four-year Change Fund Programme (Reshaping Care for Older People) and the delivery of a community capacity building plan, engaging a wide range of stakeholders in its development and delivery, with third sector organisations leading on a number of the work areas.

DECIDED: That the report submitted to the Scottish Government be noted.

9 AUDIT SCOTLAND HEALTH AND SOCIAL CARE INTEGRATION REPORT

The Chief Officer submitted a report relative to the publication of Audit Scotland's report on health and social care integration, a copy of which formed the appendix to the report.

The report intimated that the auditors had highlighted a number of risks and issues which integration authorities should be aware of as they moved towards full delegation of functions from 1 April 2016 and made recommendations for the Scottish Government, integration authorities and jointly for integration authorities, councils and health boards.

The report detailed the main findings from the Audit Scotland report and outlined some areas of local progress which showed how work in Renfrewshire was addressing national issues raised by Audit Scotland.

DECIDED:

(a) That the Audit Scotland report be noted;

(b) That the progress to date to establish the Renfrewshire Health and Social Care Partnership be noted; and

(c) That it be noted that future Audit Scotland reports on health and social care integration would be submitted to meetings of the Integration Joint Board for consideration.

10 DRAFT STRATEGIC PLAN FOR CONSULTATION

Under reference to item 7 of the Minute of the meeting of this Joint Board held on 20 November 2015 the Chief Officer submitted a report relative to the second draft of the Strategic Plan for approval in line with the requirements of integration legislation. The second draft of the Strategic Plan formed the appendix to the report.

The report intimated that at the meeting of the Integration Joint Board held on 20 November 2015 the first draft of the Strategic Plan had been approved and it had been agreed that the views of the Strategic Planning Group be sought on the first draft. The second draft of the Strategic Plan had now been developed in line with legal requirements and reflected national guidance on the joint strategic commissioning process.

In line with the process and timeline previously approved and subject to approval of the second draft of the Strategic Plan, a formal consultation exercise would be undertaken with stakeholders and feedback would be taken into account when preparing the final draft. The final draft of the Strategic Plan would be submitted to the next meeting of the Integration Joint Board to be held on 18 March 2016 for approval and following this the Council and Health Board would delegate functions to the Integration Joint Board.

DECIDED:

- (a) That the approach and themes emerging from the views expressed by the Strategic Planning Group members on the Strategic Plan proposals be noted;
- (b) That the second draft of the Strategic Plan be approved;
- (c) That it be agreed to consult widely on the second draft of the Strategic Plan in line with legislative requirements and guidelines; and
- (d) That it be noted that the final draft of the Strategic Plan would be submitted to the next meeting of the Integration Joint Board to be held on 18 March 2016 for approval.

11 DATE OF NEXT MEETING

It was noted that the next meeting of the Integration Joint Board would be held at 9.30 am on Friday 18 March 2016 in the Abercorn Conference Centre, Renfrew Road, Paisley.

To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Finance Officer

Heading: Financial Report 1st April to 31st January 2016

1. Purpose

1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue and Capital Budget current year position as at the 8th January 2016 (Social Work) and 31st January 2016 (Health).

2. Recommendation

Integration Joint Board members are asked to:

- are requested to note the financial position to date.
 - note the progress of the financial planning process for 2016/17
-

3. Summary

3.1 The overall revenue position for the HSCP at 31st January is an underspend of £37k as detailed in the table below (and appendices 1 and 2).

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	Breakeven	breakeven
Renfrewshire Health Services	£37k underspend	£37k underspend
Total Renfrewshire HSCP	£37k underspend	£37k underspend

3.2. The key pressures are highlighted in section 4 and 5.

4. Social Work – Adult Services

Current Position: Breakeven
Previously Reported: Breakeven

4.1

Older People

Current Position: Net overspend of £6k
Previously Reported: Net underspend of £23k

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

In addition to pressures within the care at home service, there is an under recovery of income from the Council's residential Care Homes reflecting occupancy levels throughout this financial year.

Renfrewshire has continued to deliver sector leading performance around delayed discharge whilst maintaining an equally strong focus on supporting people to live independently and avoiding unnecessary hospital admission in line with our Older Peoples Commissioning Plan. The care at Home service is the core provision which supports these work streams. The number of older people with complex needs are rising steadily year on year with a parallel increase in demand for care at home services. In addition, to the increase in demand we are also experiencing challenges in terms of workforce capacity and infrastructure to deliver the service. The HSCP has initiated a work stream to review the Care at home service to ensure that within available resources care at home services are able to respond to the challenges in future years. This work includes: a refreshed approach to recruitment; creating a peripatetic team to support holiday and absence cover; investigating electronic scheduling tools; reviewing the staffing establishment; investing in out of hours provision and continuing to develop reablement and care review capacity within the service.

4.2

Physical Disabilities

Current Position: Net overspend of £60k
Previously Reported: Net overspend of £53k

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

4.3

Learning Disabilities

Current Position: Net under spend of £163k
Previously Reported: Net under spend of £156k

This underspend is mainly due to the time taken to recruit to new posts within the Learning Disability day services along with vacancies due to staff turnover. In order to ensure minimum delays in filling vacant posts as soon as managers become aware that a member of staff is leaving, the post will actively be recruited, however, due to the nature of the service, turnover of staff is high for a variety of reasons.

This underspend offsets an overspend on the Adult Placement budget reflecting increased changes in the budget profile in relation to the funding of Self Directed Support (SDS) packages.

4.4 **Addictions**

Current Position: Net overspend of £97k
Previously Reported: Net overspend of £94k

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

5. **Renfrewshire Health Services**

Current Position: £37k Underspend
Previously Reported: £27k Underspend

5.1 **Addictions**

Current Position: Net underspend of £167k
Previously Reported: Net underspend of £148k

This underspend is mainly due to lower than anticipated payroll costs reflecting the position staff are currently placed on the pay scale, along with vacant posts reflecting both the timescales involved in the recruitment process and availability of staff to fill these.

5.2 **Adult Community Services**

Current Position: Net overspend of £128k
Previously Reported: Net overspend of £54k

As previously reported, this net overspend continues to reflect: pressure on the community equipment budget (EQUIPU); overspends on the salaries within RES (Rehabilitation and Enablement Service) where additional physiotherapy staff have been employed to focus on the reduction of waiting list times, and an overspend in relation to District Nurse travel costs due to an increase in FTE.

These overspends are partially offset by underspends within the podiatry service where there are a number of vacancies.

5.3 **Children's Services**

Current Position: Net underspend of £227k
Previously Reported: Net underspend of £173k

Overall, Children's services are reporting an underspend of £227k. This is due to general nursing underspends within the Specialist Children's Services (Panda Centre) service reflecting delays in the filling of posts associated with the Paediatric service redesign (3 posts have now been filled with an anticipated start date of April 2016). The CAMHS (Children and Adolescent Mental Health Services) underspend is due to ongoing recruitment issues for psychologists.

Psychology recruitment is an ongoing issue across all specialities within NHS GG&C, mainly due to insufficient graduate numbers for the vacancies available. In addition, the grade of these posts (Band 7) means that there is also a high level of turnover, with regular recruitment attempts being unsuccessful. In order to try and address this, within CAMHS some of the resource associated with a vacant Band 7 post have been used to create an additional higher grade (Band 8A) post which has been successfully recruited to. Interviews for the remaining post are taking place in early March.

Currently, there is also a Band 6 psychology vacancy with planned recruitment for this post in March 2016. It is anticipated that the timing of this will be successful as students who are completing their masters will be seeking positions which provide experience in preparation for clinical psychology training.

5.4 **Learning Disabilities**

Current Position: Net overspend of £85k
Previously Reported: Net overspend of £55k

As previously reported, the overspend within Learning Disabilities is due to costs associated with speech therapy agency staff, who will be required until the current service redesign process is completed. There is also additional pressure in relation to medical agency locum fees covering long term sickness; this is likely to continue into 2016/17.

5.5 **Hosted Services**

Current Position: Net underspend of £168k
Previously Reported: Net underspend of £153k

As previously reported, this underspend reflects historical underspends within the service due to vacant administrative and special project posts.

5.6 **Mental Health**

Current Position: Net overspend of £166k
Previously Reported: Net overspend of £137k

Overall, Mental Health services are reporting an overspend of £166k. As previously reported, this overspend is due to a number of contributing factors within both adult and in-patient services which are offset by an underspend within the adult community budget due to vacancies within the service.

The main overspends within the in-patient services relate to significant costs associated with patients requiring enhanced levels of observation across all ward areas. Staffing for enhanced observations is unfunded, and as a result reliance is on the nurse bank to provide safe staffing levels to meet level of demand and activity. In addition, there are emerging pressures in relation to maintaining the recommended safe

staffing and skill mix for registered nurse to bed ratios, this has meant that costs associated with bank staff have risen since the previous reporting period.

These areas will continue to be the subject of ongoing monitoring and review.

5.7 **Other Services**

Current Position: Net overspend of £112k
 Previously Reported: Net overspend of £183k

The overspend within other services is mainly in relation to the impact of the 15/16 workforce planning savings.

5.8 **Prescribing**

Current Position: Breakeven
 Previously Reported: Breakeven

Overall, for NHSGG&C the prescribing budget is currently showing an overspend of £2.4m, and it is unlikely that a year end break-even position will be achievable despite the application of non-recurring funding which is being used to partially offset the current overspend.

For HSCP's the forecast remains a breakeven as the Board's intention is to maintain the risk sharing arrangement and not to pass any over-spends to the HSCPs in 2015/16. However, this will be kept under review in light of the Board's financial position.

6. **2015/16 Capital Programme**

Description	Original Budget	Revised Budget	Spend to Date	Still to Spend
Anchor Centre Roof Replacement	£400k	£310k	£0k	£310k
Total SW	£400k	£310k	£0k	£310k

The tender process for the Anchor Centre roof replacement closed in February, and evaluation of the tenders is now underway. As previously highlighted, it is anticipated that the work will commence in April.

Implications of the Report

1. **Financial** – Expenditure will be contained within available resources.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none

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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.
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List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer

**Social Work Revenue Budget Position
1st April 2015 to 8th January 2016**

Subjective Heading	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Employee Costs	24,708	18,589	18,734	(145)	-0.8%	overspend
Property Costs	1,013	605	649	(44)	-7.3%	overspend
Supplies and Services	1,450	973	1,074	(101)	-10.4%	overspend
Contractors	45,895	34,343	34,076	267	0.8%	underspend
Transport	733	497	501	(4)	-0.8%	overspend
Administrative Costs	246	157	138	19	12.1%	underspend
Payments to Other Bodies	4,139	2,144	2,140	4	0.2%	underspend
Capital Charges	1,404	-	-	-	0.0%	breakeven
Gross Expenditure	79,588	57,308	57,312	(4)	0.0%	overspend
Income	(24,066)	(10,165)	(10,169)	4	0.0%	underspend
NET EXPENDITURE	55,522	47,143	47,143	-	0.00%	breakeven

Position to 8th January is an underspend of £0 0.00%
 Anticipated Year End Budget Position is a breakeven of £0 0.00%

Client Group	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Older People	35,333	27,404	27,410	(6)	0.0%	overspend
Physical or Sensory Difficulties	5,044	4,451	4,511	(60)	-1.3%	overspend
Learning Difficulties	12,596	11,858	11,695	163	1.4%	underspend
Mental Health Needs	941	2,315	2,315	-	0.0%	breakeven
Addiction Services	958	776	873	(97)	-12.5%	overspend
Integrated Care Fund	650	339	339	-	0.0%	breakeven
NET EXPENDITURE	55,522	47,143	47,143	-	0.00%	breakeven

Position to 8th January is an underspend of £0 0.00%
 Anticipated Year End Budget Position is a breakeven of £0 0.00%

**Health Revenue Budget Position
1st April 2015 to 31st January 2016**

Subjective Heading	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Employee Costs	42,633	35,304	34,781	523	1.5%	underspend
Property Costs	858	611	529	82	13.4%	underspend
Supplies and Services	11,113	6,150	6,573	(423)	-6.9%	overspend
Purchase of Healthcare	44	37	46	(9)	-24.3%	overspend
Resource Transfer	16,590	13,825	13,825	-	0.0%	breakeven
Family Health Services	79,532	66,294	66,286	8	0.0%	underspend
Savings	(173)	(144)	-	(144)	100.0%	overspend
Capital Charges	1,573	1,313	1,313	-	0.0%	breakeven
Gross Expenditure	152,170	123,390	123,353	37	0.0%	underspend
Income	(4,370)	(3,547)	(3,547)	-	0.0%	breakeven
NET EXPENDITURE	147,800	119,843	119,806	37	0.03%	underspend

Position to 31st January is an underspend of **£37k** **0.03%**
 Anticipated Year End Budget Position is an underspend of **£40k** **0.00%**

Client Group	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Addiction Services	2,687	2,025	1,858	167	8.2%	underspend
Adult Community Services	15,053	11,553	11,681	(128)	-1.1%	overspend
Children's Services	5,123	4,354	4,127	227	5.2%	underspend
Learning Disabilities	957	799	884	(85)	-10.6%	overspend
Mental Health	18,469	15,351	15,517	(166)	-1.1%	overspend
Hosted Services	3,457	2,915	2,747	168	5.8%	underspend
Prescribing	33,310	28,163	28,163	-	0.0%	breakeven
GMS	24,229	19,707	19,707	-	0.0%	breakeven
Other	19,897	16,599	16,599	-	0.0%	breakeven
Planning and Health Improvement	1,528	1,027	1,061	(34)	-3.3%	overspend
Other Services	3,233	2,208	2,320	(112)	-5.1%	overspend
Resource Transfer	16,590	13,825	13,825	-	0.0%	breakeven
Integrated Care Fund	3,267	1,317	1,317	-	0.0%	breakeven
NET EXPENDITURE	147,800	119,843	119,806	37	0.03%	underspend

Position to 31st January is an underspend of **£37k** **0.03%**
 Anticipated Year End Budget Position is an underspend of **£40k** **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
2. GMS = costs associated with GP services in Renfrewshire
3. Other = costs associated with Dentists, Pharmacists, Optometrists
4. Hosted Services = board wide responsibility for support to GP's for areas such as eg breast screening, bowel screening
5. Other Services = Business Support staff, Admin related costs, hotel services and property related costs including rates and rental costs.

To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Finance Officer

Heading: Renfrewshire IJB Reserves Policy

1. Summary

1.1 This paper sets out the proposed Renfrewshire IJB Reserves Policy.

1.2 The purpose of this policy is to:

- explain the purpose of holding a reserve
- identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
- the role of the Chief Finance Officer with regards to reserves;
- indicate how frequently the reserves will be reviewed; and
- set out arrangements relating to the creation, amendment and use of the reserves and balances.

2. Recommendation

2.1 Integration Joint Board members are asked to:

- Approve the attached Reserves Policy;
- Delegate the management of the IJB Reserve Funds to the Chief Finance Officer.

3. Background

3.1 Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the IJB to hold reserves which must be accounted for in the financial accounts and records of the IJB. The IJB is entitled to hold reserves in order to meet the needs of the Health and Social Care Partnership.

3.2 Reserves are resources held by an organisation to fund contingencies and / or specific programmes.

3.3 As the IJB does not have any capital assets of its own, it can only currently hold two types of reserve – a General Reserves and a Renewal and Repair Reserves. This position will change if the IJB holds capital assets in future.

- 3.4 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold. The IJB, based on this advice, will approve the appropriate reserve as part of the annual budget setting process, depending on the level of resources available.
 - 3.5 There is no guidance on the minimum level of reserves that should be held. In determining the level of reserves to be held, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.
 - 3.6 It is recommended that authority for the use of IJB Reserve Funds is delegated to the Chief Finance Officer. The use of each reserve will be reported to the IJB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds and where possible plans for replenishment to restore the level of reserves.
 - 3.7 The proposed Renfrewshire IJB Reserves Policy is attached at Appendix 1.
-

Implications of the Report

1. **Financial** – The Reserves Policy is a key component of the IJB governance arrangements. It sets out the responsibilities of the IJB and senior officers in relation to the use and governance of IJB reserves.
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – The IJB is entitled to hold reserves in order to meet the needs of the Health and Social Care Partnership in line with national guidance
5. **Property/Assets** – None
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** – None
9. **Procurement** – None
10. **Risk** – Approval of the Reserves Policy will ensure the IJB is entitled in line with the legislation, under Section 106 of the Local Government (Scotland) Act 1973 and background papers to hold reserves which should be accounted for in the IJB's financial accounts.
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:

Local Authority Accounting Panel (LAAP) Bulletin 99 – Local Authority Reserves and Balances

LASAAC Code of Practice on Local Authority Accounting

LASAAC Holding to Account: Using Local Authority Financial Statements

Renfrewshire IJB Financial Regulations

Renfrewshire IJB Financial Governance Manual

Scottish Government, Integrated Resources Advisory Group, Professional Guidance, Advice and Recommendations for Shadow Integration Arrangements version 2

Renfrewshire Council Medium Term Financial Strategy

Author: Sarah Lavers, Chief Finance Officer

**Renfrewshire
Health & Social Care Partnership**



Renfrewshire IJB Reserves Policy

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1. Background

1.1 The IJB is entitled to hold reserves in order to meet the needs of the partnership.

1.2 Reserves are resources held by an organisation to fund contingencies and / or specific programmes.

1.3 Reserves can be usable or unusable:

1.4 A usable reserve represents resources which the IJB can use for the delivery of services. Each usable reserve may have different restrictions upon its potential use, dependent upon both legislation and decisions by the IJB. For example resources held in the Capital Receipts Reserve may normally only be used to fund expenditure on assets providing long-term benefits or the repayment of borrowing.

1.5 Usable reserves include the following:

- General Fund – this type of reserve has no specific purpose other than, as a contingency fund, to cushion the organisation's finances against any unexpected short term problems in cash flow.
- Renewal & Repair Fund – this type of reserve is earmarked to renew and/or repair capital items.
- Capital Fund – this reserve is for the purchase of new capital development or asset purchase.
- Capital Receipts Reserve – this type of reserve holds the proceeds from the sale of assets and can only be used for those purposes specified in the capital finance and accounting regulations.
- Capital Grants Unapplied Account – grants and contributions relating to capital and revenue expenditure require to be accounted for and recognised in the comprehensive expenditure and income statement within usable reserves.

1.6 Unusable reserves cannot be used to provide services or for day to day running costs. These reserves generally arise from statutory adjustments and the treatment of 'unrealised' changes in the value of assets or liabilities.

1.7 Unusable reserves include the following:

- Capital Adjustment Account – this is a specific accounting mechanism used to reconcile the different rates at which assets are depreciated.
- Pensions Reserve – this is a specific accounting mechanism used to reconcile the payments made for the year to various statutory pension schemes.
- Financial Instruments Adjustment Account – this is a specific accounting mechanism used to reconcile the different rates at which gains and losses (such as premiums on the early repayment of debt) are recognised.
- Revaluation Reserve – this is a reserve that records unrealised gains in the value of property, plant and equipment. (LASAAC Holding to account: using local authority financial statements)

1.8 In common with local authorities, the IJB can have reserves within a usable category. As the IJB does not have any capital assets of its own, it can only currently hold two types of reserve – a General Fund and a Renewal and Repair Fund. This position will change if the IJB holds capital assets in future.

1.9 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the Local Authority Accounting Panel (LAAP) Bulletin 99 – Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the IJB has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) 1973 Act and is classified as a local government

body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the IJB.

1.10 Budget holders within Renfrewshire Council and NHS GG&C are accountable for all budgets within their control as directed by the IJB in line with the Strategic Plan. The IJB will ensure appropriate arrangements are in place to support good financial management and planning. The IJB must follow the agreed policies, set out in the supporting Financial Governance Manual in relation to reserves. (Renfrewshire IJB Financial Regulations)

1.11 Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the IJB to hold reserves which must be accounted for in the financial accounts and records of the IJB.

1.12 In line with national guidance and good financial governance, this policy establishes a framework within which decisions will be made regarding the level of reserves held by the IJB and the purposes for which they will be maintained and used. 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)

1.13 The purpose of this reserve policy is to:

- explain the purpose of holding a reserve;
- identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
- the role of the Chief Finance Officer with regards to reserves;
- indicate how frequently the reserves will be reviewed; and
- set out arrangements relating to the creation, amendment and use of the reserves and balances.

2. Statutory/Regulatory Framework for Reserves

2.1 Local Government bodies, which includes the IJB for these purposes, may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve

General Reserves
Repair and Renewals Reserves

Powers

Local Government Scotland Act 1973
Local Government Scotland Act 1973

2.2 For each earmarked reserve the following should be applied and reported:

- the reason/purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- a process and timescale for review of the reserve to ensure continuing relevance and adequacy.

3. Use of Reserves

3.1 Authority for the use of IJB Reserve Funds is delegated to the Chief Finance Officer. The use of each reserve will be reported to the IJB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds and where possible plans for replenishment to restore the level of reserves.

3.2 The Chief Finance Officer is responsible for ensuring that the Reserve Funds is maintained and used only as described in this policy. Upon approval of the use of the funds the Chief Finance Officer will maintain records of the use of funds and plan for replenishment. The Chief Finance

Officer will ensure, where possible, the fund is maintained at a level considered prudent to mitigate financial risk and provide regular reports to the IJB on balances held in the fund.

- 3.3 The Chief Finance Officer will annually discuss what additional risk factors might be considered for the IJB and the impact of budgeting on general reserve levels.
- 3.4 This policy will be reviewed by the Chief Finance Officer every financial year or more frequently if warranted by internal or external events or changes. Changes to the policy will be recommended by the Chief Finance Officer to the IJB.

4. Operation of Reserves

4.1 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.

4.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. By definition, these reserves retain approved resources that are intended to fund specific commitments at a relevant point in the future. They remain an important mechanism which allows IJB to manage available resources on a flexible basis between financial years and over the medium and longer term, ensuring that the IJB appropriately plans for its financial commitments over the long term and that the application of financial resources are driven by decisions under pinned by best value and which best support the IJB to achieve its strategic objectives. In Scotland, under Local Government rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - future use of funds for a specific purpose, as agreed by the IJB; or
 - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

5. Role of the Chief Finance Officer

5.1 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold. The IJB, based on this advice, should then approve the appropriate level of reserves as part of the annual budget setting process, depending on the resources available.

6. Adequacy of Reserves

- 6.1 There is no guidance on the minimum level of reserves that should be held. In determining the level of reserves to be held, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.
- 6.2 In light of the size and scale of the IJB's responsibilities, over the medium term it is proposed that a prudent level of general reserves will depend on the year end position and ability at that time to transfer monies into a reserve for future use. This value of reserves must be reviewed annually as part of the IJB Budget and Strategic Plan; and depending on the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.
- 6.3 It is recommended in line with national guidance that if an overspend is forecast on either arm of the operational Integrated Budget, the Chief Officer and the relevant finance officer should agree a recovery plan to balance the overspending budget.
- 6.4 In addition, the IJB may increase the payment to the affected body, by either:
- Utilising an under spend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or
 - Utilising the balance on the general fund, if available, of the IJB in line with the reserves policy.
- 6.5 If the recovery plan is unsuccessful and there are insufficient reserve funds to meet a year end overspend, then the partners have the option to:
- Make additional one-off payments to the IJB; or
 - Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this.

7. Reporting Framework

- 7.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 7.2 The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.
- 7.3 As part of the budget report the Chief Finance Officer should state:
- the current value of the Reserve Funds, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
 - the adequacy of general reserves in light of the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
 - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
 - if the reserves held are under the prudential target, that the IJB should be considering actions to meet the target through their budget process.

