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

Date	Time	Venue
Friday, 20 November 2015	09:30	Rooms 1 & 2, Johnstone Town Hall, 25 Church Street, Johnstone PA5 8FA,

KENNETH GRAHAM
Head of Corporate Governance

Members

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

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

Further Information

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

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

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

Members of the Press and Public

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

Apologies

Apologies from members.

Declarations of Interest

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

10 **Date of next meeting**
Note that the next meeting of the Integration Joint Board will be held on Friday, 15 January, 2016 at 9.30 am.

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Renfrewshire Council

Minute of Meeting
Renfrewshire Health & Social Care Integration Joint Board

Date	Time	Venue
Friday, 18 September 2015	09:30	Tweedie Hall, Ardlamont Square, Linwood, PA3 3DE

PRESENT

Councillors Derek Bibby, Jacqueline Henry, Michael Holmes and Iain McMillan (Renfrewshire Council) John Brown and Donny Lyons (Greater Glasgow & Clyde Health Board).

David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health & Social Care Partnership); Karen Jarvis (Registered Nurse); Stephen McLaughlin (Registered Medical Practitioner (GP)); Alex Thom (Registered Medical Practitioner (non-GP)); Liz Snodgrass (representing Council staff involved in service provision); David Wylie (representing Health Board staff involved in service provision); Alan McNiven (third sector representative); Helen McAleer (unpaid carer residing in Renfrewshire); Stephen Cruikshank (service user residing in Renfrewshire); John Boylan (Trade union representative for Council staff); and Graham Capstick (trade union representative for Health Board staff).

IN ATTENDANCE

Sandra Black, Chief Executive; Ken Graham, Head of Corporate Governance; Anne McMillan, Head of Resources; and Dave Low (Senior Committee Services Officer) (all Renfrewshire Council).

APOLOGIES

Donald Sime (Greater Glasgow & Clyde Health Board).

DECLARATIONS OF INTEREST

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

1 **APPOINTMENT OF CHAIR**

The Chief Officer Designate asked for nominations for the post of Chair of the Integration Joint Board. Councillor I McMillan was nominated as Chair of the Integration Joint Board and this was agreed unanimously.

DECIDED: That Councillor I McMillan be appointed Chair of the Integration Joint Board.

CHAIR

Councillor I McMillan assumed the Chair.

2 **APPOINTMENT OF VICE CHAIR**

The Chair asked for nominations for the post of Vice Chair of the Integration Joint Board. The Chair, Councillor I McMillan, seconded by Councillor Henry, moved that Donny Lyons be appointed as Vice Chair of the Integration Joint Board.

There being no further nominations it was agreed that Donny Lyons be appointed as Vice Chair of the Integration Joint Board.

DECIDED: That Donny Lyons be appointed Vice Chair of the Integration Joint Board.

WELCOME AND INTRODUCTIONS

Councillor I McMillan welcomed those present to the inaugural meeting of the Renfrewshire Health & Social Care Integration Joint Board.

3 **MINUTE**

The Minute of the Meeting of the Shadow Integration Joint Board held on 19 June, 2015 was submitted.

DECIDED: That the Minute be approved.

4 **APPOINTMENT OF CHIEF OFFICER**

The Chief Executive, NHS Greater Glasgow and Clyde and the Chief Executive, Renfrewshire Council submitted a joint report relative to the appointment of a Chief Officer as required in terms of Section 10(1) of the Public Bodies (Joint Working) (Scotland) Act 2014.

The report intimated that the outcome of the recruitment process was that David Leese, the Director of Renfrewshire Community Health Partnership, had been appointed as Chief Officer designate pending the formal constitution of the Integration Joint Board.

DECIDED: That David Leese be appointed as Chief Officer of the Renfrewshire Health and Social Care Partnership.

5 APPOINTMENT OF CHIEF FINANCE OFFICER

The Chief Officer submitted a report relative to the appointment of a Chief Finance Officer, as "the proper officer" as set out in terms of Section 95 of the Local Government (Scotland) Act 1973.

The report intimated that the outcome of the recruitment process was that Sarah Lavers, Finance Manager, Renfrewshire Council, had been appointed as the Interim Chief Finance Officer pending the formal constitution of the Integration Joint Board.

DECIDED: That Sarah Lavers be appointed as Chief Finance Officer of the Renfrewshire Health and Social Care Partnership.

6 ESTABLISHMENT AND MEMBERSHIP OF THE RENFREWSHIRE INTEGRATION JOINT BOARD

The Chief Officer and Director of Finance & Resources submitted a joint report relative to the formal establishment and voting and non-voting membership of the Integration Joint Board.

The report intimated that membership of the Integration Joint Board had to comply with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. In terms of this order, voting membership comprised four representatives each from Renfrewshire Council and NHS Greater Glasgow & Clyde.

The 2014 Order also required that non-voting members must include the Chief Social Work Officer of the local authority; the Chief Officer of the Integration Joint Board; the Chief Finance Officer of the Integration Joint Board; a registered medical practioner included in the list of primary medical services performers (GPs); a registered nurse employed by the Health Board or a body with which the Health Board had a general medical services contract; and a registered medical practioner employed by the Health Board and not providing primary medical services.

In addition to the above non-voting members, the 2014 Order also required that once the Integration Joint Board had been established at least one further non-voting member should be appointed from each of the following groups: staff of each of the Council and Health Board engaged in the provision of services under integration functions; third sector bodies carrying out activities related to health or social care in the area of the local authority; service users residing in the area of the local authority; and persons providing unpaid care in the area of the local authority. Using discretionary powers, trade union representatives from staff of each of the Council and Health Board engaged in the provision of services under integration functions would also be invited to become non-voting members of the Integration Joint Board.

The full Joint Membership list was attached as a Schedule to the report.

DECIDED:

(a) That the terms of the Order made under the Public Bodies (Joint Working) (Scotland) Act 2014 establishing a number of integration joint boards including the Renfrewshire Integration Joint Board with effect from 27 June, 2015 be noted;

(b) That the eight voting members, four appointed by Renfrewshire Council and four appointed by NHS Greater Glasgow and Clyde listed in the Schedule to this report be noted;

(c) That the non-voting members as set out in paragraph 3.8 and the Schedule to the report be noted;

(d) That the following appointments of additional non-voting members as detailed in paragraphs 3.9 and 3.10 of the report be approved:-

(i) Council staff involved in service provision – Liz Snodgrass;

(ii) Health Board staff involved in service provision – David Wylie;

(iii) Third Sector representative – Alan McNiven;

(iv) Unpaid carer residing in Renfrewshire – Helen McAleer;

(v) Service user residing in Renfrewshire – Stephen Cruikshank;

(vi) Trade union representative for Council staff – John Boylan;
and

(vii) Trade union representative for Health Board staff – Graham Capstick; and

(e) That it be noted that the membership of the Integration Joint Board in the categories where the Integration Joint Board had discretion would be kept under review to ensure that all relevant stakeholder groups had the opportunity to be represented.

7 OVERVIEW OF THE DEVELOPMENT OF GOVERNANCE ARRANGEMENTS

The Chief Officer submitted a report relative to the programme of work being undertaken to ensure that all the necessary processes, policies and plans were in place as required to allow local implementation of integrated health and social care services by 1 April, 2016 in terms of the Public Bodies (Joint Working) Act 2014.

Progress made in terms of governance arrangements, strategic plan, performance management, clinical and care governance and finance were detailed in the report and in the appendix to the report.

DECIDED: That the planned activity and reporting dates for the key legislative and other commitments to put in place sound governance arrangements up to 1 April, 2016 be noted.

8 **PROCEDURAL STANDING ORDERS FOR MEETINGS OF THE INTEGRATION JOINT BOARD**

The Chief Officer and Director of Finance & Resources submitted a joint report relative to the adoption of Procedural Standing Orders for meetings of the Integration Joint Board. A copy of the proposed Procedural Standing Orders was attached as a Schedule to the report.

DECIDED: That the Procedural Standing Orders, which formed the Schedule to the report, be approved.

9 **FINANCIAL GOVERNANCE AND ASSURANCE ARRANGEMENTS**

The Chief Finance Officer submitted a report relative to the development of financial governance and assurance arrangements for the Integration Joint Board.

The report detailed progress on the financial assurance and due diligence process; financial regulations for the Integration Joint Board; financial policies and procedures; ongoing budget scrutiny arrangements and timelines; and insurance arrangements.

DECIDED:

(a) That the progress to date to put in place sound financial governance and assurance arrangements and the planned activity up to 1 April, 2016 be noted;

(b) That the Integration Joint Board financial regulations for implementation from 1 April, 2016, attached as Appendix 2 to the report, be approved;

(c) That the Integration Joint Board financial governance arrangements for implementation from 1 April, 2016, attached as Appendix 3 to the report, be approved; and

(d) That the format and dates of reporting of the financial position of the Integration Joint Board from 1 April, 2016, attached as Appendices 4 and 5 to the report, be approved.

10 **FINANCE REPORT 1 APRIL TO 30 JUNE, 2015**

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April, 2015 to 26 June, 2015 for Social Work and to 30 June, 2015 for Renfrewshire Health Services.

The report intimated that the budget strategy for 2016/17 had commenced for both partners and advised that a summary of the agreed service proposals would be brought back to a future meeting of the Integration Joint Board.

DECIDED:

(a) That the financial position to date be noted; and

(b) That it be noted that the financial planning process for 2016/17 was underway.

11 SENIOR MANAGEMENT STRUCTURE FOR RENFREWSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

The Chief Officer submitted a report relative to the proposed implementation of a senior management structure, as detailed in the appendix to the report, for the new Renfrewshire Health and Social Care Partnership. The report intimated that the proposed structure would provide the required arrangements for the effective and proper delivery of the Integration Joint Board's delegated functions in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

DECIDED:

(a) That the proposed Renfrewshire Health and Social Care Partnership (RHSCP) senior management structure as detailed at Appendix 1 to the report: Proposed RHSCP Senior Management Structure be approved and that it be agreed that the Chief Officer implement the new structures in consultation with the Chair of the Integration Joint Board by 1 April 2016;

(b) That it be noted that the proposed clinical and care governance arrangements would ensure sufficient professional oversight for services provided through the proposed RHSCP management structure;

(c) That it be noted that a review of the proposed structure would be carried out after the first year of operation to review its effectiveness and that any further changes would be reported to the Integration Joint Board, as necessary, by the Chief Officer; and

(d) That the Chief Officer's planned interim management arrangements until the RHSCP structure were in place be noted.

12 ACCESS TO MEETINGS AND MEETING DOCUMENTS

The Chief Officer and the Director of Finance & Resources submitted a report relative to the publication and distribution of Integration Joint Board agendas, reports and minutes; access to meetings; and access to information in terms of the Freedom of Information (Scotland) Act 2002 (Scottish Public Authorities) Amendment Order 2014 through the development of a Publication Scheme. A proposed template for reports to the Integration Joint Board was attached as an appendix to the report.

DECIDED:

(a) That the same procedures, as appropriate, which applied to access to meetings and to documents of meetings of the Council and its Boards in terms of the access to information provisions of the Local Government (Scotland) Act 1973 as set out in Part IIIA and Schedule 7A of the Act, be applied to the Integration Joint Board;

(b) That it be noted that in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 the agendas and minutes of the Integration Joint Board would be published on the Council's and Health Board's website five clear days prior to the meeting.

(c) That the proposed template for reports to the Integration Joint Board, attached as an appendix to the report, be approved: and

(d) That a report be submitted to a future meeting seeking approval of a Publication Scheme for the Integration Joint Board.

13 PROPOSED DATES OF FUTURE MEETINGS OF THE JOINT BOARD

The Chief Officer and the Director of Finance & Resources submitted a joint report relative to the timetable of meetings of the Integration Joint Board up to June 2016. A further report would be submitted to a future meeting of the Integration Joint Board setting out proposed meeting dates beyond June 2016.

DECIDED:

(a) That meetings of the Integtaon Joint Board be held on 20 November, 2015 and 18 January, 18 March and 17 June, 2016; and

(b) That it be noted that a further report would be submitted to a future meeting of the Integration Joint Board setting out proposed meeting dates beyond June 2016.

14 INTERNAL AND EXTERNAL AUDIT ARRANGEMENTS

The Chief Officer submitted a report relative to the key recommendations made by the national Integrated Resources Advisory Group (IRAG) in relation to the requirement of each integration joint board to put in place systems to establish good financial governance arrangements including proportionate internal audit arrangements. The report set out recommendations in relation to the practical implementation of the IRAG national guidance insofar as it related to internal and external audit matters.

DECIDED:

(a) That it be agreed that the Chief Internal Auditor for Renfrewshire Council take on the role of Chief Internal Auditor for the Integration Joint Board;

(b) That it be noted that the terms of reference and procedural standing orders for an Integration Joint Board audit committee would be submitted to the meeting of the Integration Joint Board to be held on 20 November, 2015 for consideration;

(c) That it be noted that an internal audit plan for the Integration Joint Board for 2016/17 would be brought by the Chief Internal Auditor to the Integration Joint Board for approval at a future meeting; and

(d) That it be noted that the Accounts Commission would appoint the external auditors to the Integration Joint Board.

15 RISK MANAGEMENT POLICY AND STRATEGY

The Chief Officer submitted a report relative to the Risk Management Policy and Strategy for the Integration Joint Board, attached as Appendix 1 to the report, and the list of high level risks identified in relation to the establishment and implementation of the Integration Joint Board.

With reference to the proposal contained in the report, that reporting of the strategic and key operational risks to the Integration Joint Board be on a six-monthly basis, it was proposed that, subject to a future review, such matters be reported to each meeting of the Integration Joint Board. This was agreed.

DECIDED:

(a) That the Risk Management Policy and Strategy, attached as Appendix 1 to the report, be approved;

(b) That the initial high level risks identified with regards to the establishment and implementation of the Integration Joint Board, attached as Appendix 2 to the report, be agreed; and

(c) That, subject to a future review, the strategic and key operational risks to the Integration Joint Board be reported to each meeting of the Integration Joint Board.

16 QUALITY, CARE AND PROFESSIONAL GOVERNANCE

The Chief Officer submitted a report relative to the work of the Workstream Group to review and propose the framework and associated arrangements for clinical and care governance within the new organisation and how this would be developed to meet the future needs of Renfrewshire Health and Social Care Partnership. The governance arrangements for the Health and Social Care Partnership's parent organisations were attached as Appendix 1 to the report.

DECIDED:

(a) That the Quality Care and Professional Governance Framework be agreed for implementation: and

(b) That it be noted that the Intergration Joint Board would receive bi-annual Clinical and Care Governance Progress Reports from the Chief Officer. This would include information on the number and type of complaints, information about significant clinical incident reviews, serious case reviews, and staff conduct. The report would also seek to provide a thematic analysis of emerging themes and actions taken and provide information on external scrutiny reports e.g. Mental Welfare Commission, Health Improvement Scotland, Care Inspectorate and any actions taken as a result. The Intergration Joint Board would provide an additional quality assurance and scrutiny process as an integral part of the Quality Care and Professional Governance framework and approach.

