

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

Date	Time	Venue
Friday, 23 November 2018	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor Scott Kerr: Dr Donny Lyons: Morag Brown: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Alex Thom: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Graham Capstick: Dr Stuart Sutton: David Leese: Sarah Lavers: Peter Macleod.

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

Further Information

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

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

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

Members of the Press and Public

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

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

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|-----------|--|------------------|
| 1 | Minute | 3 - 10 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 14 September 2018. | |
| 2 | Update on Membership of the Integration Joint Board | 11 - 14 |
| | Report by Clerk. | |
| 3 | Financial Report 1 April to 30 September 2018 | 15 - 34 |
| | Report by Chief Finance Officer. | |
| 4 | Renfrewshire Integration Joint Board Reserves Policy | 35 - 44 |
| | Report by Chief Finance Officer. | |
| 5 | Change and Improvement Programme Update | 45 - 52 |
| | Report by Chief Officer. | |
| 6 | Performance Management Mid-year Report 2018/19 | 53 - 66 |
| | Report by Chief Officer. | |
| 7 | Annual Report of the Chief Social Work Officer 2017/18 | 67 - 94 |
| | Report by Chief Social Work Officer. | |
| 8 | Climate Change Reporting | 95 - 118 |
| | Report by Chief Officer. | |
| 9 | Renfrewshire HSCP Winter Plan 2018/19 | 119 - 124 |
| | Report by Chief Officer. | |
| 10 | Date of Next Meeting | |
| | Note that the next meeting of the IJB will be held at 10.00 am on 25 January 2019 in the Abercorn Conference Centre. | |



Minute of Meeting

Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 14 September 2018	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor and Councillor Scott Kerr (all Renfrewshire Council); Dr Donny Lyons, Morag Brown, Dorothy McErlean and Dr Jennifer Armstrong (proxy for Dr Linda de Caestecker) (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Alex Thom (Registered Medical Practitioner (non-GP)); Liz Snodgrass (Council staff member involved in service provision); Helen McAleer (unpaid carer residing in Renfrewshire); Graham Capstick (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Alan McNiven (third sector representative); David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership); and John Trainer (proxy for Peter Macleod, Chief Social Work Officer (Renfrewshire Council)).

Chair

Dr Donny Lyons, Chair, presided.

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Dave Low, Senior Committee Services Officer (both Renfrewshire Council); and Iain Beattie, Head of Health and Social Care (Paisley), Christine Lavery, Head of Mental Health, Addictions and Learning Disability Services, Fiona Mackay, Head of Strategic Planning & Health Improvement, Jackie Dougall, Head of Health and Social Care (West Renfrewshire) and Jean Still, Head of Administration (all Renfrewshire Health and Social Care Partnership).

Apologies

Councillor Lisa-Marie Hughes (Renfrewshire Council); Dr Linda de Caestecker (Greater Glasgow & Clyde Health Board); John Boylan (Trade Union representative for Council); Stephen Cruickshank (service user residing in Renfrewshire); Peter Macleod, Chief Social Work Officer (Renfrewshire Council); and David Wylie (Health Board staff member involved in service provision).

Declaration of Interest

Dr Lyons declared a non-financial interest in item 8 on the agenda as he was a member of the Mental Health Tribunal for Scotland. He intimated that it was his intention to remain in the meeting and take part in any discussion.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 29 June 2018 was submitted.

With reference to item 7 of the Minute, it was noted that the number of alcohol related hospital admissions should be per 1,000 population and not 1,00 as detailed in the Minute. It was agreed that paragraph 5 of item 7 of the Minute be amended to reflect this change.

DECIDED: That the Minute, as amended, be approved.

2 Recruitment Process: Head of Health and Social Care (Paisley)

The Chief Officer submitted a report relative to the recruitment process for the post of Head of Health and Social Care (Paisley).

The report intimated that following the recent resignation of Iain Beattie, Head of Health and Social Care (Paisley), with effect from 30 September 2018, steps had been taken to put in place an interim acting-up arrangement pending the full recruitment process to the post on a permanent basis.

The interim acting-up arrangement had been offered to qualified social work candidates within Renfrewshire Council and Peter McCulloch had been appointed on an interim basis from 3 September 2018.

The report proposed that the full recruitment process commence for the Head of Health and Social Care (Paisley) in line with the principles of the organisational change arrangements applicable to the parent organisations.

Members thanked Iain for his contribution to the organisation.

DECIDED:

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

(b) That the Chief Officer take forward the recruitment process to recruit to the role on a substantive basis.

3 Financial Report - 1 April to 31 July 2018

The Chief Finance Officer submitted a report relative to the revenue budget position at 31 July 2018 and the projected year-end position for the year ended 31 March 2019, as detailed in appendices 1 and 2 to the report.

The overall revenue position for the HSCP for the year-to-date and projected outturn for 2018/19 was a breakeven position as detailed in the report.

The key pressures were highlighted in sections 4 and 5 of the report. Appendices 3 and 4 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 5 to the report detailed the 2018/19 adults social care financial allocation to the HSCP; and Appendix 6 to the report detailed the projected movement in reserves.

The report intimated that in line with the approved Reserves Policy, in order to provide future security against unexpected cost pressures and aid financial stability, any net underspend within 2017/18 would be transferred to reserves at the end of the financial year. Alternatively, general reserves might be required to mitigate against the budget pressures referred to within the report.

The report provided an update on proposed changes to the delegated adult social care budget settlement; the Living Wage increase for 2018/19; and the National Care Home Contract 2018/19.

The Board expressed concern at the number of nursing vacancies, particularly in relation to school nurse provision.

DECIDED:

- (a) That the current in -year position as at 31 July 2018 be noted;
- (b) That the projected year-end position for 2018/19 be noted;
- (c) That delegated authority be given to the Chief Officer to carry out in-year non-recurring budget virements as required, as detailed in paragraph 4.3 of the report;
- (d) That the Scottish Government's medium-term financial strategy and the potential implications of a reduction in grant funding to Renfrewshire Council in future year financial settlements and the implications this might have on the resources available for the adult social care budget be noted;
- (e) That in this context and to support structured financial and strategic service planning arrangements to be progressed over the coming weeks and months, the indicative uplift in resources for the delegated adult social care budget for 2019/20 onwards be noted; and
- (f) That the concern expressed at the number of nursing vacancies, particularly in relation to school nurse provision, be noted.

4 Audited Annual Accounts 2017/18

Under reference to item 6 of the Minute of the meeting of the IJB held on 29 June 2018, the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2017/18, a copy of which formed the appendix to the report.

The report intimated that Audit Scotland had provided an audit opinion which was free from qualification. It was noted that Audit Scotland had also submitted a report to the IJB Audit Committee held earlier in the morning which detailed matters arising over the course of the audit.

Councillor Kerr, as Chair of the earlier IJB Audit Committee, advised that the Audit Committee recommended approval of the audited accounts 2017/18 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

DECIDED: That the audited annual accounts 2017/18 be approved for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

5 Performance Framework 2018/19

The Chief Officer submitted a report relative to the HSCP Performance Framework for 2018/19.

The report intimated that performance would be presented to all meetings of the IJB and that the full scorecard would be presented twice-yearly, at mid-year and end of year 2018/19. Performance would be reported in a number of ways including updates from service area; exception reporting; updates on survey results as they became available; and benchmarking performance on the national indicators against other Scottish HSCPs.

The report included a list of all proposed indicators and targets for 2018/19 set against the nine national outcomes, as detailed in the appendix to the report, and a weblink to the 2017/18 annual report.

DECIDED:

(a) That the proposed indicators and targets for 2018/19, as set out in the appendix to the report, be approved; and

(b) That the Renfrewshire HSCP Annual Performance Report 2017/18 be noted.

6 Change and Improvement Programme Update

Under reference to item 2 of the Minute of the meeting of the IJB held on 29 June 2018 the Chief Officer submitted a report providing an update on the HSCP's evolving Change and Improvement Programme including the three service reviews of learning disabilities; older people services; and charging, eligibility criteria and thresholds.

The report intimated that the Change and Improvement Programme was being delivered through three workstreams, 1. optimising joint and integrated working and shifting the balance of care; 2. statutory requirements, national policy and compliance; and 3. service reviews to support the delivery of our market facilitation statement and strategic and financial plans.

DECIDED: That the content of the report be noted.

7 GP Contract and Primary Care Improvement Plan

Under reference to item 10 of the Minute of the meeting of the IJB held on 29 June 2018, the Chief Officer submitted a report relative to the final Renfrewshire HSCP Primary Care Improvement Plan (PCIP), a copy of which formed the appendix to the report.

The report intimated that the PCIP had been approved by the GP Sub-committee of the Area Medical Committee on 31 July 2018 and that a Renfrewshire Primary Care Transformation Group had been established to provide oversight and assurance regarding progress. The group would review progress on the PCIP and delivery of the agreed outcomes and continued to develop plans in partnership for 2019/2021. Implementation of the PCIP would also be monitored by the Local Medical Committee.

DECIDED:

- (a) That the Renfrewshire PCIP be approved;
- (b) That it be noted that ongoing communication and engagement would guide further iterations of the local PCIP; and
- (c) That it be agreed that further iterations of the PCIP be provided to the IJB.

Declaration of Interest

Dr Lyons having declared an interest in the following item of business remained in the meeting.

8 Mental Health Strategy 2017/27 - Action 15 Plan

The Chief Officer submitted a report relative to the draft initial Action 15 Plan which had been submitted to the Scottish Government on 31 July 2018, a copy of which formed the appendix to the report.

The report intimated that Action 15 was one of the 42 actions/commitments in the national Mental Health Strategy 2017/27. Scottish Government Ministers had given a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need.

At a Greater Glasgow and Clyde level, the share of the national workforce target, were it be distributed equally, would be 179 additional mental health workers to be achieved in four years. Renfrewshire's share of this would be 27.2 by 2021/22. It was noted that it was essential that the Health Board and HSCPs worked across boundaries and took a collaborative approach due to the way that mental health services were delivered and it was necessary to optimise use of resources in support of delivery of the GGC mental health services. A key principle underpinning the collaborative approach was that there should be equitable contributions from HSCPs to agreed pan-Greater Glasgow and Clyde investments based on NRAC shares. Each HSCP would be accountable to its

own board for use of resources.

The initial Action 15 Plan had a range of proposals both board-wide and Renfrewshire only and required to be submitted to the Scottish Government by 30 September 2018.

It was proposed that proposal 4 relative to the establishment of a Children Affected by Parental Mental Health post be deleted from the Action 15 Plan and that a report on the proposal to establish a Children Affected by Parental Mental Health post be submitted to a future meeting of the IJB; and that proposal 12 relative to the Borderline Personality Disorder (BPD) Service be amended to read 'Glasgow City' and not 'board-wide' as stated. This was agreed.

DECIDED:

(a) That proposal 4 relative to the establishment of a Children Affected by Parental Mental Health post be deleted from the Action 15 Plan and that a report on the proposal to establish a Children Affected by Parental Mental Health post be submitted to a future meeting of the IJB;

(b) That proposal 12 relative to the Borderline Personality Disorder (BPD) Service be amended to read 'Glasgow City' and not 'board-wide' as stated;

(c) That subject to the above amendments, the initial Action 15 Plan be noted;

(d) That it be noted that the Head of Mental Health, Addictions and Learning Disability Services would continue to work with other Greater Glasgow and Clyde HSCPs to develop the board-wide proposals and locally with colleagues in Renfrewshire to develop Renfrewshire only proposals; and

(e) That authority be delegated to the Chief Officer to finalise the Action 15 Plan and submit this to the Scottish Government by 30 September 2018.

9 Non-financial Governance Update

The Chief Officer submitted a report providing an update on the non-financial governance arrangements in place from 1 April 2017.

The report provided performance information regarding Freedom of Information and the Publication Scheme; health and safety; complaints; civil contingencies and business continuity; insurance and claims; risk management; and general data protection regulations.

DECIDED: That the content of the report be noted.

10 Moving Forward Together - NHSGGC Transformation Strategy

The Chief Officer submitted a report updating members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'.

The report intimated that the Moving Forward Together strategy had been approved by NHS Greater Glasgow and Clyde in June 2018 and described a new system of care organised in the most effective way to provide safe, effective person-centred and sustainable care to meet the current and future needs of the population and provide best value.

The strategy identified the six Integration Joint Boards within the NHS Greater Glasgow and Clyde area as key partners in delivering the vision of the strategy. The report detailed the implementation phases of the plan and the next steps to be taken within each implementation phase.

Dr Jennifer Armstrong gave a presentation to members which included information on the key principles of the strategy; the blueprint for transformation; and the next steps in the programme.

DECIDED: That the content of the report and presentation be noted.

11 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 23 November 2018 in the Abercorn Conference Centre, Renfrew Road, Paisley.

Valedictories

Dr Lyons intimated that this would be the last meeting of the Board for Liz Snodgrass (Council staff member involved in service provision); Helen McAleer (unpaid carer residing in Renfrewshire); and Mr Ian Beattie (Head of Health and Social Care (Paisley)). He acknowledged their input to the work of the Board and wished them well for the future.



To: Renfrewshire Integration Joint Board

On: 23 November 2018

Report by: Clerk

Heading: Update on Membership of the Integration Joint Board

1. Summary

- 1.1 At its meeting on 29 June 2018 the Integration Joint Board considered a report regarding the expiry of the period of membership for a number of its members and agreed to encourage those members whose appointments were due to expire later in 2018 to ask the groups they represented to seek expressions of interest for future representatives of those groups on the IJB.
 - 1.2 This report provides an update on the membership of the IJB following the conclusion of this process and to seek approval for those appointments where this is required in terms of legislation.
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2. Recommendation

- 2.1 It is recommended that the Board approves the appointment or re-appointment of those non-voting members listed under Category Three in the Schedule attached to this report and otherwise notes the membership of the Board in the other membership categories and the expiry dates for those memberships.
-

3. Background

- 3.1 Renfrewshire Integration Joint board was established by an Order of the Scottish parliament on 27 June 2015 and the first meeting of the IJB took place on 18 September 2015.
- 3.2 The membership of the IJB is split between voting members and non-voting members and the group of non-voting members is further divided into different categories to which different rules on periods of membership apply. Those arrangements are in line with the provisions relating to IJB membership set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the 2014" Order).

- 3.3 The membership categories of non-voting members and the individual representatives within each category are shown in the attached Schedule
- 3.4 In relation to the various categories of non-voting members, the report considered in June explained when the membership of each member in each category was due to expire. This was of particular relevance to those whose membership had commenced on the date of the first IJB meeting on 18 September 2015 which meant that their initial membership expired shortly after the last IJB meeting.
- 3.5 I have now received confirmation of the nominations for the appointment or re-appointment of members representing the groups whose representatives required to be renewed at this meeting of the IJB. Those appointments are listed at Category Three on the attached Schedule.
- 3.6 Assuming the approval of those appointments, the full membership of the IJB along with the future expiry dates for memberships is shown for noting on the attached Schedule.
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Implications of the Report

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

Author: Ken Graham, Head of Corporate Governance ext: 7360

Schedule

Membership of Renfrewshire Integration Joint Board

Voting Membership

Four voting members appointed by the Council

Cllr J Cameron	17 May 2020
Cllr L-M Hughes	17 May 2020
Cllr S Kerr	17 May 2020
Cllr Adam-McGregor	17 May 2020

Four voting members appointed by the Health Board

D Lyons	22 March 2021
M Brown	31 March 2019
D. McErlean	15 August 2019
L de Caestecker	22 June 2020

Non- voting membership

Category One

Chief Officer	David Leese	No expiry
Chief Finance officer	Sarah Lavers	No expiry
Chief Social Work Officer	Peter Macleod	No expiry

Category Two

Registered Nurse	Karen Jarvis	17 Sept 2021
General Practitioner	Stuart Sutton	19 January 2020
Other Medical Practitioner (non GP)	Alex Thom	17 Sept 2021

Category Three

Council Staff Member	Louise McKenzie	22 Nov. 2021
Health Board Staff Member	David Wylie	22 Nov. 2021
Third Sector Representative	Alan McNiven	22 Nov. 2021
Unpaid Carer	Fiona Milne	22 Nov. 2021
Service User	Stephen Cruikshank	22 Nov. 2021
Trade Union - Council staff	John Boylan	22 Nov. 2021
Trade Union – Health Board Staff	Graham Capstick	22 Nov. 2021

To: Renfrewshire Integration Joint Board

On: 23 November 2018

Report by: Chief Finance Officer

Heading: Financial Report - 1 April 2018 to 30 September 2018

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 30 September 2018 and the projected year end position for the year ended 31 March 2019.
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2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 30 September 2018;
 - Note the projected year-end position for 2018/19;
 - Approve the proposal for the Chief Officer to raise the issue of the impact of NHSGGC revised procedures around recruitment and backfilling of vacancies in order to seek an early resolution that retains the good financial and operational controls already in place to ensure operational stability; and
 - Note the Scottish Government's Medium-Term Health and Social Care Financial Framework and the potential implications for the IJB.
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3. Summary

- 3.1. As detailed in the table below the IJB year to date position and projected outturn for 2018/19 is a breakeven.