8. Accounting and Disclosure

- 8.1 The IJB will present a Movement in Reserves Statement and a description of the purpose of the statement, either in the explanatory fore note or on the face of the statement (or both). The Movement in Reserves Statement shall show, for each classification of reserves:
1. Balance as at the end of the previous reporting period
 2. Surplus or (deficit) on the provision of services
 3. Other comprehensive income and expenditure
 4. Total comprehensive income and expenditure
 5. Net increase or decrease before transfers to other statutory reserves
 6. Transfers to and from other statutory reserves
 7. Increase or (decrease) in year
 8. Balance as at the end of the current reporting period (LASAAC Code of Practice on Local Authority Accounting)

9. Risk Sharing

- 9.1 It is the responsibility of the IJB to identify and address its operational and financial risks and to develop and implement proper arrangements to manage them, including adequate and effective systems of internal control. The financial risks will be assessed in the context of the IJB's overall approach to risk management.
- 9.2 Part of the management process involves taking appropriate action to mitigate or remove risks, where this is possible. This in turn may lead to a lower level of reserves being required, and it would be appropriate to reduce the levels of balances held where appropriate action to mitigate or remove risks has been successfully undertaken. (LAAP Bulletin 99)
- 9.3 The assessment of risks will include external risks, such as a legislative change, as well as internal risks, for example, the ability to deliver planned efficiency savings.
- 9.4 In line with national guidance, financial risk will be managed through the financial management process and the use of reserves.
- 9.5 In order to assess the adequacy of reserves when setting the budget, the Chief Finance Officer will take account of the strategic, operational and financial risks facing the IJB.

Item 4

To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Internal Auditor

Heading: Annual Internal Audit Plan 2016/17

1. Summary

- 1.1 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2016/17 has been developed and is detailed at Appendix 1 of this report.
 - 1.2 The plan sets out a resource requirement of 35 days, including assurance work, time for ad-hoc advice and planning and reporting.
 - 1.3 The allocation of internal audit resources is sufficient to allow emerging priorities and provide adequate coverage of governance, risk management and internal control to inform the annual assurance statement.
 - 1.4 The plan may be subject to amendment during the course of the year due to the emergence of issues of greater priority, or other unforeseen circumstances. We will report changes to the Audit Committee.
-

2. Recommendations

Integration Joint Board members are asked to:

- Approves the Internal Audit Plan for 2016/17.
 - Note that the Internal Audit Plan will be shared with the Local Authority and the Health Board.
-

3. Background

- 3.1 It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. At its meeting on 18 September 2015, the IJB appointed the Chief Auditor of Renfrewshire Council as the Chief Internal Auditor for the IJB.
- 3.2 The Integrated Resources Advisory Group (IRAG) guidance recommends that the Chief Internal Auditor should develop a risk based internal audit plan for the IJB. The IRAG guidance clarifies that the operational delivery of services within

the Health Board and Local Authority on behalf of the IJB will be covered by their respective internal audit arrangements.

- 3.3 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2016/17 has been developed and is detailed at Appendix 1 of this report.
- 3.4 In order to ensure proper coverage, avoid duplication of effort and co-ordinate activities the Chief Internal Auditor is expected to share information with the Local Authority and Health Board. The Chief Internal Auditor has met with the Health Board Auditor's to discuss areas of common interest.
- 3.5 In line with the requirements of the Integrated Resources Advisory Group professional guidance, the Chief Internal Auditor will report to the Chief Officer and the Integration Joint Board on the annual audit plan, delivery of the plan and recommendations made. The Chief Internal Auditor will also provide an annual internal audit report including the audit opinion.
- 3.6 For the purposes of reporting the annual opinion, reliance will be placed on the work of the NHSGGC auditors and other external providers of assurance and consulting services, including work undertaken by Renfrewshire Council's Internal Audit Service, in relation to reviews of operational activities within adult social care services.

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 and NHS GC&C website.
8. **Health & Safety** - none.
9. **Procurement** - none.
10. **Risk** - The subject matter of this report is the risk based Audit Plan for 2016 – 2017.
11. **Privacy Impact** - none.

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor

Annual Audit Plan – 2016/17 Renfrewshire Integrated Joint Board

Audit Category	Engagement Title	No. of days	Detailed work
Assurance	Strategic and Financial Plan	25	Review the performance management framework and the arrangements in place to monitor progress of the strategic plan outcomes including the arrangements for monitoring the financial plan.
Planning & Reporting	Annual Plan, Annual Report and Audit Committee reporting	5	The Chief Auditor is required to prepare an annual plan and annual report for the Audit Committee, summarising the work undertaken by Internal Audit during the year and using this to form an opinion on the adequacy of the control environment of the IJB.
Contingency	Ad-hoc advice / Consultancy	5	Any relevant issues raised by NHSGGC and Renfrewshire Council in relation to the operational delivery of services.

Item 5

To: Renfrewshire Integration Joint Board

On: 18th March 2016

Report by: Chief Officer

Subject: Renfrewshire HSCP Performance Management Report 2015/16

1. Summary

- 1.1. The Integration Joint Board (IJB) will assume full responsibility for delegated services from 1 April 2016. A performance framework is required to ensure we operate with informed, effective and efficient management of services and to provide a coherent picture of the outcomes achieved by the Health and Social Care Partnership (HSCP).
 - 1.2. As reported to the previous IJB meeting, the Integration Scheme requires that existing measures and targets from the service plans of the parent organisations are drawn together in preparation for the development of a Performance Framework as outlined above. These include national measures such as the NHS HEAT (Health Improvement, Efficiency, Access and Treatment) targets and agreed Community Planning arrangements.
 - 1.3. This report provides an update on performance as per the proposals for performance reporting in 2015/16 agreed at the Integration Joint Board on the 18th September 2015. A quarter three update on the agreed performance scorecard for 2015/16 is included (see Appendix 1), as well as an update on the further work to be undertaken to develop a Performance Management Framework for 2016/17.
 - 1.4. A development session with the IJB has been arranged for early May 2016. This will provide an opportunity for IJB members to discuss and agree options for the 2016/17 Performance Management Framework to ensure it meets the IJB's needs.
-

2. Recommendations

- 2.1. The Board notes the quarter three update on the 2015/16 performance scorecard presented in Appendix 1 (performance to 31.12.15). The Integration Joint Board will receive a further performance update for year end (April 2015 – March 2016) in June 2016. It should be noted that the indicators in the scorecard are reported at a number of frequencies and that information may not always be available at the end of a reporting period. Updates will include all information available at that point.

- 2.2. The Outcomes and Performance Management Integration Workstream takes forward the development of the HSCP 2016/17 Performance Management Framework as outlined in the report to the Integration Joint Board on the 18th September 2015 and informed by Scottish Government guidance to be published by April 2016. Further development work will be undertaken with Integration Joint Board members and HSCP senior managers and a Performance Management Framework for 2016/17 will be brought to the Integration Joint Board in June 2016.

3. Background

3.1. Performance Reporting 2015/16

The scorecard is structured on the nine National Outcomes. It includes measures from the Core Indicators' set, incorporating some high level outcome indicators drawn from the annual Health and Care Experience Survey.

Work undertaken to establish the performance reporting structure for this financial year will provide the basis for development work on the full Performance Framework for 2016/17. Feedback from our performance reporting during 2015/16 will be taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures in 2016/17.

3.2 Summary of Red, Amber and Green Measures

National outcome	Red	Amber	Green	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	0	2	5	1
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	4	1	6	8
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
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	4	3	7	2
National Outcome 5. Health and social care services contribute to reducing health inequalities	2	0	2	4
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	1	3
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	2
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	2	0	3	3
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	3	6
Total:	13	9	33	34

The summary chart shows 34 measures for information only; there are no specific targets for these measures.

Of the 55 measures that have performance targets, 60% show green (on or above target); 16% show amber (within 10% variance of target); and 24% show red (more than 10% variance of target).

3.3 Performance Improvements

Performance has continued to improve in Older People's Services in the reduction of bed days lost due to delayed discharge and the overall number of delays at census. Renfrewshire continues to perform in the top quartile of partnerships in this area and delays in complex cases such as Adults with Incapacity issues now account for the majority of delays. The number of hours of care at home delivered has also improved along with higher rates of services provided flexibly at the weekend or out of hours.

Good progress has been made in smoking cessation with 111 non smokers at the 3 month follow up in the 40% most deprived areas at September 2015. This is 29% above the mid-year target of 86; the performance status has changed from red at June 2015 to green at September 2015. At September 2015, we have also achieved the 21.4% target for exclusive breastfeeding at 6-8 weeks. This target has proved challenging over the last few years so finally reaching target is due to the commitment, perseverance and dedication of the Health Visiting Teams, Breastfeeding Support Workers and Health Improvement Team. Another area where performance has improved is the % uptake rate for the 30 month assessment in Children's Services. The current rate is 86.1% against an 80% target.

3.4 Performance Concerns

As well as positive areas of performance, there are also a number of challenging areas, including alcohol brief interventions (ABIs); sickness absence; and the 18-week waiting times target from assessment to appointment in the Speech and Language Therapy Community Paediatric Service. At December 2015, we were 16% below target for ABIs with 652 carried out against the 783 target. The sickness absence rate for health staff in the HSCP is 6.4% at December 2015, up slightly from 6.1% at September 2015. The rate in Renfrewshire is similar to the NHS GGC average of 6.3%. There was a significant increase in the number of referrals in November and December 2015 to the Speech and Language Service. The impact of this as well as current staffing issues around long term sick leave, shows 49 people waited longer than the 18 week target from assessment to appointment.

Waiting times for Occupational Therapy Services have again improved but remain behind target. Further work to improve referral pathways and focus occupational therapy activity is underway. Work also continues with third sector agencies such as the Renfrewshire Carers' Centre to improve access and participation to services such as respite.

Further detail is contained within the attached Scorecard (Appendix 1).

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. 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

Authors:

- Clare Walker, Planning and Performance Manager
- Danny McAllion, Senior Information and Research Analyst

Renfrewshire Integration Joint Board Scorecard 2015/16

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	2013/14		2014/15		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Outcomes							
HSCP/CI/HCES/01	Percentage of adults able to look after their health very well or quite well						
Local Outcomes							
HSCP/HI/AD/02	14.3%	94%	-	13.6%	20%		
HSCP/HI/ANT/01	19.3%	14.3%	21.8%	21.4%	21.4%		
HSCP/HI/LS/01	77%	77%	-	-	80%		
HSCP/HI/LS/02	53%	53%	-	-	32%		
HSCP/HI/LS/03	19%	19%	-	-	23%		
HSCP/HI/LS/04	49%	49%	-	-	55%		
HSCP/HI/MH/01	55.1	55.1	53.4	57%	57%		

Renfrewshire Integration Joint Board Scorecard 2015/16

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	2013/14		2014/15		Latest 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value	Value	Value			
National Outcomes									
HSCP/CI/HCES/02	Percentage of adults supported at home who agree that they are supported to live as independently as possible	80%	-	-	Not measured for Quarters	-	-		
HSCP/CI/HCES/19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population.	-	-	-	Not measured for Quarters	-	-		
Local Outcomes									
CHP/CF/DD/01	Number of acute bed days lost to delayed discharges (inc AWI)	5,835	5,325	Dec 15: 153	675				
CHP/CF/DD/02	Number of acute bed days lost to delayed discharges for Adults with Incapacity.	2,288	4,301	Dec 15: 108	89				
HPBS14b1	Number of PSHG awarded to disabled tenants to adapt private homes	123	109	Not measured for Quarters	Years	-			
HPCHARTER22	Percentage of approved applications for medical adaptations completed during the year	98.6%	87.8%	Not measured for Quarters	99%				
HPCHARTER23	The average time to complete medical adaptation applications	60.6	64	Not measured for Quarters	Years	-			
HSCP/AS/ACP/02	Number of adults with an Anticipatory Care Plan.	-	649	467	440				
HSCP/AS/DD/02	The number of delayed discharges over 2 weeks	-	0	1	0				
HSCP/AS/DEM/01	Number of patients registered with dementia.	-	-	Nov 15: 1,429	1,384				
HSCP/AS/DEM/02	People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	-	-	100%	100%				
HSCP/AS/HC/01.1	Percentage of clients accessing out of hours home care services (65+)	84%	86%	88%	85%				
HSCP/AS/HC/02	Percentage of long term care clients receiving intensive home care (National Target – 30%)	27%	28%	30%	30%				

Renfrewshire Integration Joint Board Scorecard 2015/16

HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65 +	447	499	Not measured for Quarters	Years	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	99%	99%	Not measured for Quarters	Years	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight.	55%	59%	59%	Quarters	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	17.17	21.37	Not measured for Quarters	Years	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks	-	-	24%	70%	 
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	-	-	217	200	 

Renfrewshire Integration Joint Board Scorecard 2015/16

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	2013/14		2014/15		Q1 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value	Value	Value			
National Outcomes									
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated	75%	-	-	Not measured for Quarters					
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	83%	-	-	Not measured for Quarters					
Local Outcomes									
HSCP/AS/AE/01 A&E waits less than 4 hours	82%	91.9%	Dec 15: 90.9%	95%					
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+)	43.3%	46%	43.7%	48.2%					
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	41.6%	44.6%	42.7%	45%					
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	-	100%	100%	100%					
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-	-	94	Quarters					
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-	88% of Audit of 70	Not measured for Quarters	Years					
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-	1	Not measured for Quarters	Years					
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	-	-	97%	100%					
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	-	-	99%	100%					
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	93.7%	99.4%	99.6%	90%					

Renfrewshire Integration Joint Board Scorecard 2015/16

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	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
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%	-	Not measured for Quarters			
Local Outcomes						
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	79.26%	89.22%	Sep 15: 88.2%	80%		
HSCP/AS/HA/03 Emergency admissions from care homes	539	508	100	480		
HSCP/AS/HA/04 Emergency bed days rate 65+	290	305	Not measured for Quarters			
HSCP/HI/ADS/01 Alcohol brief interventions	1,325	1,067	652	783		
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%	-	Not measured for Quarters	1.86		
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	-	140.9	Not measured for Quarters	130		
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	97.3%	98.5%	99%	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	-	Not measured for Quarters	5%		
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 100,000 population	10.5	10.1	9.6	8.9		
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.9%	6.7%	6.7%	6%		

Renfrewshire Integration Joint Board Scorecard 2015/16

HSCP/CS/AX/01 Uptake rate of 30-month assessment		87.7%	86.1%	80%		
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	-	-	100%	100%		
HSCP/CS/SPL/02 Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment	-	-	Dec 15: 49	0		
HSCP/HI/GP/01 Number of patients accessing GP services within 48 hours/advance booking	-	94%	Not measured for Quarters	95%		
HSCP/HI/GP/01 Percentage of patients able to book an appointment with a GP in advance	-	90.3%	Not measured for Quarters	90%		

National Outcome 5. Health and social care services contribute to reducing health inequalities.									
PI code & name	2013/14		2014/15		Q1 2015/16		Target	Direction of Travel	Status
	Value		Value		Value				
National Outcomes									
HSCP/CI/HCES/11	Premature mortality rate.		449.1	-	-	Not measured for Quarters			
Local Outcomes									
HSCP/HI/AD/01	Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas		-	-	-	111	86		
HSCP/HI/AD/03	Smoking in pregnancy (SIMD)		-	24.9	24.9	24.9	20%		
HSCP/HI/ANT/04	Breastfeeding at 6-8 weeks in most deprived areas		14.2%	14.6%	14.6%	13.6%	19.4%		
HSCP/HI/EQ/FI/04	Number of referrals to Financial Inclusion and Employability Services		-	-	-	Dec 15: 1,581			
HSCP/HI/EQIA/03	Number of quality assured EQIAs carried out		-	-	-	0			
HSCP/HI/GBV/01	Number of staff trained in Gender Based Violence		-	-	-	Dec 15: 63			
HSCP/HI/LE/01	Reduce the gap between minimum and maximum life expectancy in the communities of Renfrewshire (Bishopton and Ferguslie).		16.4 years	14.8 years	14.8 years	Not measured for Quarters		15.3	

Renfrewshire Integration Joint Board Scorecard 2015/16

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	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role.	42%	-	Not measured for Quarters			
Local Outcomes						
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	155	147	Not measured for Quarters	185		
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	104	81	Not measured for Quarters			
HSCP/AS/CO/01 Number of carers reporting they are better supported in their caring role	85.6%	-	Not measured for Quarters			
HSCP/AS/RC/18 Total number of weeks of respite care provided (all clients groups)	3,517	4,233.4	Not measured for Quarters	4,150		

Renfrewshire Integration Joint Board Scorecard 2015/16

National Outcome 7. People who use health and social care services are safe from harm.							
PI code & name	2013/14 Value	2014/15 Value	Q1 2015/16		Target	Direction of Travel	Status
			Value	Value			
National Outcomes							
HSCP/C1/HCES/09 Percentage of adults supported at home who agree they felt safe.	80%	-	Not measured for Quarters				
HSCP/C1/SR/24 Suicide rate	24	-	Not measured for Quarters				
Local Outcomes							
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	9.4%	11.4%	Not measured for Quarters	12%		↓	
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	4.1%	2.7%	Not measured for Quarters	6%		↑	

Renfrewshire Integration Joint Board Scorecard 2015/16

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	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	-	Not measured for Quarters			
Local Outcomes						
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	3	1	Not measured for Quarters			
SWPERSOD07b No of SW employees, in the MTIPD process, with a completed IDP	579	599	Not measured for Quarters			
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	-	-	Dec 15: 67.2	80%		
HSCP/CS/H&S/02 Health sickness absence rate	-	-	Dec 15: 6.4%	4%		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	-	-	Nov 15: 100%	100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	-	-	Dec 15: 100%	100%		
HSCP/CORP/CMP/01 % of complaints responded to within 20 days	-	-	100%	100%		

National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.							
PI code & name	2013/14		2014/15		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Outcomes							
HSCP/CI/HCES/14 Readmission to hospital within 28 days.	-	-	-	Not measured for Quarters			
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	-	-	-	Not measured for Quarters			
Local Outcomes							
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£16.81	-	-	Not measured for Quarters			
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.3%	-	-	Not measured for Quarters			
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	381.9	-	-	Not measured for Quarters			
HSCP/GP/MM/01 % of GPs participating in Medicines Management LES	-	-	-	100%	100%		
HSCP/AC/PHA/01 Prescribing variance from budget				1.86% over budget			
HSCP/AC/PHA/02 Formulary compliance				78.59%	78%		
HSCP/AC/PHA/03 Prescribing cost per weighted patient				Nov 15: £14.97	£15.65		

To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Officer

Heading: Audit Committee Membership

1. Summary

- 1.1. Previous reports to the IJB have highlighted the requirement to put in place adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and effective control of delegated resources.
- 1.2. At its meeting on 20 November 2015 the IJB approved the establishment of an audit committee, together with its terms of reference and standing orders. This report sets out for consideration and approval proposals in relation to the membership of the audit committee.
-

2. Recommendation

Integration Joint Board members are asked to:

- Note the arrangements for the establishment of an audit committee;
- Consider nominations for appointments to the audit committee in line with the arrangements set out in paragraph 4.2 of this report;
- Agree that the Chief Officer will put in place the necessary arrangements to support the Audit Committee and its members, and an annual schedule of meetings for 2016/17 in consultation with its Chair and the Vice Chair.

3. Background

3.1 Previous reports to the IJB have highlighted the requirement to put in place adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and effective control of delegated resources.

3.2 At its meeting on 18 September 2015 members of the IJB approved the proposal for the Council's Chief Internal Auditor to provide the internal audit service to the IJB, and noted that she would bring forward an internal audit plan for 2016/17 for approval by the IJB by 31 March 2016. The draft audit plan is the subject of a separate report for consideration and approval at this meeting.

3.3 At its meeting on 20 November 2015 the IJB approved the establishment of an audit committee, together with its terms of reference and standing orders. This report sets out for consideration and approval proposals in relation to the membership of the audit committee.

4. Membership of the Audit Committee

4.1 The Terms of Reference of the Audit Committee agreed by the IJB at its meeting on 20 November 2015 contained the following provisions in relation to membership and chairmanship:

- Membership must comprise an equal number of voting members from both the Health Board and the Council. The Renfrewshire IJB Audit Committee shall comprise 2 voting members from the Health Board, 2 from the Council and 2 from the non-voting membership.
- The Chair of the Audit Committee shall be a voting member chosen by the IJB. The Chair of the Audit Committee must not be the Chair of the IJB, or be a representative of the same constituent authority as the Chair of the IJB. The IJB may also appoint a voting member as vice chair of the Audit Committee.

4.2 In line with the agreed terms of reference, the proposed approach to the appointment of members of the audit committee is set out below:

- The four health board voting members are invited to nominate two of their number to sit on the audit committee. The health board members are also invited to propose which of the two nominated members is to be Chair of the Audit committee.
- The four council voting members are invited to nominate two of their number to sit on the Audit Committee

- The non-voting members are invited to indicate if they would wish to be considered for nomination to sit on the Audit Committee. To avoid conflict of interest, notwithstanding that the Chief Officer and Chief Finance Officer are non voting members of the IJB, they shall not be members of the audit committee

4.3 The agreed terms of reference for the Audit Committee state that it shall meet at least three times a year. It is proposed that the IJB delegate to the Chief Officer the making of the necessary arrangements to schedule these meetings in consultation with the Chair and Vice Chair, and to arrange support to the Audit Committee and its members.

Implications of the Report

1. **Financial** – sound financial governance arrangements are being put in place to support the work of the Partnership. The establishment of an audit committee is a key component of good governance.
2. **HR & Organisational Development** – n/a
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, and are in line with national guidance
5. **Property/Assets** – n/a
6. **Information Technology** – n/a
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** –n/a
9. **Procurement** – n/a
10. **Risk** – One of the core functions of the audit committee is to keep under review the arrangements for the effective management of risk in those services delegated to the Health and Social Care Partnership
11. **Privacy Impact** – n/a.

List of Background Papers – none

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To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Officer

Heading: Equality Outcomes and Mainstreaming Equality

1. Summary

1.1. In April 2015 the Scottish Government added Integration Joint Boards (IJBs) to Schedule 19 of the Equality Act 2010 and to the Equality Act 2010 (Specific Duties)(Scotland) Amendment Regulations 2015. The amendment regulations require IJBs to publish a set of equality outcomes and a report on progress it has made to mainstream the equality duty by the 30 April 2016.

1.2. Renfrewshire Health and Social Care Partnership (RHSCP) has produced a mainstreaming report including a set of equality outcomes to meet the requirements of the legislation. Initial publication of the report will be completed by 30 April 2016. The report to be published is attached at Appendix 1.

2. Recommendations

Integration Joint Board members are asked to:

- Approve Renfrewshire HSCP's Mainstreaming Equality Report.
 - Note the publication date of 30 April 2016 has been set by statute, as has the requirement to publish update reports every two years thereafter.
-

3. Background

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from 1 April 2016, and has significant implications for the future financial, operational governance and delivery arrangements of adult health and social care services in Renfrewshire.

- 3.2. The Scottish Government added Integration Joint Boards (IJBs) to the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015. This places a duty on the IJB to consult on how the policies and decisions affect the people who are protected under the Equality Act. This amendment requires the IJB to publish a set of equality outcomes and a report on progress it has made to mainstream the equality duty by the 30 April 2016 and report on progress every 2 years thereafter.
- 3.3. During 2015/16 officers from Renfrewshire Council and RHSCP looked at both national and local evidence to identify and discuss potential equality outcome areas with a view to improve outcomes and ensure better inclusion for people in Renfrewshire. The group looked at community involvement information, reports by community groups on areas of concern, service improvement reports and current projects that were being delivered in Renfrewshire. Service managers were also asked to contribute to this process, particularly on how work in this area would improve the experience of service users. Evidence from recent engagement and consultation with targeted groups was also collated. As the work developed, consultation on the draft outcomes took place with a variety of stakeholders; strategic planning group, staff, service users, statutory organisations and the third sector, and feedback from this consultation helped inform the final draft of our proposed outcomes indicated in the attached report.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** - None
4. **Legal** –The equality legislation is enforceable by the Equality and Human Rights Commission
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The report is designed to satisfy a statutory requirement which is enforceable by the Equality & Human Rights Commission. The actions within the report will help to deliver our Equality duties.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

Author: Fiona MacKay, Head of Strategic Planning and Health Improvement, Renfrewshire HSCP

Renfrewshire Health and Social Care Partnership – Progress Report on Mainstreaming the Equality Duty and Equality Outcomes

1. Introduction

This is the first report to describe progress for the Health and Social Care Partnership on mainstreaming the Equality Duty. It provides an update on our progress and examples of initial work underway to mainstream the Equality Duty within our core business whilst ensuring transparency and accountability. It also endeavours to improve effectiveness and efficiency in meeting our legislation requirements.