17 ESTABLISHMENT OF THE STRATEGIC PLANNING GROUP

The Chief Officer submitted a report relative to the establishment of a Strategic Planning Group (SPG) which had previously operated under the Shadow Integration Joint Board.

The report provided an update on the progress being made to appoint members to the SPG; the preferred approach for appointing SPG members in the longer term; the proposed procedures for the SPG's operation; and the proposed terms of reference for the SPG which were attached as an appendix to the report.

DECIDED:

(a) That the establishment of the Strategic Planning Group, previously operating in a shadow format be confirmed;

(b) That the progress made to appoint members of the Strategic Planning Group be noted;

(c) That the preferred approach for the long term appointment of Strategic Planning Group members as described in the report be agreed in principle;

(d) That the operating arrangements of the Strategic Planning Group be agreed;

(e) That the Strategic Planning Group Terms of Reference be approved;

(f) That the proposed arrangements to update the Integration Joint Board on the Strategic Planning Group activity and feedback be noted; and

(g) That the contents of the report otherwise be noted.

18 STRATEGIC PLAN PROPOSALS

The Chief Officer submitted a report relative to the process for developing the Health and Social Care Partnership Strategic Plan highlighting legal and other milestones in the timeline; outining the joint strategic commissioning process by which the Strategic Plan would be developed; and setting out the proposals for the structure and content of the Strategic Plan.

DECIDED:

(a) That the strategic planning process be noted;

(b) That the proposals for the structure and content of the Strategic Plan be approved;

(c) That the approach to conducting informal engagement and consultation during the strategic planning process be approved;

(d) That the Strategic Plan proposals be remitted to the Strategic Planning Group to seek its views, in line with legislative requirements; and

(e) That the contents of the report otherwise be noted.

19 **RENFREWSHIRE HSCP PERFORMANCE MANAGEMENT ARRANGEMENTS**

The Chief Officer submitted a report relative to proposals for interim performance reporting arrangements for 2015/16 using a performance scorecard and the work to be undertaken to develop a Health and Social Care Partnership Performance Management Framework for 2016/17.

DECIDED:

(a) That the scorecard attached as Appendix 1 to the report be adopted for performance reporting in 2015/16. The Integration Joint Board would receive performance updates for mid-year (April – September 2015) in November 2015 and year end (April 2015 – March 2016) in June 2016. It should be noted that the indicators in the scorecard would be reported at a number of frequencies and that information may not always be available at the end of a reporting period. Updates would include all information available at that point;

(b) That the Outcomes and Performance Management Integration Work Stream take forward the development of the HSCP 2016/17 Performance Management Framework, building on the proposed 2015/16 reporting arrangements, feedback on these as the year progresses, national direction, the Partnership's Strategic Plan, locality and financial reporting arrangements; and

(c) That it be noted that a Performance Management Framework for 2016/17 would be brought to the Integration Joint Board in March 2016.

20 **DATE OF NEXT MEETING**

It was noted that the next meeting of the Integration Joint Board would be held at 9.30 am on 20 November, 2015.

To: **Renfrewshire Integration Joint Board**

On: **20 November 2015**

Report by: **Chief Officer**

Heading: **Overview of the Development of Governance Arrangements**

1. Summary

1.1. A progress update on the development of the governance arrangements required for the Renfrewshire Health and Social Care partnership is provided to each meeting of the Integration Joint Board.

1.2. This report and attached appendix provide Board members with an outline of the current status and planned activity to provide assurance that all the necessary processes, policies and plans will be in place as required to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016.

2. Recommendation

2.1. That Integration Joint Board members:

- note the planned activity and reporting dates for the key legislative and other commitments to have in place sound governance arrangements for Health and Social Care Partnership from 1 April 2016.

3. Background

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

3.2 In order to provide assurance to IJB members Appendix 1 to this paper provides an overview of the legal and other commitments across all the areas of work, planned activity to meet these commitments, and the anticipated dates for completion and reporting to the IJB.

3.3 In line with the plan set out in Appendix 1, the following are submitted for consideration and approval at this meeting -

3.3.1 Communication and Engagement

- The IJB's Participation and Engagement Strategy

3.3.2 Strategic Plan

- The first draft of the Strategic Plan, taking account of Strategic Planning Group feedback

3.3.3 Performance Management

- A performance report for mid-year (April – September 2015) based on the 2015/16 Interim Performance Framework approved by the IJB on 18 September 2015

3.3.5 Finance and Audit

- An update on the financial position and the development of financial governance and assurance arrangements for the IJB
- Standing Orders and Terms of Reference for the IJB Audit Committee

3.4 Activity is well underway in relation to all of the other required elements of work and is currently on target to meet the scheduled reporting dates to the IJB, which will ensure legislative and other deadlines are met.

Implications of the Report

1. **Financial –** sound financial governance arrangements are being put in place to support the work of the Partnership

2. **HR & Organisational Development** – Clinical and Care Governance arrangements are being put in place

3. **Community Planning** - n/a

4. **Legal –** The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

5. **Property/Assets –** property remains in the ownership of the parent bodies.

6. **Information Technology –** An agreed information sharing protocol and supporting agreements are being developed fo the Partnership

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** health and safety processes and procedures are being reviewed to in order to support safe and effective joint working

9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.

10. **Risk –** None.

11. **Privacy Impact** – n/a.

List of Background Papers – none

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

Appendix 1: Legal requirements and commitments

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

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

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

Key:	✔	Complete	●	On target	▲	Risk of delay	■	Significant Issues

2. Communication and engagement				
Legal requirement /commitment	**Type**	**Legal deadline**	**Target date**	**RAG**
IJB agrees its participation and engagement strategy	IS	27/12/15	20/11/15	

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

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

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

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

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

Chief Social Work Officer provides annual report to IJB (Section 5.15 of IS)	IS			

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

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

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

The legal milestones will be reviewed and, where appropriate, revised in light of further guidance which is expected to be issued by the Scottish Government.
Further to this statutory work to progress these key areas, additional work is also underway to support the establishment of the Partnership including

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

To: **Renfrewshire Integration Joint Board**

On: **20 November 2015**

Report by: **Chief Finance Officer**

Heading: **Financial Report 1st April to 30th September 2015**

1. Purpose

1.1. The purpose of this report is to advise the Integration Joint board (IJB) of the Revenue and Capital Budget current year position as at the 18th (Social Work) and 30th September 2015 (Health).

2. Recommendation

2.1. That the Integration Joint Board:

(1) are requested to note the financial position to date.
(2) and note that the financial planning process for 2016/17 is now underway.

3. Summary

3.1 The overall revenue position for the HSCP at 30th September is an underspend of £23k as detailed in the table below (and appendices 1 and 2).

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	Breakeven	breakeven
Renfrewshire Health Services	£23k underspend	£13k underspend
Total Renfrewshire HSCP	**£23k underspend**	**£13k underspend**

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

4. Social Work – Adult Services

Current Position: **Breakeven**
Previously Reported: **Breakeven**

4.1 **Older People**
Current Position: Net underspend of £13k
Previously Reported: Net overspend of £39k

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

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

4.2 **Physical Disabilities**

Current Position: Net overspend of £41k
Previously Reported: Net overspend of £14k

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

4.3 **Learning Disabilities**

Current Position: Net under spend of £130k
Previously Reported: Net under spend of £112k

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

4.4 **Mental Health**

Current Position: Net overspend of £30k
Previously Reported: Net overspend of £28k

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

4.5 **Addictions**

Current Position: Net overspend of £72k
Previously Reported: Net overspend of £31k

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

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5. Renfrewshire Health Services

Current Position: £23k Underspend
Previously Reported: £13k Underspend

5.1 **Addictions**

Current Position: Net underspend of £89k
Previously Reported: Net underspend of £57k

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

5.2 **Adult Community Services**

Current Position: Net overspend of £43k
Previously Reported: Net overspend of £82k

As previously reported, this net overspend reflects: continued pressure on the community equipment budget (EQUIPU); overspends on the salaries within RES (Rehabilitation and Enablement Service) where additional physiotherapy staff have been employed to focus on the reduction of waiting list times and pressure on costs associated with 'Enternal Feeding' which have stabilised since the previous reporting period.

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

5.3 **Children's Services**

Current Position: Net underspend of £144k
Previously Reported: Net underspend of £51k

Overall, Children's services are reporting an underspend of £144k. This is mainly due to general nursing underspends within Specialist services reflecting delays in the filling of posts associated with the service redesign, and CAMHS (Children and Adolescent Mental Health Services) due to ongoing recruitment issues for psychologists.

5.4 **Learning Disabilities**

Current Position: Net overspend of £31k
Previously Reported: Net overspend of £13k

The overspend within Learning Disabilities is due to costs associated with speech therapy agency staff, who will be required until the current service redesign process is completed.

5.5 **Hosted Services**

Current Position: Net underspend of £130k
Previously Reported: Net underspend of £84k

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

5.6 **Mental Health**

Current Position: Net overspend of £86k
Previously Reported: Net overspend of £60k

Overall, Mental Health services are reporting an overspend of £86k. As previously reported, this overspend is due to a number of contributing factors within both in-patient and elderly services which are offset by an underspend within the adult community budget due to vacancies within the service.

The main overspends within the in-patient service relate to costs associated with special observations along with agency fees in relation to vacant consultant posts due to ongoing recruitment issues which are being experienced throughout Scotland for this type of post. The overspend within the elderly service is also due to a combination of agency and special observation costs.

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

5.7 **Other Services**

Current Position: Net overspend of £177k
Previously Reported: Net overspend of £25k

The overspend within other services is mainly in relation to the impact of the 15/16 workforce planning savings which have yet to be reallocated across other divisions of service.

5.8 **Prescribing**

Current Position: Breakeven
Previously Reported: n/a

Currently, the GP prescribing position shows a breakeven position. However, as GP prescribing is extremely volatile, there continues to be an element of financial risk and this will therefore continue to be subject to close scrutiny and monitoring throughout 2015/16.

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6. 2015/16 Capital Programme

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

The programme to replace the Anchor Centre roof and it is anticipated that it will be completed in 2015/16.

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7. Financial Planning 2016/17

The budget strategy for 2016/17 is now underway.

For Social Work – Adult Services, in line with existing arrangements for the Council, the partnership has submitted detailed proposals for service based savings along with identifying future demand / pressures and potential corresponding mitigation for Council approval. It is anticipated that the outcome of this process will be finalised towards the end of the Calendar Year and a summary of the agreed proposals will be brought back to the IJB for information.

The financial planning process for NHSGG&C for 2016/17 has currently identified a draft savings target of between £60m to £64m.

The final savings target will be dependent on the nationally agreed uplift. This will not be clarified until at least Spring 2016. However, it is expected that the level of cash releasing savings for the NHS element in the Health and Social Care Partnerships across NHS Greater Glasgow & Clyde will be between £18 and £23m. This means that the local savings target for Renfrewshire will be significantly higher than in any previous year. A number of health service efficiency plans are currently being developed within the HSCP. However, depending on the amount of savings to be achieved these may not be sufficient to deliver the total savings required. In this case further discussions at NHS Board level will be required in order for Partnerships to be able to deliver cash releasing savings through collectively agreed service redesign and efficiency programmes.

Implications of the Report

1. **Financial –** Expenditure will be contained within available resources.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal –** none
5. **Property/Assets –** none.
6. **Information Technogloy –** none
7. **Equality & Human Rights –** The recommendations containted 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 publised on the Council's website.
8. **Health & Safety –** none
9. **Procurement** – none
10. **Privacy Impact** – none.

List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer

Social Work Revenue Budget Position
1st April 2015 to 18th September 2015

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	23,876	10,605	10,698	(93)	-0.9%	overspend
Property Costs	1,021	367	376	(9)	-2.5%	overspend
Supplies and Services	1,424	489	539	(50)	-10.2%	overspend
Contractors	45,781	19,792	19,659	133	0.7%	underspend
Transport	722	302	309	(7)	-2.3%	overspend
Administrative Costs	242	117	100	17	14.5%	underspend
Payments to Other Bodies	4,178	681	678	3	0.4%	underspend
Capital Charges	1,404	-	-	-	0.0%	breakeven
Gross Expenditure	**78,648**	**32,353**	**32,359**	**(6)**	**0.0%**	**overspend**
Income	**(23,026)**	**(5,899)**	**(5,905)**	6	-0.1%	underspend
NET EXPENDITURE	**55,622**	**26,454**	**26,454**	**-**	**0.00%**	**breakeven**

Position to 18th September is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Older People	35,420	15,200	15,187	13	0.1%	underspend
Physical or Sensory Difficulties	5,094	2,192	2,233	(41)	-1.9%	overspend
Learning Difficulties	12,585	6,554	6,424	130	2.0%	underspend
Mental Health Needs	921	1,365	1,395	(30)	-2.2%	overspend
Addiction Services	952	525	597	(72)	-13.7%	overspend
Integrated Care Fund	650	618	618	-	0.0%	breakeven
NET EXPENDITURE	**55,622**	**26,454**	**26,454**	**-**	**0.00%**	**breakeven**

Position to 18th September is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Health Revenue Budget Position
1st April 2015 to 30th September 2015

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	42,555	21,158	20,803	355	1.7%	underspend
Property Costs	781	279	257	22	7.9%	underspend
Supplies and Services	10,865	3,116	3,368	(252)	-8.1%	overspend
Purchase of Healthcare	44	22	28	(6)	-27.3%	overspend
Resource Transfer	16,590	8,295	8,295	-	0.0%	breakeven
Family Health Services	79,207	39,195	39,190	5	0.0%	underspend
Savings	(202)	(101)	-	(101)	100.0%	overspend
Capital Charges	1,573	787	787	-	0.0%	breakeven
Gross Expenditure	**151,413**	**72,751**	**72,728**	**23**	**0.0%**	**underspend**
Income	**(4,398)**	**(2,413)**	**(2,413)**	-	0.0%	breakeven
NET EXPENDITURE	**147,015**	**70,338**	**70,315**	**23**	**0.03%**	**underspend**

Position to 30th September is an underspend of **£23k** **0.03%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Addiction Services	2,774	1,205	1,116	89	7.4%	underspend
Adult Community Services	15,127	7,024	7,067	(43)	-0.6%	overspend
Children's Services	5,749	2,875	2,731	144	5.0%	underspend
Learning Disabilities	957	483	514	(31)	-6.4%	overspend
Mental Health	18,625	9,222	9,308	(86)	-0.9%	overspend
Hosted Services	3,511	1,747	1,617	130	7.4%	underspend
Prescribing	32,985	16,706	16,706	-	0.0%	breakeven
GMS	24,229	11,809	11,809	-	0.0%	breakeven
Other	21,985	10,676	10,676	-	0.0%	breakeven
Planning and Health Improvement	1,524	623	626	(3)	-0.5%	overspend
Other Services	3,951	1,620	1,797	(177)	-10.9%	overspend
Resource Transfer	16,590	8,295	8,295	-	0.0%	breakeven
Integrated Care Fund	3,407	467	467	-	0.0%	breakeven
NET EXPENDITURE	**151,414**	**72,752**	**72,729**	**23**	**0.03%**	**underspend**

Position to 30th September is an underspend of **£23k** **0.03%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

for information:

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

To: **Renfrewshire Integration Joint Board**

On: **20 November 2015**

Report by: **Chief Officer**

Heading: **Risk Management Update**

1. Summary

1.1. At its 18 September 2015 meeting the Integration Joint Board approved the Risk Management Policy and Strategy and received details of the initial list of key risk areas, extracted from the risk register, that focused specifically on:

- programme management
- organisational development
- readiness for full implementation of all operational arrangements

1.2. This paper provides an update on the progress being made with regards to the specific risks reported previously and information on new risks being added.