Division	Year to Date Position	Year End Outturn
Social Work – Adult Services	Breakeven	Breakeven
Renfrewshire Health Services	Underspend £350k	Underspend £700k
Total Renfrewshire HSCP	Underspend £350k	Underspend £700k

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

- 3.3. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendix 5 provides a reconciliation of the main budget adjustments applied this current financial year.

4. **Social Work – Adult Services**

Year to Date: Breakeven

Year End Outturn: Breakeven

4.1. The current and projected breakeven position includes the flexible use of the additional resources made available by the Council on a recurring basis to support the financial sustainability of services as well as a draw down from earmarked and general reserves as detailed below.

4.2. As detailed in Appendix 2 and 3, the current and projected breakeven position reflects:

- The drawdown of earmarked reserves to fund short term non-recurring restructuring costs of the Care at Home Service throughout the first quarter of 2018/19 as approved by the IJB at its meeting of 29 June 2018;
- Proposed non-recurring budget virements from areas of underspend within the service to temporarily fund areas of overspend; and
- 'Anticipated' draw down of both recurring additional resources made available by the council, and non-recurring monies from the reserves built up over the past 2 years (the level of resource to be drawn down is monitored on a 4-weekly basis). The table below summarises the current estimated level of draw down required in order to deliver a year end breakeven position in March 2019.

Funding Available to be Drawn Down throughout 2018/19			
Funding Type:	Opening Balance 2018/19	Estimated Draw Down 2018/19	Closing Balance 2018/19
Recurring Budget (held by Council)	£1,904,916	-£1,751,000	£153,916
Non-Recurring Reserves held on behalf of IJB	£1,655,916	-£1,559,000	£96,916
Ringfenced Carers Budget	£646,000	-£154,000	£492,000
	£4,206,832	-£3,464,000	£742,832

4.3. The main broad themes of the current and projected outturn position include:

- An underspend in employee costs (not including care at home) reflecting vacancies throughout all areas of the service; and
- The above in-year employee and other minor underspends are being used to fund significant and increasing pressures within the care at home service. In response to these increasing pressures the Chief Officer has introduced a range of robust financial governance arrangements to ensure these pressures are proactively managed. Measures include the establishment of a Governance Group, jointly chaired by the Chief Finance Officer and Heads of Health and Social Care, which meets on a weekly basis to monitor performance and ensure policies, pathways and processes optimise capacity, along with daily check in meetings with senior staff within the service.

5. **Renfrewshire Health Services**

Year to Date: Underspend £350k

Year End Outturn: Underspend £700k

5.1. The overall net position at 30 September 2018 is an underspend of £350k, with an anticipated year-end underspend of £700k, assuming that the current

trajectory of spend continues throughout this financial year. Members should however note that this projection assumes that both the Action 15, and, Primary Care Improvement Programme monies will be fully spent, with any remaining balances ring fenced and transferred to ear marked reserves to be drawn down in 2019/20.

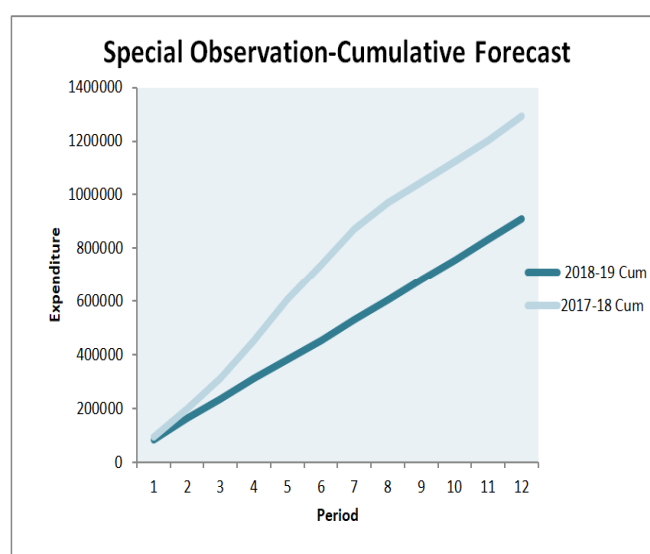
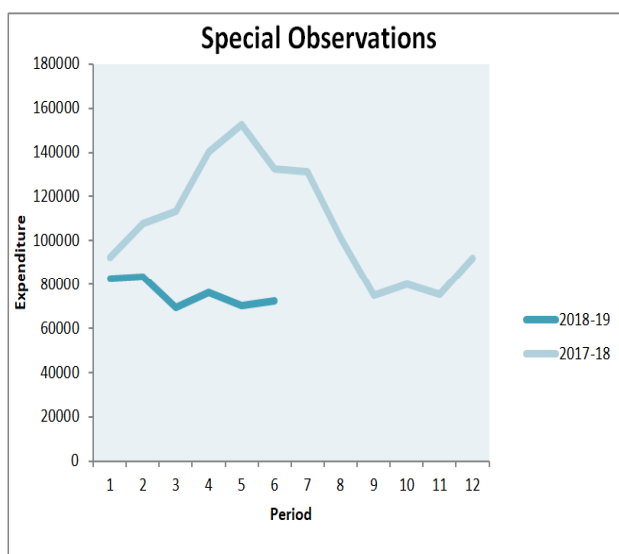
- 5.2. As members will recall, the previous financial report to the IJB highlighted that the reported position at that time, did not include the potential additional resources in relation to the impact of Renfrewshire's share of any "consequential" funding for Agenda for Change employees. This funding has now been distributed and, as previously indicated this has now moved the current and projected year end position into an underspend as detailed in Appendix 3 and 4.
- 5.3. The main broad themes of the current and projected outturn position are:
- An underspend in Addictions (including ADP) reflecting the current planned hold on recruitment pending the implementation of the Addictions services review recommendations (£119k);
 - Underspend in Adult Community Services (£506k) mainly due to turnover across the Rehabilitation and District Nursing services;
 - Underspends within Children's Services (£187k) reflecting vacancies within School Nursing and Health Visiting;
 - Underspend in Hosted Services (£336k) reflecting vacant administrative posts in the Primary Care screening service, and a combination of staff turnover and maternity/unpaid leave within Podiatry along with vacancies in relation to the implementation of the new workforce plan; and
 - An overspend in Mental Health Services (£195k) reflecting pressures in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.
- 5.4. Members should be aware that some of the above delays in the filling of vacancies are due to new NHSGGC procedures around recruitment and backfilling of vacancies which were introduced earlier this year by NHSGGC linked to the Financial Improvement Plan (FIP) work. These new procedures are in addition to the existing local protocol which has been in place since the IJB was formed whereby all vacancies are carefully scrutinised by Heads of Service and signed off by the Chief Finance Officer prior to permission to recruit being granted.
- 5.5. These new procedures are presenting the HSCP with a number of issues including:
- The new measures are designed to save money for NHSGGC with any saving in Partnership staffing remaining with the Partnerships;
 - To date the new measures have not resulted in any posts being removed, as the existing local process already captures any posts suitable for redesign, removal or reduction;
 - The additional NHSGG&C procedures are causing significant delays in the filling of a number of local health vacancies. Many of these are being covered by additional overtime, agency or bank staff, others leave gaps in the service;
 - The process has not generated any permanent saving for Renfrewshire however, it is creating unplanned non-recurring in year turnover savings; and
 - The delays are putting a strain on our services and on the staff in the teams affected.

- 5.6. It is proposed that the Chief Officer is asked to raise the matter formally with the Health Board to seek an early resolution that retains the good financial and operational controls already in place and ensures operational stability.

5.7. *Enhanced Observations:*

As at 30 September 2018 expenditure on enhanced observations is projected to be £900k. As part of the 2018/19 Financial Plan a £900k budget was created for enhanced observation and a commitment was made by the management team to work towards reducing the cost in line with this budget.

- 5.8. The graphs below show that the spend for month 1-6 of 2018/19 is significantly lower than the same period in 2017/18 with a projected year end reduction in spend in comparison to 2017/18 of £393k.



6. Prescribing

- 6.1. With the ending of the risk sharing arrangement across NHSGGC partnerships, prescribing costs represent the greatest financial risk to the HSCP, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.
- 6.2. The current projected year end position for prescribing is an overspend of £240k. This relates to pressures in relation to the costs of drugs on short supply (£170k) and the impact of volume increases (£70k).
- 6.3. Work continues with the lead pharmacist for NHSGGC to deliver, the ambitious efficiency target of £11.1m for 2018/19 which comprises a number of initiatives including: programmes aimed at reducing waste and the promotion of efficient prescribing.

7. Set Aside Budget

- 7.1. Work continues to be progressed in relation to the sum set aside for hospital services, however arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance.
- 7.2. NHSGGC is currently working with HSCPs and Scottish Government colleagues to review the basis for calculation using current activity levels and

actual budgets and to agree details of how it will work in practice with a view to moving to using actual costs and activity from 1 April 2019.

- 7.3. In the meantime, NHSGGC is continuing with the previous transitional arrangements and has identified a notional set aside budget for HSPC's for 2018/19. The 2018/19 Set Aside Budget has been recalculated based on updated information from ISD received in September 2018. For Renfrewshire the notional set aside budget for 2018/19 is £30.468m.

8. **Other Delegated Services**

Description	Full Year Budget	Phased Budget	Actual	Year to Date Variance	Projected Outturn	Variance
Housing Adaptations	£756k	£357k	£304k	£53k	£756k	£0k
Women's Aid	£87k	£42k	£20k	£22k	£87k	£0k
Grant Funding for Women's Aid	£0k	(£21k)	(£70k)	£49k	£0k	£0k
Total	£843k	£378k	£254k	£124k	£843k	£0k

- 8.1 The table above shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB. The summary position for the period to 14 September 2018 is an underspend of £124k, this includes carry forward of Big Lottery Grant monies in relation to the Renfrewshire Reconnection Project, the projected outturn is however a breakeven.

9. **Reserves**

- 9.1. As detailed in Appendix 6 the opening reserves position for 2018/19 was £3.442m. This figure comprises £930k of general reserves and £2.512m of earmarked reserves.
- 9.2. Consistent with the IJB's Reserves Policy at its meeting of 29 June 2018, the IJB approved the creation of ear marked reserves for draw down as required in 2018/19. As detailed in sections 4 and 5 of this report, based on current projections for 2018/19 a total of £411k of ear marked reserves have been 'notionally' drawn down. Members are reminded that this planned draw down of reserves will fluctuate throughout this financial year depending on the trajectory of demand on services.
- 9.3. The table in Appendix 6 provides further details on the remaining balances held in the IJB reserves. Members are reminded that this does not include the reserves carried forward by Renfrewshire Council on behalf of the IJB.

10. Financial Planning 2019/20 and Beyond

- 10.1. In October of this year the Scottish Government published their Medium-Term Health and Social Care Financial Framework¹. The Framework outlines the challenges faced by the Health and Social Care sector in planning for the future in order to deliver a financially balanced and sustainable health and social care system. It sets out in detail a number of approaches / initiatives to address these challenges through a combination of investment and reform.
- 10.2. It is the Scottish Government's intention to update the framework as reform plans emerge. This in turn should allow local financial planning to develop within a clear set of financial parameters.
- 10.3. In order to have meaningful financial plans for the future of health and social care it is imperative that the context within which these services operate is set within a clear financial framework. In order to ensure this, the financial framework was developed by the Scottish Government with input from NHS Boards, HSCPs, CoSLA and Local Authorities.
- 10.4. Key messages from the framework:
- Expenditure and activity are at record levels with growth trends indicating that funding levels will need to increase
 - Greater pressure on the system requires changes to the way services are delivered including improvements in productivity
 - Three main drivers of growth:
 - Price;
 - Demographics and
 - Demand led growth from increased public expectations and advances in technology etc
 - Focus on the government's main spending policy commitments:
 - Baseline allocations to Health Boards maintained in real terms, with additional funding to support the shift in the balance of care
 - Over next 5 years hospital expenditure to account for less than 50% of frontline NHS expenditure
 - Primary care funding to increase to 11% of frontline NHS budget by 2021/22
 - Year on year increase to mental health, primary, community and social care budgets
 - Reform Activities:
 - **Shifting the balance of care:** assumption that c50% of savings released from acute will be redirected towards primary, community and social care through IJBs strategic commissioning plans
 - **Regional Working:** increased collaboration to drive change and reduce duplication and ensure more coherent, comprehensive and sustainable services, with an assumption of c1% productivity savings
 - **Public Health and Prevention:** 1% reduction in demand from the implementation of a number of health improvement initiatives
 - **Once for Scotland:** 0.25% reduction in cost from delivering more effective and consistent delivery of services
 - **Annual Savings Plans:** 1% year on year savings from local operational delivery of productivity and efficiency saving

¹ <https://www.gov.scot/binaries/content/documents/govscot/publications/publication/2018/10/scottish-government-medium-term-health-social-care-financial-framework/documents/00541276-pdf/00541276-pdf/govscot%3Adocument>

Delegated Adult Social Care Budget Settlement 2019/20

- 10.5. In the Chief Finance Officer's report to the IJB in September, the CFO highlighted the likely risk that Renfrewshire Council will have limited ability to assist with the resourcing of pressures on the Adult Social Care budget.
- 10.6. The CFO and CO continue to work alongside the Director of Finance and Resources for Renfrewshire Council with regards to the financial allocation from the Council for 2019/20. Early indications of his work suggest that there will be a cap on the overall increase in resources to the IJB between 1 to 2%. Members should however note that this is subject to final confirmation of the Council's financial settlement along with their consideration of the IJB's service planning priorities.
- 10.7. The remaining gap to fund emerging pressures for 2019/20 will therefore be contingent upon the IJB delivering savings from the current service reviews and ongoing change programme.

11. Living Wage Increase 2018/19

- 11.1. As highlighted in previous reports to the IJB, implementation of the Living Wage rate of £8.75 for 2018/19 is well underway with the majority of our contracted providers having accepted the offered increase which includes the impact of on-costs.
- 11.2. A small number of providers have not yet been able to accept our offer, in the main this is because they are currently in negotiations with other LA's which once agreed should enable them to accept our offer. In addition, Renfrewshire HSCP continues to review those out of area placements which have been made off contract, with host local authority rates applied where appropriate. If there is no host local authority rate available, providers have been offered a % increase (including on-costs) to allow the payment of the new Living Wage.
- 11.3. On acceptance of the offers made all Living Wage uplifts will be backdated to 1st May 2018.