In addition to the legislative requirements, the Health and Social Care Partnership's commitment on equality is also informed by the Christie Report on the future of public services in Scotland. This made recommendations on early intervention/prevention to improve outcomes for people and communities, partnership working and effective performance management. The Christie report also recognises that equality is a key consideration in public sector reform in line with the Scottish Government's national outcomes of reducing significant inequalities and improving poor health outcomes. More recently the Equality and Human Rights Commission Scotland publication "Is Scotland Fairer?" highlights that while Scotland is getting fairer in some areas, in others there is still a long way to go.

2. Governance

The Renfrewshire Integration Scheme was submitted to the Scottish Ministers in March 2015 and Ministers approved it, thus allowing the Integration Joint Board (IJB) to be formally constituted on 27 June 2015. At the meeting held on 18 September the IJB ratified the appointment of the Chief Officer and Chief Finance Officer, and also formally established its Strategic Planning Group (SPG).

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Joint Boards to develop a Strategic Plan that will set out the arrangements for the carrying out of integration functions in the Renfrewshire area to meet the needs of the local population over the next 3 years.

The Health and Social Care Partnership is fully committed to ensure that equality is at the heart of everything we do to achieve better outcomes for everyone. This includes actively embedding equality across all functions and decision making processes, ensuring that equality becomes part of our structure, behaviour and culture. The Chief Officer plays a lead role in promoting the ethos of working collectively and efficiently to ensure that equality is considered as a key component across the partnership functions. This involves a range of senior management and staff to ensure that a common and consistent approach is taken to integrate equality into policies, practices and procedures across all services.

3. Accountability

Formal updates on equality activity and performance in relation to the Equality outcomes will be reported to the IJB as required.

4. Communication

Renfrewshire Health and Social Care Partnership recognises its moral and legislative duty to understand the equalities characteristics of our staff and the local population when communicating and engaging. Our Participation, Engagement and Communications Strategy was approved on the 20 November 2015 and an action plan is currently being developed and actions therein will align to the wider Renfrewshire Health and Social Care Partnership equality objectives.

5. Partnerships

The Health and Social Care Partnership is committed to working in partnership with a wide range of statutory, voluntary and community organisations to achieve better outcomes for everyone. We worked to maintain and strengthen existing partnerships and build new partnerships with individuals and organisations to begin to mainstream equality for the new organisation. Examples of progress includes:

- We work collaboratively with the Police and members of the Diversity and Equality Alliance in Renfrewshire Group and have increased awareness of hate crime and continue to promote third party reporting facilities for victims and witnesses.
- We continue to work with Renfrewshire Council and other stakeholders to address health inequalities. Recent activities include engagement around developing a Smokefree Care Placements Policy for Renfrewshire Council's Looked After and Accommodated Children and Young People. Consultation has also been undertaken with Renfrewshire Visually Impaired Forum to hear the issues/barriers that people with a sensory impairment experience when using health services. Some of these issues have been addressed, further work is underway to reduce barriers in order that sensory impaired service users have a positive experience of health services.
- Staff from the HSCP continue to support the Council and NHS to integrate the general duty across all services through representation on corporate equality working groups such as the Diversity and Equality Alliance in Renfrewshire group.
- We have piloted the Smile4life training programme which aims to build capacity within various staff groups from Housing, Homelessness, Housing Support and Community Oral Health Services. This has enabled them to deliver early oral health interventions, advise on dental registration, healthy eating, the effects of alcohol and methadone on oral health, and to recognise the barriers to accessing dental care when homeless.
- We continue to implement the health and homelessness standards, and actions from previous homeless service users' consultation.

- We have promoted inequalities sensitive practice to staff, including routine enquiry on gender based violence.
- We continue to work with housing and care providers to review the existing service model for adults with learning disabilities and to identify options for redesign. The Local Housing Strategy (2016-2019) will address particular needs of people with learning disabilities and autism.
- The Integrated Care Fund has enabled the testing of a social prescribing model in three GP practices delivered by third sector partners. The aim is to develop community-based preventative and early intervention services, including building the capacity of local communities.

6. Equality Outcomes

Equality outcomes are results intended to achieve specific and identifiable improvements in people's life chances. These changes may be for individuals, groups, families, services or communities, they can relate to changes in behaviour, decision-making, attitudes, or better awareness. Renfrewshire Health and Social Care Partnership has developed seven Equality Outcomes, and actions required to achieve these outcomes are detailed in the table below.

Health and Social Care Partnership Outcomes	Actions
People have a positive experience of health and social care services.	<p>Renfrewshire Learning Disability Services will work to provide outcome focussed care and support plans.</p> <p>Develop, refine and implement the draft action plan for the Care at Home service to ensure that services are developed to maximise efficiency and effectiveness and respond to increasing demands.</p> <p>Work with GPs in clusters to pilot improved ways of working.</p>
People who use our services are empowered to contribute and participate fully in their community.	<p>Continue to support local forums, and voluntary and community based groups to develop opportunities for people to have a voice and express their views e.g. young adult carers.</p> <p>Build capacity and empower under-represented groups and those with protected characteristics to access funding opportunities to enable them to contribute and participate fully in their community.</p>
People experiencing transitions and life changes are supported to access information and services appropriate to their needs.	Continue to support young people in the transition from children and young people services to adult services and provide support to access information and services appropriate to their needs.

Health and Social Care Partnership Outcomes	Actions
	<p>The Autism Support Initiative Team will work with the Renfrewshire Learning Disability Service and Community Mental Health Team staff to promote autism awareness and assist adults during key transitions and change.</p> <p>Increase referrals to financial inclusion and employability services.</p>
<p>Our services and information are accessible to everyone to maintain and improve their quality of life and live independently wherever possible in their community.</p>	<p>Review our translation and interpreting support for assessing the need for, and commissioning of, interpreters for people whose first language is not English and people with sensory impairments.</p> <p>Deliver health checks to clients with Learning Disabilities.</p> <p>Implement the See Hear Sensory Impairment Strategy.</p> <p>Review existing protocols to ensure that travellers have equality of access to services during their stay in Renfrewshire.</p> <p>Provide support for service users and carers to promote inclusion and participation in all aspects of planning and provision of services.</p> <p>Support the development and implementation of an information portal to ensure that care needs, independence, emotional well being and dignity of users is met.</p>
<p>Our work with partners and stakeholders promotes healthy lifestyle choices for our population and contribute to tackling inequalities.</p>	<p>Target our interventions and resources to narrow inequalities and to build strong resilient communities.</p> <p>Work with Third Sector partners to build community capacity and to increase local opportunities available to our population.</p>
<p>Our workforce welcomes, values and promotes diversity, and is competent in tackling discrimination for the people who use our services.</p>	<p>Provide guidance and training to managers and all relevant staff in relation to equality impact assessments to ensure that Equality and Human Right Impact Assessments are integrated into policies, plans and budget decisions.</p> <p>Our communication and engagement plans will be developed to promote accessibility.</p>

Health and Social Care Partnership Outcomes	Actions
Our work with partners protects and supports people who may be at risk from harm.	<p>Improve the understanding and uptake of advocacy services.</p> <p>Continue to raise adult and child protection awareness.</p> <p>Increase general awareness of fire risk and the availability and benefits of Fire home and Safety checks.</p> <p>Implement actions from the recent review of the Public Protection Chief Officers Group.</p> <p>Promote Gender Based Violence (GBV) training plan to all staff across partner organisations and develop GBV strategy.</p> <p>We will work with our partners to ensure support is offered to all victims of hate crime.</p>

The equality outcomes have been prepared based on robust analysis of quantitative and qualitative local and national equality evidence. Data and information gathered in consultation with services across the partnership has been used to ensure equality outcomes align with and support existing strategic objectives. Reviews of evidence gathered from Strategic needs assessments, Health reports, Census 2011 information and evidence and data gathered from consultation across our services, public events, staff sessions and stakeholders have helped inform the above.

7. Next Steps

The Equality and Human Rights Commission Scotland publication “Is Scotland Fairer” has outlined seven key equality and human rights areas for improvement in Scotland in the coming years. These include ensuring that all people can access the health services they need, encouraging fair recruitment in employment, improving the availability and use of evidence, and tackling the harassment and abuse of people who share particular protected characteristics. The next steps in the delivery of our Equality mainstreaming and to support further progress on the building blocks that we have begun are:

- implement specific plans and policies such as the Communication Plan;
- develop appropriate indicators for performance reporting;
- ensure that our policies and plans are equality impact assessed to support the partnership and allow for more transparency;
- encourage input from communities on how best to engage around developing, implementing and improving outcomes for all.

We also intend to facilitate greater involvement of those responsible for managing front-line services. By doing this we expect further mainstreaming of the legal duties into the way services are provided and run, and for this to be supported by evolving local action and equality plans.

Item 8

To: Renfrewshire Integration Joint Board

On: 18th March 2016

Report by: Chief Officer

Heading: Organisational Development and Service Improvement Strategy
2016/19

1. Summary

1.1 Renfrewshire HSCP, will embrace the commitments detailed with Renfrewshire Council's "A Better Future, A Better Council" and NHS Greater Glasgow and Clyde's "Workforce Plan" by ensuring their staff involved in health and social care service delivery have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services. We recognise that our staff are well placed to identify how improvements can be made to services and will work together with the parent organisations and with our staff to develop and establish plans for:

1. Development of a healthy organisational culture.
2. Organisational development
3. Learning and development of staff
4. Workforce planning

1.2 Our commitment is to provide an even better service to our service users and communities, and improve how people feel about Renfrewshire Health and Social Care Partnership as a place to work

1.3 The Organisational Development and Service Improvement Strategy will focus on 3 key objectives that will support the workforce to be committed, capable and engaged in person centred, safe and effective service delivery:

1.3.1 Development of a Healthy Organisational Culture

- **Our Culture:** To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that;

1.3.2 Delivering a clear approach to Organisational Development and Service Improvement:

- **Our Leaders:** All our managers should also be effective leaders. Leadership is management plus. It is more than managing transactions, it is managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients;

- **Our People:** Our aim is to develop a workforce which feels positive about being part of the HSCP; feels listened to and valued; and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to service users;
- **Our Service Users:** We want to deliver a consistent and effective focus on listening to service users, making changes to improve their experience and responding better to vulnerable people;

1.3.3 Delivering a Workforce plan for tomorrows workforce

- **Our Resources:** We know that we need to reduce our costs to meet the financial challenges ahead. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce cost.

1.4 Renfrewshire HSCP is committed to agreeing and delivering Workforce Plans in consultation with a wide range of stakeholders, including staff side partners, trade unions and professional organisations. We aim to deliver a workforce plan for Tomorrows Workforce by:-

- Developing an integrated workforce planning approach across the wider workforce with other partners.
- Developing a learning and development framework and career pathways taking account of prior learning, particularly for support workers
- Developing a Staff Governance Action Plan to ensure effective staff governance is in place and that staff are well informed, appropriately trained and sharing best practices and can influence and deliver services to the best of their ability

1.5 With this strategy in place, a year on year Organisational Development and Service Improvement Implementation Plan will be developed. The plan will include details on how we will deliver on the Strategy's 3 key objectives.

1.6 This Implementation Plan will be subject to regular progress monitoring and reporting in relation to key actions to the HSCP Senior Management Team as part of the overall and routine reporting on Strategic Plan commitments.

1.7 The Organisational Development and Service Improvement Strategy will be subject to annual review and will therefore take account of future changes in corporate priorities and objectives; legislative and regulatory changes; and reflect ongoing changes to the profile of the HSCP workforce, their development needs and succession planning as services change in the future to meet service demand.

1.8 Appendix 2 is a copy of the Renfrewshire HSCP Joint Partnership Agreement. It is recognised that staff, through their recognised Trade Unions and Professional Organisations, and Management are major stakeholders within Renfrewshire Health and Social Care Partnership and it is therefore in the

interests of all stakeholders that these groups work closely together within a partnership process. This agreement provides a framework for partnership working between the Health and Social Care Partnership (HSCP), the Trade Unions and Professional Organisations recognised within the Health Board, and the recognised Trade Unions within the Council that will secure the best possible measure of co-operation and agreement on matters of mutual concern, and which will promote the best interests of the HSCP and its staff.

- 1.9 This agreement has been developed during a process of consultation and discussion with representatives from Renfrewshire HSCP Senior Management Team, colleagues from Human Resources and Partnership Colleagues from both Renfrewshire Council and NHS Greater Glasgow and Clyde and subsequently ratified for approval at the HSCP Senior Management Team meeting on 2nd March 2016.

2. Recommendation

It is recommended that the IJB:

- Approve the Organisational Development and Service Improvement Strategy.
- Note that this strategy will be subject to an annual review, which will be shared with the IJB.
- Note also that regular updates on the progress against the 3 key objectives will be provided to the IJB.

3. Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from April 2015. There is a legal commitment for both parent organisations to agree a plan of how the council and the health board will support the new partnerships in terms of workforce development and service improvement
- 3.2 This strategy has been developed by a dedicated workstream, as part of the structured programme of work being progressed to ensure that the IJB deliver on the legal requirements and commitments set out in the Act and Renfrewshire's Integration Scheme.
- 3.3 With the strategy in place, a 3 year Implementation Plan will be developed. This plan will set out how the partnership will deliver on its Organisational Development and Service Improvement Strategy.

Implications of the Report

- 1. Financial -**
- 2. HR & Organisational Development –**

3. **Community Planning –**
 4. **Legal –**
 5. **Property/Assets –**
 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 –**
 9. **Procurement –**
 10. **Risk –**
 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.

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Renfrewshire Health and Social Care Partnership

Organisational Development and Service Improvement Strategy

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1. Introduction

- 1.1 The Scottish Government's Public Bodies (Joint Working) (Scotland) Act 2014 sets out the arrangements for the integration of health and social care across the country. The work that staff across the Health and Social Care Partnership have already invested in ensure that the enactment of this new legislation should not pose any significant challenges for Renfrewshire, nor indeed require any major structural reorganisations of local services.
- 1.2 Renfrewshire HSCP will embrace the commitments detailed with Renfrewshire Council's "A Better Future, A Better Council" and NHS Greater Glasgow and Clyde's "Workforce Plan" by ensuring their staff involved in health and social care service delivery have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services. We recognise that our staff are well placed to identify how improvements can be made to services and will work together with the parent organisations and with our staff to develop and establish plans for:
 1. Development of a healthy organisational culture.
 2. Organisational development
 3. Learning and development of staff
 4. Workforce planning
- 1.3 Staff within Renfrewshire Health and Social Care Partnerships (HSCP) will continue to be employees of the Health Board or of the Council, and this strategy will be developed to support the delivery of established plans within both parent organisations and to enhance and develop services as we move to an integrated workforce.
- 1.4 Core Human Resources services will continue to be provided by the appropriate Corporate Human Resource and Workforce functions in the Council and the Health Board who, where appropriate, will work together to develop a shared understanding of human resource and workforce issues.
- 1.5 The Council and the Health Board are committed to the continued development and maintenance of positive and constructive relationships with recognised Trade Unions and professional organisations involved in Health and Social Care
- 1.6 Our commitment is to provide an even better service to our service users and communities, and improve how people feel about Renfrewshire Health and Social Care Partnership as a place to work.
- 1.7 Our staff can expect us to:-
 - value their opinions, ideas and suggestions and be open to challenge
 - listen to them and involve them in changes that affect them
 - help them to develop their skills, knowledge and experience to advance in their chosen career pathway
 - promote our shared and agreed values and behaviours and challenge when these are not displayed
 - work collaboratively in partnership with them and their representatives

1.8 The Organisational Development and Service Improvement Strategy will focus on 3 key objectives that will support the workforce to be committed, capable and engaged in person centred, safe and effective service delivery:

1.8.1 Development of a Healthy Organisational Culture

- **Our Culture:** To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that;

1.8.2 Delivering a clear approach to Organisational Development and Service Improvement:

- **Our Leaders:** All our managers should also be effective leaders. Leadership is management plus. It is more than managing transactions, it is managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients;
- **Our People:** Our aim is to develop a workforce which feels positive about being part of the HSCP; feels listened to and valued; and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to service users;
- **Our Service Users:** We want to deliver a consistent and effective focus on listening to service users, making changes to improve their experience and responding better to vulnerable people;

1.8.3 Delivering a Workforce plan for tomorrows workforce

- **Our Resources:** We know that we need to reduce our costs to meet the financial challenges ahead. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce cost.

1.9 We are committed to ensuring our staff have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services to achieve our Vision, which is outlined below.

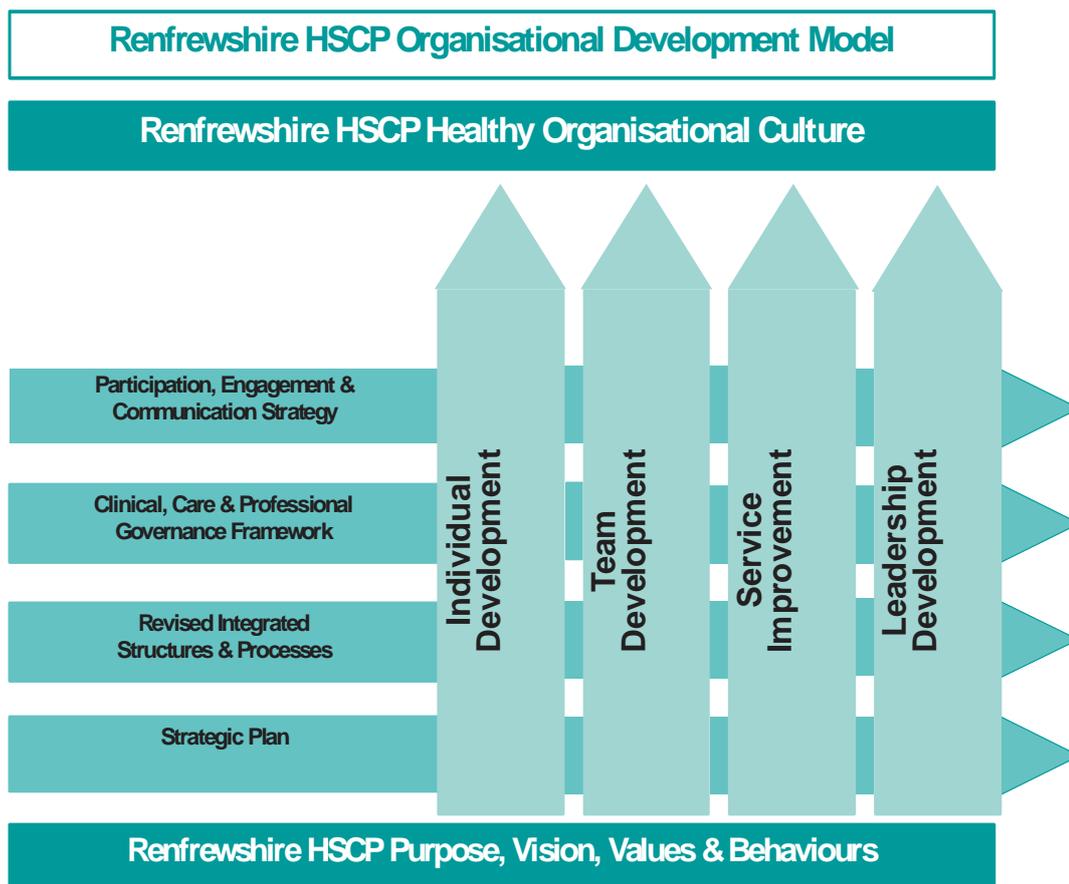
***Renfrewshire is a caring place where people are treated as individuals
and supported to live well***

2. Development of a Healthy Organisational Culture

- 2.1 To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that. Development of a healthy organisational culture represents a commitment on the part of the HSCP to minimise potential disruption or uncertainty for staff and prioritise continuous quality improvement of services for the benefit of our local communities.
- 2.2 Within RHSCP we believe that a healthy organisational culture is one where the entire workforce:
- places the individual at the centre of care
 - feel valued and engaged
 - strives to always improve practice and performance
 - has access to visible and transformational leadership
 - has the right skills and competences to undertake their role in meeting the organisations objectives
 - are able to challenge poor practice and welcomes scrutiny
- 2.3 This strategy informs how a healthy organisational culture will be achieved by:
- focus on optimising the individual knowledge and skills of our staff
 - development of well defined and high performing teams
 - provision of transformational and adaptive leadership
 - the development of a robust foundation of agreed and shared Purpose, Vision, Values and Behaviours
 - robust professional clinical and care governance framework
 - commitment to continuous service improvement
- 2.4 Key to developing our organisational culture will be the implementation of RHSCPs:
- 2.4.1 Strategic Plan
The Strategic Plan sets the context in which health and social care services operate. It supports staff to gain a better awareness of Renfrewshire HSCP key priorities and to understand their role in the modelling and delivery of services in the future.
- 2.4.2 Participation Communication and Engagement Strategy
This strategy supports the means by which staff will be involved in a process that encourages their participation in reviewing our services and to be fully engaged in developing and improving our health and social care services.
- 2.4.3 Quality, Care and Professional Governance Framework
This framework provides staff with an assurance that care, quality and outcomes are of a high standard across all our services. It provides staff with an ongoing governance framework that supports their professional governance and standards and ensures an environment where staff feel “safe to challenge” standards of care that is less than that which would be expected or desired.

3. Organisational Development and Service Improvement

- 3.1 Development of a capable workforce is imperative to ensuring that everyone has the skills to deliver safe, effective and person-centred care.
- 3.2 The biggest impact on our workforce will come from cultural, not structural, changes as we develop the Partnership and move from more linear approaches to delivering services to co-producing models of services with local communities. This will create a new context that will enable professionals to shape their roles and engage differently with one another and with people who use services and communities. Opportunities will be created for individuals and teams to further develop their skills, focused on what matters to the person, such as creating networks, making connections and building shared values.
- 3.3 RHSCP will work to a model of Organisational Development (*figure 1*) which has its Purpose, Vision, Values and Behaviours as a foundation on which to deliver, development and improvement for Individuals, Teams, Services and Leaders to support the development of revised integrated structures.



(Figure 1)

3.4 Organisational Development

There are 3 essential elements in our approach to Organisational Development: Effective Leadership, Engaged Individuals and High Performing Teams.

3.4.1 Our Leaders

- We will support our leaders to have capability, confidence and tools to develop and support their individual staff and teams to improve service delivery, quality and performance.
- We will develop our leaders to ensure they lead and manage with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients

3.4.2 Our People

Engaged Staff

- We will ensure our staff feels listened to and valued
- Our staff will be supported to take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to patients
- We will ensure each individual staff member is engaged in a process of personal and individual performance review and have an agreed personal development plan. The plan will highlight the individuals' strengths and the areas that they need to develop to ensure that they are confident, competent and knowledgeable in the role they are carrying out

High Performing Teams

- We will support our managers and staff to agree a team development plan that details ways of working together to deliver the outcomes we must deliver
- We will encourage teams to work together to develop specific, measureable and agreed goals, consistent with the organisational objectives and that optimise collaborative working where ever this is required
- This will be underpinned by strong visible transformational leadership, clear management arrangements, processes and relationships

3.5 Service Improvement

The delivery of safe, effective personal care within our services relies on our staff and meaningful and timely feedback on our services

3.5.1 Our Resources

- We will ensure that our staff have the knowledge, skills and experience to enable them to actively participate and contribute to a programme of continuous service improvement

3.5.2 Our Service Users

- We will actively seek feedback on our services to enable us to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people.

4. Workforce

4.1 The priorities for action in “Delivering a Workforce Plan for Tomorrows Workforce” will be achieved through:

- **Establishing a sustainable workforce** by agreeing new ways of delivering services and new ways of working; ensuring that people with the right skills, in the right numbers, are in the right jobs; promoting the health and well-being of the existing workforce and preparing them to meet future service needs.
- **Maintaining a capable workforce** by ensuring that all staff are appropriately trained and have access to learning and development to support the *Quality Ambitions* and *2020 Vision for Health and Social Care*.
- **Developing an integrated workforce** that is more joined-up across social care and primary and secondary health care

4.2 Workforce Demographics

The HSCP employs approximately 1,600 WTE staff across two employing authorities and within a number of occupation profiles. The review of the current workforce highlights that:

- 35% of the HSCP workforce is over 50 years old with the largest age band fall between 50 and 54 years of age and the number of staff eligible for retriial over the next 1-5 years poses a risk to future service delivery
- 2% of the total workforces are employed on Temporary contracts with Renfrewshire Council employing 15 staff (12.3wte) and Greater Glasgow and Clyde employing 31 staff (24.14wte)
- 80% of HSCP staff are female

It is 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 arrangements.