1.3. For noting only, a list of social work and health key risks is provided in Appendix 1 in order that the Integration Joint Board has awareness at this time of the more operational risks being managed by the Integration Joint Board's partner organisations.

2. Recommendation

2.1. It is recommended that the Integration Joint Board notes the progress being made with regards to managing the key risks identified.

3. Background

3.1. Eight risk areas and issues were previously reported to the Integration Joint Board in September 2015. The table overleaf shows how management of the risks has progressed since then.

Risk Area and Risk Issues		How this is being addressed	Progress since September Report to Board
PROGRAMME MANAGEMENT - Delivering on legal requirements and commitments ! **A failure in delivering in any of the undernoted aspects could result in challenges in effective decision making, breaches in legislative compliance and significant reputational harm to the IJB**			
1.	Legal requirements and commitments as set out in the Integration Scheme	Programme of work is underway to ensure key legislative requirements set out in the Act and Integration Scheme, which must be in place by 1 April 2016.	Work in progress
2.	Financial governance and due diligence	The joint budget for the Health and Social Partnership will be agreed and all governance arrangements implemented: • IJB Audit arrangements will be agreed • IJB will sign off financial governance arrangements as per the national guidance **Due for completion by 18 March 2016:** • IJB report on due diligence on delegated baseline budgets moving into 2016/17 • Draft proposal for the 2016/17 Integrated Budget based on the Strategic Plan approved by IJB • Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process • Parent organisations will confirm final IJB budget • Financial statement will be published with Strategic Plan • Resources for delegated functions will transfer to IJB • Audit Committee will be established	Audit arrangements agreed Financial governance arrangements signed off
3.	Clinical and care governance	The IJB will approve its quality, care and professional governance framework for their duties under the Act. **Due for completion by 18 March 2016:** • The IJB will implement robust quality, care and professional arrangements.	Framework approved

4.	Performance management	A list of targets and measures in relation to delegated and non delegated functions will be prepared. Partners will develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB IJB will agree its reporting arrangements and supporting plan to develop 2016/17 performance framework with partners **Due for completion by 26 June 2016:** IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report.	✓ List of targets and measures has been prepared ✓ Measures for 2015/16 interim performance framework agreed ✓ Reporting arrangements and supporting plan in place
5.	Decisions around the Strategic Plan to ensure it is fit for purpose and deliverable (localities, finance and performance)	Establish a Strategic Planning Working Group **Due for completion by 18 March 2016:** The IJB will develop the Strategic Plan in consultation with the Strategic Planning Group and other prescribed stakeholders.	✓ Strategic Planning Working Group established

Risk Area and Risk Issues	How this is being addressed	Progress since September Report to Board
READINESS - Partnership and IJB's readiness to deliver all delegated services by 1 April 2016 in line with its Strategic Plan ! **Moving beyond the programme management phase, if the IJB and individual partners are not ready to deliver all delegated services under the direction of the IJB with effect from April 2016, this could result in challenges around operational decisions, maintaining effective links with relevant services in the partner organisations, service continuity issues and significant reputational harm to the IJB**		
6. IJB decision making and protecting the reputation of the Health and Social Care Partnership	Development of Organisational Development plans for the Senior Leadership Group, Integration Joint Board, Strategic Planning Group and workforce	▶ Work in progress
7. Partnership and Partner	Programme of work is underway to ensure all the necessary processes, policies and plans are in place as required to allow local implementation of integrated health and social care	▶ Work in progress

	Organisation readiness to run with new, fit for purpose operational arrangements from 1 April 2016	services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016 Development of a participation and engagement strategy to enable users, patients, carers and partners to shape the new organisation.	Work in progress
8.	Continuity in the transition of Council functions which currently sit outwith Adult Social Work Services e.g. Addictions, Domestic Abuse and Housing Adaptations	Develop the most appropriate and pragmatic approaches and supporting mechanisms/ structures for each of the following functions: Addictions Services Domestic Abuse Housing Adaptations Gardening Assistance	Addiction Services arrangements completed Domestic Abuse service arrangements completed Housing adaptations – work in progress Gardening assistance – work in progress

3.2. Two other areas of risk have been identified (shown in the table below), with details being worked up for inclusion in the risk register, and these encompass (1) arrangements for continuity of service/ relationships with children's services and council support services, and (2) practical arrangements with regards to the operation of acute budgets. Both aspects will be reported in more detail to the next Integration Joint Board meeting, as risk control measures and mitigating actions are firmed up.

Risk Area	How this is being addressed	Action
Children's Services interface	The Chief Officer and the Director of Children's Services are putting in place joint management team meeting arrangements	Work in progress
Acute interface	Plans in place to build effective planning for Winter 2015/16 and beyond Building ways of working and understanding around service budgets for which the IJB will be responsible.	Work in progress

3.3. Moving forward, the Senior Leadership Group will participate in a risk management workshop to facilitate the identification of the key risks going forward from April 2016. In the meantime, and for the Integration Joint Board's information, appendix 2 provides details of some of the key operational risks that are presently being managed by each partner organisation in respect of the activities that fall within the remit of the Integration Joint Board.

3.4. It should be noted that at this point in time, all identified risks are being managed in line with expectations with no significant concerns with regards to the ongoing work to contain or reduce the risks as the Integration Joint Board prepares for full implementation of delegated functions.

Implications of the Report

1. Financial

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

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

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

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

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

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

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

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

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

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

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

List of Background Papers – None

Co-authors:

- Jean Still, Head of NHS Administration, Renfrewshire Health & Social Care Partnership;
- Karen Locke, Risk Manager, Renfrewshire Council

Appendix 1

Key Operational Partner Risks

It should be noted that the table that follows shows risks being managed currently by either health (first section) or local authority colleagues (second section). Insome instances the same risks feature for both partner organisations. Moving forward these will become ‘shared’ risks. Work to develop the risk register structures will be undertaken with key officers at a risk management session in November 2015.

Code & Title	Risk Statement	Current Control Measures	L’hood	Impact	Evalu’tn
HSCP: Health					
HSCPRR.15.03.01 Financial Planning	Expenditure does not match available funds within context of HSCP's financial plan. 1. Service Areas individually, or in combination, experience expenditure levels which exceed funding allocations and threaten achievement of HSCPs key financial objectives due to: (a) Pay growth - specifically AfC (b) Prescribing (c) S&A cover (d) Community equipment expenditure 2. The requirement for savings to be delivered in 15/16 and 16/17 could result in the removal of budget which could have an impact on front line services and likelihood of this is increasing.	*Financial management framework implemented. *Regular monitoring by Head of Finance and Chief Finance Officer. *Budget meetings across all service areas. *Finance issues to be discussed at Senior Leadership Group (SLG), IJB and Quality, Performance & Resource (QPR) meetings. *Main pressure area, remains requirement to increase staffing levels. *Daily reviews of patients on special observations, together with detailed monitoring on a weekly basis remains in place and regular meetings between management and clinical staff are held. *Regular financial performance meetings in place with HSCP Chief Officer, Chief Finance Officer and Board Director of Finance. *Regular SLG Financial Sessions in place; *Regular meetings of Medicines Management Group with a focus on prescribing year end out-turn. *Discussion at GP forum on importance of prescribing financial break even. *Financial situation to be discussed at GP forum and each practice visited thereafter to highlight and agree further prescribing cost reduction measures. *Continued vigilance particularly around effect of generic drug price fluctuations. *Risk assessments undertaken to ensure unacceptable clinical risks are avoided.	04	05	20 V.High
HSCPRR.15.03.02 Adult Protection	Inconsistent assessment and application of Adult Support and Protection procedures may result in poor identification of those at risk or those who have been harmed, and may also lead to a failure to comply with legislative requirements.	*Regular meetings of adult protection committees. *Multi-agency and single agency casefile audits undertaken. *Robust policies and procedures communicated throughout the HSCP. *An ongoing comprehensive training programme in place. *Focus on Getting our Priorities Right and Adult Support at GP Protected Learning Time (PLT) in June 2012. *Adult Protection interagency training strategy has been agreed. *Governance arrangements at service, HSCP, Partnership and NHSGGC levels.	03	05	15 High
HSCPRR.15.03.03 Information Governance	Inappropriate release/use of data/patient records; inability to meet national Information Governance Standards and appropriate sharing of information by partner organisations including copyright law.	*Procedures are in place on all sites for use/release of data, including Multi-Agency Public Protection Arrangements (MAPPA) related information, monitoring of Information Governance Standards, Caldicott Guardian responsibilities, Information Sharing Protocols. *All laptops encrypted. *Information Sharing Protocol in place. *Copyright notices circulated to all bases and clearly displayed at all photocopiers/printers. *Staff made aware of copyright information available on StaffNet including summary	03	05	15 High

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Evalu'tn
		of National Policy on Copying of Print Materials Protected by Copyright August 2011.			
HSCPRR.15.03.04 Clinical and Care Governance	Non-compliance with all applicable policies, procedures, clinical and non-clinical standards and protocols, resulting in death or injury to staff, patients, visitors and the public. Failure to comply with all clinical standards and protocols and appropriate clinical and environmental risk assessments could result in death or injury to staff; patients; visitors and the public arising from for eg: Suicide or Self Harm; Violent patients; Absconding patients; Accidental and Deliberate Overdose; Moving and Handling Incidents	*Proactive controls arising from clinical and general management systems and processes including provision and uptake of relevant training, robust policy and procedures, Health & Safety Forum, Clinical and Care Governance Groups, Patient Safety Forum and Datix monitoring. *Proactive controls arising from the mental health clinical and general management system and processes including specialised and supported workforce, ongoing training programmes, robust policy and procedures. *Ongoing monitoring includes structured responsibility for detection and review of Critical Incidents with special emphasis on ensuring lessons learned from incidents are disseminated and applied across the Board. *At a local level the consistent review of level of risk is assessed at MDT and if any significant change in the patients presentation occurs. *This may be linked to an ongoing review and assessment of the level of observation required as described within the Safe & Supportive Observation Policy. *Nurse Line Management supervision and ongoing core audit schedule alongside regular PDN review of policy applications within clinical areas ensure robust governance and monitoring arrangements in place. *Pressure re providing adequate staffing levels to meet demands of activity.	03	05	15 High
HSCPRR.15.03.05 Lost Bed Days	Lost bed days: Failure to meet agreed reduction in lost bed days, resulting in adverse impact on patients and acute services bed capacity/cost pressures, in particular those arising from Adults with Incapacity cases.	*Monthly Performance Monitoring in place. *Regular monitoring of position and mechanism for dialogue with Local Authority and Acute Division in place. *Regular reporting to IJB, SLG, Organisational Performance Review (OPR) and NHSGGC Ageing Population Group.	03	04	12 High
HSCPRR.15.03.06 Performers and Opthalmic Lists	Failure to undertake all relevant checks with regard to Applicants seeking inclusion in GG&C Performers & Ophthalmic Lists, resulting in failure to comply with regulatory requirements and could result in a GP and/or Ophthalmic practitioner being incorrectly admitted to the list.	*Application checklists to be adhered to ensure all appropriate checks are undertaken. *Process in place to liaise with Clinical Director/Optometric Advisor if any issues raised in relation to Clinical references provided, prior to admitting applicant to relevant list.	03	04	12 High
HSCPRR.15.03.07 Performance - HEAT targets	Failure to meet HEAT targets. Lack of relevant disaggregated data hinders detailed analysis and planning. Failure to deliver HSCP's objectives/development plan/NHSGGC Performance Indicator.	*Quarterly performance reports to be taken to IJB. Monitoring by local planning groups. OPR process. *Needs Assessment Plans *Frameworks guidance/circulars *Legislation *Performance Indicators *Equality Scheme Action Plans *Regular reporting to HSCP management and IJB meetings, and to NHS Board. *Ongoing development of controls *Flexible Budgets *Staffing arrangements to change to reflect priorities/demand *Development of data capture systems to inform local planning. learning and education plans reflect need for anti-discriminatory practice	03	04	12 High

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Evalu'tn
HSCPRR.15.03.08 Workforce Planning - for care activities	Failure to provide safe staffing levels that are commensurate with activity levels require the prioritisation of care activities and could lead toindividual care activities of a lower priority not being completed. Failure to maintain consistent Mental Health senior and junior medical cover over 24 hours.	*Professional Nurse Advisor/ Practice development nurse quality assurance process of working on shift to identify areas of good practise and additional care pressures. *All staffing vacancies recruited to immediately vacancy arises. *Weekly overview across whole service of staffing levels. *Weekly review of areas of high clinical activity and deployment of resources to meet this. *Weekly request to nurse bank to meet additional staffing resource requirement. *Daily reconciliation of staffing levels for each area and review of available redeployment opportunities and risk management to ensure appropriate deployment of all available staffing according to risk. *Robust application of attendance management policy to maximise available staffing resources. *Robust application of safe and supportive observation policy to ensure application of enhanced observations meets requirements of least restriction as described within Milan Principles. *Reliance on locum and agency staffing increases financial pressures.	03	04	12 High
HSCPRR.15.03.09 Child Protection	Inconsistent assessment and application of Child Protection procedures may result in poor identification of those at risk or those who have been harmed, and may also lead to a failure to comply with legislative requirements.	*Regular meetings of child protection committees. *Multi-agency and single agency casefile audits undertaken. *Regular caseload management by team leaders in place, clinical supervision of staff established. *Robust policies and procedures communicated throughout the HSCP. *An ongoing comprehensive training programme in place. *Governance arrangements at service, HSCP, Partnership and NHSGGC levels.	02	05	10 High
HSCPRR.15.03.10 NHSCCG Service Redesign/ reviews	Failure to deliver on NHSGGC wide service reviews and redesigns, as per agreed workforce plans. - C&MH Strategy Workplan - EMI Inpatient Review - LD Change Programme	*Regular meetings of hosted service redesign group. *Project management in place. In some initiatives there is both a local and NHSGGC element to the programme. *Heads of Service responsible for their own areas. However, regular meetings take place with HR managers with the SLG and Staff Partnership Forum being kept abreast of issues.	03	03	9 Moderate
HSCPRR.15.03.11 Incident Management	The HSCP is unable to adequately respond to a Major Incident/Pandemic in the Greater Glasgow and Clyde area. We do not fully meet the requirements of the Civil Contingencies Act (Scotland) 2005.	*Business Continuity Co-ordinators nominated across all service areas and training undertaken. *Independent contractors encouraged to develop business continuity process. *Participation in Board's winter planning processes, including pandemic planning. *Participation in joint exercises with Local Authority.	02	04	8 Moderate
HSCPRR.15.03.12 Health and Social Care Integration	The integration of health and social care services will have a significant impact on the development and delivery of services across Renfrewshire. Shadow arrangements are now in place, wth full responsibility to be delegated to the IJB no later than 1 April 2016.	*Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce development and performance management. *A significant number of joint teams and joint working arrangements between health and social care have operated for a number of years and partner agencies will build on existing experience in this area to develop a full range of integrated adult health and social care services.	02	04	8 Moderate
HSCPRR.15.03.13	Failure to ensure continuity of services and robust governance during the	*Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce	02	04	8 Moderate