Implications of the Report

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

List of Background Papers:

- Scottish Government Medium Term Financial Strategy;
- Scottish Fiscal Commission paper;
- 2018/19 Delegated Health and Social Care Budget (Renfrewshire IJB, 23 March 2018)

Author: Sarah Lavers, Chief Finance Officer

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

**Adult Social Care Revenue Budget Year to Date Position
1st April 2018 to 14th September 2018**

Subjective Heading	Year to Date Budget £000's	Actual to Date £000's	Variance £000's	Earmarked Reserves £000's	In-Year Non-recurring Budget Virement £000's	Draw Down from Recurring Budget Allocation £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Revised Variance		
								£000's	%	
Employee Costs	13,382	13,901	(519)	184	33	302	-	0	0%	breakeven
Property Costs	175	160	15	-	(15)	-	-	0	0%	breakeven
Supplies and Services	740	727	13	6	(19)	-	-	0	0%	breakeven
Contractors	27,792	29,072	(1,280)	-	-	561	720	0	0%	breakeven
Transport	311	296	15	-	(16)	1	-	0	0%	breakeven
Administrative Costs	100	112	(12)	-	12	-	-	0	0%	breakeven
Payments to Other Bodies	1,262	1,248	14	-	(14)	-	-	0	0%	breakeven
Gross Expenditure	43,762	45,516	(1,754)	190	(19)	864	720	0	0%	breakeven
Income	(10,974)	(10,955)	(19)	-	19	-	-	0	0%	breakeven
NET EXPENDITURE	32,788	34,561	(1,773)	190	-	864	720	0	0%	breakeven

Client Group	Year to Date Budget £000's	Actual to Date £000's	Variance £000's	Earmarked Reserves	In-Year Non-recurring Budget Virement £000's	Draw Down from Recurring Budget Allocation £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Revised Variance		
								£000's	%	
Older People	21,936	23,519	(1,583)	184	27	653	720	0	0%	breakeven
Physical or Sensory Difficulties	3,310	3,349	(39)	-	-	39	-	0	0%	breakeven
Learning Difficulties	6,173	6,351	(178)	6	-	173	-	1	0%	breakeven
Mental Health Needs	1,044	1,026	18	-	(18)	-	-	0	0%	breakeven
Addiction Services	325	316	9	-	(9)	-	-	0	0%	breakeven
NET EXPENDITURE	32,788	34,561	(1,773)	190	-	864	720	0	0%	breakeven

Position to 14th September is a breakeven

Appendix 2

Adult Social Care Revenue Budget Projected Year End Position 1st April 2018 to 31st March 2019

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	Earmarked Reserves £000's	In-Year Non- recurring Budget Virement £000's	Draw Down from Recurring Budget Allocation £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Revised Variance		
								£000's	%	
Employee Costs	28,169	29,303	(1,134)	399	71	664		-	0.0%	breakeven
Property Costs	379	346	33	-	(33)			-	0.0%	breakeven
Supplies and Services	1,609	1,580	29	12	(41)			-	0.0%	breakeven
Contractors	53,803	56,603	(2,800)	-		1,241	1,559	-	0.0%	breakeven
Transport	667	633	34	-	(34)			-	0.0%	breakeven
Administrative Costs	234	260	(26)	-	26			-	0.0%	breakeven
Payments to Other Bodies	2,744	2,713	31	-	(31)			-	0.0%	breakeven
Gross Expenditure	87,605	91,438	(3,833)	411	(42)	1,905	1,559	-	-	breakeven
Income	(23,916)	(23,874)	(42)	-	42	-	-	-	0.0%	breakeven
NET EXPENDITURE	63,689	67,564	(3,875)	411	-	1,905	1,559	-	-	breakeven

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	Earmarked Reserves	In-Year Non- recurring Budget Virement £000's	Draw Down from Recurring Budget Allocation £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Revised Variance		
								£000's	%	
Older People	41,586	45,044	(3,458)	399	58	1,442	1,559	-	0.0%	breakeven
Physical or Sensory Difficulties	6,691	6,777	(86)	-		86		-	0.0%	breakeven
Learning Difficulties	12,474	12,863	(389)	12		377		-	0.0%	breakeven
Mental Health Needs	2,260	2,221	39	-	(39)			-	0.0%	breakeven
Addiction Services	678	659	19	-	(19)			-	0.0%	breakeven
NET EXPENDITURE	63,689	67,564	(3,875)	411	-	1,905	1,559	-	-	breakeven

Projected Year End Budget Position is a breakeven

Funding Available to be Drawn Down throughout 2018/19			
Funding Type:	Opening Balance 2018/19	Estimated Draw Down 2018/19	Closing Balance 2018/19
Recurring Budget (held by Council)	£1,904,916	-£1,751,000	£153,916
Non-Recurring Reserves held on behalf of IJB	£1,655,916	-£1,559,000	£96,916
Ringfenced Carers Budget	£646,000	-£154,000	£492,000
	£4,206,832	-£3,464,000	£742,832

**Health Revenue Budget Position
1st April 2018 to 30th September 2018**

Subjective Heading	Year to Date Budget £000's	Adjustment to Budget in line with Annual Accounts £'000's	In-year Adjustment to Budget £000's	Revised Year to Date Budget £000's	Year to Date Actuals £000's	Year to Date Variance £000's	Drawdown from Reserves £000's	Revised Variance		
								£000's	%	
Employee Costs	22,749	-	79	22,828	22,248	580	-	580	2.5%	underspend
Property Costs	4	-	1	5	15	(10)	-	(10)	-260.0%	overspend
Supplies and Services	9,536	(7,210)	700	3,027	3,081	(55)	-	(55)	-0.6%	overspend
Purchase Of Healthcare	1,233	-	-	1,233	1,259	(26)	-	(26)	-2.1%	overspend
Resource Transfer	8,436	(8,436)	-	-	-	-	-	-	0.0%	breakeven
Family Health Services	39,554	-	794	40,348	40,485	(138)	-	(138)	-0.3%	overspend
Set Aside	14,982	-	-	14,982	14,982	-	-	-	0.0%	breakeven
Gross Expenditure	96,494	(15,646)	1,573	82,421	82,070	351	-	351	0.4%	underspend
		-	-	-	-	-	-	-		
Income	(1,692)	-	2	(1,690)	(1,690)	(0)	-	(0)	0.0%	breakeven
NET EXPENDITURE	94,802	(15,646)	1,575	80,731	80,380	350	-	350	0.37%	

Position to 30th September 2018

Care Group	Year to Date Budget £000's	Adjustment to Budget in line with Annual Accounts £'000's	In-year Adjustment to Budget £000's	Revised Year to Date Budget £000's	Year to Date Actuals £000's	Year to Date Variance £000's	Drawdown from Reserves £000's	Revised Variance		
								£000's	%	
Addiction Services	1,342	-	-	1,342	1,282	60	-	60	4.5%	underspend
Adult Community Services	4,394	-	347	4,741	4,488	253	-	253	5.8%	underspend
Children's Services	2,618	-	-	2,618	2,525	93	-	93	3.6%	underspend
Learning Disabilities	541	-	2	543	536	7	-	7	1.2%	underspend
Mental Health	9,278	-	24	9,302	9,399	(97)	-	(97)	-1.0%	Overspend
Mental Health - Action 15	-	-	-	-	-	-	-	-	0.0%	Breakeven
Hosted Services	5,361	-	39	5,400	5,232	168	-	168	3.1%	underspend
Prescribing	17,651	-	-	17,651	17,771	(120)	-	(120)	-0.7%	Overspend
Gms	10,319	-	794	11,112	11,112	-	-	-	0.0%	Breakeven
Other	10,458	-	-	10,458	10,458	(0)	-	(0)	0.0%	Breakeven
Planning & Health	533	-	6	539	529	11	-	11	2.0%	underspend
Administration & Management	1,113	-	711	1,824	1,789	35	-	35	3.1%	underspend
Primary Care Improvement	36	-	-	36	36	(0)	-	(0)	0.0%	Breakeven
Resource Transfer	9,433	(9,433)	-	(0)	-	(0)	-	(0)	0.0%	Breakeven
Veterans	86	(86)	-	0	-	0	-	-	0.0%	Breakeven
Integrated Care Fund	530	-	(347)	184	242	(58)	-	(58)	-11.0%	Overspend
Social Care Fund	6,127	(6,127)	-	-	-	-	-	-	0.0%	Breakeven
Set Aside	14,982	-	-	14,982	14,982	-	-	-	0.0%	Breakeven
NET EXPENDITURE	94,801	(15,646)	1,575	80,731	80,380	350	-	350	0.37%	

Position to 30th September 2018

**Health Revenue Budget Position
1st April 2018 to 31st March 2019**

Subjective Heading	Annual Budget £'000	Adjustment to Budget in line with Annual Accounts £'000's	In year Adjustments £000's	Revised Budget £'000	Projected to Year End £'000	Variance £'000	Projected Drawdown from Reserves £'000	Revised Variance		
								£'000s	%	
Employee Costs	45,758		157	45,915	44,752	1,163	-	1,163	2.5%	underspend
Property Costs	8		1	9	29	(20)	-	(20)	-220.0%	Overspend
Supplies and Services	19,906	(14,419)	1,400	6,887	7,004	(117)	-	(117)	-1.7%	Overspend
Purchase Of Healthcare	2,466			2,466	2,518	(52)	-	(52)	-2.1%	Overspend
Resource Transfer	16,872	(16,872)		-	-	-	-	-	0.0%	Breakeven
Family Health Services	79,108		1,587	80,695	80,969	(274)	-	(274)	-0.3%	Overspend
Set Aside	29,964			29,964	29,964	-	-	-	0.0%	Breakeven
Gross Expenditure	194,082	(31,291)	3,145	165,936	165,236	700		700	0.4%	underspend
Income	(3,385)		5	(3,380)	(3,380)	-	-	-	0.0%	Breakeven
NET EXPENDITURE	190,697	(31,291)	3,150	162,556	161,856	700	-	700	0.37%	

Care Group	Annual Budget £'000	Adjustment to Budget in line with Annual Accounts £'000's	In year Adjustments £000's	Revised Budget £'000	Projected to Year End £'000	Variance £'000	Drawdown from Reserves £'000	Revised Variance		
								£'000s	%	
Addiction Services	2,684			2,684	2,565	119	-	119	4.4%	underspend
Adult Community Services	8,789		693	9,482	8,976	506	-	506	5.3%	underspend
Children's Services	5,236			5,236	5,049	187	-	187	3.6%	underspend
Learning Disabilities	1,082		3	1,085	1,070	15	-	15	1.4%	underspend
Mental Health	18,556		48	18,604	18,799	(195)	-	(195)	-1.0%	Overspend
Mental Health-Action 15	261			261	261	-	-	-	0.0%	Breakeven
Hosted Services	10,722		78	10,800	10,464	336	-	336	3.1%	underspend
Prescribing	35,302			35,302	35,542	(240)	-	(240)	-0.7%	Overspend
Gms	20,637		1,587	22,224	22,224	-	-	-	0.0%	Breakeven
Other	20,916			20,916	20,916	(0)	-	(0)	0.0%	Breakeven
Planning & Health	1,067		12	1,079	1,058	21	-	21	1.9%	underspend
Administration & Management	2,225		1,422	3,647	3,577	70	-	70	1.9%	underspend
Primary Care Improvement	906			906	906	-	-	-	0.0%	Breakeven
Resource Transfer	18,866	(18,866)		(0)	-	(0)	-	(0)	0.0%	Breakeven
Veterans	171	(171)		0	-	0	-	-	0.0%	Breakeven
Integrated Care Fund	1,060		(693)	367	485	(118)	-	(118)	-32.1%	overspend
Social Care Fund	12,254	(12,254)		-	-	-	-	-	0.0%	Breakeven
Set Aside	29,964			29,964	29,964	-	-	-	0.0%	Breakeven
NET EXPENDITURE	190,697	(31,291)	3,150	162,556	161,856	700	-	700	(0)	

Projected Year End Budget Position is an underspend of £700k

Note 1: Adjustments to reflect y/e accounting treatment whereby expenditure is incurred in Adult Social Budget: Social Care Fund £12.254m; Resource Transfer £18.868m; Veterans Monies £0.171m

Note 2: refer to Budget Reconciliation for in year adjustments

For Information

1. Adult Community Services includes: District and Out of Hours Nursing; Rehabilitation Services and Equipu
2. Children's Services includes: Community Services-School Nursing and Health Visitors; Specialist Services-CAMHS and SLT
3. GMS = costs associated with GP services in Renfrewshire
4. Other = costs associated with Dentists, Pharmacists, Optometrists
5. Hosted Services = board wide responsibility for support to GP's for areas such breast and bowel screening. Also included board wide responsibility for Podiatry
6. Other Services = Business Support staff; Admin related costs, hotel services and property related costs such as rent

2018/19 Adult Social Care Financial Allocation to Renfrewshire HSCP

	£k
2018/19 Renfrewshire HSCP Opening Budget:	63,690.0
	63,690.0
Budget Adjustments Posted in Period 6	
18/19 Vehicle Insurance Budget Realignment	-0.8
Adult Social Care Budget as at P6	63,689.2

2018/19 Health Financial Allocation to Renfrewshire HSCP

	£k
2017/18 Renfrewshire HSCP Closing Budget:	165,010.6
Add: Set Aside	29,964.0
less: non recurring budgets (allocated annually)	-4,046.3
less: Budget Adjustments*	
SCF	-12,254.0
Veterans	-171.0
RT	-18,866.0
= base budget rolled over	159,637.3
Additions:	
1.5% Uplift	1,751.0
Children's Service Collaboration Fees - Fostering Reports	31.9
Podiatry Budgets from Inverclyde	123.5
GP Income Budgets to Facilities	370.0
	2,276.4
Reductions:	
Savings Legacy	-519.0
GMS ADJ 1819 (*GMS = costs associated with GP services in Renfrewshire)	-2,294.4
	-2,813.4
Non-Recurring:	
Consultant Arrears	34.5
Protection Cost - EMI HCA Displaced through redeployment	2.4
	36.9
Budget allocated as per 2018/19 Financial Allocation 31st May 2018	159,137.2
Budget Adjustments posted in month 3	
Additions:	
Income for building maintenance - Accommodation	2.3
	2.3
Non-Recurring:	
Primary Care Improvement Programme	904.6
MH Action 15	261.5
EMIS staff transfer PC Screening from Board	81.0
	1,247.1
Health Budget as reported @ 30th June 18	160,386.5
Budget Adjustments posted in month 4	
Reductions:	
Prescribing	-1,151.4
	-1,151.4
Non-Recurring:	
Veterans	171.4
	171.4
Health Budget as reported @ 31st July 18	159,406.5
Budget Adjustments posted in month 5	
Non-Recurring:	
ADP Funding	577.3
	577.3
Health Budget as reported @ 31st August 18	159,983.8
Budget Adjustments posted in month 6	
Additions:	
Additional Pay Award	640.2
GMS Adjustment	1,587.0
SESP Nurse: Pay award. Post transferred from board	3.2
	2,230.4
Non-Recurring:	
SESP Funding: Posts with Adult comm Care, Hosted services and PHI	338.8
Modern Apprentice	3.6
	342.4
Health Budget as reported @ 30th September 18	162,556.6

Projected Movement in Reserves

Earmarked Reserves	Opening Position 2018/19 £000's	Amounts Drawn Down in 2018/19	New Reserves	Closing Position 2018/19 £000's	Movement in Reserves in 2018/19
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	438			438	0
GP Premises Fund - Renfrewshire share of NHS GGC funding for GP premises improvement	414			414	0
Primary Care Transformation Fund Monies	39			39	0
District Nurse 3 year Recruitment Programme	150			150	0
Prescribing	450			450	0
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings in 18/19	339			339	0
Health Visiting	181			181	0
Tannahill Diet and Diabetes Pilot Project	17			17	0
TOTAL Delegated Health Ear Marked Reserves	2,028	0	0	2,028	0
Care @ Home Redesign/Locality Services Redesign Associated Costs	399	-399		0	-399
Costs Associated With Additional Set Up Costs For Specific Planned Placement	35			35	0
ICT Swift Update Costs	50	-12		38	-12
TOTAL Adult Social Care Ear Marked Reserves	484	-411	0	73	-411
TOTAL EARMARKED RESERVES	2,512	-411	0	2,101	-411

General Reserves	Opening Position 2018/19 £000's	Amounts Drawn Down in 2018/19	New Reserves	Closing Position 2018/19 £000's	Movement in Reserves in 2018/19
Renfrewshire HSCP - Health delegated budget under spend carried forward	930			930	0
TOTAL GENERAL RESERVES	930	0	0	930	0

OVERALL RESERVES POSITION	3,442	-411	0	3,031	-411
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To: Renfrewshire Integration Joint Board

On: 23 November 2018

Report by: Chief Finance Officer

Heading: Renfrewshire Integration Joint Board Reserves Policy

1. Summary

- 1.1 This paper and supporting appendix sets out a proposed revision to Renfrewshire Integration Joint Board (IJB) Reserves Policy.
- 1.2 The current IJB Reserves Policy was agreed by the IJB on 24 November 2017. The attached appendix is an updated Reserves Policy which reflects the recommendation by Audit Scotland (in their Renfrewshire Integration Joint Board Annual Audit Report for 2017/18) to consider updating the IJB Reserves Policy to set out a minimum as well as a maximum reserves level.
- 1.3 Members are asked to note that section 6.2 has been updated to reflect this recommendation:

"In light of the size and scale of the IJB's responsibilities, over the medium term the optimum level of general reserves proposed is a maximum of 2% of the net budget of the IJB. This will be in addition to any identified ear marked reserves which are excluded from this calculation. In addition, in line with the recommendation from Audit Scotland an aspirational minimum level of reserves of 0.25% of the net budget is also proposed. The achievement of this will be dependent on the year end position and ability at that time to transfer monies into a reserve for future use."