The current workforce profile is detailed in **Appendix 1**.

4.3 Staff Learning and Development

The HSCP is committed to ensuring staff have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services. Our Learning and Development Plan will detail our key priorities and demonstrate our commitment to continuous staff development

We will encourage staff to ensure they have the day to day knowledge and understanding that equip them to undertake their roles effectively. We also support staff to develop this more formally to pursue where relevant further academic or professional development. This will be targeted to further

enhance their current practice and may have the linked benefit to, improve career progression.

As service delivery changes new roles are likely to emerge that use the skill mix of existing staff in different ways. Staff may need to develop new skills and work across traditional boundaries; they may be working on a one-to-one basis with individuals. In doing so, staff can develop relationships and an understanding of the roles of colleagues in other sectors. Workforce leaders will need to consider a common language to ease barriers between services. Staff engaging with individuals will need skills in advocacy and co-production.

In respect of individual employees we support individual and team learning needs including:

- Induction for new staff - effective induction is vital to shape how a new staff member enters their new role. It should start before the staff member takes up post and continues after he or she moves into the service setting
- each new staff member will have an induction programme tailored specifically to his or her needs
- the statutory and mandatory training appropriate to job roles
- formal education leading to academic credit and SVQs
- clinical skills training – for all professions in clinical areas
- role development – new and changing services mean new and changing roles for staff, and we will support role changes with the right education;
- service-user safety and managing risk – we offer learning and education to help provide services that are safe and sound
- promoting equality and diversity – activity aimed at ensuring high-quality services are provided for all
- encouraging integrated working – supporting the development of new teams and new ways of working
- management and leadership – developing potential in this key area of service

4.4 Performance Review and Personal Development Plans (PDP)

All our staff will receive an annual performance review with their line manager and will be encouraged to consider their development and learning needs through the development of a performance development plan.

4.5 Professional Governance

A priority for training and development activity is the demands placed upon HSCP staff by registration requirements.

The HSCP will support our staff to gain the qualifications they require to become registered and the Post Registration Training (PRTL) and Continuous Professional Development (CPD) they require to undertake to remain so.

Appropriate professional frameworks underpinned by NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC) are in place to support national regulatory requirements across HSCP professional staff groups.

The RHSCP Quality, Care and Professional Governance Framework provide the context for professional governance for all staff through the Professional Executive Group.

Evidence of compliance with registration requirements is monitored and maintained through a performance database within Social Work and with individual services within health.

4.6 **Staff Practice and Governance**

The HSCP has been founded on a strong and consistent local track record for positive joint working between health and social care staff and services. The HSCP is currently shaping its Staff and Practice Governance Frameworks and will be establishing a Joint Staff Partnership Forum (SPF).

The NHS *Staff Governance Standard* is demonstrative of a proactive approach of trade unions and professional bodies and focuses on 5 priorities for staff:

- to be well informed
- appropriately trained
- involved in decisions which affect them
- treated fairly and consistent
- provided with an improved and safe working environment.

The Scottish Government's *Practice Governance Framework* (2011) for Local Authorities focuses on five key areas for staff being:

- risk, discretion and decision making
- self and self regulation
- developing knowledge and skills
- guidance consultation and supervision
- information sharing and joint working

These will provide a foundation for how the HSCP works and be key priorities in the development of a Staff Governance Action plan to ensure real participation and engagement with staff in how we work.

4.7 **Staff Wellbeing**

The HSCP recognises its responsibility for the health, safety and welfare of its employees and places responsibility on Managers to provide employees with a safe working environment, to encourage employees to adopt a healthy lifestyle, treat all employees in a responsible, caring, fair and consistent manner, recognise the highest standards of attendance and identify, reduce and prevent the causes of workplace ill health.

Both NHSGGC and Renfrewshire Council offer employees a range of facilities and well being initiatives such as an Occupational Health Service, Health and Safety advice, a Special Leave Scheme, advice on healthy eating; healthy

options in canteens and vending machines; smoking cessation support; access to counselling; physiotherapy; and stress risk assessments.

Both NHSGGC and Renfrewshire Council have achieved the Gold Award for Health Working Lives. We will continue this commitment to staff and consider how we take forward an application on behalf of the HSCP

4.8 Training for the Future

Historically Renfrewshire has provided a wide range of high quality, challenging and diverse *practice learning* experiences for students undergoing social work training.

Placements are managed through established partnership arrangements between the West of Scotland Learning Network and other Educational Establishments. These relationships have produced mutual benefits for the students and staff who have had the opportunity to supervise and aid the development of student's understanding and practice.

Training opportunities such as apprenticeships are proving successful in building workforce capacity. These opportunities are a useful way to support people working as personal assistants so they can develop the relevant skills and knowledge required to be effective in their roles. Apprenticeships allow for progression and encourage people to stay in the sector. As such, they are an important priority for the Government in supporting employers to attract people to these roles. These training structures have the potential to be used creatively to support integrated care and support.

4.9 Modern Apprenticeships

In March 2012 the NHSGGC Corporate Management Team approved the proposal to recruit 50 new Modern Apprentices.

The HSCP is supporting this initiative through Care and Administration Apprenticeships. A number (how many/) of Care Apprentices have already undertaken basic training and are now in work placements. Recruitment of Administration Apprentices is underway and the department will continue to support a number of these trainees in a variety of settings.

4.10 Graduate Internships

We will continue to support the Graduate Interns programme to enable local graduates who have graduated from university in the last two years the chance to gain meaningful practical work experience relevant to their degree. We have recently supported 4 graduate interns who have gone on to successfully gain employment.

4.11 Schools Engagement and Work Experience Programmes

The schools engagement programme and school work experience placements are core activities which inform important career related choices

for school aged pupils while introducing the world of work. We will continue to develop this strand of our work.

4.12 Nursing Internships

Nursing and Midwifery Internships have been introduced by the Scottish Government to support transition into employment and to maximise the opportunity to build on the clinical experience gained by nurses and midwives students during their pre-registration programme. Coordinated nationally by NES, internships are available to newly qualified nurses and midwives to help consolidate and develop their clinical experience.

Internships are offered on a part-time (22.5hrs), fixed term for one year (or a proportion of that year). Internship requests for the NHSGGC area administrated by the NHSGGC central recruitment service.

4.13 Volunteering

Whilst NHS volunteering has traditionally been concentrated in hospital settings, there has been a significant shift to extend these opportunities within local communities.

Volunteering can be delivered directly through NHS Volunteering Services or in partnership with other organisations.

The HSCP is a signatory to the Renfrewshire Community Planning Partnership Volunteer Policy "Forward Together".

The partnership approach to working with the voluntary sector will help to co-ordinate activity and strengthen good working practices. Two sets of guidance have been developed to support partner organisations to work effectively with volunteers and voluntary groups.

Will continue to work with and support Engage Renfrewshire to develop a volunteer programme.

4.14 Peer Support

We will continue to encourage, promote and develop services which employ those people with a lived experience

5. Implementation, Monitoring & Review

5.1 Renfrewshire HSCP is committed to agreeing and delivering Workforce Plans in consultation with a wide range of stakeholders, including staff side partners, trade unions and professional organisations.

5.2 Implementation

With the strategy in place, a 3 year Organisational Development and Service Improvement Implementation Plan will be developed. The plan will include details on how we will deliver on the Strategy's 3 key objectives:

5.2.1 Development of a Healthy Organisational Culture:

- Develop the skills and behaviours required for working collaboratively and flexibly across primary and secondary care, and across health and social care.

5.2.2 Deliver a clear approach to Organisational Development and Service Improvement:

- Develop a capable workforce to ensure everyone has the skills needed to deliver safe, effective, person-centred care.
- Develop effective leadership and management ensuring leaders and managers at all levels and in all professions have the competences and skills to support the workforce through change.
- Develop a shared approach to quality improvement and skills/competence development across health and social care

5.2.3 Deliver a Workforce plan for Tomorrows Workforce:

- Develop an integrated workforce planning approach across the wider workforce with other partners.
- Develop a learning and development framework and career pathways taking account of prior learning, particularly for support workers
- Develop a Staff Governance Action Plan to ensure effective staff governance is in place and that staff are well informed, appropriately trained and sharing best practices and can influence and deliver services to the best of their ability.

5.3 Monitoring

This Implementation plan will be subject to regular progress monitoring and reporting in relation to key actions to the HSCP Senior Management Team as part of the overall and routine reporting on Strategic Plan commitments.

5.4 Review

The Organisational Development and Service Improvement Strategy will be subject to annual review and will therefore take account of future changes in corporate priorities and objectives; legislative and regulatory changes; and reflect ongoing changes to the profile of the HSCP workforce, their development needs and succession planning as services change in the future to meet service demand.

Appendix 1: Workforce Demographics

The HSCP employs approximately 1,600 WTE staff across two employing authorities and within a number of occupation profiles.

Age Profile

The main risk to service delivery in the HSCP across the next 5 to 10 years is the impact of the workforce age profile.

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

- 35% of the HSCP workforce is over 50 years old with the largest age band falling
 - between 50 and 54 years of age;
 - 5% of the workforce are over 60 years old with some staff working beyond the “historic” retiral age of 65 and a small number working into their 70’s;
- The HSCP employs only a small number of staff under 20 years old;
- There is a greater tendency among Renfrewshire Council employees to work into their sixties and beyond than with NHS staff;
- Comparisons of the younger age bandings suggest that there is more opportunity for youth employment within Council services.

The Age profile has been recorded in a way to readily identify demarcations and is detailed below in tabular form to express the numbers and in Chart form to illustrate the percentage breakdown.

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew LHCP Total		As % of Available Workforce
	HeadCount	WTE	HeadCount	WTE	HeadCount	WTE	%
16-20	1	0.54	1	1.00	2	1.54	0.10%
21-30	61	53.35	105	92.34	166	145.69	9.21%
31-40	115	95.95	251	198.24	366	294.19	18.59%
41-50	177	146.70	456	367.94	633	514.64	32.52%
51-60	244	214.07	408	337.27	652	551.34	34.84%
61-65	41	32.31	44	32.04	85	64.35	4.07%
65+	9	5.55	8	5.33	17	10.88	0.69%
Total	648	548.47	1273	1034.16	1921	1582.63	

Table 1 - Age

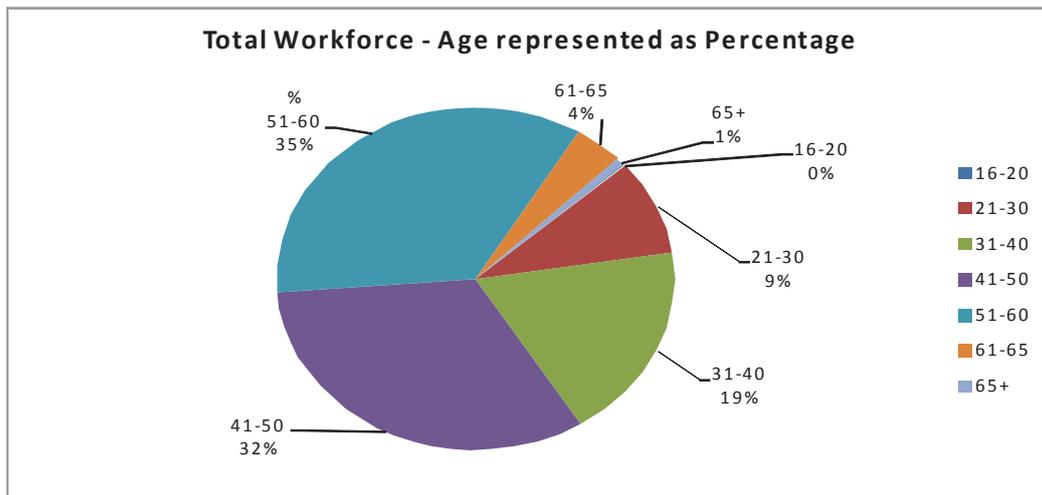


Chart 1 - Age

A leavers rate of 6.46% and 10.54% for staff in Hosted Services within NHS staff.

Mental Health, Addictions & Learning Disability Services

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 Status which allows some NHS staff members to retire at age 55 years with full pension benefits; and
- Changes to NHS pension provision.

Mental Health Officer (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. MHO status affords NHS employed staff an earlier Normal Pension Age (NPA) of 55 rather than the age 60 NPA.

Under the new 2015 Pension scheme normal retiral age will increase in line with the state pension age for most NHS staff.

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, those 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).

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.

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).

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.

The review of the age profile in the HSCP highlights that the number of staff eligible for retirement over the next 1-5 years poses a risk to service delivery although 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 arrangements.

Length of Service (LOS)

The LOS has been recorded in a way to readily identify demarcations in tabular form and in Chart form to illustrate the percentage breakdown.

The average LOS of NHS staff is 15 years and for Renfrewshire Council staff is 14 years. The average LOS across the HSCP is between 1-20 years.

Length of Service Banding	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew LHCP Total		As % of Available Workforce %
	Headcount	WTE	Headcount	WTE	Headcount	WTE	
Less than 5 years	178	144.73	371	295.06	549	439.79	27.79%
5-10 years	152	128.26	242	184.3	394	312.56	19.75%
11-20 years	204	172.24	397	321.65	601	493.89	31.21%
21-30 years	95	86	249	221.21	344	307.21	19.41%
31 years and above	19	17.24	14	11.94	33	29.18	1.84%
Total	648	548.47	1273	1034.16	1921	1582.63	

Table 2 Length of Service

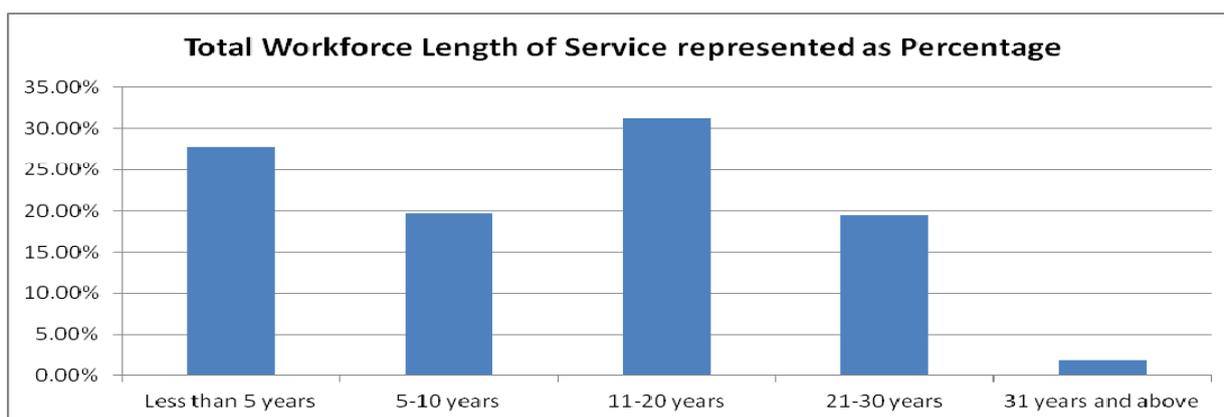


Chart 2 Length of Service

Salary Range

Salary ranges for staff across the HSCP reflects the wide diversity of roles within the services.

80% of Renfrewshire Council staff earns <£30,000 with 61% of NHS staff earning <£30,000.

77 Staff earning £40K+ within NHS belong to the Medical Job Family

Annual Salary Banding	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew LHCP Total		As % of Available Workforce %
	Headcount	WTE	Headcount	WTE	Headcount	WTE	
< £20,000	370	275.53	380	302.98	750	578.51	36.55%
>£20,000 : <£30,000	172	167.57	413	347.66	585	515.23	32.56%
>£30,000 : < £40,000	93	92.36	281	238.83	374	331.19	20.93%
> £40,000	13	13	199	144.69	212	157.69	9.96%
Total	648	548.46	1273	1034.16	1921	1582.62	

Table 3 Salary Range

Employment Status split by Gender

- 80% of the HSCP staff are female.
- NHS: 163 Males are full time out of a total of 210 (78%)
- NHS: 530 Females are full time out of a total of 1063 total (50%)
- Renfrewshire Council: 72 Males are full time out of a total of 122 (60%)
- Renfrewshire Council: 269 Females are full time out of a total of 566 (51%)
- 2% of the total workforces are employed on Temporary contracts with Renfrewshire Council employing 15 staff (12.3wte) and Greater Glasgow and Clyde employing 31 staff (24.14wte)

Fulltime / Partime split by Gender	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew HSCP Total		As % of Available Workforce %
	Headcount	WTE	Headcount	WTE	Headcount	WTE	
Female FT	257	257.53	530	530.00	787	787.53	49.76%
Female PT	269	181.93	533	317.88	802	499.81	31.58%
Male FT	72	72.00	163	163.00	235	235.00	14.85%
Male PT	50	37.00	47	23.28	97	60.28	3.81%
Total	648	548.46	1273	1034.16	1921	1582.62	

Table 4 Part Time / Fulltime status

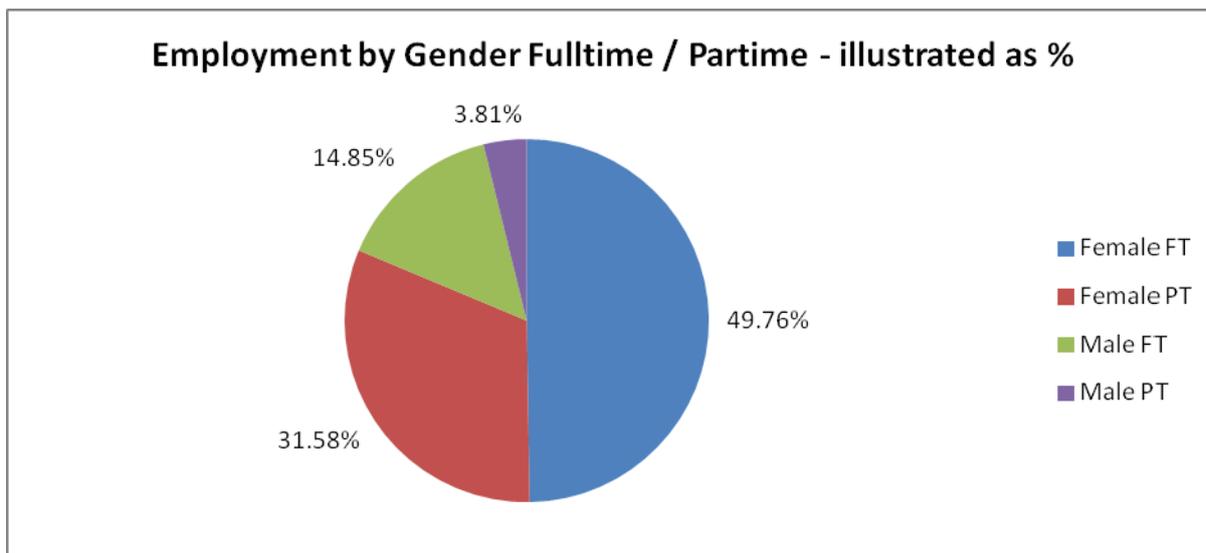


Chart 3 Part Time / Fulltime status

Occupational Breakdown

There is a wide range of staff profiles and roles within the HSCP. Staff profile can be initially determined in the following groups:

Occupation Profile	Renfrewshire Council Workforce Data		As % of Available Workforce %
	Headcount	WTE	
Administrative	50	43.79	7.98%
Frontline	462	378.98	69.10%
Professional Managerial	137	125.70	22.92%
Total	649	548.47	

Table 5a Renfrewshire Council Staff

Occupation Profile	NHS Workforce Data		As % of Available Workforce %
	Headcount	WTE	
Administrative Services	200	166.98	16.15%
Allied Health Profession	288	222.41	21.51%
Medical and Dental	77	39.17	3.79%
Nursing and Midwifery	620	546.81	52.87%
Other Therapeutic	43	35.50	3.43%
Support Services	37	15.29	191.13%
Executive	8	8.00	0.77%
Total	1273	1034.16	

Table 5b NHS Staff Groupings

Diversity Data

Disability

Disability	Renfrewshire Council Workforce Data		As % of Available Workforce
	Headcount	WTE	%
No	320	269.31	49.10%
Yes	30	26.82	4.89%
Prefer not answer / No Disclosure	298	252.34	46.01%
Total	648	548.47	

Table 6a Renfrewshire Staff Groupings

Disability	NHS Workforce Data		As % of Available Workforce
	Headcount	WTE	%
No	327	255.49	24.71%
Yes	7	6.31	0.61%
Prefer not answer / No Disclosure	939	772.36	74.68%
Total	1273	1034.16	

Table 6a NHS Staff Groupings

Ethnicity

Ethnicity	Renfrewshire Council Workforce Data		As % of Available Workforce
	Headcount	WTE	%
African - African Scottish or British	2	1.31	0.24%
Asian (Scot,Eng,Wel,Other) - Indian	1	1.00	0.18%
Black (Scot,Eng,Wel,Other) - African	2	1.54	0.28%
Black (Scot,Eng,Wel,Other) - Caribbean	1	1.00	0.18%
Other Ethnic background	1	1.00	0.18%
Prefer not to answer	388	329.25	60.03%
White - Eastern European (eg Polish)	1	1.00	0.18%
White - English	1	0.50	0.09%
White - English/Welsh/Scottish/N Irish	1	1.00	0.18%
White - Irish	2	2.00	0.36%
White - Other British	14	13.20	2.41%
White - Scottish	234	195.67	35.68%
Total	648	548.47	

Table 7a Renfrewshire Staff Groupings

Ethnicity	Renfrewshire Council Workforce Data		As % of Available Workforce %
	Headcount	WTE	
African	6	5.61	0.54%
Other Ethnic Background			0.00%
Any mixed background	2	1.80	0.17%
Chinese			0.00%
Caribbean			0.00%
Other Black			0.00%
Other Asian	1	1.00	0.10%
Bangladeshi			0.00%
Indian	11	9.05	0.88%
Pakistani			0.00%
Other White	42	32.20	3.11%
White British	102	78.10	7.55%
White Irish	14	13.10	1.27%
White Scottish	791	650.98	62.95%
No Disclosure	304	242.32	23.43%
Total	1273	1034.16	

Table 7b NHS Staff Groupings

Appendix 2: Staff Partnership Agreement#

Renfrewshire Health and Social Care Partnership

Staff Partnership Agreement

1. Introduction

It is recognised that staff, through their recognised Trade Unions and Professional Organisations, and Management are major stakeholders within Renfrewshire Health and Social Care Partnership and it is therefore in the interests of all stakeholders that these groups work closely together within a partnership process.

The purpose of this Agreement is to provide a framework for partnership working between the Health and Social Care Partnership (HSCP), the Trade Unions and Professional Organisations recognised within the Health Board, and the recognised Trade Unions within the Council that will secure the best possible measure of co-operation and agreement on matters of mutual concern, and which will promote the best interests of the HSCP and its staff.

It is not the intention of this agreement to cut across existing joint trade union and management structures that belong to staff as a result of being an employee of either the Council or the Health Board.

2. Partnership values

All parties to this Agreement are committed to ensuring that the following values, jointly agreed, are demonstrated in their day-to-day work and integrated into their partnership arrangements:

- Mutual trust, honesty and respect.
- Openness and transparency in communication.
- Consensus, co-operation and inclusion as the “best way”.
- Recognising and valuing the contribution of all parties.
- Recognising and valuing diversity within the workforce and the wider community.
- Recognising the right of stakeholders to be involved, informed and consulted.
- Recognising and respecting the responsibility of individuals to represent their constituency.
- Recognising the value in keeping language as simple as possible and avoiding the use of acronyms, foul or abusive language.
- The timely access and sharing of information.

3. Roles and responsibilities

Trade Unions/Professional Organisations recognise the HSCP’s responsibility to take action to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The HSCP recognises the Trade Unions/Professional Organisations’ role in representing the interests of their members within society and the wider community; and in improving terms/conditions of service, promoting health and safety at work, and employment security.