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Evalu'tn
Business Continuity - HSCP Transition	transition period to the new HSCP.	development and performance management.			
HSCPRR.15.03.14 Safe/ effective services - EHRs	Failure to deliver safe and effective services including addressing health equalities arising from gender, race, disability and deprivation.	*Service improvement plans embedded across all services. *Increase focus on equalities issues across range of HSCP initiatives.	02	04	8 Moderate
HSCP Adult Social Care					
HSCPRR.15.04.01 Investment to support independent living	If the service did not continue to invest in and develop modern and flexible services, local people would not receive the support they need to live as independently as possible in local communities.	* Implementation of self directed support options * Provision of reablement care at home services, community alarms, telecare, community meals, day services * Specialist sensory impairment and physical disability resources availability * Occupational therapy services and aids and adaptations * Development of outcomes focused assessments and care management plans * Joint work with local health services to develop and provide community based services which facilitate prompt hospital discharge and promote independent living * Low level support services such as Reaching Older Adults in Renfrewshire (ROAR) health and wellbeing services and Food Train funded through the Change Fund to support local older people.	01	04	4 Moderate
HSCPRR.15.04.02 Public protection	Social work services have a public protection role relating to child and adult protection and offending behaviour. Effective partnership working with key agencies and the police is critical to ensuring risk to and from individuals is effectively managed.	* Multi-agency child and adult protection committees well established, with independent chair in place for both. * Chief Officers Group, comprising of leaders from all relevant partners agencies, meet on a regular basis to discuss key issues. Joint Communications sub-group now established. * Multi-agency child and adult protection training programme in place, facilitated by dedicated trainer. * Regular programme of case file auditing undertaken by the adult and child protection committee. Social Work Service implementing an internal case file audit programme. * Practice and service quality subject to regular external scrutiny by Care Inspectorate and other bodies as required. * Multi-agency action plan developed to progress recommendations of Significant Case review *Annual conferences held by both the adult and child protection committees *Self-evaluation activities undertaken on an annual basis by both the adult and child protection committees. * Management and supervision policies in place and levels of management review established. * Recording protocols and data quality checks undertaken * Lead officers for child and adult protection, and Multi Agency Public Protection Alert (MAPPA) identified with Social Work. * Development work undertaken with STRADA in relation to work with families where parental addiction exists. * Contract monitoring undertaken * Information management and security policies in place corporately.	03	05	15 High
HSCPRR.15.04.03 Self-directed	Ongoing review of the implementation of the 4 options available under the	*New business process established *Training and development programme for staff well embedded	03	04	12 High

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Evalu'tn
support	legislation will be required to ensure that agreed and assessed outcomes for service users are met with available resources.	*Development work undertaken with providers and service user/carer organisations *Communication materials published *Development of resource directory being progressed to assist staff, service users and carers. *Initial Procurement process developed and established *Financial allocation systems developed and tested *Formal authorisation group operational to authorise individual decisions *Assessment and care management documentation being developed for staff to ensure consistency with self-directed support process.			
HSCPRR.15.04.04 Health Inequalities	Health inequalities resulting from long-term conditions, income inequalities and individual risk-taking behaviours results in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.	* Joint Health Improvement Manager * Support for community led health activities * Activity co-ordinators in local authority residential homes for older people * Targeted events such as AgeFest and Feelgood Renfrewshire	03	03	9 Moderate
HSCPRR.15.04.05 Failure of major providers	Failure or loss of a major service provider may impact on our capacity to protect vulnerable children and adults.	* Appraisal of providers conducted as part of procurement process. * Purchasing patterns monitored by Finance Team and senior managers. * Programme of reviews of all service providers. * Main providers registered and inspected by Care Commission, with reports accessible for review. Participation in local and national contingency arrangements relating to providers facing financial uncertainty to ensure minimal impact on local service users.	03	03	9 Moderate
HSCPRR.15.04.06 Workforce planning and organisational development	A flexible and skilled social care workforce is essential to the future development of high quality services, and may lead to short and longer term workforce difficulties should this not be prioritised.	* Social Work is represented on the Council's Workforce Development & Equality Group (WDEG) which is tasked on an ongoing basis with reviewing competency requirements for all job roles. * As key competencies are agreed these are linked directly to Performance and Development Review (PDR) discussions within all services. * A Learning Management System (iLearn) in place to enhance access to learning and development. This includes a number of e-learning modules which support managers and employees to deal with change and redeployment positively.	03	04	12 High
HSCPRR.15.04.07 Equality Act	New duties relating to the Equality Act come into force on 1 April. If relevant activities are not prioritised by the service, there may be a risk of future legal or financial challenge.	* The Equality Impact Assessment toolkit is being implemented * Equality implications are identified as part of the board paper checklist * Equality and diversity training is offered to all employees with access to the iLearn system * The service works with members of the Diversity and Equality Alliance in Renfrewshire Group to promote and raise awareness of equalities * Sensory Impairment Team provide specialist advice and support to local people and to Council staff. * Forums with minority groups established e.g. Disability Access Panel * Signposting events held with West of Scotland Racial Equality Council * Participation in community planning and corporate equalities groups.	03	03	9 Moderate
HSCPRR.15.04.08 Health and Safety	The Health and Safety of frontline staff is supported through a comprehensive range of policies and procedures. If full compliance is not achieved this may impact on the ability of the service to provide a safe working environment for	* Completion of individual risk assessments for clients * Warning flag system in place on SWIFT/AIS * Interview rooms in location fitted with alarms and toughened glass where appropriate. * Moving and Handling training provided as part of ongoing programme of staff training on health and safety issues.	02	04	8 Moderate

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Evalu'tn
	staff (including violence to staff).	* Recording of accidents and violent incidents, with statistics reviewed on a regular basis by Social Work Health and Safety Committee. * Guidance on driving and transport use * Guidance on effective use of equipment in place			
HSCPRR.15.04.09 Financial and demographic pressures	If the service's financial and demographic pressures were not effectively planned for and managed over the medium to longer term, this would impact on the ability of the service to deliver services to the most vulnerable people in Renfrewshire.	* Demand management review undertaken * Long term financial planning processes, including strategic commissioning plans * Budget monitoring processes in place and subject to ongoing review * Client group budget management meetings held * Programme of financial management training in place for budget holders * Eligibility criteria established as appropriate * Programme of service reviews in place * Investment in service redesign opportunities to improve efficiency and effectiveness.	04	05	20 V.High
HSCPRR.15.04.10 Data protection	Failure to develop and implement robust procedures around data protection could lead to inappropriate sharing of sensitive information and potential sanctions from the Information Commissioner.	* Process developed for responding to requests for personal data * Process developed for managing electronic and manual record containing personal data * Data protection training and awareness sessions offered to relevant staff within the service	03	03	9 Moderate
HSCPRR.15.04.11 Integration of Health and Social Care	If the Council does not prepare effectively for the implementation of the Public Bodies (Joint Working)(Scotland) Act, there is a risk that legislative requirements to form a Health and Social Partnership by 1 April 2015 will not be met on time with potential consequences in terms of logistics and reputation.	*A high level working group has been established lead by the Chief Executive of Renfrewshire Council and NHS GGC *Project management arrangements are in place to plan the programme of work in order to have all the required elements of integrated working in place by the statutory deadline of 1 April 2016. *An integration scheme has been approved by Council and NHS GG&C and will be submitted through the Health Board to the Scottish Government for approval before the statutory deadline of 1 April 2015. * A Chief Officer Designate has been appointed.*The Director of Finance and Corporate Services, and the Social Work head of Resources are a members of the national Integrated Resource Advisory Group which is now working to finalise required financial governance and reporting arrangements. A a Board wide joint finance working group has also been established, and meets regularly to agree a consistent approach to the practical implementation of the national guidance. *The Director of Social Work co-chairs the national working group established by the Scottish Government to develop and agree the key outcomes and performance measures which would be adopted by health and social care partnerships. *Social Work Service is one of a small number of councils working with the Information Services Division to develop a national health and social care dataset required by health and social care partnerships to develop a performance management framework for integrated service delivery. *Significant level of joint working already embedded locally between health and social care, with a number of joint teams and co-location arrangements in place. Change Fund for Older People activity is a specific example of the effectiveness of jointly planning and delivery improvements to service provision. *Partnership working well advanced in terms of developing joint commissioning plans with a 10 year plan for older people published during 2014/15 and an overarching strategic plan and care group plans under development. *Joint planning groups for health and social care services (JPPIGs) well established,	03	05	15 High

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Evalu'tn
		overseen by a Joint Management Group. * Information sharing protocols in place across health and social care services and developed as required.			
HSCPRR.15.04.12 Incident response management	Any ineffective preparation and planning for potential disruptive events such as those reflected within the Community Risk Register, that directly relate to the services statutory obligations (e.g. Management of offenders, child and adult protection etc.) may result in the services inability to effectively respond and manage the event in a way minimises harm to the community, our employees and the reputation of the service.	* Senior Manager participation in corporate and service level working groups to discuss and develop civil contingencies arrangements. * Business continuity plans in place for all units and subject to ongoing review. Service has assessed risks and identified areas where there is no acceptable tolerance for the non-delivery of services. * Civil contingencies training for senior managers and relevant staff. * Electronic care records developed and held for all children, and being rolled out across other client groups. This is crucial to the ability of staff to access files required off-site.	02	03	6 Moderate
HSCPRR.15.04.13 Business Continuity	Non availability of (1) premises either through fire or flood etc; (2) key staff or significant numbers of front-line staff and/or (3) systems (telephony, Swift, power failure etc) may result in adverse impact on service provision.	* Corporate Landlord management of properties and associated procedures in place. * Investment programme undertaken to ensure premises are fit for purpose. * Business continuity plans in place for every social work unit and subject to ongoing review * Programme of audit undertaken by Health and Safety Service, with feedback provided to wider staffing group. * Corporate policies and processes in place regarding system failure e.g. helpdesk * SWIFT/AIS guidance regularly updated and communicated to staff, with system subject to ongoing programme of upgrading. * Rigorous implementation of corporate absence management and support policies.	02	03	6 Moderate
HSCPRR.15.04.14 Developing self-evaluation arrangements	Self-evaluation of performance and practice is key to the continuous improvement of the service. There is a risk that insufficient development of this agenda will impact on service development activity and increase the burden of external scrutiny.	* Regular programme of external scrutiny by Care Inspectorate * Registered services subject to regular inspections by Care Inspectorate * Support received from Care Inspectorate to develop self-evaluation arrangements through for example a case file auditing programme. * Inspection overview submitted to board on 6 monthly basis * Programme of self assessment rolled out across service using PSIF. * Complaints monitoring allows for key areas of development to be identified - update	03	03	9 Moderate

To: **Renfrewshire Integration Joint Board**

On: **20 November 2015**

Report by: **Chief Officer**

Subject: **Renfrewshire HSCP Performance Management Report 2015/16**

1. Summary

1.1. The Integration Joint Board will assume full responsibility for delegated services for the reporting year April 2016/March 2017. A performance framework is required to ensure we operate with informed, effective and efficient management of services and to provide a coherent picture of the outcomes achieved by the Partnership.

1.2. Clause 4.4 of the Integration Scheme requires that existing measures and targets from the service plans of the parent organisations are drawn together in preparation for the development of a performance framework as outlined above. These include national measures such as the NHS HEAT (Health Improvement, Efficiency, Access and Treatment) targets and agreed Community Planning arrangements and will provide a further basis for development in the Partnership.

1.3. This report provides an update on performance as per the proposals for interim performance reporting agreed at the Integration Joint Board on the 18th September 2015. A mid-year update on the agreed performance scorecard for 2015/16 is included (see Appendix 1) as well as an outline of the further work to be undertaken to develop a Performance Management Framework for 2016/17.

2. Recommendations

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

2.2. The Outcomes and Performance Management Integration Work Stream takes forward the development of the HSCP 2016/17 Performance Management Framework as outlined in the report to the Integration Joint Board on the 18th

September 2015. A Performance Management Framework for 2016/17 will be brought to the Integration Joint Board in March 2016.

3. Background

3.1. Performance Reporting 2015/16

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

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

3.2 Summary of Red, Amber and Green Measures

National outcome	Red	Amber	Green	Data Only
National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	0	3	4	1
National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	3	1	7	8
National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	1	1	5	5
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	4	4	6	2
National Outcome 5. Health and social care services contribute to reducing health inequalities	3	0	1	4
National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being	1	0	1	3
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	2
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	3	0	2	3
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	3	6
Total:	**15**	**9**	**31**	**34**

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

Of the 55 measures that have performance targets, 56% are showing green (on or above target); 17% showing amber (within 10% variance of target); and red 27% (more than 10% variance of target).

3.3 Performance Improvements

Good progress continues to be made in older people's services in the reduction of bed days lost due to delayed discharge and the overall number of delays at census. Renfrewshire is performing in the top quartile of partnerships in this area and delays in complex cases such as Adults with Incapacity issues now account for the majority of delays. The number of hours of care at home delivered has also improved along with higher rates of services provided flexibly at the weekend or out of hours.

Access to services has improved with faster access to psychological therapies, and alcohol or drug referral to treatment waits of under 3 weeks. We have also seen a positive reduction in the rate of teenage pregnancies, particularly for those under 16 years of age. One of the HEAT targets, where performance has recently reached green status, is the increase in the percentage of pregnant women in each SIMD quintile that have booked for antenatal care by the 12th week of pregnancy. This is an important target for us as the earlier we engage with pregnant women the more we can support them to deliver a healthy baby, impacting also on the low birth weight, smoking in pregnancy and breastfeeding targets.

3.4 Performance Concerns

As well as positive areas of performance, there are also a number of challenging areas, including smoking cessation; alcohol brief interventions (ABIs); sickness absence; and the 18-week waiting times target from assessment to appointment in the Speech and Language Therapy Community Paediatric Service. Regular performance review meetings are carried out with service managers to support the improvement of these key indicators.

Waiting times for OT services have also been a concern although waiting lists and waiting times have improved in recent months. The uptake of services for carers such as assessment and respite remains a concern and work continues with third sector agencies such as the Renfrewshire Carers' Centre to improve access and participation.

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

Implications of the Report

1. **Financial –** None

2. **HR & Organisational Development –** None

3. **Community Planning -** None

4. **Legal –** Meets the obligations under clause 4.4 of the Integration Scheme.