2. Recommendation

It is recommended that the IJB:

- Approve the revised Reserves Policy 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

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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 NHSGG&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 will allow the 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.
- 5.2 The Chief Finance Officer will also have authority for the use of IJB Reserve Funds up to a maximum of £500,000 in consultation with the Chief Officer, Chair and or vice Chair of the IJB. The use of any reserve monies 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.

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 the optimum level of general reserves proposed is a maximum of 2% of the net budget of the IJB. This will be in addition to any identified ear marked reserves which are excluded from this calculation. In addition, in line with the recommendation from Audit Scotland an aspirational minimum level of reserves of 0.25% of the net budget is also proposed. The achievement of this will be dependent on the year end position and ability at that time to transfer monies into a reserve for future use.
- 6.3 This value of reserves will 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.
- 6.4 The above minimum and maximum level of reserves represent an optimum balance to be built up over time, recognising prudent financial planning and budgetary constraints.
- 6.5 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.
- 6.6 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.
- 6.7 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;

8. Accounting and Disclosure

- 8.1 As part of the Annual Accounts for the IJB 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) will be included.

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.

To: Renfrewshire Integration Joint Board

On: 23 November 2018

Report by: Chief Officer

Heading: Change and Improvement Programme Update

1. Summary

- 1.1. This report updates IJB members on Renfrewshire Health and Social Care Partnership's evolving Change and Improvement Programme, including the Service Reviews underway.
-

2. Recommendation

It is recommended that the IJB:

- Note the content of the report.
-

3. Background

- 3.1. The Renfrewshire Health and Social Care Partnership's (HSCP) Change and Improvement Programme is focused on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach. This is supporting our work to ensure we provide the best possible services and care to our service users and to enable our service and resource planning to focus on and deliver the right outcomes for all.

- 3.2. This programme is being delivered through 3 workstreams:

1. Optimising Joint and Integrated Working and shifting the balance of care;
2. Statutory Requirements, National Policy and Compliance; and
3. Service Reviews to support the delivery of our Market Facilitation Statement and Strategic and Financial Plans.

4. Workstream 1: Optimising Joint and Integrated Working

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

- 4.2. As part of this work, a number of service improvements/developments are underway including:

- Development and delivery of the HSCP's Primary Care Improvement Plan (PCIP), as part of the introduction of the GP Contract;
- Work to build an effective and dynamic approach to 'locality' and 'cluster' based working, and to build collaboration and joint working between services to better support the needs of local patients and service users;
- The Care at Home Transformation Programme; and
- Implementation of a Joint Unscheduled Care action plan with colleagues in the RAH, which aims to demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.

4.3. The IJB are asked to note a number of developments since the last reporting period in September 2018:

4.3.1 **Renfrewshire HSCP's Primary Care Improvement Plan (PCIP):** The Plan has been agreed with the GP Sub Committee and subsequently was approved by the IJB in September 2018. This Plan is supported by a new Primary Care Improvement Fund, which is expected to rise for the following three years. The PCIP supports the development of new roles within multi-disciplinary teams working in and alongside GP Practices. This will involve the creation of a number of new roles and posts working within primary care, employed by the NHS and our plans to recruit new staff are underway.

4.3.2 **Unscheduled Care Action Plan:** All GGC HSCPs have now agreed a set of performance indicators which will be regularly reviewed. Locally the HSCP is setting up a group which will review and monitor Renfrewshire progress against key actions which include:

- Increasing the use of consistent Anticipatory Care Plans (ACPs);
- Rolling out the 'red bag' initiative in all nursing homes. The red bag contains important information about a care home resident's health in one place so they can receive quick and effective treatment by ambulance and hospital staff, with the aim of reducing residents' length of stay in hospital;
- Agreeing service improvements in specialty areas where usage of unscheduled bed days is high (heart failure in Renfrewshire) and sharing these across the system;
- Supporting care homes to reduce avoidable admissions to hospital by targeting work with homes that have higher admission rates, and through this understand what is driving this. In addition, encouraging the use of ACPs and providing support to homes through our Care Home Liaison Nurses;
- Focussing attention on frequent users at Emergency Departments (ED) with GPs to try a preventative approach with these patients; and
- Use of a common frailty tool to be used across the NHS Board area to identify people at risk of hospital admission and support them and their families to manage their conditions.

5. **Workstream 2: Statutory Requirements, National Policy and Compliance**

5.1 The HSCP's Change and Improvement Team work closely with the SMT, Professional Leads and Service Managers to ensure the HSCP comply with new statutory duties, national policy and adhere to any external compliance requirements. Current work programme includes: the introduction of the Carers Act; the requirement

to upgrade telecare equipment from analogue to digital; embedding Self-Directed Support (SDS), delivery of the new Dementia Strategy and, more recently, the planned introduction of Free Personal Care for Under 65s.

5.2 The IJB are asked to note a number of developments since the last reporting period in September 2018:

4.3.1 **Dementia Strategy:** The Renfrewshire Dementia Strategy Group is developing an action plan to ensure it delivers on its commitments within the strategy.

In parallel, the HSCP is developing a local Dementia Strategy. An engagement process is currently underway which will include two large events during December 2018, in addition to a number of focus groups targeted at the public, services, organisations, 3rd Sector, Council and staff. A questionnaire will also be used to target those who cannot make the events/focus groups.

The Group are still awaiting an update on the Scottish Government's paper 'Transforming Specialist Dementia Hospital Care' which recommends reducing the number of specialist dementia hospital beds and using the funds released to improve community and care home services. This could have significant implications for Renfrewshire. The Dementia National Advisory Group has recently reviewed its remit and membership, with only national groups being represented on the Group. Until recently, Renfrewshire has been part of this Group.

4.3.2 **Self-Directed Support (SDS) Self Evaluation:** Good progress has been made to implement the Self-Evaluation Action Plan, with many of its recommendations now in place. As part of this work the HSCP has successfully established a good practice model which includes system and process redesign; staff training; and service user communication / support.

The HSCP recognises, as with all transformational change, the need to continue to work with its staff, service users and their carers / families to ensure all our service users are equipped to make best use of their personal budget through the SDS process, and to show them how their needs and outcomes can be met in new ways.

A SDS review session is being arranged for early 2019, to identify any further proactive action which can be taken locally, including:

- the effectiveness of the improvements implemented to date;
- the feedback arising from the recent Adult Services Inspection;
- any recommendations or feedback in relation to SDS coming through the current Service Reviews; and
- how SDS is reflected in our Strategic Plan and Market Facilitation Statement.

6. **Workstream 3: Service Reviews**

6.1 As approved by the IJB, the HSCP has 4 service reviews underway:

1. Learning Disabilities Services;
2. Older People Services;
3. Charging (on behalf of Renfrewshire Council); and
4. Addictions Services.

6.2 The service reviews all share a common aim which is:

To ensure Services are modern; flexible; outcomes focused; financially efficient and 'fit for the future' and taking account of changing trends; demographics; demands; local and national policy drivers; changing needs; inequalities; good practice and service user and carer views.

6.3 All Reviews are being led by a Head of Service and supported by external consultants who are leaders in their field. The HSCP is committed to an inclusive, co-production approach; engaging closely with each Review's identified key stakeholders including service users, their families and carers, staff, partners, and the wider community.

6.4 The Reviews are working to a similar timeline, aiming to take initial findings and recommendations to the IJB in early 2019.

Learning Disabilities

6.5 This Review is led by Head of Mental Health, Addictions and Learning Disability Services, supported by Paradigm. Progress has been made since the last update to the IJB.

6.6 HSCP officers, together with Paradigm, have met with people with a learning disabilities and/or autism, their parents and carers, staff and other key stakeholders via a range of scheduled workshops and engagement events. All events / conversations have been structured around three main questions –

- What do you love about the services?
- Looking to the future, what do you want to see?
- What would improve things from now?

6.7 On Thursday 25th October 2018, a visioning day called 'The Big Event' was held at Tweedie Hall in Linwood bringing together approximately 80 stakeholders. This day was facilitated by Paradigm, which aimed to share the outputs from previous stakeholder sessions, to highlight emerging themes, and to further build upon conversations to date.

Paradigm are now compiling the outputs from the day, which will further inform their findings.

6.8 Supported by the HSCP, Paradigm's focus through November and December 2018 will be on research and information gathering, with a view to presenting their initial findings by end the year.

6.9 Based on these findings, the HSCP plan to bring proposals to the IJB in March 2019.

Older People's Services

6.10 Since the last IJB meeting, the Older People's Review, led by the Interim Head of Health and Social Care (Paisley) and our external support, Alex Davidson from Mybackpages Consulting Ltd, has made steady progress.

6.11 The established Short Life Working Group has now met four times where discussions have included: agreeing our approach to effective stakeholder engagement; exploring the current picture and the emerging themes; identifying opportunities, challenges and positives in our Older People services; and considering what future provision could look like.

6.12 In addition, the Mybackpages Consultant, alongside Lead HSCP Officers, have met with a wide range of key stakeholders on both one-to-one and in group settings.

6.13 To build upon the engagement process to date, the HSCP has recently commissioned Journey Associates to carry out half day sessions throughout November and December 2018 with the key stakeholder groups, namely service users, their families and carers, staff who work in Older People services and our community networks.

6.14 Following on from these sessions, there will be a visioning workshop with the Short Life Working Group which will bring together the outputs from all the engagements sessions held.

6.15 The Review will continue to carry out research and information gathering and modelling of any emerging options, which alongside the output from the engagement process, will be reported back to the HSCP in late 2018.

6.16 The HSCP plan to present an initial finding and recommendations paper to the IJB in early 2019.

Charging

6.17 The Chief Finance Officer is leading this Review, with external support from Rocket Science Consulting, and is being taken forward on behalf of Renfrewshire Council.

6.18 This Review aims to consider:

- What services are charged for and which are not;
- What level these charges are set at;
- How the financial assessment relates to chargeable services; and
- How to simplify the process, making it more transparent and easier for service users to understand charges.

6.19 A Planning Group has been established to support the Review, with representation from HSCP and Renfrewshire Council officers, including legal, finance, procurement and policy experts. Key areas of focus include:

- Provide an understanding of where our policy and model differs from peers;

- Identifying best practise and trends through benchmarking across NHS GG &C and other Local Authority areas;
- Exploring potential changes and improvements to current policy and model;
- Considering the wider impact of any potential change for service users, staff, providers, the HSCP and Council.

6.20 The Review's recommendations will to be reported to IJB in early 2019, which will seek agreement to present these to the Council for approval.

Addictions

6.21 A Whole System Review was completed by an external consultant and this reported in May 2018. The review findings were presented to the Alcohol and Drug Partnership (ADP) and ADP Delivery Groups for feedback in May/June 2018. In addition, initial briefings were undertaken with the SMT, Trade Unions and staff groups.

6.22 A future service model, including an outline organisational structure along and implementation plan, will be submitted to the IJB for consideration in early 2019. Members should also note that a number of vacancies within the service have been held pending the outcome of the final staff model.

6.23 A half day event with Addictions staff took place on 30th October 2018, which focussed on the future model and the steps required to make the change.

6.24 The ADP continue to have oversight and receive regular briefing on the future direction and an implementation plan as it emerges. There is also continued dialogue with HR and Trade Unions to ensure they are kept appropriately briefed and consulted.

6.25 An outline of the staff model along with implementation plan will be submitted to the IJB for consideration in early 2019.

System-wide initiatives: GGC Mental Health Strategy

6.26 As previously reported to the IJB, the HSCP is participating in the development and delivery of a GGC System Wide Mental Health Strategy and this is one part of the wider GGC wide strategy, Moving Forward Together (MFT). This work is ongoing, both at a GGC and local level, and the IJB will be kept briefed on progress.

Implications of the Report

1. **Financial** – the Change and Improvement Programme supports the delivery of the 2018/19 Financial Plan.
2. **HR & Organisational Development** – HR and OD teams will work in close liaison with the Change and Improvement Programme Leads.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider Community Planning process
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.

7. **Equality & Human Rights** – all proposals will place due regard on equality requirements.
 8. **Health & Safety** – health and safety processes and procedures are being reviewed in order to support safe and effective joint working.
 9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 10. **Risk** – where risks are identified, mitigation will be sought where possible.
 11. **Privacy Impact** – n/a.
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List of Background Papers – None.

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To: Renfrewshire Integration Joint Board

On: 23 November 2018

Report by: Chief Officer

Subject: Performance Management Mid-Year Report 2018/19

1. Summary

- 1.1 Performance information is presented at all Renfrewshire IJB meetings. This is the mid year performance report for the financial year 2018/19 and covers the period April to September 2018. The performance Dashboard summarises progress (Appendix 1) along with the full Scorecard updating all performance measures (Appendix 2).
- 1.2 The report provides an update on indicators from the Performance Scorecard 2018/19. There are 64 indicators of which 40 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target.
- 1.3 The Scorecard for 2018/19 has 64 indicators:
- **24** data only
 - **7** red indicators (target not achieved)
 - **12** amber indicators (within 10% of target)
 - **21** green indicators (target achieved)

2. Recommendation

It is recommended the IJB:

- Approves the Performance Management Mid-Year Report 2018/19 for Renfrewshire HSCP.
-

3. Performance Reporting in 2018/19

- 3.1 The Scorecard is structured on the nine National Outcomes. Feedback from our performance reporting during 2016/17 and 2017/18 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures.
- 3.2 While this report is for the period April to September 2018, data is not yet available for all performance measures to September 2018. The

information provided in the report is the most up to date available at this point.

3.3 We have compiled a Dashboard (Appendix 1) to give an overview of key performance indicators for monitoring purposes. It shows five green indicators, five amber indicators and five red indicators. The purpose behind the Dashboard is to see at a glance the best and lowest performing indicators, along with those that have the potential to move from green to amber, amber to red or vice versa.

3.4 There has been improved performance in 2018/19 for the following indicators:

At Quarter 1, the number of unscheduled bed days; acute specialties (Outcome 2) was 30,927, below the target of 30,955.

The percentage of children seen within 18 weeks for Paediatric Speech and Language Therapy assessment (Outcome 4) has increased from 73% at March 2018, to 99.4% at September 2018. The service has exceeded the target of 95% therefore the status for this indicator has changed from red to green.

Performance at June 2018 for emergency admissions from care homes (Outcome 4) was 117, just under the Quarter 1 target of 121. The indicator's status has changed from amber to green. There were 519 emergency admissions to hospital from care homes in 2017/18 against a target of 484. This is an area identified in our Unscheduled Care Commissioning Intentions, where we want to focus more to support care homes to reduce levels of bed days used as a result of an unscheduled care admission to hospital.

We have seen a reduction in the percentage of low birth weight babies (<2500g) (Outcome 4) from 7.0% at March 2018 to 6.2% at Quarter 1 2018/19 (target: 6%). This improvement takes the indicator's status from red to amber.

There has also been a further reduction in the rate of pregnancies for those under 16 years of age (Outcome 4). We achieved target in 2017/2018 with a rate of 3.1 per 1,000 population. This has now reduced further to 2.4 at Quarter 1 2018/19.

And finally, Quarter 1 has seen an improvement in smoking cessation. The number of non smokers at the 3-month follow up in the 40% most deprived areas is 62 against a target of 57, which sees the indicator's status improve from red to green.

3.5

Performance has deteriorated in 2018/19 for the following indicators:

The number of lost bed days to delayed discharge (Outcome 2) was 1,122 in Quarter 1, above the target of 800.

Performance in relation to delayed discharges was particularly strong in 2016/17 (3,205 bed days lost), but rose in 2017/18 to 4,680 due to various factors including: high levels of demand for Care at Home services and the reduced availability of care home places. This upward trend has continued in the first quarter of 2018/19, again due to the high demand on Care at Home services, and also because of lack of access to specialist AWI beds. However, additional investment has been made within the Care at Home service to address this issue, and the problem around access to AWI beds has been resolved. A comparison with the national picture shows that Renfrewshire HSCP continues to perform very well in terms of delayed discharges, and we can confirm that as at 12 November, there were just 7 delayed discharges waiting over 72 hours.

The percentage of paediatric Speech and Language Therapy wait times triaged within the 8 week target (Outcome 4) decreased from 100% at March 2018 to 97.6% at September 2018 (green to amber status).

The percentage of patients seen within the 18 weeks target by the Renfrewshire Child and Adolescent Mental Health Service (Outcome 3) has reduced from 100% to 94.7% (green to amber status).