The success of partnership working must be measured against the improvements in decision making to produce enhanced outcomes. The signatories to this Agreement will demonstrate commitment to partnership working by ensuring early involvement in all processes regarding change such as for example services review or redesign, and the formulation and delivery of the Strategic Plan of the IJB.

4. Staff Partnership Forum Remit

The Staff Partnership Forum will be the forum where the HSCP and the recognised trade unions and professional organisations work together to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Staff Partnership Forum will be a powerful enabling force to:

- Inform thinking around priorities on health and social care issues,
- Inform and test delivery and the implementation in relation to strategic plans,
- Advise on workforce planning and development,
- Advise on the delivery of workforce governance, and
- Promote equality and diversity.

The Staff Partnership Forum will therefore participate in the wider strategic organisational objectives of the IJB and the three key areas of accountability (i.e. corporate governance, clinical governance, and workforce governance).

The Forum will provide formal reports to the IJB, and be empowered to initiate and sponsor work, in addition to receiving reports from work initiated elsewhere.

The Forum is **NOT** a terms and conditions negotiating body and will have direct links to the existing Board trade union and management structures of each parent organisation

5. Membership

The Forum will be a tripartite body composed of HSCP Management, the recognised trade unions of the Council, and the recognised trade unions and professional organisations of the Health Board.

The allocated seats for each Trade Union and Professional Organisation will be agreed by the nominated co chairs for Local Authority representatives and NHS representatives and may be variable due to availability.

- HSCP Management – HSCP Chief Officer, Heads of Service; Human Resources representatives 2 - GG&C NHS and Renfrewshire Council
- Council Trade Unions – UNISON; GMB; Unite
- Health Trade Unions – UNISON (4 seats), Royal College of Nursing (3 seats), Unite (3 seats), British Medical Association (2 seats)
- One seat per other organisation recognised by the NHS or Local Authority at a United Kingdom level (e.g. NHS Staff Council).

Staff Side Delegates

Delegates of the staff side will be appropriate accredited lay representatives of a recognised trade union or professional organisation within either the Council or the Health Board. Time off with pay shall be granted to lay representatives for attendance at Forum and associated meetings. (If a representative ceases to be a member of his/her trade union/professional organisation, then he/she will immediately cease to be a member of the forum, and an appropriate replacement will be appointed by the relevant organisation.)

Substitutes

In the event of a member of the Forum being unable to attend any meeting, the constituency represented by the member will be entitled to appoint a substitute to attend the meeting. As a matter of principle, any substitute attending the Forum should be fully briefed by their constituency before attending the meeting.

Vacancies

If a vacancy arises, a new member will be appointed by the organisation that the previous member represented.

Full Time Officers

Full time officers of the recognised organisations shall be able to attend as 'ex-officio' members of the Forum.

Joint Chairs

In accordance with the principles of partnership working the Forum will appoint three Joint Chairs: one being the HSCP Chief Officer (or nominated deputy), one being a lay delegate of the Council Trade Unions, and one being a lay delegate of the Health Trade Unions and Professional Organisations.

The staff side Chair(s) will be elected for an initial term of office of 4 years the trade unions will have staff representation respectively from the Council and the Health Board on the Integrated Joint Board.

Joint Secretaries

The three Joint Chairs will be supported by three Joint Secretaries with one from each of the three constituencies

The three Joint Chairs will be provided secretariat support from the Health and Social Care Partnership.

Staff side elections

The election of staff side officers of the Forum (Chairs and secretaries) will be the sole responsibility of lay delegates, or their substitutes, directly appointed to the Forum to represent their trade union/professional organisation.

Invitees

With the agreement of the Joint Chairs, the Forum may invite any persons whose special knowledge would be of assistance to attend and speak at its meetings.

6. Frequency of Meetings, Notice, and Papers

The Forum will meet at least 6 times a year.

Notice will be given at least seven working days prior to any meeting with an agenda of the meeting and any supporting papers being circulated with the notice.

The Forum will be supported by a secretariat, comprising the Joint Chairs and joint secretaries plus the secretariat support, which will be responsible for agreeing meeting agendas and ensuring the production of any appropriate supporting papers.

It is recognised that discussions are best conducted in an environment where there is a full and timely exchange of information relevant to the matter discussed. The HSCP agrees to adopt an open policy towards the early release of information necessary for the conduct of discussions.

The Forum may form issue-specific short-life working groups to discuss and analyse evidence, and/or issues with significant implications for staff or a particular group of staff within the HSCP

7. Quorum

The quorum for the Forum will be two management and four staff side representatives. The four staff side representatives should at a minimum have at least one being from the Council and one from the Health Board. In circumstances where the Partnership Forum is inquorate the option will be given to proceed or defer the whole agenda or specific items on the basis that any decision would subject to ratification at the next quorate meeting.

8. Reaching agreement

The Forum will provide a process for discussion, exchange of information, and consultation between Management of the HSCP, the Trade Unions and Professional Organisations representing Health Staff in relation to service redesign and ongoing service improvement

9 Reporting relationships

The Forum will provide formal reports to the Integrated Joint Board on at least an annual basis. In addition, the Forum will link with the recognised trade union forums of both the Health Board and the Council.

10 Health and Safety

It is recognised that health and safety at work is governed by specific laws and regulations that place a duty on both the Health Board and the Council as employers. Therefore the Health and Safety Committee of the HSCP will be responsible for the development of a comprehensive system to meet the regulatory requirements in compliance within the Health and Safety Policies of both the Health Board and the Council.

9. Communication

The issue of communication in securing participation in partnership working and of its outcomes achieved is crucial. In addition to the joint development of a communication strategy around partnership, the Forum, through the Secretariat, will be responsible for communications on all issues considered in partnership to be conveyed jointly on a partnership basis.

10. Review

The Agreement will be subject to review **annually** on 1st April of each year.

To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Officer

Heading: Quality, Care and Professional Governance Framework –
Implementation Update Report

1. Summary

- 1.1 At the Integration Joint Board (IJB) meeting on 18 September 2015, the IJB approved the Quality, Care & Professional Governance Framework and implementation plan.
 - 1.2 Appendix 1 provides an update on the progress made to implement this framework to ensure that effective clinical and care governance arrangements are in place from 1 April 2016.
-

2. Recommendation

Integration Joint Board members are asked to:

- Note the progress made to implement Renfrewshire HSCP Quality, Care & Professional Governance Framework by 1 April 2016.
-

3. Background

- 3.1 At the Integration Joint Board (IJB) meeting on 18 September 2015, the IJB approved Renfrewshire Health and Social Care Partnership (HSCP) Quality, Care & Professional Governance Framework and implementation plan. This was developed to ensure proposed arrangements are consistent with the guidance and principles for clinical care governance as specified by the Scottish Government.
- 3.2 This implementation plan and governance structure supports implementation of the Framework to ensure that effective clinical and care governance arrangements are in place with Renfrewshire HSCP, and builds upon existing and service governance arrangements across the parent organisations.
- 3.3 Appendix 2 sets out the governance structure with the following groups being established:
 - Renfrewshire HSCP Executive Governance Group (REGG)
 - Renfrewshire HSCP Professional Executive Group (PEG)
 - Renfrewshire HSCP Service Pods – Locality Services

- Renfrewshire HSCP Mental Health, Addictions and Learning Disability Services
- Renfrewshire Chief Social Work Officers (CSWO) Professional Group

3.4 Appendix 3 details the remit and membership of these groups which has now been agreed.

3.5 Reporting & Monitoring - The Professional Executive Groups and Service Pods will report on a regular basis to Renfrewshire HSCP Executive Governance Group and bi-annual reports will be shared with the Integration Joint Board.

Implications of the Report

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

List of Background Papers

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

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

Appendices:

- Appendix 1: Renfrewshire HSCP Quality, Care & Professional Governance Implementation Plan Update

- Appendix 2: Renfrewshire HSCP Quality, Care & Professional Governance Structure
- Appendix 3: Terms of Reference for Renfrewshire HSCP Quality, Care & Professional Governance Groups including:
 - Renfrewshire HSCP Executive Governance Group (REGG)
 - Renfrewshire HSCP Professional Executive Group (PEG)
 - Renfrewshire HSCP Service Pods – Locality Services
 - Renfrewshire HSCP Mental Health, Addictions and Learning Disability Services
 - Chief Social Work Officers Professional Group (CSWO)

Appendix 1: Renfrewshire HSCP Quality, Care & Professional Governance Framework Draft Implementation Group - Implementation Plan

This plan should be read in conjunction with:

- Renfrewshire HSCP Quality, Care & Professional Governance Framework

Sponsors:

Renfrewshire Quality, Care & Professional Governance Framework Implementation Group

Key	
Green	On target
Orange	Some slippage / minor issues which may impact on delivery
Red	Not running to target / significant blockages or pressures
√	Process ongoing
C	Complete

**Renfrewshire HSCP Quality, Care & Professional Governance Framework
Implementation Group - Implementation Plan**

Core Components of Renfrewshire Quality, Care & Governance Framework:

- Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient & Effective

Ref	Agreed Actions	Lead Officer	Corrective Actions To Date	Timescale	Update	Progress
1. Health & Safety						
1.1	Develop paper describing the Health & Safety Arrangements across the partnership	JS		TBC	In progress – to be discussed with Social Work.	
1.2	Review the Health & Safety Committee	JS		TBC	Once paper agreed, membership will be agreed/approved by SMT	
1.3	Extend building management manual	JS		TBC	Will be part of ongoing work with health and safety systems. Once agreed, will be rolled out during 2016	√

2. Renfrewshire Locality Quality, Care & Professional Governance Pods				
- Two pods will be established including Locality Services/ Mental Health, Addictions & Learning Disabilities				
2.1	<p>Develop Renfrewshire Health and Social Care Locality Quality, Care & Professional Governance Pod:</p> <ul style="list-style-type: none"> - Agree Chair / Co-chair - Agree Membership - Develop Terms of Reference (6 weekly meetings) - Agree core agenda - Feed local issues into Professional Executive Governance Group - Develop 3 key messages from each meeting - Develop workplan 	<p>IB/MF/ AMcL</p>	<p>- KP to share TOR and Governance Structure for Mental Health, Addictions, Learning Disabilities Services Pod</p>	<p>Mar 16</p>
				<p>Locality Governance Group</p> <ul style="list-style-type: none"> - Proposed that Heads of Health and Social Care Services rotate Chair and Clinical Director is Vice Chair - Proposed Membership agreed - Draft Terms of Reference developed (6/8 weekly meetings) - Standing agenda items detailed within Draft Terms of Reference - Schedule of Meeting Dates arranged.
		<p>KP/ NH</p>		<p>Mar 16</p>
				<p>Mental Health Governance Group</p> <ul style="list-style-type: none"> - Proposed that Clinical Director/Clinical Lead rotate Chair and Vice Chair role - Proposed Membership developed - Draft Terms of Reference developed (monthly meetings) - Standing agenda items detailed within Terms of Reference - Schedule of Meeting Dates arranged.

2.1.1	<p>Note: Renfrewshire Locality Quality, Care & Professional Governance Pod responsibilities to include:</p> <ul style="list-style-type: none"> - Incident Management, reporting and investigation (e.g. SCI. SCR) - Complaints - Patient/Service User/Client Feedback - Identify action plans for service improvement - Shared learning - Escalation - Implementation of guidance policies etc - Professional Registration - Public Protection - Quality Improvement, monitoring & development - Review external reports (e.g. MWC, Care Inspectorate) 		TBC	To be arranged.	√
2.2	<p>Arrange and confirm admin support for:</p> <ul style="list-style-type: none"> - Renfrewshire Health and Social Care Locality Quality, Care & Professional Governance Pod 				
2.3	<p>Develop reporting templates for Renfrewshire Quality, Care & Professional Governance Service Pods</p> <ul style="list-style-type: none"> - Status Report - Interim/Yearly Report Templates 	AMCL/ NH	Dec 15 Mar 16	<p>Draft Interim report has been developed for all service managers to populate in advance of Service Pod meetings.</p> <p>Develop reporting templates for HSCP Executive Governance Group and IJB - adapt annual FTFT reporting framework.</p>	C √

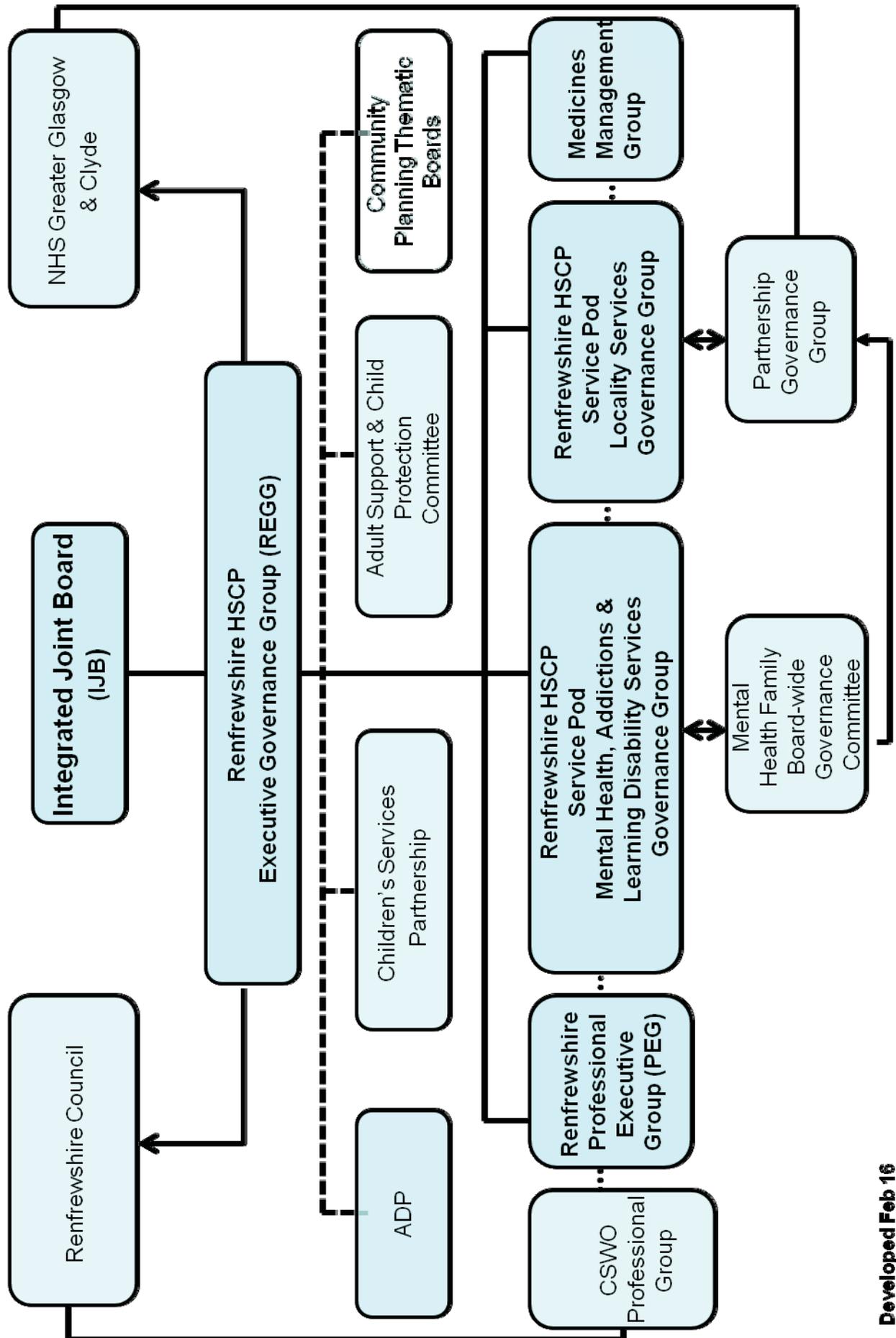
3. Renfrewshire Professional Executive Group				
3.1	Arrange meeting to develop Renfrewshire Professional Governance Group	KJ/ SMcL Lead OT Advis- or	Mar 16	KJ/SML/AMCL met early January 2016. Draft terms of reference developed for the Renfrewshire Professional Executive Group. Meeting to be held bi-monthly.
	<ul style="list-style-type: none"> - Agree Chair /Co-chair - Agree Membership – all professional leads - Develop Terms of Reference (Quarterly meetings) - Agree core agenda - Develop workplan - Develop 3 key messages from each meeting. 			
3.1.1	<p>Note: Renfrewshire HSCP Professional Executive Governance Group responsibilities to include:</p> <ul style="list-style-type: none"> - Cross-system leading for localities, care groups and professional groups within and beyond HSCP - Professional regulation, fitness to practice issues - Impact of assessment and guidance to localities about policies, guidance, inspections etc - Mental Health Officer (MHO) service. 			
3.2	<p>Arrange and confirm admin support for:</p> <ul style="list-style-type: none"> - Renfrewshire Professional Leads Executive Governance Group 	JS	TBC	Still to be confirmed.
3.3	<p>Develop reporting templates for Renfrewshire HSCP Executive Governance Group:</p> <ul style="list-style-type: none"> - Status Report - Interim/Yearly Report Templates 	AMcL/ NH	Dec 15	Draft Interim report has been developed.

4. Renfrewshire HSCP Executive Governance Group				
	DL/ KP	- Liaise with Ken Graham and Lynette Cameron re additional representation on this group	Mar 2016 Jan 16	AMcL has confirmed with Lynette Cameron that Clinical Risk Support will attend Renfrewshire Executive Governance Group and provide support to Service Pods as required. Draft Terms of Reference for Renfrewshire HSCP Executive Governance Group have been developed. Meetings to be held four times per year.
4.1	<p>Arrange meeting to develop Renfrewshire HSCP Executive Governance Group</p> <ul style="list-style-type: none"> - Agree Chair /Co-chair - Agree Membership – all professional leads - Develop Terms of Reference (Twice yearly meetings) - Agree core agenda - Develop workplan - Develop 3 key messages from each meeting. 			
4.1.1	<p>Note: Renfrewshire HSCP Executive Governance Group responsibilities to include:</p> <ul style="list-style-type: none"> - Impact of assessment and guidance to localities about policies, guidance, inspections etc - Analysis, learning from incidents & complaints - Quality Assurance for locality level - Promoting Person Centred Care through ongoing service development and review. 			
4.2	<p>Arrange and confirm admin support for:</p> <ul style="list-style-type: none"> - Renfrewshire HSCP Executive Governance Group 		TBC	✓
5. Datix				
5.1	Explore whether Datix can be expanded for Social Work		TBC	JS has had initial discussion. At present, we cannot use for social work complaints. ✓
5.2	Organise Training & Development Session on Datix (including running reports)	JS/NH	TBC	JS has had initial discussion with Datix Manager. Datix team will do this once new system rolled out to key staff. ✓

5.3	Review and improve on usage of actions module within Datix	JS/NH /AMCL		Dec 15	AMCL has requested Datix module for PC&CS Services. Senior Business Support Officer attended meeting re Datix on 11.12.15.	✓
6. Complaints						
6.1	Review complaints process – central location for HSCP (Health/SW)	JS		TBC	Work underway where possible, will be done by March 2016	✓
6.2	Develop Flow chart for complaints	JS		TBC	In progress.	✓
6.3	Review complaints process to ensure appropriate governance and ability to obtain meaningful information on outcomes	JS		TBC	New web based Datix system will assist with this. Training being arranged for key members of staff	✓
7. Covalent						
7.1	Review usage of Covalent for staff	JS		TBC	Needs wider discussion and comparison with Datix for incident reporting.	✓
8. Communication & Engagement						
8.1	Agree escalation list and briefing system for Rapid Alert (email group)	JS/KJ	Discuss with David Leese	Feb 16		✓
8.2	Develop closer working relationships to support initial Service Pods reporting and working arrangements.	AMCL/ NH		Dec 15	AMCL and NH met on 9th December 2015 and will maintain close working relationship going forward. Future 1-1 meeting have been arranged.	C
8.3	Ensure service areas have read and understood responsibilities to implement Renfrewshire HSCP Quality, Care & Professional Governance Framework	ALL		Jan 16	HSCP Quality, Care & Professional Governance Framework has been promoted at Leadership Network Session(s) and Staff Events. Link to papers have been shared via team brief	C

9. Other						
		IB				
9.1	Consider remit / TOR's for CSWO professional group and how it fits into structure.			Mar 16	Draft Terms of Reference for the CSWO professional governance group have been developed. Meetings to be held Quarterly.	
9.2	Provide diagram of structure and identify board wide and council groups relationship / engagement with HSCP structure.	KP/AMCL		Jan 16	Draft structure has been developed for Renfrewshire HSCP.	C
9.3	Consider how dashboard might support the process and provide meaningful information to inform service development and improvement.	IB/MF/KP/AMCL		On-going	Currently being explored.	√
9.4	Update progress schedule in preparation for IJB in March	KP/AMCL		Feb 2016	Papers prepared for March 2016 IJB meeting.	C
9.5	Develop workplans for all governance groups.	IB/MF/KP/KJ/AMCL/NH		Aug 2016	To be developed.	
9.6	Share learning across all HSCP governance groups.	IB/MF/KP/KJ/AMCL/NH		On-going	Process to share learning across all HSCP Governance to be developed.	
9.7	Hold an annual care governance event for wider stakeholders.	DL/KP		Annual		

Appendix 2: Renfrewshire Health and Social Care Partnership Quality, Care & Professional Governance Structure



Developed Feb 16

Appendix 3a

Terms of Reference for Renfrewshire HSCP Executive Governance Group (REGG)

Name of Group	Renfrewshire Health and Social Care Partnership (HSCP) Quality, Care & Professional Governance - Executive Governance Group (REGG)
Remit	<p>To ensure clear strategic objectives for clinical and care governance are in place, delivered and are reported on. Through the Executive Governance Group, the Chief Officer will provide direction, monitoring and scrutiny for integrated services to:</p> <ul style="list-style-type: none"> • Ensure quality of service delivery (including that delivered through services procedure from the third and independent sector) • Promote continuous improvement • Address organisational and care risks • Ensure that all professional and clinical standards, legislation and guidance are met.
Key roles	<p>Specific responsibilities will be to collate and review information on:</p> <ul style="list-style-type: none"> • Overview of learning, governance and quality • Professional regulation/revalidation • Fitness to practice • Interface between community and acute services • Ensure that cross-system learning is effective in maintaining consistency and continuity of quality • Impact assessment and coordination of policies, guidelines, inspections etc • Analysis, learning from incidents & complaints • Generalise system response to incidents • Promote Person Centred Care through ongoing service development and review • Ensure Quality Assurance for locality level • Ensure the effectiveness of local clinical governance arrangements in meeting local and cross system needs.
Standing agenda	<ul style="list-style-type: none"> • Reports from Renfrewshire HSCP Governance Groups (e.g. Professional Executive Group & Service Pods) • Safety: Incident Management, Reporting & Investigation • Risk Management: Risk Register & Risk Management Plans • Audit, research & best practice • Scottish Patient Safety Programme • Public Protection: Adult / Child Protection • Staff Governance • Continuous Improvement • Leadership & Culture • Service User Feedback & Involvement
Specific Result Areas	<ul style="list-style-type: none"> • Develop and maintain effective communication/ with the Renfrewshire Integrated Joint Board (IJB) & Renfrewshire Council & NHS GG&C • Ensure safe & effective services and appropriate staff support and training • Ensure continuous improvement within effective policies and processes in place

	<ul style="list-style-type: none"> • Involve service users/carers and the wider public in the development of quality care services • Ensure accountability for management of risk • Provide advice to Renfrewshire HSCP Professional Executive Group and Service Pods
Key relationships	<p>The group will report to:</p> <ul style="list-style-type: none"> • Renfrewshire Integrated Joint Board: (IJB) and Renfrewshire Council and NHSGG&C Governance Committees <p>The group will need to establish and maintain effective reporting and working relationships to:</p> <ul style="list-style-type: none"> • Renfrewshire Chief Social Work Officer Professional Group • Renfrewshire HSCP Service Pod Governance Groups • NHSGGC Governance Forum • Renfrewshire Council Governance Forum • NHS/LA Health & Safety • Regulatory bodies
Venue and frequency	<ul style="list-style-type: none"> • Four Times Yearly
Admin support	HSCP Admin Team
Membership	<ul style="list-style-type: none"> • Chief Officer • Councils Chief Social Work Officer • Clinical Director • Senior Management Team • Senior Professional Nurse Advisor • Allied Health Professional Lead • Care Governance Facilitator(s) • Clinical Risk Support • Partnership Representative – Health • Partnership representative – Social Work <p>(Others will be co-opted as required).</p>
Chair	<ul style="list-style-type: none"> • Chair: Chief Officer • Vice Chairs: the Chief Social Work Officer and Clinical Director as Co-Vice Chairs.
Quorate	<ul style="list-style-type: none"> • Chief Officer (or nominated depute) • Chief Social Work Officer • Clinical Director • Senior Professional Nurse Advisor • Head of Service