5. **Property/Assets –** None

6. **Information Technology –** None

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** None

9. **Procurement –** None

10. **Risk –** None

11. **Privacy Impact –** None

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Renfrewshire Integration Joint Board Scorecard 2015/16

Appendix 1

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Direction of Travel	
	Improvement
	Deterioration
	Same as previous reporting period

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer

PI code & name	2013/14 Value	2014/15 Value	Q1 2015/16 Value	Target	Direction of Travel	Status
National Outcomes						
HSCP/CI/HCES/01 Percentage of adults able to look after their health very well or quite well	94%	-	Not measured for Quarters			
Local Outcomes						
HSCP/HI/AD/02 Reduce smoking in pregnancy	14.3%	13.6%	13.9%	20%		
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks	19.3%	21.8%	21.3%	21.4%		
HSCP/HI/LS/01 Increase in the number of people who assessed their health as good or very good	77%	-	Not measured for Quarters	80%		
HSCP/HI/LS/02 Increase the percentage of people participating in 30 mins of moderate physical activity 5 or more times a week	53%	-	Not measured for Quarters	32%		

HSCP/HI/LS/03 Reduce the percentage of adults who smoke	19%	-	Not measured for Quarters	23%		
HSCP/HI/LS/04 Reduce the percentage of adults that are overweight or obese	49%	-	Not measured for Quarters	55%		
HSCP/HI/MH/01 Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	55.1	53.4	Not measured for Quarters	57%		

There are no indicators showing red status under National Outcome 1 ‘People are able to look after and improve their own health and wellbeing and live in good health for longer’.

Three indicators show a warning sign. Exclusive breastfeeding at 6-8 weeks has dropped from 21.8% for 2014/15 to 21.3% at quarter one of 2015/16, which is slightly below the 21.4% target. All health visitor staff are trained by NHSGGC infant feeding advisors to provide evidence based information to women in Renfrewshire.

In the Health and Wellbeing Survey 2014, respondents were asked to describe their general health over the last year on a five point scale (very good, good, fair, bad or very bad). Overall, just over three in four (77% - Target: 80%) gave a positive view of their health, with 33% saying their health was very good and 44% saying their health was good. However, 23% gave a negative view of their health.

The survey used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to assess positive mental health and wellbeing. This uses 14 positively worded questions. Scores are derived by summing responses to each of the 14 questions on a 1-5 Likert scale. Thus, the maximum score is 70 and the minimum score is 14. The scale is designed to allow the measurement of mean scores in population samples. The Scottish Health Survey has consistently shown the mean WEMWBS score for the Scottish adult population to be around 50, with the 2012 survey showing a mean score of exactly 50.0. The overall mean WEMWBS score for respondents in Renfrewshire in 2014 was 53.4 against a target of 57.

National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	80%	-	Not measured for Quarters			
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population.			Not measured for Quarters			
Local Outcomes						
CHP/CF/DD/01 Number of acute bed days lost to delayed discharges (inc AWI)	5,835	5,325	Aug 15: 284	675		
CHP/CF/DD/02 Number of acute bed days lost to delayed discharges for Adults with Incapacity.	2,288	4,301	Aug 15: 217	89		
HPBS14b1 Number of PSHG awarded to disabled tenants to adapt private homes	123	109	Not measured for Quarters	Years		
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	98.6%	87.8%	Not measured for Quarters	99%		
HPCHARTER23 The average time to complete medical adaptation applications	60.6	64	Not measured for Quarters	Years		
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan.	-	649	467	440		
HSCP/AS/DD/02 The number of delayed discharges over 2 weeks	-	0	0	0		
HSCP/AS/DEM/01 Number of patients registered with dementia.	-	-	1,427	1,370		
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	-	-	100%	100%		
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	84%	86%	86%	85%		
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target – 30%)	27%	28%	28%	30%		

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

Performance with regard to delayed discharge remains strong both in terms of bed days lost and the number of delays recorded at census for mainstream discharges. Delays due to complex cases such as those concerning Adults with Incapacity issues remain an issue with the majority of bed days lost now accounted for by these instances.

Performance in care at home remains good with increasing numbers of hours delivered and a high percentage of cases delivered flexibly at the weekend or out of hours. The percentage of intensive cases looked after in the community remains below target but performance in this area is improving towards the national target of 30%.

Waiting times for OT assessment are below target. However significant improvement has been made recently, with the waiting list falling from 300 to 200. The total number of clients receiving telecare (75+) per 1,000 population increased in the last financial year with more clients now utilising telecare as part of care in the community packages.

National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	75%	-	Not measured for Quarters			
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	83%	-	Not measured for Quarters			
Local Outcomes						
HSCP/AS/AE/01 A&E waits less than 4 hours	82%	91.9%	89.8%	95%		
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+).	43.3%	46%	44.8%	48.2%		
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	41.6%	44.6%	43.6%	45%		
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	-	100%	100%	100%		
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-	-	94	Quarters		
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-	88% of Audit of 70	Not measured for Quarters	Years		
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-	1	Not measured for Quarters	Years		
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	-	-	97%	100%		
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	-	-	97%	90%		
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	93.7%	99.4%	99.6%	90%		

The indicator showing red status in Outcome 3 is A&E waits less than 4 hours. The target is for 95% of people to be seen within 4 hours and at August 2015, 89.8% were seen within 4 hours at the Royal Alexandra Hospital (RAH) in Paisley. Performance has improved since January 2015 when it showed 71.2%, however the target has not been reached over the last 17 months. Delays in A&E can be caused by inappropriate attendance at the A&E Dept. and also when there are other pressures within the hospital wards and departments. In order to avoid hospital admissions, the four Renfrewshire Development Programme projects will continue throughout the winter period. In particular, the older adults' assessment unit and the chest pain assessment unit will be supported to prevent unnecessary admissions. We have also identified those care homes which have high levels of hospital admission and are offering additional support to them. In particular, we will use our pharmacy team, our care home liaison nurses and our older adults' liaison nurse to target those care homes.

Our district nurses will support the national campaigns offering advice to patients with chronic conditions and we will share information about community pharmacy services and times with Homecare staff and with the local A&E department.

The discharge lounge at the RAH is currently operational Monday to Friday. We will explore with acute colleagues the potential for extending this to the weekend, to make better use of some community services currently available 7 days per week.

National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users

PI code & name	2013/14 Value	2014/15 Value	Q1 2015/16 Value	Target	Direction of Travel	Status
National Outcomes						
HSCP/CI/HCES/07 Percentage of adults supported at home whoagree that their services and support had an impact in improving or maintaining their quality of life.	82%	-	Not measured for Quarters			
Local Outcomes						
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	79.26%	89.22%	88.9%	80%		
HSCP/AS/HA/03 Emergency admissions from care homes	539	508	100	480		
HSCP/AS/HA/04 Emergency bed days rate 65+	290	305	Not measured for Quarters			
HSCP/HI/ADS/01 Alcohol brief interventions	1,325	1,067	Jun 15: 193	224		
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	2.41%	-	Not measured for Quarters	1.86		
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	-	140.9	Not measured for Quarters	130		
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	97.3%	98.5%	98.9%	91.5%		
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	4.5	-	Not measured for Quarters	5%		
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 100,000 population	10.5	10.1	Not measured for Quarters	8.9		
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.9%	6.7%	Not measured for Quarters	6%		
HSCP/CS/AX/01 Uptake rate of 30-month assessment		87.7%	76.4%	80%		

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

4 local indicators are showing red status in Outcome 4: Alcohol Brief Interventions (ABIs); the estimated prevalence of problem drug use amongst 15-64 year olds; the percentage of babies with a low birth weight; and paediatric Speech and Language Therapy assessment to appointment within 18 weeks.

ABIs for quarter 1 (April-June 2015) is 13.8% below target. 193 ABIs were carried out against a target of 224. A new Health Improvement Practitioner was appointed in July 2015, specifically to support GPs with the delivery of ABIs in Primary Care. We engage with the GP practices that show low or nil ABI returns and support them in the direct delivery of ABIs. We continue to deliver ABI training quarterly; a total of 26 practitioners have been trained since April 2015, a significant increase on last year's total of 9.

The Community Care, Health and Wellbeing Board made a response to the Licensing Board's consultation on overprovision in Renfrewshire. This focused on the availability of alcohol from off sales premises in some of the areas of Renfrewshire where alcohol related health outcomes are particularly poor. It also sought an extension of the existing on sales over provision area in the town centre. The Licensing Board did not support our representations and decided to keep only the existing over provision area in the town centre, for liquor and pub type premises. Following this, a series of conversations with the Licensing Board, the Licensing Forum and the Alcohol and Drugs Partnership have resulted in an agreement to develop a joint statement for partners to sign up to.

The CCH and WB Board also supported a series of events in early June to raise awareness in communities of the impact of alcohol abuse (Brighter Renfrewshire Alcohol Awareness Week – BRAW). This aimed to encourage local people to have a healthier relationship with alcohol.

Estimated prevalence of problem drug use amongst 15-64 year olds - the reported prevalence rate of problem drug use in Renfrewshire at 2.41% (Target: 1.86%) has risen between 2009/10 and 2013/14, whilst the Scottish figure has fallen. There is some doubt about the accuracy of the 2009/10 figure for Renfrewshire, and although recording has improved over the three year period, Renfrewshire remains higher than the Scottish average of 1.68%. There are strong and clear links between poverty, deprivation, mental health and wellbeing, health inequalities, crime, and drug and alcohol problems. Evidence shows that individuals are more at risk where there are low employment opportunities, poor personal resources and weak family and social networks. Addressing wider inequalities such as housing, income, education and health can play an important role in reducing drug misuse.

Local work has focused on creating a 'system of care', addressing prevention, treatment and recovery:

- Prevention: campaigns underway which aim to raise awareness include Cannabis and Overdose Prevention. The provision of a Safe Bus in the centre of Paisley during the run up to Christmas offers support to individuals who are intoxicated
- Treatment: waiting times for drug and alcohol services have reduced significantly. 98.9% of patients wait less than three weeks to be treated in alcohol services (target 91.5%). 100% of patients wait less than 3 weeks to be seen in drugs services (target 91.5%).
- Recovery: initiatives such as the Sunshine Recovery Café, Network and the Addiction Worker Training Project aim to promote recovery and help individuals to move into training and employment.

The Outcomes Star Tool was implemented in all drug and alcohol services to assist the Alcohol and Drug Partnership to evidence change. Most recent findings from the tool show that service users have demonstrated improvement in a number of key dimensions.

Low birth weight babies - the percentage of babies with a low birth weight (<2500g) was 6.7% at June 2015 against a target of 6%. The Renfrewshire rate is above the NHSGGC average of 5.9%. We achieved the 6% target at March 2015 and hope to achieve 6% later in the year. Mothers that smoke during pregnancy are twice as likely to give birth to low weight infants therefore supporting women to stop smoking during pregnancy is a high priority. As smoking rates are higher in more deprived areas, a small test of change offering one to one support to pregnant women who are smoking is currently taking place in Ferguslie. Learning from this will improve future practice. Our Family Nurse Partnership provides additional support to pregnant teenagers through pregnancy and we are optimistic that this will impact on low birth weight registers.

Although In Speech and Language Therapy we are meeting the triage target, the assessment to appointment target remains challenging due to two staff vacancies. One vacancy has been released for advert and the other has been recruited to, with an expected appointment at the end of October 2015. In addition, fixed term funds from Renfrewshire Council have been awarded to develop our universal/stage 1 services, which will allow us to train every nursery in the area and increase capacity in the wider children's workforce to support Speech, Language and Communication needs. We anticipate that this will allow greater throughput of cases, which should impact positively on the waiting times.

National Outcome 5. Health and social care services contribute to reducing health inequalities.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/11 Premature mortality rate.	449.1	-	Not measured for Quarters			
Local Outcomes						
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	-	-	28	43		
HSCP/HI/AD/03 Smoking in pregnancy (SIMD)	-	24.9	Not measured for Quarters	20%		
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	14.2%	14.8%	Not measured for Quarters	19.4%		
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	-	-	878			
HSCP/HI/EQIA/03 Number of quality assured EQIAs carried out	-	-	0			
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	-	-	56			
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy in the communities of Renfrewshire (Bishopton and Ferguslie).	16.4 years	14.8 years	Not measured for Quarters	15.3		

Reducing health inequalities in Renfrewshire is challenging. While previously we have made good progress on some indicators across Renfrewshire as a whole – smoking cessation, smoking in pregnancy and breastfeeding – when we look at the data for the more deprived areas it shows a different picture. The smoking cessation target for 2015/16 has changed to the 'number quit at 3 months from the 40% most deprived areas'. Our target was 43 quits for April-June 2015 and our performance shows 28 (35% below target).

We continue to strive to improve our performance in this area and support many smokers to successfully quit. We have produced a new seasonal timetable for stop smoking groups (October to December), which is being distributed to all pharmacies, GP practices and community venues. We are promoting our 'Quit in October' campaign and working closely with the new social prescribing link worker in Johnstone and Linwood GP practices for them to make direct referrals into the service. Work is also targeted with secondary schools to encourage young people not to start smoking and support is offered to those who want to stop.

The smoking in pregnancy target is 20% for Renfrewshire including deprived areas. We know that rates of smoking are far higher in deprived areas (19% Renfrewshire; bottom 15% data zones 37%), so although we achieved the smoking in pregnancy target for the whole of Renfrewshire (target 20%; 13.6% for 2014/15), we are almost 5% over target in the deprived areas at 24.9%. Supporting pregnant women to successfully quit is a key priority in both the Community and Maternity Services. Smokefree Pregnancy Services have been reviewed across NHS Greater Glasgow and Clyde and a number of improvement measures are being tested, ensuring all stages of the process are tightened.

Similarly, increasing breastfeeding rates in the 15% most deprived areas is challenging. Although considerable work is carried out in Renfrewshire to encourage breastfeeding and support new mums to continue breastfeeding, we have not seen much improvement with this indicator over the past couple of years.

There have been no new EQIAs since April 2015. However, previous EQIAs are kept under review. An Equality Impact Assessment is currently underway on the HSCP Strategic Plan.

National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

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

The Health and Social Care Partnership acknowledges the significant role carers play in supporting the people they care for, and in partnership with the Council and Carers' Centre have progressed a number of key developments and achievements for carers including:

- Increasing the number of carers assessments completed
- Enhancing the support provided to young carers and young adult carers
- Supporting early identification and better information for carers
- Increasing respite provision

As well as supporting these initiatives the Partnership will continue to plan for the implementation of the new duties and provisions in the Carers' Bill.

National Outcome 7. People who use health and social care services are safe from harm.

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

The Partnership is managing increasing numbers of Adult Protection referrals with the majority of cases passed on by Police Scotland. The Partnership participated in a public campaign over the summer raising awareness on Protection issues and highlighted the AP referral pathway.

The Partnership continues to work with other agencies on safeguarding and protection issues. Adult Protection is an important part of the locality Social Care

National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	-	Not measured for Quarters			
Local Outcomes						
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	3	1	Not measured for Quarters			
SWPERSOD07b No of SW employees, in the MTIPD process, with a completed IDP	579	599	Not measured for Quarters			
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	-	-	Sep 15: 68.72	80%		
HSCP/CS/H&S/02 Health sickness absence rate	-	-	5.6%	4%		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	-	-	100%	100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	-	-	67%	100%		
HSCP/CORP/CMP/01 % of complaints responded to within 20 days	-	-	100%	100%		

Sickness absence for NHS staff in the HSCP has reduced to 5.6% in August 2015 from 6.4% in July 2015. The higher impact of this reduction is in the long term absence. A review team confirmed that managers were aware of their accountability and applied a consistent approach to actions and responsibilities detailed within the Attendance Management Policy. Development work is now underway to look at standardising the reporting of absence information across both partner employer organisations where this can be achieved.