Staff vacancies and sickness absence have impacted on the waiting times for Child and Adolescent Mental Health Service and the paediatric Speech and Language Therapy triage service. However, posts are being recruited to and the specialist teams are committed to reducing waiting times for both services.

The percentage of complaints the HSCP responded to within 20 days (Outcome 8) has decreased from 76% at March 2018 to 53% at September 2018. The decrease is due to the Partnership receiving a number of complaints which have been more complex in nature, thereby needing time extensions in order to provide a fuller response. To improve the process further, we have set parameters around the timescales for complaints which will see a more stringent approach in receiving investigation outcomes. With this process now in place, we can report that performance has increased to 64% as at 12 November and we expect to see levels improve further in the coming year.

Sickness absence remains a challenge for the HSCP. The absence rate for NHS staff has reduced from 5.5% at March 2018 to 5.1% at September 2018, but is still above the 4% target. Renfrewshire Council HSCP staff registered 4.64 days lost per full time equivalent (FTE), against a target of 1.79 days.

HSCP senior managers are working with NHS and Renfrewshire Council services to support staff and improve attendance. Recent and planned actions to improve performance include:

- Working closely with management teams to identify areas that require greater support, and employing strategies to support employees in those areas to return to work
- Continued rigorous monitoring of long term absence and proposed next steps
- Continued delivery of attendance management training
- Promotion of the Healthy Working Lives initiative, health improvement activities such as flu jabs, and development of a toolkit for managers to promote staff resilience and mental health and wellbeing.

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. The downward trend in teenage pregnancies is welcomed as teenage pregnancy is linked to deprivation. Rates of teenage pregnancy in deprived areas are more than treble those of the least deprived areas.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None








List of Background Papers – None.




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Dashboard Indicators













	Perf.	Target
Reduce pregnancies for those under 16 years of age (rate per 1,000 population)	2.4	3.1
Uptake rate of child health 30-month assessment	96%	80%
% of patients starting treatment within 18 weeks of referral to Psych. Therapies	100%	90%
Number of unscheduled hospital bed days; acute specialties	30,927	30,955
Reduction in alcohol related hospital admissions (rate per 1,000 population)	8.9	8.9
% of Paediatric Speech & Language Therapy wait times triaged within 8 weeks	97.6%	100%
Number of emergency admissions	4,615	4,500
Reduce % of babies with a low birth weight (<2500g)	6.2%	6%
% of staff who have passed the Fire Safety LearnPro module	81.9%	90%
Alcohol and drugs waiting times for referral to treatment. % seen within 3 weeks	82.3%	91.5%
% of PCMHT patients referred to first appointment offered within 4 weeks	84.6%	100%
% of complaints within HSCP responded to within 20 days	53%	70%
% Sickness absence rate for HSCP NHS staff	5.1%	4%
Number of delayed discharge bed days	1,122	800
Sickness absence rate for HSCP Adult Social Work staff (days lost per FTE)	4.64	1.79





Performance Indicator Status		Direction of Travel	
	Target achieved		Improvement
	Warning		Deterioration
	Alert		Same as previous reporting period
	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					
Performance Indicator	16/17 Value	17/18 Value	18/19 Value	Target	Direction of Travel	Status
Exclusive breastfeeding at 6-8 weeks. (See note 1)	23.1%	Sep 17: 21.7%	Data recording issue	21.4%		
Alcohol brief interventions	779	549	Qtr.1 70	-	-	

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					
Performance Indicator	16/17 Value	17/18 Value	18/19 Value	Target	Direction of Travel	Status
Percentage of clients accessing out of hours home care services (65+)	89%	89%	Qtr. 2 89%	85%		
Average number of clients on the Occupational Therapy waiting list	340	302	Qtr. 2 310	350		
People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	100%	100%	Qtr. 2 100%	100%		
Number of unscheduled hospital bed days; acute specialties	128,961	125,084	Qtr. 1 30,927	30,955		
Number of emergency admissions	22,448	18,552	Qtr. 1 4,615	4,500		
Percentage of long term care clients receiving intensive home care (national target: 30%)	27%	28%	Qtr. 2 28%	30%		
Number of delayed discharge bed days	3,205	4,680	Qtr. 1 1,122	800		

Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Homecare hours provided - rate per 1,000 population aged 65+	460	459	Annual Indicator due June 2019	-	-	
Percentage of homecare clients aged 65+ receiving personal care	99%	99%	Qtr. 2 99%	-	-	
Population of clients receiving telecare (75+) - Rate per 1,000	29.13	39.47	Annual Indicator due June 2019	-	-	
Percentage of routine OT referrals allocated within 9 weeks	-	-	Establishing baseline in 2018/19	-	-	
Number of adults with a new Anticipatory Care Plan	1,847	257	Qtr. 2 128	-	-	



National Outcome 3 People who use health and social care services have positive experiences of those services, and have their dignity respected						
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Percentage of deaths in acute hospitals (65+)	40.3%	41.9%	41.7%	42%		
Percentage of deaths in acute hospitals (75+)	39.2%	40.7%	40.5%	42%		
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	100%	100%	Qtr. 2 100%	90%		
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%	100%	Aug 18 94.7%	100%		
A&E waits less than 4 hours	89.5%	84.9%	Qtr 2. 86.8%	95%		
Percentage of staff who have passed the Fire Safety LearnPro module	-	67%	81.9%	90%		






Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks. (See note 2)	95%	79%	Qtr. 2 84.6%	100%		
Number of routine sensitive inquiries carried out	319	178	Qtr. 2 109 (68% of 160 records, 53/100 children's services & 56/60 Mental Health)	-	-	
Number of referrals made as a result of the routine sensitive inquiry being carried out	16	8	Qtr. 2 1	-	-	




National Outcome 4 Health and social care services are centred on helping to maintain or improve the quality of life of service users						
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.9	3.1	2.4	3.1		
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (See note 3)	89.6%	85.1%	Data recording issue	80%		
Uptake rate of child health 30-month assessment	82%	89%	96%	80%		
Percentage of children vaccinated against MMR at 5 years	96.4%	97.0%	Qtr. 1 97.7%	95%		
Percentage of children vaccinated against MMR	96.2%	95.5%	Qtr. 1 97.1%	95%		



at 24 months						
Performance Indicator	16/17 Value	17/18 Value	18/19 Value	Target	Direction of Travel	Status
Reduction in the rate of alcohol related hospital admissions per 1,000 population	9.9	9.0	Qtr. 1 8.9%	8.9		
Emergency admissions from care homes	538	519	Qtr. 1 117	121		
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	Qtr. 2 97.6%	100%		
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	94.1%	84.9%	Qtr. 2 87.0% (Provisional)	91.5%		
Reduce drug related hospital stays - rate per 100,000 population. (See note 4)	180.8	2017/18 data not yet available	2018/19 data not yet available	170		
Reduce the percentage of babies with a low birth weight (<2500g)	5.9%	7.0%	Qtr. 1 6.2%	6%		
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	47%	73%	Qtr. 2 99.4%	95%		
Emergency bed days rate 65+	297	263	Aug 18 109	-	-	
Number of readmissions to hospital 65+	2,032	1,337	Aug 18 585	-	-	
















National Outcome 5	Health and social care services contribute to reducing health inequalities					
Performance Indicator	16/17 Value	17/18 Value	18/19 Value	Target	Direction of Travel	Status
Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	197	201	62	57		
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	13.6%	14.5%	Data recording issue	19.9%		











Performance Indicator	16/17 Value	17/18 Value	18/19 Value	Target	Direction of Travel	Status
Number of staff trained in sensitive routine enquiry	-	-	88	-	-	
Number of staff trained in Risk Identification Checklist and referral to MARAC.	-	-	127	-	-	

National Outcome 6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing					
Performance Indicator	16/17 Value	17/18 Value	18/19 Value	Target	Direction of Travel	Status
Number of carers accessing training	233	242	Qtr. 2 104	110		
Number of adult support plans completed for carers (age 18+)	-	-	Qtr. 2 41	-	-	
Number of adult support plans refused by carers (age 18+)	-	-	Qtr. 2 As above 5	-	-	
Number of young carers' statements completed	-	-	Qtr. 2 47	-	-	

National Outcome 7	Health and social care services contribute to reducing health inequalities					
Performance Indicator	16/17 Value	17/18 Value	18/19 Value	Target	Direction of Travel	Status
Suicide - rate per 100,000	16	23	Annual figure. Due Jun 2019	-	-	
Number of Adult Protection contacts received	2,578	2,830	Qtr. 2 740	-	-	
Total Mental Health Officer service activity	200	200	Qtr. 2 86	-	-	

Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Number of Chief Social Worker Guardianships (as at position)	107	117	Qtr. 2 115	-	-	
Percentage of children registered in this period who have previously been on the Child Protection Register	12%	23%	Qtr. 2 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 in the work they do						
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
% of Health Care Support Worker staff with mandatory induction completed within the deadline	100%	100%	Qtr. 2 100%	100%		
% of Health Care Support Worker staff with standard induction completed within the deadline	100%	100%	Qtr. 2 100%	100%		
% of health staff with completed TURAS profile/PDP (See note 5)	68.9%	75.8%	Data recording issue.	80%		
Improve the overall iMatter staff response rate	65%	59%	Annual indicator. Due Mar 2019	60%		
% of complaints within HSCP responded to within 20 days	-	76%	53%	70%		
Sickness absence rate for HSCP NHS staff	5.6%	5.5%	Qtr. 2 5.1%	4%		
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	3.65	4.34	Qtr. 2 4.64	1.79 days		
No. of SW employees, in the MTIPD process, with a completed IDP	543	909	Annual Indicator due June 2019	-	-	

National Outcome 9	Resources are used effectively in the provision of health and social care services, without waste					
Performance Indicator	16/17 Value	17/18 Value	18/19 Value	Target	Direction of Travel	Status
Formulary compliance	79.5%	79.7%	Qtr. 1 79.1%	78%		
Prescribing cost per treated patient	New indicator	£83.70	Jul 18: £84.66	£86.63		
Total number of A&E attendances	57,244	56,681	Qtr. 1 15,733	14,030		
Care at Home costs per hour (65 and over)	£23.56	2017/18 information available early 2019	2018/19 information available early 2020	-	-	
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	3.7%	2017/18 information available early 2019	2018/19 information available early 2020	-	-	
Net residential costs per week for older persons (over 65)	£360	2017/18 information available early 2019	2018/19 information available early 2020	-	-	
Prescribing variance from budget	0.83% underspent	3.95% over budget	Jul 18: 1.51% over budget	-	-	

Notes

1. Breastfeeding

Further to a change in the data recording process across NHS GGC, a way forward has been agreed. The Information Services team is now working on data which we hope to report on more fully at a future meeting or by year end 2018/19.

2. Primary Care Mental Health Team - 9 Week Waiting Times Target

Due to the recent change from the PIMS IT system to EMIS, the Mental Health Service now no longer reports on the local 9 week referral to first appointment target. However we do report on the national 18 weeks referral to treatment (RTT) target, which is reported to the Scottish Government on a monthly basis.

3. Antenatal Care

There is a delay with the data from ISD for the following indicator: at least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation. We hope to report on this data by year end 2018/19.

4. Drug Related Hospital Stays

Data has been delayed due to the national Information Services Division (ISD) carrying out a public consultation on inclusion of hospital stays associated with drug poisonings/overdoses. A publication date has not yet been agreed.

5. Percentage of Health Staff with Completed TURAS Profile/PDP

Unfortunately there is a recording issue with the new TURAS staff appraisal system which means data is unavailable at this time. We hope to be able to report full performance at a later date or by year end 2018/19.

To: Renfrewshire Integration Joint Board

On: 23 November 2018

Report by: Chief Social Work Officer

Heading: Annual Report of the Chief Social Work Officer 2017/18

1. Summary

- 1.1. The Chief Social Work Officer provides an annual update report to Council in Autumn each year. The requirement for every local authority in Scotland to appoint a professionally qualified Chief Social Work Officer (CSWO) is set out within Section 3 of the Social Work (Scotland) Act 1968. The particular qualifications are set down in regulations and this is one of a number of statutory requirements which local authorities must comply with. In Renfrewshire Council the role of the Chief Social Work Officer is held by the Director of Children's Services.
- 1.2. The annual reports of all CSWOs are submitted to the Office of the Chief Social Work Advisor at the Scottish Government in order that a national overview report can be produced.
- 1.3. The report provides a summary of activity relating to the role of the Chief Social Work Officer during 2017/18.
-

2. Recommendations

It is recommended that the IJB:

- Note the key activities outlined in this report;
 - Note that the annual report has been submitted to the Office of the Chief Social Work Advisor at the Scottish Government; and
 - Agree that annual reports will continue to be provided to this Board.
-

3. The Chief Social Work Officer

- 3.1 The principal role and purpose of the Social Work service is contained within the Social Work (Scotland) Act 1968, which gave local authorities the responsibility of "promoting social welfare". The Social Work Service has a statutory duty to provide care and protection to the most vulnerable people across Renfrewshire, often meaning that many of our service users do not engage with us on a voluntary basis. The role of the Chief Social Work Officer (CSWO) is critical in terms of achieving this purpose.

- 3.2 The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder.
- 3.3 The qualifications of the CSWO are set down in regulations and stipulate that the postholder must be a qualified social worker registered with the Scottish Social Services Council. The CSWO must be able to demonstrate extensive experience of operational and strategic management at a senior level within social work or social care services.
- 3.4 The overall objective of the CSWO is to provide professional advice on the provision of social work services to elected members and officers; advice which assists authorities in understanding many of the complexities which are inherent across social work services. The CSWO should also assist authorities in understanding the key role that social work plays in contributing to the achievement of national and local outcomes, to improving local performance and in terms of the management of corporate risk. The key aspect of this locally has been the provision of an annual report to Council, and these, along with CSWO reports from other local authorities, are now being used nationally to create an overview report.
- 3.5 The scope of the CSWO role covers all social work and social care services, whether provided directly by the local authority, or in partnership with others. Where these services are purchased or commissioned from external providers, the CSWO has responsibility to advise on the specification, quality and standards of services commissioned. The environment in which social work services operate is much more complex than when the Act established the role, and current guidance reflects the increased strategic nature of the role, and the particular functions in relation to Integration Joint Boards and Health and Social Care Partnerships.
- 3.6 The CSWO has a range of other responsibilities relating to the promotion of values, standards, and leadership.
- 3.7 Social work services have a statutory duty to provide care and protection to the most vulnerable people across their local authority area. A significant proportion of service users do not engage with the service on a voluntary basis. Access to the majority of services is assessed on the basis of need, and social work staff work in partnership with individuals, carers, families and communities to meet this need within the resources available to the service and partner agencies.

4. Local Governance Arrangements

- 4.1 Within Renfrewshire Council the Director of Children's Services acts as Chief Social Work Officer. As well as the responsibilities associated with the directorship, as CSWO he retains professional leadership for adult social work and social care services delivered by the HSCP. From May 2018 the responsibility has been delegated to the Head of Childcare and Criminal Justice as per the Council's Standing Orders.
- 4.2 The CSWO has a number of general and specific duties, including:
- (i) Providing regular reports to elected members on the key activities and role of the Chief Social Work Officer.

- (ii) Leading for Social Work on the Renfrewshire HSCP Executive Governance Group and the Integration Joint Board
- (iii) Reporting directly to the Education and Children's Services Policy Board and Renfrewshire Council.
- (iv) Being a member of the Council's Corporate Management Team and the Chief Officer's Group and reporting directly to the Chief Executive and senior elected members.
- (v) Representing services and the council more widely, at a local, regional and national level.
- (vi) Chairing the Senior Leadership Team of Children's Services and the twice-yearly meeting of all social work managers from both Children's Services and the HSCP.
- (vii) Providing advice on social work issues to the Chief Officers' Group
- (viii) Specific Duties

In relation to specific duties associated with the position, the CSWO within Renfrewshire Council acts as:

- Final point of appeal in relation to Adoption and Fostering decisions
- Recipient of all Mental Health and Adults with Incapacity Orders, and Guardianship cases
- Decision maker in relation to Secure Care applications for Children

- (ix) Management of Risk

The Chief Social Work Officer is accountable to the Chief Executive, the Corporate Management Team and the Council as part of the Chief Officers' Group which manages public protection risks on a partnership basis. Heads of Service have responsibility for the management of risk within their respective service areas.