Appendix 3b

Terms of Reference for Renfrewshire HSCP Professional Executive Group (PEG)

Name of Group	Renfrewshire Health and Social Care Partnership (HSCP) Quality, Care & Professional Governance - Professional Executive Group (PEG)
Remit	<p>The Professional Executive Group will provide professional expertise and leadership on a wide range of clinical & care governance issues.</p> <p>The Professional Executive Group will</p> <ul style="list-style-type: none"> • Advise the Executive Governance Group on professional issues within the scope of the HSCP area • Provide professional expertise on a wide range of clinical and care issues • Provide assurance that the statutory regulatory requirements for professional practice are in place and monitored on a regular basis • Provide assurance that the National Nursing & Midwifery and other Professional Assurance framework are implemented • Advise on professional workforce and workload planning in relation to capacity and capability • Provide information on the pre and post registration educational standards required for professions • Provide a link to professional structures within Renfrewshire Council & NHSGGC • Ensure a shared collective responsibility for governance across the Health & Social Care Partnership (HSCP) • Ensure the effectiveness of local clinical governance arrangements in meeting local and cross system needs whilst supporting the Executive Governance group with reports and assurance • Providing assurance that wider learning/action plans has been implemented from SCI's/complaints etc
Key roles	<p>Specific responsibilities will be to collate and review information on:</p> <ul style="list-style-type: none"> • Cross-system learning for localities, care groups and professional groups within and beyond the HSCP • Professional Regulation, Fitness to Practice Issues • Impact assessment and guidance to localities about policies, guidance, inspections • Ensure appropriate links with HSCP structures and reporting systems are in place for all clinical governance issues.
Standing agenda	<ul style="list-style-type: none"> • Dashboard reports (use of RAG Approach) • Staff Governance <ul style="list-style-type: none"> - Professional Registration, revalidation - Compliance with Staff Governance standard/policy - Staff Concerns • Fitness to Practice • Staff support, training & development • Risk Management: Risk Register(s) • Public Protection: Adult / Child Protection • Contractor Issues & Feedback • Service Developments • Service User Feedback & Involvement

Specific Result Areas	<ul style="list-style-type: none"> • Develop and maintain effective communication with the Renfrewshire Quality, Care and Professional Governance : Executive Governance Group • Develop and maintain effective communication with the Renfrewshire Quality, Care & Professional Governance : Service Pods • Dissemination of care governance concepts and information to all staff groups • Improving compliance with standards in related policy – e.g. processes, timescales, action plans. • Ensure process of service improvement relative to learning outcomes and recommendations • Establish and maintain reporting processes • Cascade (Maintain and ensure) feedback to wider service /board if appropriate.
Key relationships	<p>The group will report to:</p> <ul style="list-style-type: none"> • Renfrewshire HSCP Quality, Care & Professional Governance : Executive Governance Group. <p>The group will need to establish and maintain effective reporting relationships to:</p> <ul style="list-style-type: none"> • NHSGGC Governance Forum • Renfrewshire Council Governance Forum • Chief Social Work Officer Professional Group • NHS/LA Health & Safety • Regulatory bodies • Chief Social Work Officer.
Venue and frequency	<ul style="list-style-type: none"> • Bimonthly
Admin support	HSCP Admin Team
Membership	<ul style="list-style-type: none"> • Clinical Director • Senior Professional Nurse Advisor • Professional Nurse Advisor – Mental Health • Head of Administration • Organisational Development Advisor • Learning & Development Advisor • Lead HSCP OT Representative • Lead OT – Mental Health • Representatives from Podiatry, Physio, SLT • Independent Contractors Representatives (GP, Pharmacist, General Medical Practitioner, Optometrist) • Representatives from primary / secondary care • Mental Health Officer Representative • Service User • Day Services • Social Care Worker • Primary Care Pharmacist <p>(Others will be co-opted as required).</p>
Chair	Chair: Clinical Director

	Vice Chair: Professional Nurse Advisor
Quorate	Clinical Director / Professional Nurse Advisor 3 representatives of core membership

Appendix 3c

Terms of Reference for Renfrewshire HSCP Service Pods – Locality Services

Name of Group	Renfrewshire HSCP Quality, Care & Professional Governance – Service Pod, Locality Services Group
Remit	<p>To ensure the HSCP responsibilities around public protection are discharged to the appropriate standards. The group will provide a focus for all clinical governance activity associated with Locality Services.</p> <p>The group will:</p> <ul style="list-style-type: none"> • Review, quality assure and agree action plans for all incidents, investigations, SCIs and complaints. • Provide a governance forum to discuss and review clinical practice, service improvement and consistency of service delivery • Review audit/inspection of local findings and agree action as appropriate. Ensuring learning disseminated. • Consider themes arising from incidents, including Datix reports, to inform learning outcomes and service improvements across appropriate services. Include external reports. • Have a key role in assuring the application and implementation of policies in relation to incident management e.g. SCI Policy, complaints policy and management of employee conduct and capability policies across both Health and Social Work services • Ensure appropriate implementation of Health & Safety guidance and learning from adverse events • Ensure staff governance support and development processes are effectively implemented. • Ensure services are delivered in person centred way with particular attention to obligations of HSCP in relation to protected characteristics. • Ensure legislative and regulation requirements are met.
Key roles	<ul style="list-style-type: none"> • Review dashboard of governance information and consider trends and performance • Collate and Review all information on incidents and complaints (e.g. rapid alert briefing notes awaiting decisions) • Review outstanding activity and prompt for action • Consider trends and themes from Patient/Service user/ Client feedback <ul style="list-style-type: none"> • Feedback to other functions as appropriate e.g Contracts Compliance Team • Review progress of current action plans • Review learning outcomes from Complaints and SCIs • Review external reports (eg MWC, Care Inspectorate) and agree implementation plans as appropriate • Ensure appropriate links with HSCP structures and reporting systems are in place on all clinical governance issues.

Standing agenda	<ul style="list-style-type: none"> • Dashboard reports (use of RAG approach). • Rapid Alerts/Briefing Notes • SCIs / SCRs • Complaints • Service Improvement Plans / Redesign / PDSA • EQIAs • External Reports • Contractor Compliance Issues • Service User Feedback / Involvement • Incidents/RIDDORS • HAI/HEI • Public Protection: Adult / Child Protection • Risk Management - Risk Register(s) • Health & Safety • Policy Implementation • Ratification & review of local protocol and guidance • Review / highlight good practice.
Specific Result Areas	<ul style="list-style-type: none"> • Dissemination of care governance concepts and information to all staff groups • Develop and maintain effective communication with the Renfrewshire HSCP Quality Care and Professional Governance : Executive Governance Group and the Professional Executive Group. • Improving compliance with standards in related policy – e.g. processes, timescales, action plans. • Ensure process of service improvement relative to learning outcomes and recommendations • Ensure feedback to include teams / services involved / families • Ensure reporting processes are followed properly • Ensure learning /actions from reviews are implemented and embedded • Cascade (Maintain and ensure) feedback to wider service if appropriate.
Key relationships	<p>The group will report to:</p> <ul style="list-style-type: none"> • Renfrewshire HSCP Quality, Care and Professional Governance : Executive Governance Group . <p>The group will need to establish and maintain effective reporting relationships to:</p> <ul style="list-style-type: none"> • Renfrewshire HSCP Professional Executive Governance Group • NHSGGC Governance Forum(s) • Renfrewshire Council Governance Forum • NHS/LA Health & Safety • Regulatory bodies • Chief Social Work Officer.
Venue and frequency	<ul style="list-style-type: none"> • 4/6 weekly
Admin support	<p>HSCP Admin Team</p>

Membership	<ul style="list-style-type: none"> • Heads of Health and Social Care (Paisley/West Renfrewshire) • Clinical Director • Head of Administration • Team Manager MHO Service • Adult Services Manager • Service Manager RES • Service Manager DN • Service Manager C&F (including Specialist Children's Services) • Service Manager Care at Home • Service Manager Residential and Day Care • Contracts Manager (Link Providers) • Podiatry Service Representative • Senior Professional Nurse Advisor • Clinical Governance Support (coordinating information/workplan) <p>(Others will be co-opted as required).</p>	
Chair	Chair: HoS Rotational Vice Chair: Clinical Director	
Quorate	Head of Service Heads of Health and Social Care (Paisley/West Renfrewshire) / Clinical Director Individuals with Professional SW/Health background Professional Lead Role (Podiatry/GP/Nursing) Children & Families representative (if group considers C&F issues)	

Appendix 3d

Terms of Reference for Renfrewshire HSCP Mental Health, Addictions and Learning Disability Services

Name of Group	Renfrewshire HSCP Quality, Care & Professional Governance – Service Pod, Mental Health, Addictions and Learning Disability Services Group
Remit	<p>To ensure the HSCP responsibilities around public protection are discharged to the appropriate standards. The group will provide a focus for all clinical governance activity associated with Mental Health, Addictions and Learning Disability Services.</p> <p>The group will:</p> <ul style="list-style-type: none"> • Review, quality assure and agree action plans for all incidents, investigations, SCIs and complaints. • Provide a governance forum to discuss and review clinical practice, service improvement and consistency of service delivery. • Review audit/inspection of local findings and agree action as appropriate. Ensuring learning disseminated. • Consider themes arising from incidents, including Datix reports, to inform learning outcomes and service improvements across appropriate services. Including external reports. • Have a key role in assuring the application and implementation of policies in relation to incident management e.g. SCI Policy, complaints policy and management of employee conduct and capability policies across both Health and Social Work services. • Ensure appropriate implementation of H&S guidance and learning from adverse events. • Ensure staff governance support and development processes. • Ensure services are delivered in person centred way with particular attention to obligations of HSCP in relation to protected characteristics. • Ensure legislative and regulation requirements are met.
Key roles	<ul style="list-style-type: none"> • Review dashboard of governance information and consider trends and performance. • Collate and Review all information on incidents and complaints (e.g. rapid alert briefing notes awaiting decisions) • Review outstanding activity and prompt for action • Consider trends and themes from Patient/Service user/ Client feedback • Feedback to other functions as appropriate e.g Contents Compliance Team • Review progress of current action plans • Review learning outcomes from Complaints and SCIs. • Review external reports (e.g. MWC, Care Inspectorate) and agree implementation plans as appropriate • Ensure appropriate links with HSCP structures and reporting systems are in place on all clinical governance issues.
Standing agenda	<ul style="list-style-type: none"> • Dashboard reports • Rapid Alerts/Briefing Notes • SCI/SCRS • Complaints • Service Improvement Plans / Redesign / PDSA • EQIAs • External Reports • Contractor Compliance Issues

	<ul style="list-style-type: none"> • Incidents/RIDDORS • Service User Feedback / Involvement • HAI/HEI • Public Protection: Adult/Child Protection • Risk Management - Risk Register(s) • Health & Safety • Policy Implementation • Ratification & review of local protocol and guidance • Review / highlight good practice.
Specific Result Areas	<ul style="list-style-type: none"> • Dissemination of care governance concepts and information to all staff groups • Develop and maintain effective communication with the Renfrewshire HSCP Quality, Care and Professional Governance : Executive Governance Group and Professional Executive Group. • Improving compliance with standards in related policy – e.g. processes, timescales, action plans. • Ensure process of service improvement relative to learning outcomes and recommendations. • Ensure feedback to include teams / services involved / families. • Ensure reporting processes are followed properly. • Ensure learning /actions from reviews are implemented and embedded. • Cascade (Maintain and ensure) feedback to wider service if appropriate.
Key relationships	<p>The group will report directly to the:</p> <ul style="list-style-type: none"> • Renfrewshire HSCP Quality, Care and Professional Governance : Executive Governance Group. <p>The group will need to establish and maintain effective reporting relationships to:</p> <ul style="list-style-type: none"> • Professional Executive Group • NHS GGC Governance Forum • Renfrewshire Council Governance Form • NHS GG&C Addictions Governance Group • NHS GG&C Learning Disability Governance Group • NHS GG&C Mental Health Quality and Clinical Governance Group • NHS/LA Health & Safety • Regulatory bodies • Chief Social Work Officer
Venue and frequency	<ul style="list-style-type: none"> • Monthly
Admin support	Mental Health Admin Team
Membership	<p>Clinical Director Head of Mental Health, Addictions and Learning Disability Clinical Leads Head of Administration Service Managers Professional Nurse Advisor MHO Clinical Governance Lead (coordinating information/workplan)</p> <p>(Others will be co-opted as required).</p>
Chair	<p>Chair: Clinical Director Vice Chair: Head of Services</p>

Quorate	Clinical Director Head of Service 1x representative community services 1x representative inpatient services
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Appendix 3e

Terms of Reference for Chief Social Work Officers Professional Group (CSWO)

Name of Group	Renfrewshire Health and Social Care Partnership (HSCP) Quality, Care & Professional Governance - Chief Social Work Officers Forum
Remit	<p>To ensure the HSCP's responsibilities for the Council's Statutory Social Work Duties and functions are discharged to the appropriate standards.</p> <ul style="list-style-type: none"> • To review performance against standards • Ensure legislative and regulation requirements are met. • Review and quality assure incidents, investigations, and complaints about Social Work Services. • Provide a governance forum to discuss and review Social Work practice, service improvement and consistency of service delivery • Review audit/inspection findings and agree action as appropriate. • Ensure that practice improvement themes arising from local and national sources inform learning outcomes and service improvements across Social Work services. • Ensure staff governance support and development processes are effectively implemented. • Ensure services are delivered in person centred way with particular attention to obligations of HSCP in relation to protected characteristics.
Key roles	<ul style="list-style-type: none"> • Collate and Review all information on incidents and complaints related to Social Work services • Review dashboard of governance information and consider trends and performance • Review outstanding activity and prompt for action • Consider trends and themes from Service User Feedback • Review learning outcomes • Complaints • Review external reports (eg MWC, Care Inspectorate) and agree implementation plans as appropriate • Ensure appropriate links with HSCP structures and reporting systems are in place on all clinical governance issues.
Standing agenda	<ul style="list-style-type: none"> • Dashboard reports (use of RAG approach). • New events and incidents: Specific areas will include inspection reports, external reports, significant H&S issues, significant events, <ul style="list-style-type: none"> • Staff concerns <ul style="list-style-type: none"> ▪ Professional Regulation/Revalidation concerns ▪ Legislative and regulation compliance • Legislation/regulation developments • Adult and Child Protection • MHO Functions • Complaints and service user/carer feedback • Review completed and outstanding actions from existing action plans • Review Inspection and audit outcomes • Risk Register and Analysis of Risks • Service Improvement / Redesign • Review / highlight good practice.

Specific Result Areas	<ul style="list-style-type: none"> • Dissemination of care governance concepts and information to all staff groups • Compliance with Social Work legislation and regulation • Develop and maintain effective communication with the Renfrewshire Quality, Care and Professional Group • Improving compliance with standards in related policy – e.g. processes, timescales, action plans. • Ensure process of service improvement relative to learning outcomes and recommendations • Ensure learning /actions from reviews are implemented and embedded
Key relationships	<p>The group will report to:</p> <ul style="list-style-type: none"> • Renfrewshire HSCP Quality, Care Executive Governance Group. <p>The group will need to establish and maintain effective reporting relationships to:</p> <ul style="list-style-type: none"> • HSCP Professional Governance Leads Governance Group • Renfrewshire Council Governance arrangements • Regulatory bodies.
Venue and frequency	Quarterly
Admin support	TBC: Discuss with Jean/Sheila
Membership	<p>Chief Social Work Officer</p> <p>Heads of Health and Social Care Services Adult Services Manager Locality Managers Team Manager MHO Service Service Manager Care at Home Service Managers Residential and Day Care Contracts Manager (Link Providers)</p>
Chair	Chair: Chief Social Work Officer (CSWO)
Quorate	<p>CSWO HoS ASM or Locality Manager Service Manager</p>



To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Officer

Heading: Participation, Engagement and Communication Implementation Plan

1. Summary

- 1.1 At the Integration Joint Board (IJB) meeting on 20th November 2015, the IJB approved Renfrewshire HSCP Participation, Engagement and Communication (PEC) Strategy.
 - 1.2 With the strategy in place it was agreed a Participation, Engagement and Communication Implementation plan would be developed.
 - 1.3 This report and attached Appendix provides Board members with Renfrewshire HSCP Participation, Engagement and Communication Implementation Plan for 2016-19.
-

2. Recommendation

Integration Joint Board members are asked to:

- Note the progress made to implement Renfrewshire Participation, Engagement and Communication (PEC) Implementation Plan for 2016-19.
 - Note that the implementation plan will be subject to annual review which will be shared with the IJB.
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3. Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from April 2015, and has significant implications for the future governance and delivery arrangements of adult health and social care services in Renfrewshire.
- 3.2 Under the terms of our Integration Scheme the IJB developed and approved their Participation, Engagement and Communication (PEC) Strategy within 6 months of the IJB being legally established.

- 3.3 With the strategy in place, it was agreed a Participation, Engagement and Communication Implementation Plan would be developed by a dedicated workstream, as part of the structured programme of work.
- 3.3 This plan sets out how the Partnership will deliver on its Participation, Engagement and Communication objectives through a defined set of actions.

Implications of the Report

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

List of Background Papers

- Renfrewshire HSCP Participation, Engagement & Communication (PEC) Strategy approved by the IJB on 20th November 2015

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

Renfrewshire HSCP Participation, Engagement and Communication (PEC) Strategy 2016 – 2019 Draft Implementation Plan

This plan should be read in conjunction with:

- Renfrewshire HSCP Participation, Engagement & Communication (PEC) Strategy

Sponsors:

Renfrewshire HSCP Communication, Engagement & Consultation Workstream

Key

	On target
	Some slippage / minor issues which may impact on delivery
	Not running to target / significant blockages or pressures
	Process ongoing & /or complete

Building Trust & Relationships

Ref	Agreed Actions	Lead Officer	Corrective Actions To Date	Time scale	Update	Progress
1.1	Establish systematic approach to improving staff communications, with priority given to reaching those with no/minimal email access.	Lead Officers Communication & Engagement	<p>Conduct a staff communications survey to determine how staff with no/minimal access would prefer to be reached</p> <p>Analyse results of staff survey and develop actions to improve reach</p> <p>Develop internal mailing lists and align communications accordingly. e.g:</p> <ul style="list-style-type: none"> • Strategic Planning mailing list • Staff mailing list • Leadership network mailing list for corporate messages 	Dec 2016 2017 2017		
1.2	Increase visibility of HSCP leadership to staff.	Organisational Development Advisor/ Senior Management Team	<p>Plan engagement sessions. e.g:</p> <ul style="list-style-type: none"> • Service Walk-arounds • Staff Engagement Session(s) • Leadership Network Session(s) • Face to face engagement • Team Brief engagement <p>Review Monthly Team Brief engagement and cascade process and improve where necessary</p> <p>Use HSCP communications methods to raise profile of leadership to staff</p>	Oct 2016		✓
1.3	Improve communications with the general public, prioritising Renfrewshire's hard-to-reach population and those with accessibility needs	Equalities Leads Lead Officers Communication & Engagement	<p>Identify all stakeholders</p> <p>Create a matrix of equality groups and protected characteristics</p>	Oct 2016 Oct 2016 April 2016 April 2016		✓

				Create a process for ongoing evaluation of engagement with all stakeholder and equality groups	Oct 2016		
				Produce Easy Read of Strategic Plan demonstrating best accessible and equalities-sensitive practice	April 2016		✓
				Define a suggested accessibility approach for future HSCP documents. To feature in the HSCP Communications Toolkit	Oct 2016		
				Continue to work with Engage Renfrewshire to communicate and engage with local hard-to-reach communities	2017		✓
1.4	Demonstrate the success of the HSCP Participation, Engagement & Communication work.	Lead Officers Communication & Engagement		See Evaluation 6.1 and 6.2	April 2016		✓
1.5	Ensure external communications are politically neutral and take into	Lead Officers Communication		Align work with Council and NHS GG&C Communications Team.	Oct 2016		

	<p>account political, economic, social and technological factors where necessary.</p>	<p>& Engagement</p>	<p>Develop through the PEC workstream a communications approach with parent company communications staff to :</p> <ul style="list-style-type: none"> • Agree external communications methods and approach • Review public audience and stakeholder groups • Cross reference groups with key areas of interest • Develop external messages and content based on PEC and wider HSCP objectives and wider Council regeneration objectives • Develop message timeline • Provide campaign reports • Review up-to-date communications methods • Create an opt-in mailing list for key stakeholders for HSCP Newsletter • Agree how to best reach general public using the media or social media • Utilise parent company communications methods such as parent company websites, wage slip posters for staff, intranets and specific campaigns. 			
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2. Develop Participation & Engagement						
2.1. Agree internal communication methods and reach by:						
2.1.1	Ensuring every team has a schedule of regular team meetings in place.	Senior Management Team/ Organisational Development Advisor/	Review Team Brief cascade process	Oct 2016		✓
2.1.2	Providing opportunity for staff to have regular 1.1 with line manager.		Align with OD work plan	Oct 2016		
			Align with OD work plan	Oct 2016		
2.1.3	Maintaining monthly HSCP Team Brief production	Lead Officers Communication & Engagement	Agree Team Brief production flow chart outlining agreed production process	April 2016		✓
			Develop Team Brief content. Key messages to be agreed in line with leadership messages and OD	Oct 2016		✓
2.1.4	Develop text messaging system	Lead Officers Communication & Engagement/ Council Communication	Text messaging will be used to provide staff with timeous key messages in line with Business Continuity developments	2017		✓
2.1.5	Develop staff intranet forum	Lead Officers Communication & Engagement	Explore the possibility of developing a password protected area of the HSCP website for key partners and staff to share information and create online forums	2017		✓
2.2	Improve staff engagement with Senior Management Team	Organisational Development Advisor/ Lead Officers Communication & Engagement/	Continue to support facilitation of face to face opportunities through quarterly Leadership Networking and Staff Engagement Sessions	2017		✓
			Enable staff to provide feedback and two way communication(s) in communications outputs.	Oct 2016		✓
			Develop staff focus groups	2017		

2.4	Provide ongoing support and opportunities for effective partnership working with independent contractors and other external stakeholders.	Senior Management Team	Identify Liaison GP for Integration Leads	Apr 2016		✓
			Establish regular Liaison GP for Integration meetings	Apr 2016		✓
			Agree other opportunities for effective external partnership working	2017		
2.6	Develop Communication Toolkit for Managers and wider staff to develop service level communications.	Lead Officers Communication & Engagement	Use Leadership network and SMT to develop content, e.g. a 'how to' of producing accessible information in various formats, an introduction to using survey monkey, an overview of HSCP communications methods and mailing lists	2017		
2.7	Consideration is given to the equalities impact of communications and engagement activities, working with equalities colleagues when appropriate.	Lead Officers Communication & Engagement/ Equalities Lead(s)	Develop an Easy Read approach for HSCP communications	April 2016		✓
			Ensure HSCP information is provided via appropriate formats	Oct 2016		✓
			Produce a BSL version of the Strategic Plan through NHS Medical Illustrations team	Oct 2016		✓
2.8	Ensure HSCP staff are aware of role. And legislative function of the Integration Joint Board and are up to date on national Integration messages	Integration Joint Board	Raise the profile of the IJB using Team Brief, HSCP Newsletter and other Communications outputs, e.g. focussing on different members. Encourage staff to participate in IJB meetings	Oct 2016		
				2016/2017		✓