Managers continue to work with staff to increase the % of eKSFs and PDPs. A large proportion of reviews and PDPs are due in the period December 2015 - March 2016, therefore we expect activity to increase during this period.

Induction training standard within deadline is showing red status. Reminders are issued to line managers responsible for induction to ensure compliance with organisation performance standards. There have been some IT issues around some logins and passwords so although the induction process is complete there has been a delay in the information being recorded on the system.

National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/14 Readmission to hospital within 28 days.	-	-	Not measured for Quarters			
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	-	-	Not measured for Quarters			
Local Outcomes						
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£16.81	-	Not measured for Quarters			
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.3%	-	Not measured for Quarters			
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	381.9	-	Not measured for Quarters			
HSCP/GP/MM/01 % of GPs participating in Medicines Management LES	-	-	100%	100%		
HSCP/AC/PHA/01 Prescribing variance from budget			2.43% over budget			
HSCP/AC/PHA/02 Formulary compliance			78.2%	78%		
HSCP/AC/PHA/03 Prescribing cost per weighted patient			£15.15	£15.65		

The effective management of resources is a key priority within the Partnership's Strategic Plan and Performance Management Framework.

To: **Renfrewshire Integration Joint Board**

On: **20 November 2015**

Report by: **Chief Officer**

Heading: **Renfrewshire HSCP - Winter Plan 2015/16**

1. Summary

1.1. Health Boards have received guidance from the Scottish Government to support planning and preparation for Winter 2015/16. Health Boards must be satisfied that potential disruption to NHS services, patients and carers is minimised. The final winter plan for the NHSGGC Board area was to be signed off by the end of October.

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.

2. Recommendations

2.1. The IJB is asked to note Renfrewshire HSCP's draft Winter Plan 2015/16.

3. Background

3.1. Guidance to prepare for winter 2015/16 was issued by the Scottish Government in August 2015 – "National Unscheduled Care Programme: Preparing for Winter 2015/16 – DL (2015) 20". Health Boards were asked to focus on integration, improving delayed discharges and the six essential actions identified to improve unscheduled care across Scotland.

3.2 Renfrewshire HSCP's plan focuses on safe and effective hospital admission and discharge, workforce capacity and planning, services at

weekend and bank holidays, communication between all parts of the system and flu vaccination. There are detailed plans to develop a shared dashboard of key indicators with Acute Services to identify triggers which will require escalation. We will share on-call rotas between hospital and community services, and we will support care homes to prevent unnecessary hopsital admissions. Our plan also includes improved communication to GPs about the pathways into the range of hospital and alternative services.

3.3 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 publised 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

Appendix 1

Renfrewshire HSCP - Winter Plan

1. Introduction

Health and Social Care Partnerships (HSCPs) have a critical role in the wider service system which enables the delivery of effective unscheduled care. It has been agreed through the NHS Greater Glasgow and Clyde (GGC) whole system planning group that each HSCP will produce an operational unscheduled care plan with a particular focus on the winter period. These plans will cover:

- The community service aspects of the 6 essential actions (Appendix 1)
- Delayed discharge
- Measures to reduce admissions and attendances
- Delivery of key service features including single point of access, Care Home support and Anticipatory Care
- Continuity and resilience
- Developing an agreed set of indicators to monitor performance
- Planning with GPs for the two long bank holidays

This Winter Plan identifies and addresses the local issues across the primary care and community services for which Renfrewshire Health and Social Care Partnership is responsible, to support the NHSGG&C whole system planning as detailed above. Many of the actions identified are required all year round – additional bank holidays, increased staff absence and additional demand over the festive period and into January will add to year round pressures.

2. Planning Arrangements

The Renfrewshire Development Programme (RDP) has provided a focus for change and efficiency improvements through four main projects: Older adults and chest pain assessment units, anticipatory care planning and out of hours community in reach.

The programme connects different services across primary, community and acute care to develop more effective working arrangements, improving handover between services, increasing the speed of access to required services and reducing bed days and lengths of stay. Evaluation is underway, but early learning will inform this plan. It is anticipated that the main projects will continue throughout the winter period.

This plan has been developed in partnership with service planners and operational managers at the Royal Alexandra Hospital (RAH). It will be reviewed and monitored on an ongoing basis by the HSCP Senior Leadership Group.

3. Renfrewshire Actions Against the Scottish Government Key Themes

Scottish Government Key Themes	Renfrewshire Actions
Safe and Effective Admission and Discharge	Avoiding Admission Three Renfrewshire Development Programme (RDP) projects will continue throughout the winter period. In particular, the older adults' assessment unit supported by the in reach Community Out of Hours (OOH) Service and the chest pain assessment unit will be supported to prevent unnecessary admissions. We will identify those care homes which have high levels of hospital admission and offer additional support to them. In particular, we will use our pharmacy team, our care home liaison nurses, community Rehabilitation and Enablement Services (RES) and our older adults liaison nurse to target those care homes. We will continue to remind GPs about the need to update the Key Information Summary (KIS). Our district nurses (DNs) will support the national campaigns offering advice to patients with chronic conditions. We will continue to encourage DN and RES staff to use clinical portal to access KIS and other relevant information to support care planning and discharge planning. We will share information about community pharmacy services and times with Homecare staff and with the local Accident and Emergency (A&E) department. Other services to prevent admission (including Third Sector). Safe Discharge We will continue our existing good practice re discharge planning and avoiding lost bed days supported by a comprehensive social and health care response. The discharge lounge at the RAH is currently operational Monday to Friday. We will explore with acute colleagues the potential for extending this to the weekend, to optimise the community services currently available 7 days/week.

Scottish Government Key Themes	Renfrewshire Actions
	We will use Darnley Court as a step-down facility for AWI patients, freeing up capacity in acute inpatient beds. We will continue to participate in the daily huddle meetings at the RAH (and extend this participation to include mental health and addictions). We will formalise and share the key messages/outputs of these meetings on a need to know basis to promote whole system working. <u>Mental Health</u> i) <u>Adult Inpatients</u> The admission and discharge data for inpatient hospitals has been assessed over the last 5 years through the Mental Health Bed Management system. The bed management systems and bed managers provide daily reports on bed occupancy and availability. These reports also report on any projected ward closures should this be necessary in exceptional circumstances e.g. Norovirus, influenza. Annual leave will be managed across the winter and festive period to ensure sufficient staffing to manage demand. The pattern of admissions and discharges over the winter period is similar to the pattern throughout the rest of the year. No special arrangements need to be put in place relating to psychiatric admissions and discharges. ii) <u>Community Services</u> Intensive Home Treatment Team will provide 24 hour 7 day week provision for Mental Health Services which will assess patients for admission and discharge. These services will be in place over the festive period. The services include social care support. The Intensive Home Treatment Team will provide public holiday cover during the festive period. Community Mental health teams will operate throughout the festive period with skeleton staff during public holidays to facilitate discharge and prevent admission The services above receive referrals from Primary Care, Liaison Psychiatry and secondary Acute services. iii) <u>Out of Hours Arrangements</u>

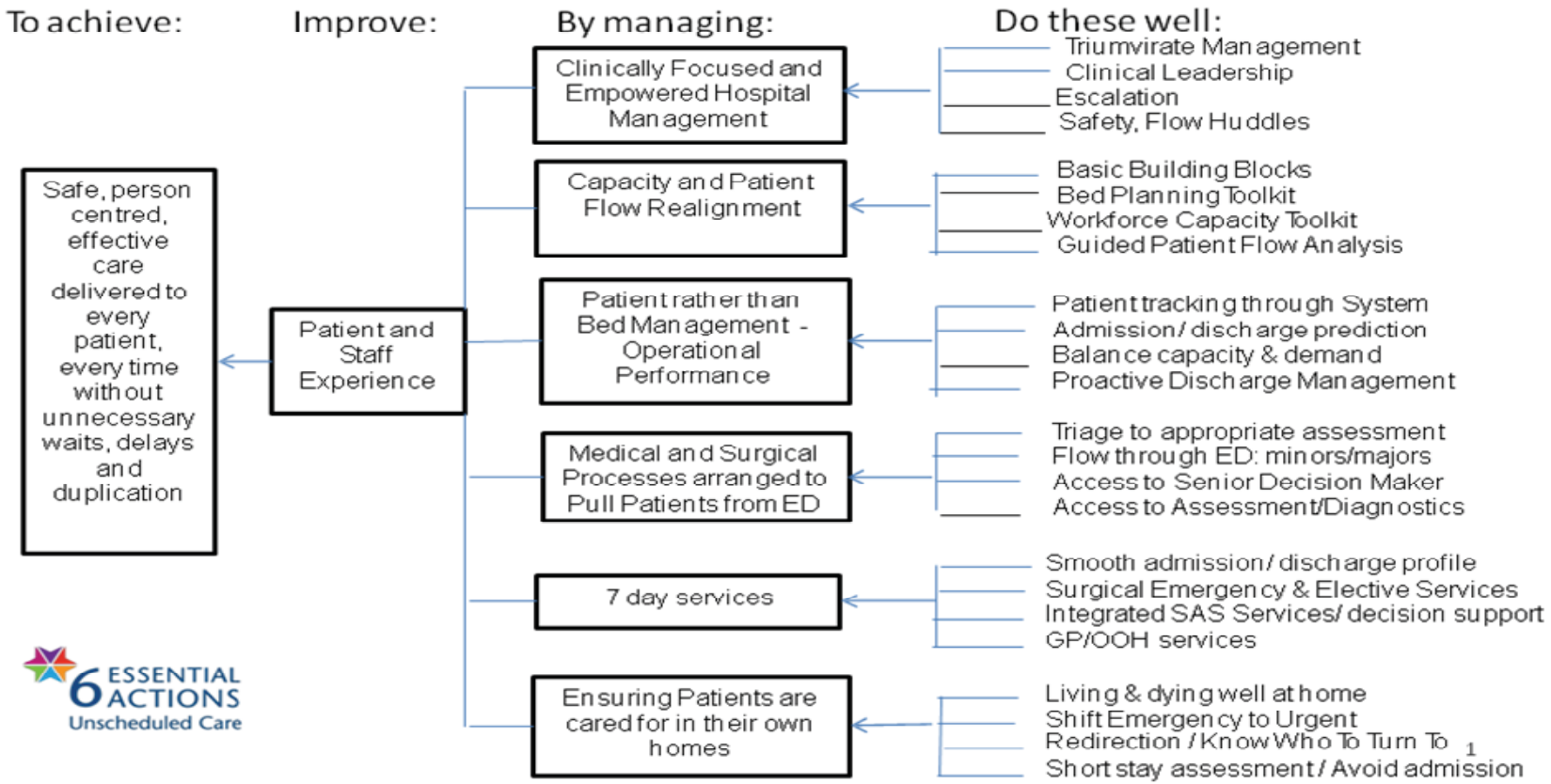
Scottish Government Key Themes	Renfrewshire Actions
	Mental Health Services in Greater Glasgow and Clyde provide Out of Hours services which receive referrals from the GP OOH service which triages calls from NHS 24. These services will be in place over the festive period. It is not anticipated that there would be an unusual pattern of referrals to psychiatry based on previous year's information. iv) Acute Hospital Liaison Liaison Psychiatry Services are provided 7 days a week to Royal Alexandra Hospital by Psychiatric Liaison Nurse services and Intensive Home Treatment Team for deliberate self-harm over weekends and public holidays. This is in addition to direct referrals to the on-call psychiatry staff in psychiatric hospitals which is available to Acute services.
Workforce Capacity Plans and Rotas	All services will plan an enhanced level of cover and annual leave over the festive period, bearing in mind additional pressures and the potential for increased sickness absence. In addition, there is in place review and attendance plans to monitor absence. In the event of staff shortages access is available to the nurse bank. In exceptional circumstances community psychiatric nursing staff may be requested to work in inpatient services. Services will work with trade unions to agree a level of manageable leave. Service managers will be asked to confirm the process in their own area. Most services only allocate annual leave on a weekly basis as demand and capacity are reviewed. The Care at Home service has already highlighted a capacity issue, particularly in commissioned services. The Head of Adult Services is reviewing contracts and leading discussion with these providers to look at increasing capacity. It is likely that this will have a cost implication. We will seek assurances from the nurse bank that steps are being taken to increase capacity and ensure there is equal coverage across the Greater Glasgow and Clyde area. We have reviewed the adverse weather policies of our two host organisations to ensure consistency, and we will circulate them to all staff, emphasising the need for uniform application. Decisions about service changes due to adverse weather will be cascaded in a managed way from the Chief Officer and the heads of service. There is now access to four wheeled drive vehicles and some vehicles will be fitted with winter

Scottish Government Key Themes	Renfrewshire Actions
	tyres. We will share HSCP and acute on call arrangements. In psychiatry, arrangements to ensure that senior staff are on-call and available over the festive period are in place. The on-call information will be held at each hospital and the centralised telephone service.
Whole System Activity Plans – post Festive surge	A joint meeting of the acute and community service managers is planned for the end of October. Key staff from the HSCP will be involved in the daily huddle meetings (including mental health and addictions) and will cascade relevant information to other health and social care professionals.
Strategies for Additional Winter Beds and Surge Capacity	We will explore (across the system) how to most effectively use the beds at Darnley Court, Ward 36 and residential care homes. This will include simplifying the care pathway where possible and creative ways of supplying nursing, Allied Health Professionals (AHP) and medical cover (both money and people) within available resources.
Risk of Patients being delayed on their Pathway is Minimised	The availability of community staff over a 7 day period will ensure patients will transfer to the most appropriate care timeously according to individual care pathway.
Discharges at Weekends and Bank Holidays	We will continue to work with acute colleagues to make better use of the homecare weekend hours (currently under-utilised) to assist weekend discharges. We will also explore the potential for extending the days that the discharge lounge is available for (currently only Monday to Friday). We have identified the need for the Adult Services Referral Team (ASeRT) service to be available for the extra Social Work bank holiday. This will have a financial implication. We are currently exploring the cost and practicalities of extending hospital social work services to cover the two extended bank holiday periods and in the early evenings.
Escalation Plans tested with Partners	We will agree a core set of indicators to be shared by acute colleagues as an early alert system. These indicators will alert primary, community and social care services of activity surges.
Business Continuity Plans tested with Partners	We are completing an exercise to review and update current business continuity plans in health and social care services. All services will have a robust business continuity plan by the end of

Scottish Government Key Themes	Renfrewshire Actions
	October 2015, using a consistent template. Our Clinical Director will remind GPs about need to have robust business continuity plans, as he visits practices. The HSCP is involved in regular Council-led civil contingency meetings.
Preparing Effectively for Norovirus	We recognise that Norovirus has the potential to affect both access to beds and availability of staff. We will follow infection control guidelines. We will ensure business continuity planning takes account of this, as it is known risk every year.
Delivering Seasons Flu Vaccination to Public and Staff	We will encourage all frontline staff to take up the offer of flu vaccination, recognising the different processes for health and social care staff. We will review the contract for commissioned home care to ensure that this staff group is offered vaccination. We will support GPs and community nurses to encourage high update of vaccination among vulnerable groups of patients, particularly the housebound, those in nursing/care homes and those in receipt of home care services.
Communication to Staff and Primary Care	We will use team brief and staff newsletters to share this plan with all staff. We will also widely circulate the Council's Severe Winter Weather Response Guide 2015/16. We will use the planned meeting in November with the 29 Integration Liaison GPs and the GP Forum on 24th November to emphasise the need for robust business continuity planning and winter planning. We will also prepare a single communication for GPs/primary care with details of services available and times over the festive period. We are exploring a system of using group text messaging to communicate simultaneously with large staff groups. The availability and access to Mental Health Services is included in the Greater Glasgow & Clyde Board's public communication information issued for the festive period. We will develop, with acute colleagues, a briefing for GPs to make clear the routes into and services available at the RAH. This will include the times services are available, and will remind GPs of the advantages of admission early in the day.