5. Activities of the Chief Social Work Officer 2017/18

- 5.1 The report attached as Appendix 1 summarises the key activities of the Director of Children's Services in his capacity as Chief Social Work Officer in Renfrewshire during 2017/18. It does not provide an exhaustive description of the full range of duties and responsibilities undertaken by the Director, but seeks to provide a broad overview of the CSWO role. This report and its appendices will be submitted to the Office of the Chief Social Work Officer to inform a national overview report.
- 5.2 The next report on the activities of the Chief Social Work Officer will be submitted to the Council in Autumn 2019.

6. Overview of activities within social work services

- 6.1 Services continue to experience high demand in a number of areas, which is being managed in a financially prudent manner and during a period of significant structural change for social care and the wider Council. The management of significant levels of risk to vulnerable children and adults continues to be significant for the service and for partner agencies. Many of those pressures are related to deprivation and to high levels of alcohol and drug misuse in Renfrewshire. The service works as part of a multi-agency partnership to co-ordinate the provision of services which aim to protect vulnerable people locally and continues to deliver high-quality services to vulnerable people in Renfrewshire and to innovate and improve through a programme of continuous development and improvement.
- 6.2 The CSWO has a range of statutory duties which are detailed in Appendix 1 to this report; that appendix also includes more detail of demand and provision in those areas.
- 6.3 Statutory functions in respect of children encompass looked after and accommodated children, child protection, work with the Scottish Children's Reporter Administration and work with young people who offend and are subject to secure orders. In recent years, the service, in partnership with others, has developed a strong focus on early intervention and prevention, on the use of evidence-based programmes to support families, on the use of intensive support in complex cases, and on focusing on permanence including looked after and accommodated children who are not able to return to the care of their parent(s). The impact of this approach is considered in more detail in Appendix 1. Renfrewshire Council has participated in the Vulnerable Children's Resettlement Scheme and supports a small number of child refugees as a consequence, as well as several unaccompanied asylum seeking children. The council established a distinct team with staff with particular experience and knowledge in order to best support these children and young people.
- 6.4 Day to day management of adult social work services is delegated to Renfrewshire Health and Social Care Partnership. The CSWO retains a professional advisory role in relation to these services and continues to have statutory duties within adult social work. The Renfrewshire Adult Protection Committee is responsible for developing, implementing and monitoring the strategic approach to the management of the protection of vulnerable adults in Renfrewshire in terms of the Adult Support & Protection (Scotland) Act 2007. There continues to be increasing demand for work related to the Adults with Incapacity (Scotland) Act 2000. More detail is included in Appendix 1.
- 6.5 Adult social work and social care services were subject of a joint inspection by the Care Inspectorate and Healthcare Improvement Scotland at the end of 2017. The inspection focused on the effectiveness of local planning and commissioning of services to achieve better outcomes, and resulted in a positive report for the partnership. The HSCP has developed an improvement plan to take forward recommendations which will support continued good performance.
- 6.6 The Criminal Justice Service supervises a range of community-based requirements on offenders, provides reports to Courts and the Parole Board, manages a service for sexual offenders, and operates a range of statutory and voluntary services to support female offenders. A number of services which previously operated on a shared basis with neighbouring authorities have now

been brought in-house. Multi-agency arrangements are in place to manage high-risk offenders, violent and sexual offenders and to tackle domestic abuse. The service is also working closely with community planning partners to deliver on community justice responsibilities.

7. Key Priorities in 2018/19

7.1 Based on an assessment of internal and external factors the CSWO has identified key priorities for the year ahead:

- Supporting the wider Council to deliver on the priorities set out in the Council Plan
- Effectively discharging our public protection role and working with partners to ensure that vulnerable children and adults live as safely as possible within local communities
- Continuing to ensure strong and positive links between Children's Services and Renfrewshire Health and Social Care Partnership.
- Continuing to deliver high quality services in a period of financial constraint
- Improving outcomes for children living in Renfrewshire through evidence-based early intervention and preventative programmes and other initiatives which will aim to transform services for children
- Wider partnership working
- Tackling inequality in Renfrewshire

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – The report details the progress made by the service to protect vulnerable children and adults, reduce offending behaviour, increase community safety, and promote early intervention, independent living and wider health improvement. It highlights partnership working, details the measures which ensure the workforce is skilled and effective and highlights achievements in relation to support to communities, customer service and consultation.
4. **Legal** - None
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** –None
10. **Risk** - Risks related to the management and delivery of social work services within Renfrewshire Health and Social Care Partnership are closely monitored and are included within both the RHSCP Risk Register which follows the same format as the

Children's Services Risk Register which includes Children's Social Work and Criminal Justice – the latter is reported into Renfrewshire Council's Corporate and Strategic Risk Registers.

- 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 – Chief Social Work Officer Report

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Annual Report of the Chief Social Work Officer

2017/18



Summary of Performance

Social work services across Scotland continue to face the challenges of increasing levels of demand for services, financial constraint, and workforce issues. Consequently, early intervention and preventative approaches, along with service innovation and continuous improvement, are critical to sustainable service delivery.

Renfrewshire continues to have areas of significant multiple deprivation and relative poverty, and above average levels of alcohol and drug misuse. The local authority area has also had historically high rates of looked after children, compared to the national average. Through strengthened permanency planning and early intervention work, this has been falling year on year; in 2016/17 it was 1.9%, still the sixth highest in Scotland, but lower than the 2.3% of five years earlier. Later in this report, a case study outlines the work Renfrewshire Council has done to reduce numbers of looked after children.

Adult protection and the management of financial and welfare guardianships remain a growing area of work within adult social work. Renfrewshire continues to be one of the best performing areas in Scotland in relation to minimising delayed discharge from hospital through robust joint working, but success in this area places increasing pressures on community-based services which are challenged to deliver the capacity needed to meet demographic-driven demand.

Renfrewshire Health and Social Care Partnership was subject to its first joint inspection of integrated arrangements at the end of 2017 and received positive feedback from the inspection team on progress to date. A new joint model of inspection of services for children and young people is currently being rolled out nationally.

A Week in the Life



Criminal Justice Social Work will prepare 17 new CJSW reports for court and start supervising 10 new Community Payback Orders



30 adults with a physical disability or sensory impairment will be living in supported accommodation

Over 1000 older adults will be supported in residential or nursing care



645 adults with learning disabilities make use of the day opportunities hubs



198 looked after children will be living with foster carers and another 117 will be living with kinship carers



Partnership Working

The role of Chief Social Work Officer (CSWO) was originally designed to provide professional advice on social work services to elected members and council officers, in order to assist local authorities in understanding the complexities inherent in social work and social care services. The growing incidence of strategic partnerships across the public sector, whether legislated for or developed through good local joint working, adds a level of complexity to the role of Chief Social Work Officer.

In Renfrewshire Council, social work services for children and families and criminal justice social work services are delivered by Children's Services whilst social care and social work services for adults are delivered by the Health and Social Care Partnership. As such, the CSWO fulfils the role for both the Council and the HSCP. The post is held by Peter MacLeod, who also serves as Director of Children's Services. In Renfrewshire, Children's Services includes all local authority education services. The role of deputy Chief Social Work Officer is fulfilled by the Head of Childcare and Criminal Justice.

As a Director, the CSWO sits on the Council's Corporate Management Team. He reports to elected members principally through the Education and Children's Services Policy Board and the Communities, Housing and Planning Policy Board, but also through the Council's other Boards and Committees as required. Heads of Service from both Children's Services and the Health and Social Care Partnership meet regularly to discuss practice issues and policy matters of shared interest. The CSWO chairs a Professional Governance group within the HSCP. Co-location of both organisations also contributes to strong and positive working relationships.

The CSWO has a key role in relation to local multi-agency public protection arrangements and sits on the Renfrewshire Child Protection Committee, Renfrewshire Adult Protection Committee, Renfrewshire Alcohol and Drugs Partnership and the Chief Officers Group. The deputy CSWO chairs the local Gender Based Violence Strategy Group.

Renfrewshire's CSWO is also active on a number of national groups. During 2017/18, he was Co-Chair of the National Steering Group on Joint Commissioning and Chair of the Institute for Research and Innovation in Social Services (IRISS) and sat on the boards of Technology-Enabled Care, Macmillan Cancer Support, and

Realigning Children's Services, and on the Scottish Government's Widening Access Delivery Group.

Service user voice is a growing feature of the planning and delivery of services, and in Renfrewshire, service users are supported to make their views known in a number of ways. Children and young people can share their opinions and experience through the Youth Commission, the Children's Champions Board, the use of Viewpoint, and through advocacy services provided by Barnardo's and Who Cares Scotland. For adults, the HSCP's Strategic Planning Group (SPG) brings together key stakeholders such as service user and carer representatives, partners in council and health services, third sector organisations, and care providers. The SPG is an opportunity for adult service users and carers to make their views known, and service users and carers are also represented on the Renfrewshire Integration Joint Board. The HSCP also has strong links with various service user and carer groups across Renfrewshire. The embedding of self-directed support is contributing to the delivery of more individualised care packages and a consequent shift to service users having greater control over their care is beginning to emerge.

One of the largest service user voice initiatives was Renfrewshire Children's Services Partnership All Children Study of Wellbeing, which was re-run at the end of 2016/17. This work was a follow-up to the 2011 study and over 10,000 children and young people aged 9-15 in Renfrewshire were surveyed. Throughout 2017/18, engagement activity with children and young people, as well as other key stakeholders, took place to discuss the implications of the findings and provide the direction and priorities for the local Children's Services Partnership Plan.

Shown overleaf are the key roles and partnership arrangements which fall within the remit of the CSWO in Renfrewshire.

Renfrewshire CSWO: Key roles and partnerships



Inspection of Adult Health and Social Care

A new model of joint inspection is in place for integration authorities and Renfrewshire Health and Social Care Partnership was subject to joint inspection by the Care Inspectorate and Healthcare Improvement Scotland between October and December 2017. The focus of the inspection was the effectiveness of local planning and commissioning of services to achieve better outcomes. Grades were awarded against two quality indicators – Key Performance Outcomes, and Policy Development and Plans to Support Improvement in Service. Inspectors also looked at a third Quality Indicator – Leadership and Direction that Promotes Partnership – but did not formally grade this element.

Renfrewshire HSCP was graded as Good for both the assessed elements and received positive feedback in relation to leadership and direction. The feedback report particularly noted strong performance against national targets, and the ongoing development of early intervention and support services for adult service users and carers.

The HSCP has developed an improvement plan based on the findings of the inspection, and this will be monitored by the Strategic Planning Group, a group which includes a range of stakeholders including partner organisations and service users. Areas being developed include the gathering of qualitative and outcomes-focussed feedback from service users, revising and updating the partnership's strategic commissioning plans, maintaining levels of consultation and engagement, and developing a structured programme of training for Integration Joint Board members.

Duty of Candour

The organisational duty of candour provisions set out in the Health (Tobacco, Nicotine etc. & Care) (Scotland) Act 2016 and The Duty of Candour (Scotland) Regulations 2018 came into force on 1 April 2018. These provisions are to support a consistent response across health and social care providers when an unexpected incident results in death or harm, and where the incident is not related to the condition for which a person is receiving care.

In Renfrewshire, communications have been issued to ensure all staff are aware of the regulations and to reinforce that the ethos of duty of candour is part of our commitment to putting service users at the heart of all we do. The local social work complaints policy and procedures are being reviewed to ensure they reflect the new duty of candour requirements. Our self-evaluation activities are also being reviewed to identify how duty of candour reporting processes might link to the new Care Inspectorate inspection framework.

Social Services Delivery Landscape

Renfrewshire Council retains a significant proportion of the local market in social care and social work provision, with 25 registered services including 3 care homes and 5 day centres for older adults, 5 children's houses, 4 centres providing day opportunities and 1 residential respite centre for adults with learning disabilities, 1 day centre for adults with physical disabilities, and a Care at Home service. The standard of these registered services is high, with 75% graded as either Very Good or Excellent for Quality of Care and Support.

The Renfrewshire local authority area also has a well-developed independent and third sector social care market. This includes more than 20 nursing and residential care homes for older people, specialist daycare provision run by Alzheimer's Scotland, national resources including the Erskine Home and the Royal Blind care home and day centre, ROAR Connections for Life, a range of supported accommodation, two secure units, and independent educational provision for those whose needs do not fit with mainstream education.

The self-directed support agenda has increased the number of smaller providers meeting tailored local needs, and the local authority also continues to work with larger framework care at home providers. As part of the strategic commissioning process required as part of the legislation on integrated health and social care, Renfrewshire Health and Social Care Partnership has developed a market facilitation statement.

Statutory Service Delivery: Children & Families Social Work

A continuing focus on early intervention and on strong permanency planning is contributing to the planned long-term reduction in the number of looked after children in Renfrewshire; for many years, Renfrewshire has had a much higher rate of looked after children within the population than other areas. At 31 March 2018, there were 662 LAC in Renfrewshire of whom 246 were looked after and accommodated; this represents a fall of 9% in the overall number of accommodated children on the previous year. Of the accommodated placements, 80% are with foster carers and a further 3% are pre-adoptive placements.



The Fostering and Adoption team have been very successful in recruiting and retaining local authority foster carers and in securing adoptive placements – 16 adoptions were secured in 2017/18. Where appropriate, foster carers are taking on the role of supported carers and continuing to provide a home for their foster children beyond the age of 18.

Secure orders continue to be used infrequently and intensive intervention and community-based support packages are considered a better approach with complex cases. Six young people from Renfrewshire spent some time in a secure placement during 2017/18; this represents a considerable reduction over recent years in the use of such placements, due in part to the work of the Whole Systems Team. Children's

Services have extended the remit of this team, which will now work with young people displaying offending behaviour up to the age of 21, rather than 18. Renfrewshire Council is also developing a new residential service, to be operational before the end of 2018/19, to facilitate much more intensive work with the small group of young people at risk of such placements.

Case study: Looked After Children

At the end of 2009/10, Renfrewshire had 796 looked after children (2.1% of the local 0-17 population, compared with 1.4% nationally). At the end of 2017/18, Renfrewshire had 656 looked after children, a decrease of 18% in overall numbers. Over the same period, the number of young people in our residential units fell by 42%. Over several years, Renfrewshire has taken a multi-faceted approach to reducing the number of children and young people coming into care, which has included:

- A planned reduction in the number of local authority residential beds. The five houses are run on a philosophy of care approach which promotes nurturing, safe environments. These will be complemented at the end of 2018 by an additional house for young people needing more intensive support.
- Work with CELCIS to strengthen our approach to permanency. Teams take a dual approach and plan for permanency as well as for a return home, so that, should a return home not be possible, delays in securing a permanent placement are minimised.
- The introduction of services such as Functional Family Therapy, which in the last five years has successfully prevented children and young people from becoming accommodated and has supported improved family relationships. The service has had positive external evaluations and has won several awards.

During 2017/18, 15 children were the subject of a Child Protection Order under Section 57 of the Children (Scotland) Act 1995. This compares to 24 in the previous year and 18 in 2015/16. The number of children on the Child Protection Register at any one time varies depending on the circumstances and nature of risk attending to the children and families that are being supported. As at 31 March 2018, there were 96 children on the Child Protection Register, though this rose above 100 throughout the year. As a snapshot, the number is subject to considerable variation. New statutory duties in respect of young carers came into force on 1 April 2018 and Renfrewshire has identified an additional resource to enhance support to this group of young people.

Statutory Service Delivery: Criminal Justice Social Work

The volume of work delivered by the Criminal Justice Social Work service continues to grow, particularly in relation to unpaid work requirements. In 2017/18, there were 528 new Community Payback Orders made by courts in respect of Renfrewshire clients, and 409 of these had an unpaid work requirement. Since the introduction of Community Payback Orders in 2011, the overall number of orders per year has doubled. Between 2011/12 and 2017/18, the total hours of work imposed rose by 32%, from 44,747 hours to 59,327. There were also 55 new Fiscal Work Orders made, which alone required more than 2000 hours of unpaid work to be carried out. The timescales for completion can be challenging for the service, partly as a result of the challenge in finding sufficient suitable work placements and of recruiting sufficient staff, but also due to the difficulties in ensuring client compliance.

In 2017/18, there were 27 new Drug Treatment and Testing Orders made in respect of Renfrewshire service users. At year end, the CJSW service was managing 93 individuals on licence in the community, including 16 on Life Licence. The 93 licences included 50 which commenced during 2017/18.

Case study: Supporting female offenders

There is a body of evidence which demonstrates that many female offenders have complex needs arising from a history of gender-based violence, mental health issues, and/or addictions. In 2012, the Commission for Women Offenders recommended multi-agency one-stop-shops which could co-ordinate a range of supports for this group. In response, Renfrewshire created the Women's Community Justice Service.