3. Inform & Engage Local Communities					
Develop external communication methods to develop co-production model:					
3.1	Maintain Quarterly HSCP Newsletter	Lead Officers Communication & Engagement	Continue to develop and publicise	April 2016	✓
3.1.1	Provide opportunities for local communities to engage with Senior Management Team	Senior Management Team	Develop events including establishment of SMT open forums	2017	
3.1.2	Develop plan for engagement of hard- to- reach service users giving consideration to accessibility needs and literacy.	Lead Officers Communication & Engagement / Equality Leads	Established links with Engage Renfrewshire. See 1.2	Oct 2016	✓
3.2	Develop communication methods in line with most up to date technologies	Lead Officers Communication & Engagement	Ensure staff are aware of EQIA process	2017	✓
3.3	Develop a process where key stakeholders and SPG have opportunities to monitor and review HSCP communication methods	Strategic Planning Group/ Lead Officers Communication & Engagement	Support the SPG Equalities framework	Oct 2016	✓
3.4	Ensure people understand what Renfrewshire HSCP is and the services the organisation provides.	Lead Officers Communication & Engagement	Produce a report based on current accepted practice and on early HSCP social media work including, Twitter, Facebook and smart phone technology.	Oct 2016	
3.5			Continue to engage with Communication Teams/ IM&T with use of up to date technologies	2017	
			Use existing engagement structures to agree focus groups	2017	
			Develop a series of focus groups for SPG and wider stakeholders	2017	
			Develop HSCP website, which will provide information on access to services in an accessible, user friendly way.	2017	✓

					Distribute Strategic Plan and link content into HSCP communications outputs	Oct 2016		✓
3.6	Ensure key stakeholders are aware of role and legislative function of the Integration Joint Board and are up to date on national Integration messages.	Integration Joint Board			Use HSCP Newsletter to raise visibility, e.g. a 'day in the life' article featuring the IJB. Encourage stakeholders to participate in IJB meetings	June 2016 Dec 2016		✓
4. Empower & Enable Local Voice								
4.1	Enable communities to continue to be listened to, to be involved in deciding on the care they receive and to be an active participant in how it is delivered	Head of Strategic Planning and Health Improvement			Support local communities to participate in effective HSCP led forums through the Strategic Planning Group and other relevant groups, who will: <ul style="list-style-type: none"> Review role & purpose of existing fora Expand role of Strategic Planning Group. 	Oct 2016		✓
					Review current engagement groups to ensure they are fit for purpose, e.g. the Joint Planning, Performance and Implementation Groups Work alongside local groups such as carers groups where appropriate Continue to work with Engage to ensure awareness of community groups which are not associated with the HSCP and support their inclusion where appropriate.	Dec 2016		✓
4.2	Ensure validity of HSCP participation in stakeholder networks and groups on an ongoing basis to support effectiveness.	Head of Strategic Planning and Health Improvement/ Lead Officers Communication & Engagement			Provide a process of evaluation for contribution and engage with Stakeholder networks	Oct 2016		✓
5. Developing Our Identity								
5.1	Continue to develop HSCP identity and house style.	Lead Officers Communication			Develop lanyards in HSCP colour	April 2016		✓

				Develop document templates	Oct 2016		✓
				Produce a backdrop for corporate events	April 2016		✓
				Disseminate agreed email footers	Oct 2016		
				Develop logo	Oct 2016		
				Launch logo and branding post Purdah	Oct 2016		
				Work on creative ways of involving services in HSCP identity eg painting a wall in the HSCP colour in a staff room and reinvigorating use	2017		
5.2	Develop learnpro and ilearn module on integration.	Learning and Development		Comms work stream will publicise when complete	Oct 2016		
5.2.1	Include learnpro and ilearn module in staff induction	Human Resources		Staff to undertake the Integration learning module	2017		
5.3	Develop public affairs process including escalation system for media and parliamentary responses.	Chief Officer/ Lead Officers Communication & Engagement		Agree with SMT and disseminate	April 2016		✓
5.4	Develop HSCP website and agree content management users.	Lead Officers Communication & Engagement		The website will go live to staff on April 1st 2016 Public launch will be post purdah	April 2016		✓
				Continue to develop and maintain HSCP A -Z directory.	Oct 2016		
				Agree and implement training programme for content management of HSCP website.	April 2016		
				Explore the possibility of developing HSCP intranet and agree content management users.	2017		✓
5.6	Assist services to provide excellent care by supporting their	Lead Officers Communication		Make links with service areas with the most hard to reach staff members	2017		✓

	Participation, Engagement and Communication objectives, gathering feedback where possible.	& Engagement	Conduct a staff wide Communications Audit (see 2.8)	Oct 2017	
5.7	Work collaboratively to shape organisational culture through communication methods.	Lead Officers Communication & Engagement	Develop messages and content in line with Corporate leadership messages and OD priorities	Oct 2017	
6. Evaluation & Review					
6.1	Provide PEC Annual Report to the Integration Joint Board.	Lead Officers Communication & Engagement / Senior Management Team	Ensure a process is in place to collate information on monitoring, evaluation and review to populate annual report	Annual	
6.2	Ensure robust evaluation of all communication and engagement activities is undertaken, linking feedback to relevant HSCP work streams to implement.	Lead Officers Communication & Engagement Strategic Planning Group Workstream	HSCP SMT to review progress update on a quarterly basis. Consultation and Engagement feedback reports Campaign reports Annual Communication audit results: <ul style="list-style-type: none"> Staff survey Service user survey Develop process to test staff and survey feedback Include PEC priorities within an annual key stakeholder event	Quarterly April 2016 April 2016 Oct 2016 2017 2017	



To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Officer

Heading: Review of the Governance Arrangements for Public Protection in Renfrewshire

1. Summary

- 1.1. There have been significant structural changes across the public sector both locally and nationally which have implications for lines of accountability and reporting in relation to public protection. In addition to the restructuring of Police and Fire and Rescue Services, and the imminent national reorganisation of delivery arrangements for criminal justice social work, there are two significant changes locally which are of particular relevance. Firstly the establishment of the Renfrewshire Health and Social Work Partnership (HSCP) in terms of the Public Bodies (Joint Working) (Scotland) 2014 brings the formal integration of health and adult social care services. Secondly, there has been a consolidation of the focus on public protection, with the establishment of the Community Safety and Public Protection Steering Group, and the creation of the Head of Public Protection role within the Council's management structures reporting to the Director of Community Resources.
- 1.2. In recognition of the implications of the changes in the organisational landscape detailed above, at its meeting on 13 August 2015, Renfrewshire Chief Officers Group for Public Protection (COG) commissioned an independent review of the oversight arrangements for public protection including the design and strategic oversight role of the COG, the role of the other strategic groups and committees in supporting the COG in its leadership and scrutiny roles, and the role and design of the tactical and operational groups which support them.
- 1.3. The review was undertaken between August and November 2015 by a former Chief Social Work Officer and experienced independent adult and child protection committee chair. The report on the review of the governance arrangements for public protection in Renfrewshire was completed in December 2015.

- 1.4. The review report makes a number of key recommendations regarding the design and function of the Chief Officers Group (COG) as well as additional recommendations regarding strategic and operational groups. The report and recommendations were considered by the Chief Officers Group at its meeting on 22 January 2016, and subject to a small number of amendments, were agreed. An action plan has been developed to support the COG in monitoring the implementation of the recommendations.
- 1.5. Appendix 1 provides a report submitted to the Council's Leadership Board on 17 February 2016 which sets out the context of the review and the key findings and recommendations arising from it. In particular it notes that from 1 April 2016 the Alcohol and Drugs Partnership (ADP) and the Gender Based Violence (GBV) Strategy Group should report through the Renfrewshire Integration Joint Board (IJB) to reflect its new delegated responsibilities for addictions and gender based violence/domestic abuse services. The report also makes a recommendation that chairmanship for the ADP and GBV Strategy Group are updated to reflect the new delegated responsibilities of the IJB through the HSCP Chief Officer, subject to the respective agreement of these multiagency groups.

2. Recommendation

Integration Joint Board members are asked to:

- 2.1. Note the findings of the independent review of the governance arrangements for public protection in Renfrewshire.
 - 2.2. Note the updates to the review recommendations agreed by the Chief Officers Group at its meeting on 22 January 2016 as set out in the supporting report.
 - 2.3. Note that from 1 April 2016 the Alcohol and Drugs Partnership (ADP) and the Gender Based Violence (GBV) Strategy Group will report through the Renfrewshire IJB to reflect its new delegated responsibilities for addictions and gender based violence/domestic abuse services.
 - 2.4. Approve the review's recommendation that chairmanship for the ADP and GBV Strategy Group are similarly updated to reflect the new delegated responsibilities of the IJB through the HSCP Chief Officer, subject to the respective agreement of these multiagency groups.
 - 2.5. Note that the Chief Officer, in liaison with the ADP and GBV Strategy Group, will recommend future reporting arrangements for both the ADP and GBV Strategy Group for consideration by the IJB at its meeting in June 2016.
-

Implications of the Report

1. **Financial** - none
2. **HR & Organisational Development** – none
3. **Community Planning** – the review supports effective multi agency working in relation to public protection
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** – the review supports the effective leadership and scrutiny of public protection governance arrangements in order to minimise the risk of harm
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 – Report on the “Review of the Governance Arrangements for Public Protection in Renfrewshire” by Duncan MacAulay

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

Appendix 1



To: Leadership Board
On: 17 February 2016
Report by: Chief Executive
Heading: Review of the Governance Arrangements for Public Protection in Renfrewshire

1. Summary

- 1.1. There have been significant structural changes across the public sector both locally and nationally which have implications for lines of accountability and reporting in relation to public protection. In addition to the restructuring of Police and Fire and Rescue Services, and the imminent national reorganisation of delivery arrangements for criminal justice social work, there are two significant changes locally which are of particular relevance. Firstly the establishment of the Renfrewshire Health and Social Work Partnership (HSCP) in terms of the Public Bodies (Joint Working) (Scotland) 2014 brings the formal integration of adult social work services, including addition services, with the former Community Health Partnership services for both adults and children. In Renfrewshire social work services for children and for criminal justice do not transfer to the HSCP but remain within the Council and form part of the Children's Services directorate with education. Secondly, there has been a consolidation of the focus on public protection, with the establishment of the Community Safety and Public Protection Steering Group, and the creation of the Head of Public Protection role within the council's management structures reporting to the Director of Community Resources.
- 1.2. In recognition of the implications of the changes in the organisational landscape above, at its meeting on the 13th August 2015, Renfrewshire Chief Officers Group for Public Protection (COG) commissioned an independent review of the oversight arrangements for public protection including the design and strategic oversight role of the COG, the role of the other strategic groups and committees in supporting the COG in its leadership and scrutiny roles, and the role and design of the tactical and operational groups which support them.
- 1.3. The review was undertaken between August and November 2015 by a former chief social work officer and experienced independent adult and child protection committee chair. The report on the review of the governance arrangements for public protection in Renfrewshire was completed in December 2015.
- 1.4. The review report makes a number of key recommendations regarding the design and function of the Chief Officers Group (COG) as well as additional recommendations regarding strategic and operational groups. The report and recommendations were considered by the Chief Officers Group at its meeting

on 22 January 2016, and subject to a small number of amendments, were agreed. An action plan has been developed to support the COG in monitoring the implementation of the recommendations.

- 1.5. This report to the Leadership Board sets out the context of the review and the key findings and recommendations arising from it. In particular it highlights for consideration by members of the Board a recommendation made as part of the review in relation to the key scrutiny and assurance role of elected members in public protection matters.
-

2. Recommendations

Members are asked to:

- 2.1. Note the findings of the independent review of the governance arrangements for public protection in Renfrewshire.
 - 2.2. Note the updates to the review recommendations agreed by the Chief Officers Group at its meeting on 22 January 2016 as set out in this report.
 - 2.3. Agree the recommendation from the independent review in relation to replacing the existing arrangements where elected members are members of the child and adult protection committees, with the establishment from 1 April 2016 of a regular cross party member/officer working group on public protection matters, to provide the continued opportunity for elected members to effectively discharge their strategic scrutiny and assurance role.
-

3. Background

- 3.1. There have been significant structural changes in recent years across the public sector both locally and nationally, which have implications for lines of reporting and accountability in relation to public protection. In addition there has been consolidation of the focus on wider community safety and public protection issues, underpinned by the development of significant inter-agency working. In recognition of the changing landscape the Chief Officer's Group (COG) members considered that there was a need for a review of the existing governance arrangements for public protection to ensure they remain effective and fit for purpose, and to ensure that the COG continued to be able to effectively discharge its leadership and scrutiny role.
- 3.2. At its meeting on 13th August 2015 the Chief Officers Group agreed the remit, methodology and timescale for the review, and agreed to commission an independent review being undertaken by a former chief social work officer and experienced adult and child protection independent chair.

3.3. The review was undertaken between August and November 2015. The report on the findings and recommendations was received in December 2015 and was considered by the COG at a special meeting on 22 January 2016.

3.4. As set out in the agreed remit, the review covered the following in terms of benchmarking with national guidance and best practice:

3.4.1. In relation to the Chief Officers Group

- Role and remit in terms of supporting leadership, strategy and vision;
- Membership;
- Scrutiny of performance;
- Reporting arrangements;
- Clarity of lines of accountability ; and
- Compliance with national guidance.

3.4.2. In relation to Strategic Groups/ committees/Boards as set out in the chart appended to the remit

- Role, remit and the strategic areas of business considered in terms of supporting the Chief Officers Group in its leadership and scrutiny role;
- Clarity of reporting lines to and from the Chief Officers Group and any reporting groups; and
- Clarity of delineation of role and purpose between protection of vulnerable people and the wider public safety agenda.

3.4.3. Other supporting tactical and operational groups

- Role, purpose, membership and business of the group;
- Clarity of lines of reporting and accountability to strategic groups; and
- Scope for rationalisation of groups in line with the recommended strategic structure

3.4.4. Other key issues

- The key role of the Chief Social Work Officer in the public protection governance arrangements
- The key role of the Independent Chair of the Renfrewshire Child Protection Committee and the Renfrewshire Adult Protection Committee
- The key role of the Head of Public Protection in the public protection governance arrangements
- The linkages between the current oversight arrangements of child and adult protection, public protection and wider civil contingency activity.

4. Main Findings and Recommendations

The Chief Officers Group

- 4.1. The review recommends that the COG should have a separate constitution and terms of reference; these are currently embedded in the provisions relating to the child protection committee. The review includes a draft Terms of Reference for the consideration of COG members. This clearly establishes the core purpose of the COG as providing strategic leadership across the three statutory partners, together with scrutiny of performance, and ensuring effective multi-agency working in the discharge of its public protection responsibilities.
- 4.2. The Terms of Reference provide for a formal quarterly meeting cycle being established, and membership revised to have a core membership comprising the chief executives of the local authority, NHS and the area commander of Police Scotland or their senior representatives. This focuses core membership on those with overall responsibility for leadership and scrutiny in respect of public protection matters.
- 4.3. The review report makes further recommendations regarding additional attendees necessary to support the business of the COG as follows:
 - chief social work officer (who will have a key advisory role in line with the 2009 Scot Govt guidance)
 - independent chair(s) adult and child protection
 - chief officer IJB
 - head of public protection
 - lead officers for adult and child protection
 - lead officer MAPPAs - Multi Agency Public Protection Arrangements (in Renfrewshire this is the senior officer who is a member of the NSCJA MAPPAs Strategic Oversight Group).
 - and any other key agencies/individuals by invitation.
- 4.4. At its meeting on 22 January 2016, the COG agreed that in recognition of the scale of the core member bodies, the core membership would in practice comprise the Director of Nursing for NHS GGC and the Chief Superintendent Divisional Commander for Renfrewshire, alongside the Council's Chief Executive, or their senior nominees if they are unable to attend. It was also agreed to make explicit that the regular attendee list at paragraph 4.3. above should include the Chair of the Alcohol and Drugs Partnership (ADP), the Chair of the Gender Based Violence Strategy Group, and Senior Officer representation from Scottish Fire and Rescue. It was also agreed that either the Head of Public Protection or the Director of Community Resources would represent this area of activity.
- 4.5. In recognition of the formal delegation of the addictions and gender based violence functions from the Council to the Integration Joint Board (IJB) from 1 April 2016 in terms of the Public Bodies (Joint Working)(Scotland) Act 2014, it was recommended and agreed that the Alcohol and Drugs Partnership and

the Gender Based Violence (GBV) Strategy Group would report through the Renfrewshire Integration Joint Board from that date, and recommended that chairmanship is similarly updated to reflect the new delegated responsibilities of the IJB through the HSCP Chief Officer, subject to the agreement of the ADP and the GBV strategy group.

- 4.6. The report recommends that the COG should report annually to parent bodies in respect of public protection matters in Renfrewshire. An annual single joint report on public protection would ensure that parent bodies have a shared understanding of the work undertaken to address public protection issues, progress made and the key themes and risks going forward. It is intended that the first annual report covering 2015/16 will be submitted by the Chief Executive to Council for consideration at its meeting on 28 April 2016.

Renfrewshire Child Protection Committee (CPC) and Adult Protection Committee (APC),

- 4.7. The review has recommended that opportunities are created to ensure regular discussion and sharing of information takes place between the adult and child protection committees. Renfrewshire is already in a strong position to ensure cross fertilisation across committees due to having a single independent chair who oversees both committees.
- 4.8. The review makes additional recommendations for the adult protection committee in respect of finalising its terms of reference and consideration of an additional sub group with a specific focus on policies and procedures. These actions would bring the adult protection committee into line with practice in respect of child protection and enable the COG to more easily review progress.
- 4.9. The review makes specific observations on the role of elected members on both committees, recognising that active interest and scrutiny from elected members in the protection of the most vulnerable in the community is an essential pre-requisite in ensuring high quality services. The independent reviewer however notes that Renfrewshire is the only example he is aware of where elected members participate on the committees themselves. The review recommends that the establishment of an member/officer working group would better allow members to effectively discharge their own strategic scrutiny and assurance role, whilst still providing the continued opportunity on a cross party basis for regular engagement in, and scrutiny of, this key area of activity. The timing for this change to arrangements aligns well with the provision in the Terms of Reference of the existing Member Officer Group for Child Protection for a review of the Group following the publication of the Care Inspectorate report on the Joint Inspection of Children's Services. The recommendation is therefore to expand the remit of this Group to include adult and child protection, MAPPA (Multi Agency Public Protection Arrangements) and wider community safety and public protection matters. Elected member membership on the Group would remain unchanged from those members currently involved in the Group and the child and adult protection committees.

- 4.10. The review makes additional recommendations for the adult protection committee in respect of finalising its terms of reference, and consideration of an additional sub group with a specific focus on policies and procedures. These actions would bring the adult protection committee into line with practice in respect of child protection and enable the COG to more easily review progress.

Review of Tactical and Operational Groups

- 4.11. The review has recognised the contribution of the daily tasking group as part of the effective early intervention measures Renfrewshire has in place. Whilst it has not made specific recommendations regarding the function of the group, the review has recommended that work already commenced to consider the current membership and function should be completed.
- 4.12. Whilst not specifically addressed within the report, it is further recommended that all strategic groups reporting to the COG undertake a review of any tactical and operational groups within their reporting structure. This is in order to support the wider review findings and satisfy the COG that tactical and operational arrangements remain fit for purpose

Implications of this report

1. **Financial Implications** - none
2. **HR and Organisational Development Implications** – none
3. **Community Plan/Council Plan Implications** – the review supports effective agency working in relation to public protection
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 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** – the review supports the effective leadership and scrutiny of public protection governance arrangements in order to minimise the risk of harm
 11. **Privacy Impact - none**
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List of Background Papers

Report on the “Review of the Governance Arrangements for Public Protection in Renfrewshire” by Duncan MacAulay.

Author: Anne McMillan, Head of Resources, 0141 618 6826

To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Officer

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

1. Summary

- 1.1. During 2015/16, members have received regular update reports on the structured programme of work being undertaken to ensure the new Integration Joint Board (IJB) is appropriately organised and mobilised to assume responsibility for delivering health and adult social care services across Renfrewshire from 1 April 2016.
- 1.2. This report and attached appendix provides members with an update on the progress being made to ensure that all the necessary processes, policies and plans will be in place as required to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.3. Whilst overall good progress is being achieved, this report highlights that the supporting 2016/17 delegated budget to deliver the IJB's Strategic Plan and supporting services from 1 April 2016 has not yet been agreed. The 2016/17 budget setting process for delegated health functions has not yet been approved by NHS GGC, and it is possible that the IJB's 2016/17 delegated budget will not be finalised by 1 April 2016. The Chief Finance Officer's Due Diligence Update, will set out the risks which this delay creates for the IJB in its preparations for the 1st April 2016 and provide advice to the IJB moving into 2016/17 without this financial clarity.
- 1.4. This report also updates the IJB on an advice note issued from the Standards Commission for Scotland on the requirement for all devolved public bodies, which includes IJBs, to appoint a Standards Officer, and asks the IJB to approve the appointment of the Council's Head of Corporate Governance to this role.

2. Recommendation

Integration Joint Board members are asked to:

- Note the progress being achieved to ensure all the necessary arrangements will be in place to allow local implementation of integrated health and adult social care services in terms of the Public Bodies (Joint Working) (Scotland) Act.
- Note the position regarding the IJB's delegated budget.
- Approve that the Council's Head of Corporate Governance will fulfil the role of the Standards Officer for the IJB; noting that this appointment will be subject to the approval of the Standards Commission.

3. Background

3.1. The Public Bodies (Joint Working)(Scotland) Act 2014, supporting statutory and non statutory guidance, and Renfrewshire's Integration Scheme set out a number of provisions relating to good governance, proportionate to the breadth and scale of the legislative changes both operationally and financially.

3.2. During 2015/16 a structured programme of work has been undertaken to ensure the new Integration Joint Board (IJB) is appropriately organised and mobilised to assume responsibility for delivering health and adult social care services across Renfrewshire from 1 April 2016.

4. 2015/16 Work Programme

4.1. Appendix 1 to this paper provides an overview of the legal and governance commitments across all the areas of work, planned activity to meet these commitments, and the anticipated dates for completion and reporting to the IJB and/or parent bodies.

4.2. In line with the plan set out in Appendix 1, the following are submitted for IJB consideration and approval at this meeting:

4.2.1. Communication and Engagement

- Participation, Engagement and Communication Implementation 2016/17 Plan

4.2.2. Strategic Plan

- A further draft of the Strategic Plan, taking account of the feedback from the formal consultation process

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- IJB Equalities Update

4.2.3. Performance Management

- Performance Management Framework Update

4.2.4. Workforce

- Workforce Plan and Organisational Development Strategy

4.2.5. Clinical and Care Governance

- Quality, Care and Professional Governance Framework – Implementation Update

4.2.6. Finance and Audit

- 2015/16 Financial Position
- Reserves Strategy
- Chief Finance Officer's Due Diligence Update
- Audit Committee Membership Report
- 2016/17 Internal Audit Plan

5. Financial Plan/budget for 2016/17

- 5.1. The 2016/17 delegated budget to deliver the IJB's Strategic Plan and supporting services from 1 April 2016 has not yet been agreed. The Council's budget setting process and adult social care budget to be delegated was agreed on 3 March 2016. The 2016/17 budget for delegated health functions has not yet been approved by NHS GGC. The IJB's delegated budget will not be finalised by 1 April 2016.
- 5.2. The Chief Finance Officer's Due Diligence Update sets out the risks which this delay creates for the IJB in its preparations for the 1st April 2016 and provides advice to the IJB moving into 2016/17 without this financial clarity.

6. Standards Officer

- 6.1. Regulations from 2003 require that every devolved public body has a Standards Officer. The Standards Officer role can be a separate post but can also be part of the remit of another post.
- 6.2. The Standards Commission for Scotland has issued an advice note on the Role of a Standards Officer of devolved public bodies, which includes IJBs. The advice note, provided in Appendix 2, outlines the role and responsibilities of the Standards Officer.

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- 6.3. Based on duties this Officer may be expected to discharge, it is recommended that the IJB appoints the Council's Head of Corporate Governance to this role.