Scottish Government Key Themes	Renfrewshire Actions
Effective Analysis to Plan for and Monitor Winter Capacity, Activity, Pressures and Performance	Key indicators: - Bed days lost due to delayed discharge - Bed days lost due to delayed discharge (AWI) - Emergency admissions 75+ - Uptake of flu vaccinations (staff) - Uptake of flu vaccinations (GP population) - Referrals to services which prevent admission. We will work with acute colleagues to agree a suite of indicators discussed at daily huddle meetings, which can be circulated through the HSCP to influence referral patterns, and respond when acute services and other inpatient sites under pressure. In the event of exceptional circumstances such as a flu pandemic/novovirus/extreme weather conditions then there would be additional costs associated with staff cover including overtime and other costs.

6 Essential Actions to Improving Unscheduled Care Performance



To:	**Renfrewshire Integration Joint Board**
On:	**20 November 2015**
Report by:	**Chief Officer**
Heading:	**First Draft Strategic Plan**

1. Summary

1.1. The purpose of this report is to present members of the Integration Joint Board (IJB) the first draft of the Strategic Plan for approval, in line with the requirements of integration legislation.

1.2. The views of the Strategic Planning Group (SPG) have been taken into account in the preparation of the Strategic Plan.

1.3. The first draft of the Strategic Plan is attached in Appendix 1.

2. Recommendations

2.1. It is recommended that members of the IJB:

- consider the themes emerging from the views expressed by SPG members on the Strategic Plan Proposals,
- note the approach adopted to take account of the views expressed by SPG members,
- note the change to the strategic planning timeline to facilitate reporting to appropriate governance bodies,
- approve the first draft of the Renfrewshire Health and Social Care Partnership Strategic Plan, and
- agree to remit the first draft Strategic Plan to the SPG to seek its members' views, in line with legislative requirements.

3. Background

3.1. At its meeting on 18 September 2015, the IJB approved the approach for developing the Strategic Plan and the proposed structure and content of the Strategic Plan. In line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB remitted these proposals to the local SPG to seek its members' views.

3.2. The first draft Strategic Plan has now been developed in line with legal requirements and reflecting national guidance on the joint strategic commissioning process.

3.3. The first draft of the Strategic Plan is attached in Appendix 1 for members' consideration.

3.4. **Strategic Planning Group Views**

3.5. One of the key legal requirements is for the IJB to seek the views of the SPG on the Strategic Plan proposals, which took place at the SPG meeting on 23 September 2015.

3.6. The SPG members were given copies of the Strategic Plan Proposals Paper and asked for views across four areas, which were expressed in facilitated group discussions:

- the strategic planning process and timeline,
- the proposed structure and content of the Strategic Plan,
- the Partnership's approach to consultation and engagement, and
- potential priority areas for different care groups in the Partnership's remit.

3.7. A number of views were expressed multiple times with themes emerging from the group discussions. Chief among these were:

3.8. **Process and timeline**: SPG members understand the strategic planning timeline and the legal deadlines being worked to. A number of views were expressed in relation to the need for SPG members to be supported by the Partnership to effectively contribute to the process in terms of the format of meetings and accessibilty of materials presented and to enable them to effectively engage with their stakeholder networks on relevant issues within the process.

3.9. **Proposed structure and content**: the need for the Strategic Plan to address early intervention, prevention and inequalites was expressed a number of times as was the view that the Strategic Plan has to be person-centred and easy to understand.

3.10. **Consultation and engagement**: SPG members indicated that the Partnership's approach to consultation and engagement needs to be focussed on making the complex subject matter as easy as possible to understand and that mechanisams and supports have to be developed to enable the members to engage with their networks to discuss the matters arising. These were viewed as the main ways in which meaningful joint working can be achieved.

3.11. **Potential priority areas**: SPG members generally agreed with the potential priority areas identified. A number of views were received regarding inclusion of developing opportunities with and capacity within the third sector as a priority and ensuring the Strategic Plan reflects the central role played by carers across the Partnership's remit.

3.12. A full log of all the views expressed by SPG members has been developed and remitted to an approriate workstream within the Integration Programme for action. SPG members were updated on the progress being made in relation to their views at the Group's meeting on 22 October 2015. These updates will continue to be provided going forward as further consideration is given to the most appropriate action or response for each view.

3.13. **First Draft Strategic Plan**

3.14. The first draft of the Strategic Plan has been developed taking the SPG's views into account as outlined in 3.12 above.

3.15. In line with the Strategic Plan Proposals paper previously approved by the IJB, the Strategic Plan sets out:

- the context for integration of health and social care in Scotland, including the national health and wellbeing outcomes and the legal and policy drivers,
- the Partnership's vision for the future of health and social care in Renfrwshire, the leadership and governance of the organisation and the services that it will manage to deliver this vision,
- the purpose of the Strategic Plan in setting the direction for the Partnership for the period 2016-2019 and the role of the SPG in developing the Strategic Plan and monitoring its implementation,
- an assessment of the current and future needs of the local population that gives rise to the changing demand for services and consideration of the current complement of services and resources at the Partnership's disposal to meet this demand,
- the Partnership's priorities for the period of the Strategic Plan, which have been developed from the needs assessment and from the

outcome of engagement with the SPG. These priorities will be translated into person-centred case studies to illustrate what integration means in practice,

- the wider planning framework within which the Partnership operates, showing the relationships between the Strategic Plan, Renfrewshire Council Plan, NHS GGC Local Delivery Plan and the Renfrewshire Community Plan. This section also outlines the relationships between the Partnership's internal plans and strategies, including its approach to localities.

3.16. The first draft Strategic Plan describes the role of the Partnership. It examines the evidence that is the foundation for its strategic priorities and demonstrates the strategic commissioning process that has been undertaken to date with local partners to develop this direction.

Strategic Planning Timeline and Next Steps

3.17. In line with the process and timeline approved previously, if approved, the first draft of the Strategic Plan will be remitted to the SPG to seek its members' views. Thereafter, the views gathered will be taken into account when preparing a second draft for the IJB's consideration on 15 January 2016.

3.18. Subject to approval of the second draft of the Strategic Plan, a formal consultation exercise will be undertaken to seek feedback from the prescribed consultees. The Act prescribes the stakeholders who must be consulted at this stage, including staff, service users, carers, the third sector providers, the Council and Health Board. Feedback from this wider consultation will then be taken into account when preparing the final draft.

3.19. At this time, it is proposed the draft final version of the Strategic Plan will be reported to the Council and the Health Board parent bodies, during February 2016, for noting and shared with IJB members.

3.20. At its meeting on the 18th March 2016, the IJB will agree their final draft of the Strategic Plan, taking account any feedback from the Council, Health Board and wider consultation.

Implications of the Report

1. Financial –

2. HR & Organisational Development –

3. Community Planning

4. **Legal –**

5. **Property/Assets –**

6. **Information Technogloy –**

7. **Equality & Human Rights –** The recommendations containted 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 publised on the Council's website.

8. **Health & Safety –**

9. **Procurement –**

10. **Risk –**

11. **Privacy Impact –**

List of Background Papers – None.

Author Claire Kavanagh, Senior Resource Officer, Policy and Planning, Renfrewshire Council.

Renfrewshire Integration Joint Board (IJB)

Strategic Plan 2016-2019 First Draft

Contents **Page No**

1. Introduction

1.1 This is the first Strategic Plan for the delivery of health and social care services in Renfrewshire, produced by the Integration Joint Board under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It describes how Renfrewshire Council and NHS Greater Glasgow and Clyde will form an integrated partnership to develop local health and social care services for 2016-2019.

1.2 The Council and NHS have an established history of positive and effective joint working to improve outcomes for people who use health and social care services in Renfrewshire. Bringing adult social work and all Community Health Partnership functions into a Health and Social Care Partnership (HSCP) is a major step in formalising these joint working arrangements and places a renewed clear focus on putting the people who use services at the heart of what we do.

1.3 Whilst the Strategic Plan builds on the successes and experience of the past, it also focuses on how we can further join and integrate our services, our ways of working and our organisational arrangements to improve health and social care for Renfrewshire's people and communities. People who need health and/or social care rarely need the help of a single specialist, team or even organisation, and we believe that improved joint working and, where possible integration, is vital to improving services. Support must be personalised and organised around the needs of individuals irrespective of their health conditions, location or service provider.

1.4 The Strategic Plan looks at the context in which health and social care services operate; the legislation that governs the sector, the policies that provide direction, the existing plans of partner organisations and the relationships between them. It also examines the evidence for our strategic decisions, it uses this evidence to shape local priorities and shows how services could be modelled in the future to deal with the challenges we face.

1.5 Because of growing demand, we know that more of the same is often not an option. If we continue to deliver services only in their current form, the health and social care system will be unable to deliver the high quality services the people of Renfrewshire need. We therefore have to plan and commission services that drive improvements and make the best use of the resources available.

1.6 Other partners also play a vital and central role in creating an effective and person-centred health and social care system. We must therefore work together with family doctors (GPs), hospital services, our communities and the voluntary (or third) sector to progress and

achieve our aims. We will work with Community Planning partners to influence the wider determinants of health and create a healthier Renfrewshire.

1.7 This Strategic Plan will provide vision and direction to facilitate the establishment of care group specific plans with clear outcomes and actions. From this Strategic Plan, we will develop more detailed plans for all of our care groups, setting out information about our services, key activities and improvements, and the outcomes we are seeking to deliver. We are also developing an HSCP Performance Management Framework. This will ensure we report regularly to our IJB on key performance indicators (KPIs) that will have been agreed for these plans. We will also ensure that at all stages we are planning and working in a way to ensure staff, service users, patients and partner organisations are participating and being engaged,

.

Cllr Iain McMillan
IJB Chairman

David Leese
Chief Officer

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

2. Executive Summary

The final plan will describe key priorities in an Executive Summary. These will be informed by the detail of the plan.

3. A Picture of Renfrewshire

3.1 Renfrewshire is a diverse area of towns, villages and countryside covering 270 square kilometres and situated 7 miles west of Glasgow City. The area has good transport connections to the rest of Scotland and Glasgow Airport is situated near the town of Paisley. Scotland's largest business park is situated in Hillington, and key campuses of the University of the West of Scotland and West College Scotland are located in Paisley town centre.

3.2 Just over 170,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by 40%.

3.3 Life expectancy in Renfrewshire is slightly lower than the Scottish average.

	Males	% Change over 10 years	Female	% Change over 10 years
Renfrewshire	75.9	4.0	80.6	2.4
Scotland	77.1	3.4	81.1	2.1

There are, however, significant variations within Renfrewshire, with male life expectancy in some areas being over 15 years lower than that in other more affluent areas.

3.4 The inequalities gap found in life expectancy (and in other outcomes) is influenced by the pattern of deprivation in Renfrewshire. Many of Renfrewshire's datazones are found in the three most deprived deciles, but a significant number are also found in decile 9. The most deprived datazone in Renfrewshire is in the intermediate zone of Paisley Ferguslie, and it is ranked 1 in Scotland. Renfrewshire's share of the 15% most deprived datazones has increased slightly from 4.2% in 2004 to 4.9% in 2012.

3.5 39% of the population of Renfrewshire are receiving treatment for at least one illness/condition e.g. high blood pressure, arthritis, asthma, diabetes, depression, coronary heart disease. This figure increases with age (17% for those aged 16-24 and 83% for those aged over 75) and in our more deprived areas.

3.6 The number of smokers (19% of the population), and those reporting exposure to second hand smoke (26% of the population) has fallen in 2014 from similar studies done in 2008 and 2011. Renfrewshire also shows improvements with fewer people reporting exceeding recommended alcohol limits and more meeting physical activity recommendations.

However, around 1 in 2 are overweight or obese, with men in the 45-64 age range being the most likely to be overweight or obese (68% of the population). Where data is collected at locality level, Renfrewshire consistently shows wide variations, reflecting the more general inequalities in the area. For example, alcohol related hospital discharges are over 25 times higher in Paisley North West than in Bishopton.

3.7 The recent Health and Wellbeing Survey (2014) confirmed that 77% of people living in Renfrewshire were positive about their general health in a recent survey. This is an improvement from a similar study carried out in 2008. In general, satisfaction was lower among older people and in our more deprived areas.

3.8 Almost 2,800 15-64 year olds in Renfrewshire are estimated to be problem drug users.

3.9 The rate of alcohol related hospital discharges in Renfrewshire has reduced slightly but remains 31% higher than the national average (981.8 per 100,000 population in 2014/15, against a national average of 671.7).

3.10 We also know from recent studies that there are real challenges with poverty in Renfrewshire. There are 30,121 children aged 0-15 in Renfrewshire and 8,143 young people aged 16-19. In Renfrewshire, more than 1 in 5 of our children are growing up in poverty. This ranges from 30% in Paisley North West to 13% in Bishopton, Bridge of Weir and Langbank,

4. Developing Integrated Arrangements in Renfrewshire

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 set out the arrangements and terms for the integration of health and social care. The Health and Social Care Partnership in Renfrewshire is responsible for delivering adult social care and health services and children's health services. The partnership is led by the Chief Officer, David Leese. The Integration Authority is the Integration Joint Board (IJB) is chaired in Renfrewshire by Councillor Iain McMillan. Details about our IJB are in Appendix 1.

4.2 Integrating health and social care services supports the national 2020 vision:

"by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- If hospital treatment is required, and care cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission."

4.3 The 2014 Act sets out nine high level outcomes that every Health and Social Care Partnership, working with local people and communities, should deliver:

Outcome 1:	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2:	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 3:	People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4:	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5:	Health and social care services contribute to reducing health inequalities

Outcome 7:	People using health and social care services are safe from harm
Outcome 8:	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9:	Resources are used effectively and efficiently in the provision of health and social care services

Renfrewshire Health and Social Care Partnership's performance will at least be measured against these nine outcomes. Our performance framework will describe the indicators to be used to assess our performance against each outcome.

4.4 The diagram below lists the legal and policy drivers which direct and influence the Health and Social Care Partnership.

Diagram 1

Legal and Policy Drivers

There are key pieces of legislation governing health and social care. These include the ***Social Work (Scotland) Act 1968***, the ***National Health Service (Scotland) Act 1978*** and the ***Children (Scotland) Act 1995.*** These, along with other pieces of legislation and policy, set out the duties of councils and health boards in relation to people's health and wellbeing.