The team supervises those women serving community sentences (e.g. Community Payback Orders) and those subject to licence (following a custodial sentence). There is a strong focus on rehabilitation and recognising and attempting to address the other issues which may be causing women to reoffend. Recently, service users have been involved in creative projects which contributed to Paisley's bid for City of Culture.

The service also works with women at risk of being remanded in custody, by providing bail supports or by pursuing a diversion from prosecution. Women released from short custodial sentences are also able to access support on a voluntary basis.

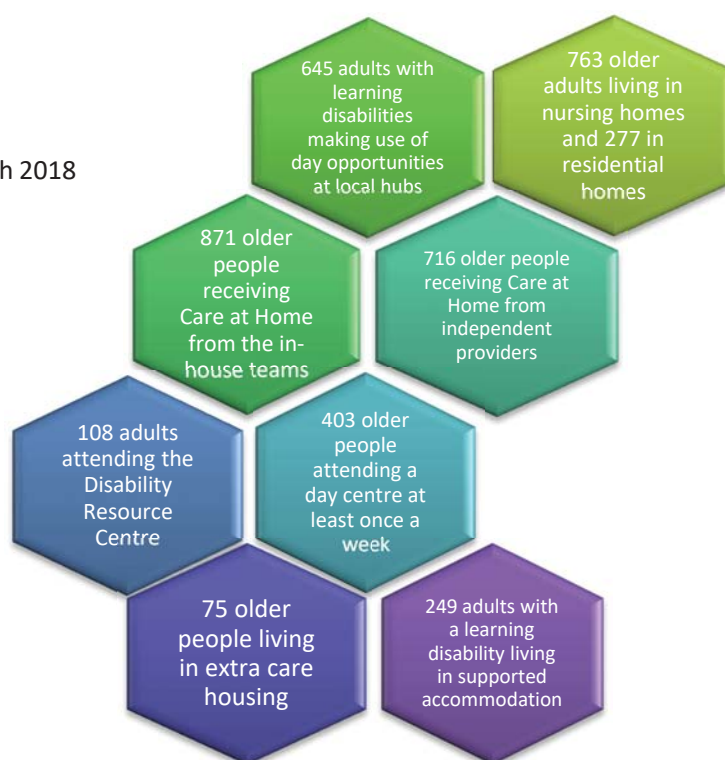
Partnership working is central to this service. It includes a range of qualified and para-professional social work staff, as well as co-located third sector staff. This enables access and allocation to the most appropriate worker. These staff co-facilitate groupwork and the drop-in service. The service is intentionally co-located with addiction services to allow access to alcohol and drug counselling on site, as well as access to mental health and co-morbidity nurses for those women who have mental health issues alongside an addiction.

In addition, women subject to unpaid work are able to attend a women-only unpaid work squad. This was developed in 2015 in recognition of their complex needs and the additional support which may be required to allow women to successfully complete their orders within a safe and nurturing environment.

Statutory Service Delivery: Adult Social Work and Social Care

Adult protection continues to see a high volume of contacts. During 2017/18, 1826 adult welfare concerns and 1003 adult protection contacts were received by Renfrewshire Council. In the same period, 64 adult protection investigations were initiated and a total of 119 initial or review case conferences took place. These resulted in 17 individuals being subject of an Adult Support and Protection Plan.

Snapshot: 31 March 2018



An Initial Case Review (ICR) was undertaken at the request of Scottish Fire & Rescue in June 2017, following the death of a vulnerable service user in a fire. A multi-agency action plan based on the findings is being monitored by Renfrewshire Adult Protection Committee and an inter-agency learning event based on the ICR took place in June 2018. The Adult Support & Protection Team also conducted two large scale investigations in 2017/18, prompted by concerns that several residents in care homes for older adults were at risk of harm.

A multi-agency Financial Harm group has been established to address prevention, identification and intervention in relation to financial harm. As well as a half-day learning event in March 2018, monthly awareness sessions are being offered.

The management of welfare guardianships continues to be an area of high demand. As of 31 March 2018, the CSWO had responsibility for 117 Welfare guardianships, which included 20 new orders granted during period 2017/18. In cases where the CSWO has been appointed as Welfare guardian, the day to day management of each case is delegated to a 'nominated officer'. These cases are reviewed regularly by the CSWO with relevant service managers.

The local authority applied for an Intervention Order in 20 cases during 2017/18. These are in addition to the Welfare Guardianships and can include an application for the appointment of a financial guardian where the authority seeks the appointment of an independent solicitor to act in this role. The MHO team manager now has the authority to act as Intervener where only matters relating to signing for and terminating tenancies is involved. The local authority also has a duty to supervise all private welfare guardianships; there are currently over 450 such guardianships across Renfrewshire. Managing this activity in the light of such volumes remains a considerable challenge for the HSCP; referrals to the MHO Service have risen by 44% since last year.

The Mental Health (Care & Treatment) (Scotland) Act 2003 authorises a range of requirements for individuals with mental disorders, including detention in hospital, authorisation of the administration of particular treatments, and community based orders which, in some cases, specify where a person must reside. These are known as Compulsory Treatment Orders (CTOs); in 2017/18 Renfrewshire MHOs made 77 CTO applications, an increase of 75% on the previous year. They also dealt with MHO consent for 16 Emergency Detentions (72-hour detention for assessment) and 138 short-term detentions (up to 28 days). The service also manages 'Restricted Patients' who come under the control of Scottish Ministers.

The day to day management of addictions services falls within the purview of the HSCP. Strong joint working remains a key feature of addictions services within Renfrewshire and the impact of substance misuse on children is a continued focus and this is reflected in the range of early intervention and preventative approaches taken in Renfrewshire. Senior managers from Children's Services and the HSCP work together with partners through the local Alcohol and Drug Partnership. At the end of 2017/18, Renfrewshire Drugs Service had 825 open cases whilst the Integrated Alcohol Team had 224 open cases. The specialist RADAR service, which works with children and young people, remains within the Council as part of Children's Services and had 95 open cases at the end of 2017/18.

The internal Care at Home service is undergoing a major review in order to streamline processes and capitalise on opportunities for multi-disciplinary working. The assessment, care management, and review functions will transfer to locality teams and give Care at Home a clearer role as a provider of services. The review has recognised the broad range of responsibilities of supervisory and managerial staff within the service and aims to simplify this by creating specialist teams. A service delivery team will be responsible for processing service requests, commissioning services and scheduling care; a new electronic scheduling system will be implemented over the next year. Locating these tasks in a specific team will allow locality-based staff to focus on support planning, staff management, and monitoring service quality. The locality model will allow each Operations Manager to run the service based on the needs of their particular community.

Case study: Supporting the independence of service users with dementia

Renfrewshire Council has been using technology to support people with dementia for several years. The most recent development is the introduction of the One Touch GPS device, which uses GPS technology to maintain a link between service users and their family/carers whilst they are out living their day-to-day lives in the community. The technology is only appropriate in the earlier stages of the dementia journey, when service users are still able to use it to maintain a degree of independent living and, crucially, still have capacity to consent to the use of GPS as a monitoring device.

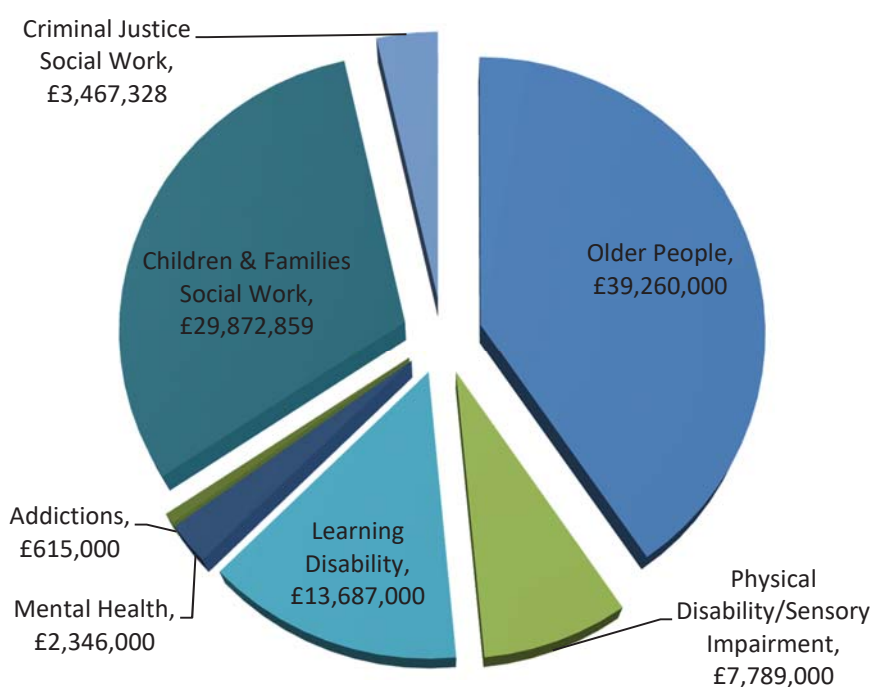
Service users and their families can programme the device to meet their individual needs and can set safe parameters if desired. Service users can use the device to trigger an alert if they need assistance whilst out in the community or can set an alert to be triggered if they travel outwith the agreed parameters. If a service user consents, family members or carers can access a portal which gives the service user's location.

Since inception in December 2017, 34 service users with dementia have been provided with the One Touch device. It is proving to be an effective means of providing reassurance to service users and carers and allowing people with dementia to continue to participate in the life of their community.

Resources

Renfrewshire Council's expenditure on social work in 2017/18 was just over £97 million. Services for older people make up the largest share at 40% and services for children and families account for a further 31%. The chart below shows expenditure by service area in 2017/18. Criminal Justice Social Work services are directly funded by Scottish Government grant. In common with other Scottish local authorities, Renfrewshire Council is trying to meet growing demand at a time of financial austerity. In its risk management plan, the Council considers financial challenges to be the greatest risk to the ongoing delivery of local services.

Expenditure on social work services, Renfrewshire, 2017/18



Demand pressures continue to generate financial challenges for social work services. These include continuing high numbers of looked after children (which is partly related to levels of deprivation, parental neglect and drug and alcohol misuse); increasing use of community sentences by courts rather than short prison sentences; the impact of longer life expectancy and a greater proportion of the population being aged 65 and over; the increasing diversity of our communities and the need to provide specialised support to, for example, refugees and unaccompanied asylum seeking children. Throughcare (that is, the support offered to care experienced

young people) is an area where we will continue to see rising demand due to the ongoing implementation of the Children and Young People (Scotland) Act 2014.

There are significant pressures in criminal justice social work arising from increasing demand and the issues associated with the new funding formula. Funding changes have led to the disaggregation of some services which were previously provided on a shared basis with neighbouring authorities, increasing the cost of provision for Renfrewshire.

Early intervention and preventative work not only supports improved outcomes for the people of Renfrewshire but can also support a sustainable financial position. Examples of local work include the embedding of early permanency planning for looked after children where appropriate; the development of an intensive residential service for young people with high levels of need; a gradual shift in the pattern of service usage as self-directed support embeds; a service for female offenders which provides support with the issues which may have contributed to offending and therefore seeks to reduce reoffending.

Service Quality and Performance

During 2017/18, social work services in Renfrewshire continued to deliver high quality and often innovative services to our communities and families.

Improving partnership working

The HSCP expanded the Community Connectors project, which has community workers based in GP practices to provide support and signposting to people experiencing mild to moderate mental health challenges

Children's Services embarked on a partnership with WhoCares Scotland? which aims to tackle stigma around the care experience. The project works with children and young people in two of our secondary catchment areas.

Using technology to engage with service users

An app has been developed which allows workers and volunteers from a range of agencies to refer young carers for an initial assessment of need.

The new Children's Services Partnership Plan has been developed as a "Plan on a Page" and includes embedded QR codes which link to video clips and further information.

Corporate parenting

The Renfrewshire Children's Services Partnership has piloted a Family Firm approach supporting care experienced young people into employment.

Two new projects - 'Healthy Together' and 'Girl's Night In' - which support care-experienced young people have been awarded funding through the council's intrapreneurship programme.

Helping people to live in homely settings

Renfrewshire continues to be one of the best-performing areas of Scotland in relation to delayed discharge. The Multi-Agency Patient Flow Hub supports reduced length of stay and minimisation of delays.

Care at Home services use a range of assistive technology - door sensors, GPS, etc - to support people with dementia to maintain their independence for as long as possible.

Empowering individuals

The Promoting Peer Support Project worked with individuals in recovery from substance misuse to become Peer Supporters and in turn provide practical and motivational support for others on a recovery journey.

Young people in our children's houses are included in the recruitment process for new house staff.

Promoting inclusivity

The Autism Connections team offer advice and support to other services in the HSCP to help them become more autism-friendly.

The council's Digital Participation Project has supported older people and people with physical disabilities to get online. Initiatives include a heritage project, links with universities, film-making, and the provision of a Digital Room within day services.

Workforce Planning and Development

In common with other local authorities, the recruitment and retention of a social work and social care workforce remains challenging. The potential for future staff shortages due to an ageing workforce also needs to be addressed. In Renfrewshire, 20% of the local authority's social work staff were aged 55 and over in 2016, an increase from 18% in 2012 and 15% in 2016. For some sectors, the proportion is greater; 30% of central and strategic staff, 30% of adult care home staff, and 32% of adult day care staff are aged 55 and over.

Within Renfrewshire Council, each service produces a workforce plan which details actions to be taken to tackle the council's workforce challenges. Within Children's Services, current priorities including tackling retention and succession planning within the children's residential workforce, and identifying ways to increase opportunities for staff to undertake reflective practice. In the HSCP, the development of new roles within the council's Care at Home service creates opportunities for career progression through the creation of the role of Senior Home Support Worker and the implementation of a revised management structure.

The in-house Social Work Professional Training Service continues to operate across Children's Services and the HSCP and offers a broad range of training and development opportunities for practitioners. The team also delivers multi-agency training in child and adult protection. A dedicated post provides training and support for foster carers, and Renfrewshire Council offers foster carers a wide range of training on issues such as child protection, attachment and trauma, Theraplay, internet safety, the impact of parental substance misuse, and managing transitions. Renfrewshire has one of the highest incidences of domestic abuse in the country, and we have implemented the 'Safe and Together' model to support work on reducing the impact on children. 'Safe and Together' is a child-centred approach focusing on the strengths of the survivor and the pattern of behaviour of the perpetrator.

Staff also have access to more generic training offered by the Council, including a two-tier leadership development programme which runs over a 12-month period.

Future Priorities

In 2018/19, Renfrewshire Council, along with partners, will publish a new gender-based violence strategy aligned to Equally Safe, and produce the first outturn report from Community Justice Renfrewshire. The HSCP will continue to deliver on the action plan arising from the positive inspection of 2017.

Services will develop to reflect new legislative and policy frameworks, including the extension of the presumption against short sentences to 12 months and the Domestic Abuse (Scotland) Act 2018. Services will reflect on draft legislation currently progressing through the Scottish Parliament, including the Children and Young People (Information Sharing) Bill, the Health and Care (Staffing) (Scotland) Bill, and the Age of Criminal Responsibility (Scotland) Bill. The CSWO will also contribute to Renfrewshire Council responses to government consultations which impact upon social work services, including proposed changes to the Protection of Vulnerable Groups scheme and to Part 1 of the Children (Scotland) Act 1995.

A new needs-driven plan for children's services was published by Renfrewshire Children's Services Partnership in March 2018. With local authorities and the NHS jointly responsible for producing these plans, the oversight of the CSWO is critical in terms of ensuring successful delivery. This is particularly important in relation to the new model of inspection for children's services, which will have a clear focus on this plan as a means of improving outcomes for children and young people.

Many of the challenges facing social work services will be unchanged in the short- and medium-term. Demographic change, particularly in relation to an ageing population, will continue to exert demand pressures. These are likely to be felt most keenly in community-based supports for older people, such as Care at Home, and in MHO services. At the same time, all local authorities will face the ongoing challenge of maintaining or improving the quality of services in a period of financial austerity. Early intervention and preventative approaches remain key to future-proofing services.