7. 2015/16 Programme Closure Report

- 7.1 A final 2015/16 Programme update report is planned for the next IJB on 24 June 2016 confirming:

- The delegation of the prescribed health and adult social care functions, and associated budgets, from NHS GCC and Renfrewshire Council to the IJB from 1 April 2016;
- All legislative requirements and commitments set out in the Integration Scheme required to allow local implementation of integrated health and adult social care services are in place, including an update on progress with the Strategic Plan;
- The formal closure of the 2015/16 work programme;
- Arrangements for any programme activities scheduled for delivery post June 2016 to be carried forward into the 2016/17 work programme; and
- An overview of the proposed work programme for 2016/17, in line with the priorities set out in the Strategic and Financial Plans.

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** – Clinical and Care Governance arrangements are being put in place
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** – An agreed information sharing protocol and supporting agreements are being developed for the Partnership
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 to 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.

List of Background Papers – none

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Appendix 1: Legal requirements and commitments

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

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

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

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

3. Strategic Plan (the order of Strategic Plan activities are prescribed in the Act but not specific individual deadlines for each stage)

Legal requirement /commitment	Type	Legal deadline	Target / actual date	RAG
IJB agree its proposals for the Strategic Plan	Act	-	18/09/15	
SPG feedback on the proposals for the Strategic Plan content	Act	-	23/09/15	
IJB agree its first draft of Strategic Plan, taking account of SPG feedback	Act	-	20/11/15	
SPG feedback on the first draft of the Strategic Plan content	Act	-	27/11/15	
IJB agree its second draft of Strategic Plan, taking account of SPG feedback	Act	-	15/01/16	
Formal consultation with prescribed stakeholders including SPG, Health Board and Council (commences 18/01/16)	Act	-	07/02/16	
NHS GGC agree its response to the draft Plan **	Gov	Not legal req't	17/02/16	
Leadership Board agree the Council's response to the draft Plan **	Gov		17/02/16	
Update report on consultation and final draft of Strategic Plan prepared for the IJB	Act	-	24/02/16	
IJB approve its final version of the Strategic Plan	Act	-	TBC	
Equalities scheme and EQIAs completed for Partnership (previously reported under Governance)	IS	31/03/16	18/03/16	
Strategic Plan published along with financial statement and statement of action taken by IJB under section 33 (consultation and development of the Strategic Plan).	Act	-	TBC	

** **Please note:** this commitment has changed; parent organisations had previously planned to update their Boards on the final draft version of the Strategic Plan (this is not a legal requirement)

4. Performance Management

Legal requirement /commitment	Type	Legal deadline	Target / actual date	RAG
Parties prepare a list of targets and measures in relation to delegated and non delegated functions	IS	27/06/15	27/06/15	
Council and Health Board develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB	IS	-	18/09/15	
IJB agree its reporting arrangements and supporting	IS	-	18/09/15	

plan to develop 2016/17 performance framework with the Council and Health Board				
IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report 25/02/16	IS	27/06/16	17/06/16	✔

5. Delivering for Localities

Legal requirement /commitment	Type	Legal deadline	Target / actual date	RAG
IJB agree locality arrangements (in line with SG guidance), based on stakeholder engagement, which will be reflected in the Strategic Plan	IS	-	20/11/15	✘

6. Workforce

Legal requirement /commitment	Type	Legal deadline	Target / actual date	RAG
Parent organisations formal structures established to link the Health Board's area partnership forum and the Council's joint consultative forum with any joint staff forum established by the IJB.	IS	31/03/16	18/03/16	✔
Workforce plans and agreed management / governance structures approved by Health Board	IS	31/03/16	29/03/16	✔
Workforce plans and agreed management / governance structures approved by Council	IS	31/03/16	29/03/16	✔
Chief Officer implements Workforce governance arrangements between the IJB and parent organisations (this is captured within parent organisation joint Workforce Plan)	IS	31/03/16	31/03/16	✔
IJB note the approved Workforce plans and agree management / governance structures	Gov	Not legal req't	17/06/16	✔

7. Clinical and Care Governance

Legal requirement /commitment	Type	Legal deadline	Target / actual date	RAG
IJB approve draft Quality, Care & Professional Governance Framework and implementation plan, including approach to working with parent organisations	Gov	Not legal req't	18/09/15	✘
The Parties and the IJB implement appropriate clinical and care governance arrangements for its duties under the Act.	IS	31/3/16	18/03/16	✔
IJB Quality, Care & Professional Governance Framework in place	IS	31/03/16	18/03/16	✔
Health and Care Governance Group established	IS	31/03/16	18/03/16	✔
Chief Social Work Officer provides annual report to	IS	-	31/10/16	✔

IJB (Section 5.15 of IS) – <i>will be carried into the 2016/17 Programme</i>				
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8. Finance and Audit

Legal requirement /commitment	Type	Legal deadline	Target / actual date	RAG
IJB Audit arrangements agreed	IS	31/03/16	18/09/15	
Insurance arrangements (claims handling) in place	IS	31/03/16	31/12/15	
IJB agree procedure with other relevant integration authorities for any claims relating to Hosted Services		31/03/16	18/03/16	
IJB sign off financial governance arrangements as per the national guidance	IS	31/03/16	20/11/15	
IJB report on due diligence on delegated baseline budgets moving into 2016/17	IS	-	TBC	
Draft proposal for the 2016/17 delegated Budget based on the Strategic Plan approved by IJB	IS	-	n/a	
Draft proposal for the delegated Budget based on the Strategic Plan presented to Council for consideration as part of their respective annual budget setting process	IS	-	31/03/16	
Council confirm final social care budget	IS	-	31/03/16	
Health confirm final health budget	IS	-	TBC	
Financial statement published with the Strategic Plan	Act	-	TBC	
Subject to due diligence, resources for delegated functions transferred to IJB from parent organisations	Act	-	TBC	
IJB issue Directions to the Council and NHS GCC for their respective delegated functions	Act	31/03/16	31/03/16	
Audit Committee established with agreed Terms of Reference (cannot meet until post 1 April 2016 when functions are delegated)	IS	01/04/16	01/04/16	

9. Information Sharing and ICT

Legal requirement /commitment	Type	Legal deadline	Target / actual date	RAG
Information Sharing Protocol ratified by parent organisations	IS	31/03/16	25/02/16	
Information Sharing Protocol shared with IJB	Gov	Not legal req't	15/01/16	
Appropriate Information Governance arrangements are put in place by the Chief Officer	IS	31/03/16	15/01/16	



INTEGRITY IN PUBLIC LIFE

ADVICE ON THE ROLE OF A STANDARDS OFFICER

1. Introduction

- 1.1 The Standards Commission for Scotland (Standards Commission) acknowledges that, unlike the role of a Council's Monitoring Officer, the Standards Officer of a devolved public body has limited responsibilities as specified within The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Amendment Regulations 2003 (Scottish Statutory Instrument 2003/135). It may be that there is not an individual within a devolved public body who has the specific job title of 'Standards Officer'. This Advice Note is, therefore, aimed at any individual who is either solely or jointly responsible for undertaking the duties and responsibilities outlined below, regardless of whether or not they have the formal title of Standards Officer.
- 1.2 This Advice Note aims to assist Standards Officers by providing an outline of the role and responsibilities, within the ethical standards framework, of a Standards Officer operating within a Schedule 3 devolved public body and the duties they may be expected to discharge. However, it is not intended to be prescriptive as the Standards Commission recognises that governance and staffing arrangements are entirely a matter for each devolved public body to determine.

2. Background

- 2.1 The Standards Commission's functions are provided for by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the 2000 Act) as amended by the Scottish Parliamentary Commissions and Commissioners etc. Act 2010. The 2000 Act created an ethical standards framework whereby councillors and members of devolved public bodies are required to comply with Codes of Conduct, approved by Scottish Ministers, together with Guidance issued by the Standards Commission.
- 2.2 The role of the Standards Commission is to:
- Encourage high ethical standards in public life; including the promotion and enforcement of the Codes of Conduct and to issue guidance to councils and devolved public bodies.
 - Adjudicate on alleged breaches of the Codes of Conduct, and where a breach is found, to apply a sanction.

- 2.3 Complaints about potential breaches of the Codes of Conduct are investigated by the Commissioner for Ethical Standards in Public Life in Scotland (CESPLS). Following the investigation, and where the CESPLS determines that a contravention of a Code of Conduct is established, the CESPLS will then submit a Report to the Standards Commission.
- 2.4 The Standards Commission will review the Report and determine whether to:
- direct the CESPLS to carry out further investigations;
 - hold a hearing; or
 - do neither.
- 2.5 If the decision of the Standards Commission is to hold a hearing, this process will be used to determine whether a councillor or member of a devolved public body has contravened either the Councillors' Code or the Members' Code. If the evidence presented to the Standards Commission's Hearing Panel supports, on the balance of probabilities, that a breach of the Code had occurred the Hearing Panel will then determine the level of sanction to be applied in accordance with the 2000 Act.
- 2.6 Individual Codes of Conduct have been created and approved for all devolved public bodies described within Schedule 3 of the 2000 Act. Codes of Conduct currently apply to the following categories of public bodies:
- National Bodies e.g. Scottish Legal Aid Board
 - Regional Bodies e.g. Highlands and Islands Enterprise
 - National Health Service Boards
 - Health & Social Care Integrated Joint Boards
 - Further Education Colleges
 - National Parks
 - Regional Transport Partnerships
 - Community Justice Authorities

There are approximately 1400 Board Members appointed to Devolved Public Bodies.

3. Members of the Devolved Public Body

- 3.1 The Standards Officer is responsible for ensuring that appropriate training is given to Board Members on the Ethical Standards Framework, the Members' Code of Conduct and the guidance issued by the Standards Commission on the Model Code of Conduct. This includes ensuring training is provided on induction and also on a regular basis thereafter.
- 3.2 The Standards Officer should contribute to the promotion and maintenance of high standards of conduct by providing advice and support to members on the interpretation and application of the Code of Conduct.
- 3.3 Under Scottish Statutory Instrument 2003/135, the Standards Officer is responsible for ensuring the body keeps a Register of Interests. The Standards Officer should ensure

the Members' Register of Interests is maintained and that a reminder to update entries on the Register of Interests is issued to Members at least once a year.

- 3.4 The Standards Officer should be responsible for ensuring the Members' Register of Gifts and Hospitality is maintained. The Standards Officer should ensure that a reminder to update entries on the Register of Gifts and Hospitality is issued to Members at least once a year and that Members are aware of the duty to report any change in their circumstances within one month.
- 3.5 The Standards Officer should ensure the body has in place a consistent approach to obtaining and recording declarations of interest at the start of its meetings.
- 3.6 The Standards Officer may have an investigatory role if local resolution is attempted in respect of complaints or concerns made about a Member's conduct.
- 3.7 The Standards Officer should also ensure that officers are aware of / familiar with the requirements of the Member's Code of Conduct.
- 3.8 The Standards Officer may be required report to the Board from time to time on matters relating to the Ethical Standards Framework that may require review. The Standards Officer should report any concerns about compliance with the Code of Conduct to the Chief Executive.
- 3.9 The Standards Officer should provide support to the body's Governance or Standards Committee, if such a committee has been established.

4. The Standards Commission

- 4.1 The Standards Officer will be the principal liaison officer between the body and the Standards Commission and may assist the Standards Commission whenever necessary in connection with any complaints against a Member of the body and in all matters relevant to the Ethical Standards Framework.
- 4.2 The Standards Officer should be the point of contact for the Standards Commission and should advise the Standards Commission if they are leaving their post.
- 4.3 The Standards Officer should try to attend any events arranged by the Standards Commission in order to be kept up to date with all relevant developments in respect of the Ethical Standards Framework and to help keep the Standards Commission abreast of any issues or trends that emerge.
- 4.4 The Standards Officer should familiarise themselves with the content of the Standards Commission's professional briefings and should ensure these are circulated to Members. The Standards Officer should also regularly review the Standards Commission's decisions and advise Members of any relevant learning points that have arisen at recent Hearings.
- 4.5 The Standards Officer should respond to any relevant Standards Commission's consultations including any consultations in respect of proposed revisions to its guidance.

5. The CESPLS

- 5.1 The Standards Officer will be the principal liaison officer between the body and the CESPLS and should assist the CESPLS whenever necessary in connection with the investigation of complaints against a Member of the body. This includes providing information and evidence as requested and making arrangements for interviewing of any officers or other Members if CESPLS requires them as witnesses
- 5.2 If local resolution in respect of complaints or concerns made about a Member's conduct is deemed inappropriate in the circumstances or is unsuccessful, the Standards Officer may be responsible for reporting any alleged breach of the Code of Conduct to the CESPLS.

6. Other Standards Officers

- 6.1 The Standards Officer should try to develop relationships with other Standards Officers to share knowledge, experience and information about best practice and to see whether any joint training sessions for Members can be arranged.



To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Chief Officer

Heading: Risk Management Update

1. Summary

- 1.1. During 2015/16, members have received regular risk management update reports.
- 1.2. This paper provides a further risk update to members on the progress being made to mitigate risk in relation to the activities of the Integration Joint Board (IJB) up to 1 April 2016.
-

2. Recommendation

Integration Joint Board members are asked to:

- Note the progress being made with regards to managing the key risks identified
 - Note the position regarding the IJB's delegated budget, and that the associated risks are set out in the Chief Finance Officer's Due Diligence Update.
 - Note the updated risk management arrangements, to reflect the IJB's strategic and operational responsibilities in relation to the delivery of health and adult social care services from 1 April 2016, will be brought to the next meeting of the IJB on 24 June 2016 for consideration and approval
-

3. Background

- 3.1. During 2015/16, the Health and Social Care Partnership (HSCP) has proactively monitored and managed the key risks in relation to the activities of the IJB up to 1 April 2016, namely:
- The programme of work to ensure all legal requirements and commitments are in place in line with legislation; and
 - The IJB's organisational readiness for the delegation of health and adult social care functions from 1 April 2016.

- 3.2. The table that follows provides a further update on the progress being made to mitigate the risks identified to date.
- 3.3. This report highlights a programme risk in relation to agreeing the IJB's 2016/17 delegated budget, which is required to deliver the IJB's Strategic Plan and supporting services from 1 April 2016. The Council's budget setting process and adult social care budget to be delegated was agreed on 3 March 2016, the 2016/17 budget for delegated health functions has not yet been approved by NHS GGC, and it is possible that the IJB's 2016/17 delegated budget will not be finalised by 1 April 2016.
- 3.4. The Chief Finance Officer's Due Diligence Update sets out the risks which this delay creates for the IJB in its preparations for the 1 April 2016 and provides advice to the IJB moving into 2016/17 without this financial clarity.

Risk Area and Risk Issues	How this is being addressed	Progress since November Report to Board
<p>PROGRAMME MANAGEMENT - Delivering on legal requirements and commitments</p> <p>! A failure in delivering in any of the undernoted aspects could result in challenges in effective decision making, breaches in legislative compliance and significant reputational harm to the IJB</p>		
1. Legal requirements and commitments as set out in the Integration Scheme	Structured programme of work undertaken to ensure key legislative requirements set out in the Act and Integration Scheme, which must be in place by 1 April 2016.	<p> WORK IN PROGRESS AND ON TARGET. A programme closure report will be submitted to the IJB Meeting in June 2016.</p>
2. Joint budget, financial governance and due diligence	<p>IJB to agree financial governance arrangements in line with national guidance</p> <p>IJB to agree Audit arrangements</p> <p><u>Due for completion by 1 April 2016:</u></p> <ul style="list-style-type: none"> • Draft proposal for the delegated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process • IJB report on due diligence on delegated baseline budgets moving into 2016/17 • Resources for delegated functions will transfer to IJB • Draft proposal for the 2016/17 delegated Budget based on the Strategic Plan approved by IJB • Financial statement to be published with Strategic Plan • IJB issue Directions to constituent authorities • Audit Committee will be established - the Committee cannot meet until post 1 April 2016 when functions are delegated from the parent bodies 	<p> COMPLETED</p> <p> COMPLETED</p> <p> SIGNIFICANT ISSUE: agreeing the IJB's 2016/17 delegated budget. The Council's budget setting process and adult social care budget to be delegated was agreed on 3 March 2016. The 2016/17 budget for delegated health functions has not yet been approved by NHS GGC. The IJB's delegated budget will not be finalised by 1 April 2016.</p> <p>The Chief Finance Officer's Due Diligence Update sets out the risks which this delay creates for the IJB in its preparations for the 1st April 2016 and provides advice to the IJB moving into 2016/17 without this financial clarity.</p>
3. Clinical and care governance	The IJB to approve its quality, care and professional governance framework for their duties under the Act.	<p> COMPLETED</p>

		<p><u>Due for completion by 18 March 2016:</u></p> <ul style="list-style-type: none"> The IJB to implement robust quality, care and professional arrangements. 	<p>✓ COMPLETED, SUBJECT TO IJB APPROVAL</p>
4.	Performance management	<p>A list of targets and measures in relation to delegated and non delegated functions will be prepared.</p> <p>Partners will develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB</p> <p>IJB will agree its reporting arrangements and supporting plan to develop 2016/17 performance framework with partners</p> <p><u>Due for completion by 26 June 2016:</u></p> <p>IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report.</p>	<p>✈ COMPLETED</p> <p>✓ WORK IN PROGRESS AND ON TARGET - 2016/17 Performance Framework to be submitted to the IJB Meeting in June.</p>
5.	Decisions around the Strategic Plan to ensure it is fit for purpose and deliverable (localities, finance and performance)	<p>Establish a Strategic Planning Working Group</p> <p><u>Due for completion by 18 March 2016:</u></p> <p>The IJB to develop its first Strategic Plan in consultation with the Strategic Planning Group and other prescribed stakeholders in line with legislative requirements.</p>	<p>✈ COMPLETED</p> <p>✓ COMPLETED, SUBJECT TO IJB APPROVAL</p>
Risk Area and Risk Issues		How this is being addressed	Progress since November Report to Board
READINESS - Partnership and IJB's readiness to deliver all delegated services by 1 April 2016 in line with its Strategic Plan			
<p>! Moving beyond the programme management phase, if the IJB and individual partners are not ready to deliver all delegated services under the direction of the IJB with effect from April 2016, this could result in challenges around operational decisions, maintaining effective links with relevant services in the partner organisations, service continuity issues and significant reputational harm to the IJB</p>			
6.	IJB decision	Chief Officer to oversee the development of Organisational Development plans for	<p>✓ WORK IN PROGRESS -ONGOING</p>

	<p>making and protecting the reputation of the Health and Social Care Partnership</p>	<p>the Senior Leadership Group, Integration Joint Board, Strategic Planning Group and workforce</p> <p>Regular IJB Development sessions to be scheduled between formal meetings</p> <p>WORK IN PROGRESS -ONGOING</p>
<p>7. Partnership and Partner Organisation readiness to run with new, fit for purpose operational arrangements from 1 April 2016</p>	<p>IJB to develop a participation and engagement strategy to enable users, patients, carers and partners to shape the new organisation.</p> <p>Non-financial governance arrangements to be agreed in preparation for the delivery of integrated health and adult social care services</p> <p>Structured programme of work is underway to ensure all the necessary processes, policies and plans are in place as required to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016</p> <p>There has been a financial due diligence exercise underway involving the Chief Officer, Chief Finance Officer and the Finance Directors of the parent bodies to gain a mutual understanding of how the budgets have been developed and seek assurance that the budgets being transferred by the parent organisations are adequate to meet the costs of operational service delivery in 2016/17, taking into account any underlying assumptions</p>	<p>COMPLETED</p> <p>COMPLETED</p> <p>WORK IN PROGRESS AND ON TARGET. A programme closure report will be submitted to the IJB Meeting in June 2016.</p> <p>WORK IN PROGRESS</p>
<p>8. Information Governance</p>	<p>The Chief Officer will act as SIRO for the IJB.</p> <p>Information sharing protocols between NHS GGC and Renfrewshire Council have to be updated to meet the requirements of the Integration Scheme.</p>	<p>COMPLETED</p> <p>COMPLETED</p>
<p>9. Data Security</p>	<p>As IJB data will be stored on the parent organisation systems, the Council and NHS GCC have provided assurance statements setting out the security controls already implemented on their networks and infrastructure to provide assurance to</p>	<p>COMPLETED</p>

		the IJB that their data will be appropriately protected from a malicious attack or data loss.	
10.	Continuity in the transition of Council functions which currently sit outwith Adult Social Work Services e.g. Addictions, Domestic Abuse and Housing Adaptations	Develop the most appropriate and pragmatic approaches and supporting mechanisms/ structures for each of the following functions: Addictions Services Gender Based Violence / Domestic Violence Housing Adaptations Gardening Assistance	<p>✔ WORK IN PROGRESS.</p> <p>✔ WORK IN PROGRESS</p>
11.	Children's Services and Housing Services interface	<p>There are already close working relationships between the RHSCP, Children's Services and Housing Services and these will continue.</p> <p>To further support integrated revised arrangements have been agreed -</p> <ul style="list-style-type: none"> • The Chief Officer and the Director of Children's Services as Chief Social Work Officer (CSWO) have a schedule of regular meetings. • Chief Social Work Officer (CSWO) has a schedule of regular meetings with operational Social Work managers in adult services. • A joint management group of Heads of Service from across Children's Services, the RHSCP and Housing Services has been established and will meet regularly. 	<p>✔ COMPLETED</p>
12.	Acute interface	Formal arrangements are being put in place by the Chief Officer.	<p>✔ WORK IN PROGRESS</p>

4. Risk Management from 1 April 2016

- 4.1. The Chief Finance Officer's Due Diligence Update sets out the risks which this delay creates for the IJB in its preparations for the 1st April 2016 and provides advice to the IJB moving into 2016/17 without this financial clarity.
- 4.2. The HSCP Senior Management Team has been holding a series of risk management workshops to consider in more detail the recognised risks relating to the activities of the IJB from 1 April 2016, their likelihood and impact, and identify what appropriate mitigation treatments can be put in place.
- 4.3. As requested by the IJB as its meeting on 15 January 2016, staff governance will be picked up as potential area of risk to be considered for inclusion within the HSCP Strategic Risk Register.
- 4.4. In line with the IJB's agreed risk management strategy and policy, a report setting out the proposed risk management arrangements, reflecting the IJB's strategic and operational responsibilities in relation to the delivery of health and adult social care services from 1 April 2016, will be brought to the next meeting of the IJB on 24 June 2016 for consideration and approval.

Implications of the Report

1. Financial

There are no financial implications arising from the submission of this paper.

- 2. HR & Organisational Development** - There are no HR & OD implications arising from the submission of this paper

- 3. Community Planning** - There are no Community Planning implications arising from the submission of this paper

- 4. Legal** - There provision of this report is in keeping with the Integration Scheme.

- 5. Property/Assets** - There are no property/ asset implications arising from the submission of this paper.

- 6. Information Technology** - There are no ICT implications arising from the submission of this paper.

- 7. Health & Safety** – There are no health and safety implications arising from the submission of this paper.

- 8. Equality and Human Rights** - There are no equality and human rights implications arising from the submission of this paper.

- 9. Procurement Implications** - There are no procurement implications arising from the submission of this paper.

- 10. Risk Implications** – As per the subject content of this paper.

- 11. Privacy Impact** - There are no privacy implications arising from the submission of this paper.

List of Background Papers – None

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

Item 16

To: Renfrewshire Integration Joint Board

On: 18 March 2016

Report by: Director of Finance & Resources, Renfrewshire Council

Heading: Proposed Dates of Future Meetings of the Integration Joint Board

1. Summary

- 1.1 At the meeting of the Integration Joint Board (IJB) held on 18 September 2015 the IJB approved its timetable of future meetings to June 2016. It is proposed that the IJB consider its timetable of future meeting dates based on five meetings per annum.
- 1.2 The suggested dates are set out below, with meetings being held on Fridays and starting at 9.30am
- 16 September 2016
25 November 2016
20 January 2017
24 March 2017
23 June 2017.
- 1.3 A further report will be presented to the Integration Joint Board in due course to agree meetings beyond June 2017.
- 1.4 Following agreement with the Chair and Vice Chair, it is proposed that the meeting of the Joint Board scheduled to be held on 17 June 2016 be re-scheduled to 24 June 2016.

2. Recommendations

Integration Joint Board members are asked to:

- Approves its timetable of future meetings as detailed in paragraph 1.2; and
- Note that the meeting of the Joint Board scheduled to be held on 17 June 2016 be re-scheduled to 24 June 2016.

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 and 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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