To: Renfrewshire Integration Joint Board

On: 23 November 2018

Report by: Chief Officer

Heading: Climate Change Reporting

1. Purpose and Background

- 1.1. To provide the IJB with sight of the Climate Change Report submitted to Scottish Government in line with recent legislation on compliance of the Climate Change Duties. A copy of the completed report is attached at Appendix 1.
-

2. Recommendation

It is recommended that the IJB:

- Approve the content of the report.
-

3. Background

- 3.1 The Climate Change (Scotland) Act 2009 and the subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 require significant public bodies to prepare a report on their compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.
- 3.2 Integration Joint Boards (IJBs) were required to submit the report on or before 30 November 2018.
- 3.3 The report is to a standard template, identical to that completed by all other public bodies, such as Local Authorities and NHS Boards, including Renfrewshire Council and NHS Greater Glasgow & Clyde. As a consequence, the Guidance recognised that much of the standard report template related to the policies, procedures and services of the Local Authority and NHS Board, rather than the Integration Joint Board. As such, it was further recognised in the Guidance that there would be a significant degree of proportionality in completion of the report.

- 3.4 Officers met with colleagues from both the Council and NHS to ensure that duplication of reporting was avoided.
-

Implications of the Report

1. **Financial** – Failure to comply with legislation could lead to significant financial penalties.
 2. **HR & Organisational Development** – None
 3. **Community Planning** – None.
 4. **Legal** – The Integration Scheme between Renfrewshire Council and NHS Greater Glasgow and Clyde sets out certain information-sharing requirements. The ISP ensures there is appropriate and lawful information sharing between the relevant parties, thereby ensuring compliance with Climate Change Duties regulations.
 5. **Property/Assets** – None.
 6. **Information Technology** – None
 7. **Equality & Human Rights** – None.
 8. **Health & Safety** – None.
 9. **Procurement** – None.
 10. **Risk** – None.
 11. **Privacy Impact** – None.
-

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

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PART 1: PROFILE OF REPORTING BODY

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
Renfrewshire

1(b) Type of body
Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the report year
0

1(d) Metrics used by the body			
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.			
Metric	Unit	Value	Comments
			N/A

1(e) Overall budget of the body	
Specify approximate £/annum for the report year.	
Budget	Budget Comments
243000000	This is an approximate figure for the financial year (April 2016-March 2017). Renfrewshire IJB budget consists of financial allocations and budgets delegated from Renfrewshire Council and NHS Greater Glasgow and Clyde, which the IJB then delegates back to the Council and the Health Board with directions for them to deliver health and social care services.

1(f) Report year	
Specify the report year.	
Report Year	Report Year Comments
Financial (April to March)	

1(g) Context
Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Public Bodies (Joint Working) (Scotland) Act (2014) sets out a framework within which Local Authorities, NHS Boards and Integration Joint Boards integrate health and social care service planning and provision within a Health & Social Care Partnership construct. Under these integrated arrangements, there are separate but inter-related responsibilities and accountabilities for the planning and delivery of health and social care services. Integrated Joint Boards have responsibility for the strategic planning, directions to the Council and Health Board and operational oversight of a range of health and social care services whilst Local Authorities and NHS Boards retain responsibility for direct service delivery of social work and delegated health services respectively, as well as remaining the employer of health and social care employees.

Renfrewshire Council (RC) and NHS Greater Glasgow and Clyde (NHSGGC) agreed to integrate adult health and social care services, as well as NHS Community Children's services. The IJB strategically plans for these services and provides directions to the Council and Health Board to deliver these services in line with its Strategic Plan and defined level of financial resources.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?	<p>Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.</p> <p>The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.</p> <p>Both organisations have established infrastructures that govern sustainability planning, climate change adaptation and service improvement, including risk management, communications with staff and public, monitoring performance reporting and scrutiny. Renfrewshire Council and NHS Greater Glasgow & Clyde submit a Public Bodies Climate Change Duties Report that will detail these aspects.</p>
2(b) How is climate change action managed and embedded by the body?	<p>Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)</p>

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

Renfrewshire Council Arrangements

The Council's Corporate Management Team (CMT) is comprised of senior staff from all services and meets on a regular basis. Although matters relating to climate change adaptation and mitigation are not the sole remit of this group, issues such as performance in relation to the Community Plan and Local Outcome Improvement Plan and Sustainable Procurement are considered by the CMT. Specific officer groups whose remit includes Climate Change adaptation and mitigation are outlined below.

1. Strategic Asset Management Group: High level group that meets to discuss and progress corporate asset performance, including energy management. Other projects are discussed including the Carbon Management Plan as well as Capital expenditure projects.
2. Carbon Management Plan Working Group: A group that meets quarterly to monitor the consumption of energy, water, street lighting, waste and transport fleet for the Council's estate and to implement reduction targets. Twice a year the focus of the group is the Carbon Management Plan and where the Group Monitors progress towards the target of a 36% reduction in CO2 emissions by 2019/20 based on 2012/13 baseline. Updates from this group are reported to the Property Services Senior Management Team convened by the Director of Development and Housing.
3. Fuel Poverty Steering Group: A group that meets regularly to discuss ways in which fuel poverty can be reduced. Membership is cross service and includes representatives from other agencies such as the Citizens' Advice Bureau and the Home Energy Scotland (HES). Climate Change considerations are embedded throughout the Council through the following:
 - The Council has used the CCAT (Climate Change Assessment Tool) which will help to foster cross-organisational engagement and assessment.
 - The Carbon Management Plan contains specific objectives to reduce emissions that are included in the Council's other corporate and strategic documents, including the Council's Plan - 'A Better Council, A Better Future 2014 -2017' (Council plan was refreshed in September 2017).
 - Through the Council's procurement service, sustainability and community benefits are considered in the development of all contract strategies. The Sustainability Test has been designed to identify and prioritise the impacts of your procurement across the 3 strands of Sustainable Procurement – Social, Economic & Environmental which climate change considerations.
 - The Council's Energy Management Team organise a range of events and awareness raising activities for staff relating to emissions reduction and energy saving throughout the year and across Council services.

NHS Greater Glasgow & Clyde Arrangements
NHSGGC Sustainability Manager is responsible for sustainability and environmental issues and provides professional support (including technical and managerial advice) to the Health Board to identify, plan develop and implement strategies and policies.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link
n/a	n/a	n/a

2(d) Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation	n/a	n/a	n/a	n/a
Business travel	n/a	n/a	n/a	n/a
Staff Travel	n/a	n/a	n/a	n/a
Energy efficiency	n/a	n/a	n/a	n/a
Fleet transport	n/a	n/a	n/a	n/a
Information and communication technology	n/a	n/a	n/a	n/a
Renewable energy	n/a	n/a	n/a	n/a
Sustainable/renewable heat	n/a	n/a	n/a	n/a
Waste management	n/a	n/a	n/a	n/a
Water and sewerage	n/a	n/a	n/a	n/a
Land Use	n/a	n/a	n/a	n/a
Other (state topic area covered in comments)	n/a	n/a	n/a	n/a

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

2(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year							
Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column. (a) No information is required on the effect of the body on emissions which are not from its estate and operations.							
Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2017/18					0 tCO2e	n/a

3b Breakdown of emission sources									
Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.									
Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
	0.0								n/a

3c Generation, consumption and export of renewable energy				
Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.				
Technology	Renewable Electricity		Renewable Heat	
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)
Other				n/a

3d Targets									
List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.									
Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year
n/a									n/a

3e Estimated total annual carbon savings from all projects implemented by the body in the report year									
Total			Emissions Source	Total estimated annual carbon savings (tCO ₂ e)	Comments				
0.00			Electricity						n/a
			Natural gas						n/a
			Other heating fuels						n/a
			Waste						n/a
			Water and sewerage						n/a
			Business Travel						n/a
			Fleet transport						n/a

	Other (specify in comments)	n/a
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3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year											
Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.											
Project name	Funding source	First full year savings of CO2e figures	Are these savings estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments
n/a											n/a

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year											
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.											
Total		Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments						
0.00	Estate changes				n/a						
	Service provision				n/a						
	Staff numbers				n/a						
	Other (specify in comments)				n/a						

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead											
Total		Source	Saving	Comments							

0.00	Electricity	n/a	
	Natural gas	n/a	
	Other heating fuels	n/a	
	Waste	n/a	
	Water and sewerage	n/a	
	Business Travel	n/a	
	Fleet transport	n/a	
	Other (specify in comments)	n/a	

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead			
	If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.		
Total	Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions
0.00	Estate changes		n/a

	Service provision			n/a	
	Staff numbers			n/a	
	Other (specify in comments)			n/a	

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total	Comments
	n/a

3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?				
If yes, provide a reference or link to any such risk assessment(s).				
The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.				
4(b) What arrangements does the body have in place to manage climate-related risks?				
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.				
The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.				
4(c) What action has the body taken to adapt to climate change?				
Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.				
The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.				
4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?				
If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.				
(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.				
Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment		n/a

Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment			n/a	
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment			n/a	
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks			n/a	
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks			n/a	
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks			n/a	
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society			n/a	

Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society			n/a
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society			n/a

4(e) What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

n/a	
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PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?
Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.
Renfrewshire IJB has no legal basis on which to procure community health and social care services.

5(b) How has procurement activity contributed to compliance with climate change duties?
Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.
Renfrewshire IJB has no legal basis on which to procure community health and social care services.

5(c) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

Renfrewshire IJB has no legal basis on which to procure community health and social care services.

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process	
Briefly describe the body's internal validation process, if any, of the data or information contained within this report.	
The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.	
6(b) Peer validation process	
Briefly describe the body's peer validation process, if any, of the data or information contained within this report.	
n/a	
6(c) External validation process	
Briefly describe the body's external validation process, if any, of the data or information contained within this report.	
n/a	
6(d) No validation process	
If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.	
n/a	
6e - Declaration	
I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.	
Name	Role in the body
Jean Still	Head of Administration
	Date
	2017-11-20

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)													
Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).													
(1) UK local and regional CO2 emissions: subset dataset (emissions within the scope of influence of local authorities):													
(2) UK local and regional CO2 emissions: full dataset :													
Select the default target dataset													

Table 1a - Subset													
Sector	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Units	Comments
													n/a

Table 1b - Full													
Sector	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Units	Comments

Q2a – Targets													
Please detail your wider influence targets													
Sector	Description	Type of Target (units)	Baseline value	Start year	Target saving	Target / End Year	Saving in latest year measured	Latest Year Measured	Comments				
									n/a				

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

Q3) Policies and Actions to Reduce Emissions

Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy / Action	Comments
						n/a				n/a			n/a	n/a

Please provide any detail on data sources or limitations relating to the information provided in Table 3

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.

Q4) Partnership Working, Communication and Capacity Building.

Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.			
Key Action Type	Key Action Description	Organisation's Project Role	Impacts
			n/a

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template			
The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.			

To: Renfrewshire Integration Joint Board

On: 23 November 2018

Report by: Chief Officer

Heading: Renfrewshire HSCP - Winter Plan 2018/19

1. Summary

- 1.1. Health Boards and Integrated Joint Boards received guidance from the Scottish Government to support planning and preparation for Winter 2018/19. Health Boards must be satisfied that potential disruption to NHS services, patients and carers is minimised. The draft winter plan for the NHSGGC Board area was approved on 16th October 2018. <https://www.nhsggc.org.uk/media/250842/item-13-winter-plan-18-50.pdf>
 - 1.2. Health and Social Care Partnerships in NHS Greater Glasgow and Clyde have produced winter plans to support the NHSGGC Board plan. The plan for Renfrewshire has been produced by the Health and Social Care Partnership in collaboration with acute services and Renfrewshire Council. A final draft is attached at Appendix 1.
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2. Recommendations

- 2.1. The IJB is asked to approve Renfrewshire HSCP's draft Winter Plan 2018/19.
 - 2.2. The IJB is asked to note the collaborative work carried out with NHS Greater Glasgow and Clyde, and the Winter Plan approved by the Board on 16th October 2018.
-

3. Background

- 3.1. Renfrewshire HSCP's plan focuses on the key actions from the Winter Assurance Framework:
 - Business continuity plans tested with partners
 - Escalation plans tested with partners
 - Safe and effective admission/discharge pre, during and post festive period
 - Strategies for additional surge capacity

- Whole system activity plans for January (respiratory focus)
- Effective analysis to plan activity and monitor performance
- Workforce capacity plans and rotas to be agreed by October 2018
- Discharges at weekends and bank holidays
- The risk of patients being delayed on their pathway is minimised
- Communication Plans
- Delivery of seasonal flu vaccinations to public and staff

This plan for winter complements our ongoing work to reduce the demand for unscheduled care.

- 3.2. Progress with the plan, and regular review of available data will be made by the HSCP management team. The plan has been shared with the Council's civil contingency team and with acute and NHSGGC Health Board colleagues.

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

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

<p>Any enquiries regarding this paper should be directed to Fiona MacKay, Head of Strategic Planning and Health Improvement (Fiona.MacKay2@ggc.scot.nhs.uk / 0141 618 7656)</p>
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Renfrewshire HSCP

Winter Assurance Framework

This framework describes additional actions being taken to prepare for the winter period. It should be read in conjunction with Renfrewshire's Unscheduled Care Plan which describes our ongoing work to reduce our reliance on unscheduled care.

Key Action	Response	Lead
Business continuity plans tested with partners	<p>HSCP to be updated by service managers. Local resilience group to be established to test the plan 11th December.</p> <p>Learning from the 2018 adverse weather incident. Reminder to be issued to all staff about adverse weather policies and the need to report to a local base if you cannot get to your normal place of work.</p>	Head of Administration
Escalation plans tested with partners	Operational Heads of Service to ensure management cover over the holiday period. Single route into HSCP for acute system when pressures are identified. HSCP to provide input to daily huddles, with escalation route through Head of Service. David Leese (or nominated SMT member) to be main escalation route for RAH outside huddle process.	Heads of Service
Safe and effective admission/discharge pre, during and post festive period	Planning ahead now for freeing up maximum capacity in Care @ Home service over the winter by undertaking reviews. Focus on attendance at work in all services in the HSCP.	Heads of Health and Social Care Services
Strategies for additional surge capacity	Explore the use of Hunterhill (empty respite	Heads of Health and Social Care Services

Key Action	Response	Lead
	beds) as step down facility if demand for Care @ Home cannot be met.	
Whole system activity plans for January (respiratory focus)	<p>Test of change planned for winter period involving Respiratory Nurse Specialist, will work in conjunction with GP Practice identified as having substantial numbers of COPD patients who may have had repeated admission to hospital. This will involve the triaging of appropriate patients who will be seen same day by nurse and episode of care managed by Respiratory Nurse Specialist including prescribing. Purpose is to reduce GP workload whilst ensuring comprehensive review of patients.</p> <p>In tandem it is hoped that a pilot of prescribing of rescue medication for COPD patients by community pharmacists will be implemented.</p>	Chief Nurse
Effective analysis to plan activity and monitor performance	Preparatory work being undertaken now to ensure that the switchover from Edison to TrakCare is smooth and that adequate numbers of appropriate staff have access to the system and are trained. Links with Business Support staff to ensure adequate holiday cover over the festive period.	Heads of Health and Social Care Services
Workforce capacity plans and rotas to be agreed by October 2018	<p>Confirmation that rotas and workforce plans will be completed by October – work currently underway.</p> <p>Contact care homes and contact Care @</p>	<p>Heads of Service</p> <p>Service Manager – District Nursing/RES</p>

Key Action	Response	Lead
	Home services to ensure resilience over the winter period. Hospital social work staff will work throughout the bank holiday period.	
Discharges at weekends and bank holidays	<p>Hospital social work team actively promoting 7 day/all day discharge and attending daily huddle.</p> <p>Work with nursing homes (through contracts team) to encourage them to accept higher than normal admission numbers over the pressure period and to ensure that they admit at weekend. Over this period, patients may be offered a wider range of nursing homes than usual.</p>	<p>Heads of Health and Social Care Services</p> <p>Service Manager – District Nursing/RES</p>
The risk of patients being delayed on their pathway is minimised	Given the reduced availability of beds for AWI patients at Darnley Court, explore the potential with procurement colleagues of commissioning care home beds with medical cover elsewhere in Renfrewshire.	Heads of Health and Social Care Services
Communication Plans	Re-enforce Board public messages about preparations for winter. Advertise staff flu clinics and promote uptake.	Head of Strategic Planning and Health Improvement
Delivery of seasonal flu vaccinations to public and staff	Plans to deliver peer led immunisation across Renfrewshire to complement the Board run flu clinics. Working with Council colleagues to ensure all HSCP staff are protected. Write to care homes and Care @ Home providers to seek assurances that they will be offering staff immunisation.	Service Manager – District Nursing/RES