Implementation of the ***Social Care (Self-directed Support) Act 2013*** will affect the delivery of services for people with assessed social care needs as it embeds over time. Where there is an assessed need, individuals can now have an allocated personal budget, which they can choose to take as a direct payment (cash) or to buy services and supports. The option to use local authority services is still available. It is expected that change will be gradual but it is clear that the preference of individual service users will impact on the demands for service providers.

The Carers (Scotland) Bill was introduced to Parliament in March 2015. It covers a range of areas relating to supporting carers, such as Adult Carer Support Plans, Young Carers Statements and Carer Involvement. The Bill proposes a number of new duties and requirements, including a duty to support carers, the requirement to prepare a local Carers' Strategy and to involve carers in this.

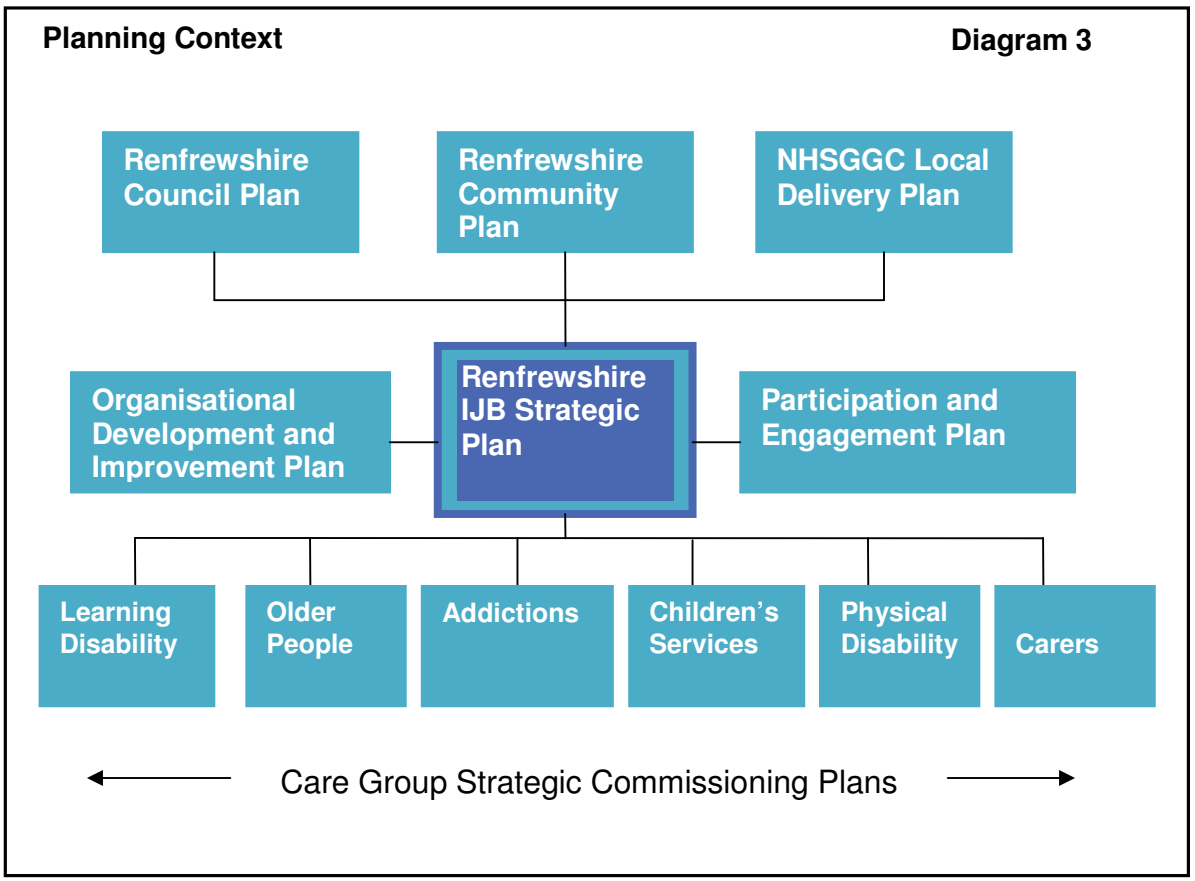
The Community Empowerment (Scotland) Act 2015 received royal assent in July 2015. It aims to empower communities through ownership of land and buildings and by strengthening the community's voice in local decisions. It also supports a quickening of Public Sector Reform by focusing on achieving outcomes and improving the community planning process. This Plan is strongly linked to the Renfrewshire Community Plan so we will be mindful of any changes in this area going forward.

4.5 This draft Strategic Plan and the associated care group plans have been developed using a strategic commissioning approach. Strategic commissioning has four main stages – analyse, plan, do and review. This is a cycle and which means that the work we do and the lessons we learn at each stage feed into the next. It also means that we review at the Strategic Plan and associated care group plans regularly to make sure that progress is being made and identify whether there have been any changes that might mean changes are required in the next cycle.

Diagram 2

Strategic Commissioning

4.6 It is also important to note that our Strategic Plan does not sit or operate in a vacuum. It is part of a wider planning framework of Renfrewshire Council, the NHS Board and local Community Planning partners. The table overleaf shows other plans which link to the Strategic Plan.



4.7 The 2014 Act requires that the NHS Board and the Council include a number of functions and services in the Partnership. As a minimum, services for people aged over 18 must be included. In Renfrewshire, the Partnership's services are:

Renfrewshire Council services that are to be included	Greater Glasgow & Clyde Health Board services that are to be included
• Social work services for adults and older people • Mental health services • Services for adults with physical disabilities and learning disabilities • Care at home services • Drug and alcohol services • Adult protection and domestic abuse • Carers' support services • Community care assessment teams • Support services • Care home services • Adult placement services • Health improvement services • Aspects of housing support, including aids and adaptations • Day services	• District nursing services • Substance misuse services • Services provided by allied health professionals in an outpatient department, clinic or out with a hospital • The public dental service • Primary medical services • General dental services • Ophthalmic services • Pharmaceutical services • Out of hours primary medical services • Community geriatric services • Community palliative care services • Community learning disability services • Community mental health services • Community continence services • Services provided by health professionals that aim to promote public health

• Local area co-ordination • Respite provision • Occupational therapy services • Re-ablement services, equipment and telecare	• School Nursing and Health Visitor Services • Child and Adolescent Community Mental Health Services • Specialist Children's Services

4.8 The 2014 Act identifies a set of hospital-based services that integration will provide with an opportunity for improvement. The Partnership will not manage these services directly but will be able to shape how unplanned care is designed to support independent living and must seek to do this by working with other Partnerships across NHS Greater Glasgow and Clyde. Arrangements for how this budget will be set and how Partnerships will work together are still being formed.

Hospital-based services that are to be integrated

- Accident and Emergency services provided in a hospital
- Inpatient hospital services relating to the following-
  (a) general medicine
  (b) geriatric medicine
  (c) rehabilitation medicine
  (d) respiratory medicine
  (e) psychiatry of learning disability.
- Palliative care services provided in a hospital
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic mental health services

4.9 There are six Partnerships within the NHS Greater Glasgow and Clyde Board area. In some cases, a single Partnership will manage or 'host' a certain service on behalf of the whole area, with the other Partnerships having access to these to meet local outcomes. These arrangements have been in place for some time and continue to be appropriate in the new integrated environment.

The Renfrewshire Partnership will continue to host:

- Podiatry Services
- Primary Care Contractual support (medical and optical)
- Strategic Planning for out of hours GP services

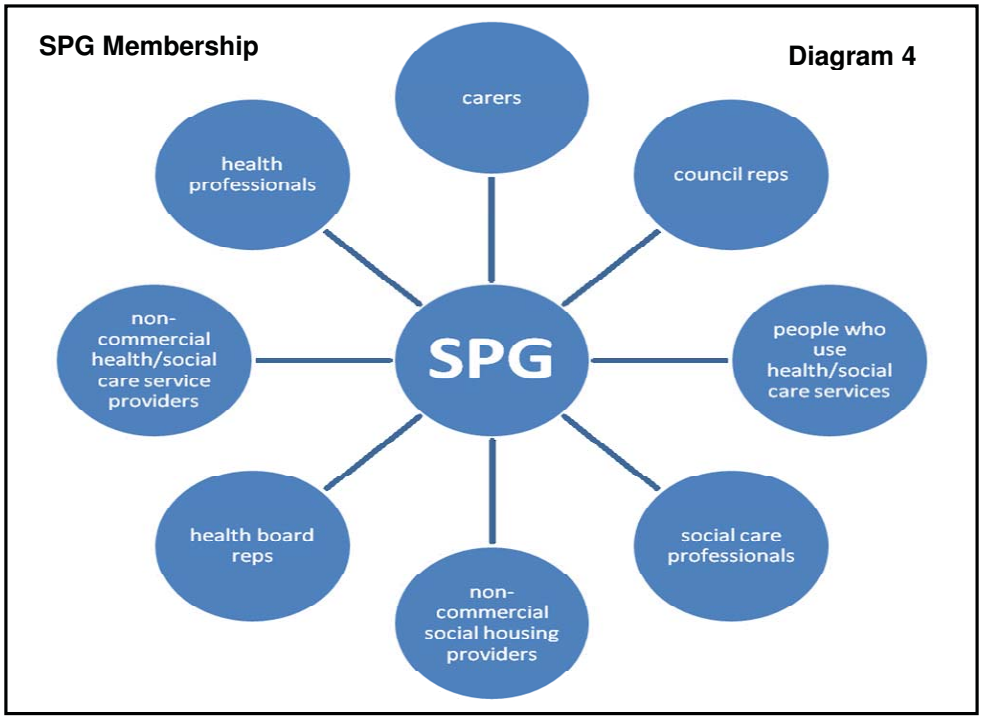
Other GG&C Partnerships will host:	
Glasgow	• Continence services outwith hospital • Enhanced healthcare to Nursing Homes • Sexual Health Services (Sandyford) • Specialist drug and alcohol services

	& system- wide planning and co-ordination • Specialist mental health services & mental health system- wide planning and co-ordination • Custody and prison healthcare
West Dunbartonshire	• Musculoskeletal Physiotherapy • Specialist children's services
East Dunbartonshire	• Oral Health- public dental services and primary dental care contractual support
East Renfrewshire	• Specialist learning disability services & learning disability system-wide planning and co-ordination

4.10 The IJB is required to establish a local Strategic Planning Group (SPG), which is intended to be the main group representing local stakeholder interests in relation to the Strategic Plan. The role of the SPG is to act as the voice of local stakeholders and oversee the development, implementation and review of the Partnership's strategic plans. The SPG is responsible for reviewing and informing draft work produced by the Partnership in relation to strategic plans and for ensuring that the interests of their stakeholder groups are considered.

The diagram below summarises SPG membership

SPG Membership **Diagram 4**



Each locality in the Partnership's area must also be represented on the SPG.

The SPG will play a key role in ensuring that the work produced by the Partnership is firmly based on robust evidence and good public involvement and will strengthen the voice of stakeholders in local communities.

Details about our Strategic Planning Group and its membership are shown in Appendix 2.

4.11 The Partnership will plan consistent with the national guidance on localities (Scottish Government's Localities Guidance). As such membership of our SPG reflects our two main geographical areas. In 2016/17, most of our services will continue to be delivered within the two geographical areas (or localities) that are well know – Paisley and West Renfrewshire. The HSCP organisational structure will reflect this from April 2016 also. To further build ways of working, the HSCP will also build a dialogue within 'clusters' or 'sub localities' across Renfrewshire to test how our services work together and how GPs can work more effectively with them and other vital community-based services such as voluntary organisations. Through this we will also develop a clearer view of the geographical/locality planning required for Paisley and West Renfrewshire. We see our work to understand and develop locality planning, and joint working as central to what we do over the next three years. It is vital that we nurture and develop this as it is through better local working that real improvements in care for service users and patients will be secured.

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5. Challenges Facing Us

This section will draw together some of the challenges facing us e.g. rising hospital admissions, pressures on primary care, changing demographics, self directed support. It will lead into the next section on strategic priorities.

6. Our Strategic Priorities

6.1 This section of the plan describes the themes and high level priorities which will direct the HSCP over the next three years. Detailed action plans by care groups, informed by previous plans and consultations will be updated and finalised by March 2016 (see Appendix 3). In summary our strategic priorities are set out in the following.

6.2 **Improving Health and Wellbeing**

Early Intervention

We will support people to take control of their own health and wellbeing so they maintain their independence. We will develop systems to identify people at risk of hospital admission, and to provide them with the necessary support to remain in their own community safely for as long as possible. We will drive up the uptake of the 30-month assessment and use the information from this to maximise readiness for school and support parents. We are progressing toward full implementation of GIRFEC by August 2016 to improve early identification of need. We will focus on improving Anticipatory Care planning.

Active Participation in Community Life

We will continue to support and signpost patients and clients into employment services to allow them to meaningfully contribute to their community. We will help people to be financially included by directing them to available help and support. We will work with third sector partners to build community capacity and to increase the local opportunities available to our population.

Addressing Inequalities

We will target our interventions and resources to narrow inequalities and will carry out Equalities Impact Assessments on new policies and services. We will support communities in our more deprived areas to make positive lifestyle changes.

Managing Long-term Conditions

We will take the opportunities offered by emerging technology to support people to manage their own long term conditions. We will focus on self management and partnership with specialist services.

Support and Protection

We have a duty to protect and support vulnerable adults at risk of physical, sexual, domestic, emotional or financial abuse. We also want to protect children in Renfrewshire,

and will work closely with those in the Council's Children's Services team to develop our child protection services.

6.3 **The Right Service, at the Right Time, in the Right Place**

Pathways through and between Services

We have been able to test new pathways between primary, secondary and community care through the Renfrewshire Development programme. This learning will be used to make more permanent improvements. For those with dementia, post diagnostic support is available and, in learning disabilities, the transition into adult services is being improved.

Appropriate Accommodation Options to Support Independent Living

Our 10 year plan for older people highlights the need to respond to the rising demand for smaller properties and for homes which are fully accessible. The HSCP offers the opportunity to work in partnership to influence Renfrewshire's local Housing Strategy. We will continue to improve services and systems for those who are homeless or at risk of homelessness.

6.4 **Working in Partnership to Treat the Person as well as the Condition**

Personalisation and Choice

Self directed support offers people the opportunity to have greater choice and control in the care they receive. We will continue to use the Patient Experience process to improve services and respond to issues raised by the people who use our services.

Support for Carers

Carers play a key role in contributing to many of the priorities above. We will progress the issues raised by local carers: accessing advocacy, providing information and advice and involving them in service planning.

7. Case Studies

This will consist of a number of case studies which will demonstrate how services will work better together for people in Renfrewshire under the new integrated arrangements.

8. Equalities

8.1 IJBs are required to publish a set of equality outcomes and to assess the impact on equality of their practices and policies, including their Strategic Plan.

This section will detail our equality outcomes and describe the process by which they were agreed. It will also demonstrate how the Strategic Plan and the planning process have been subject to an Equalities Impact Assessment (EQIA).

9. Our Resources

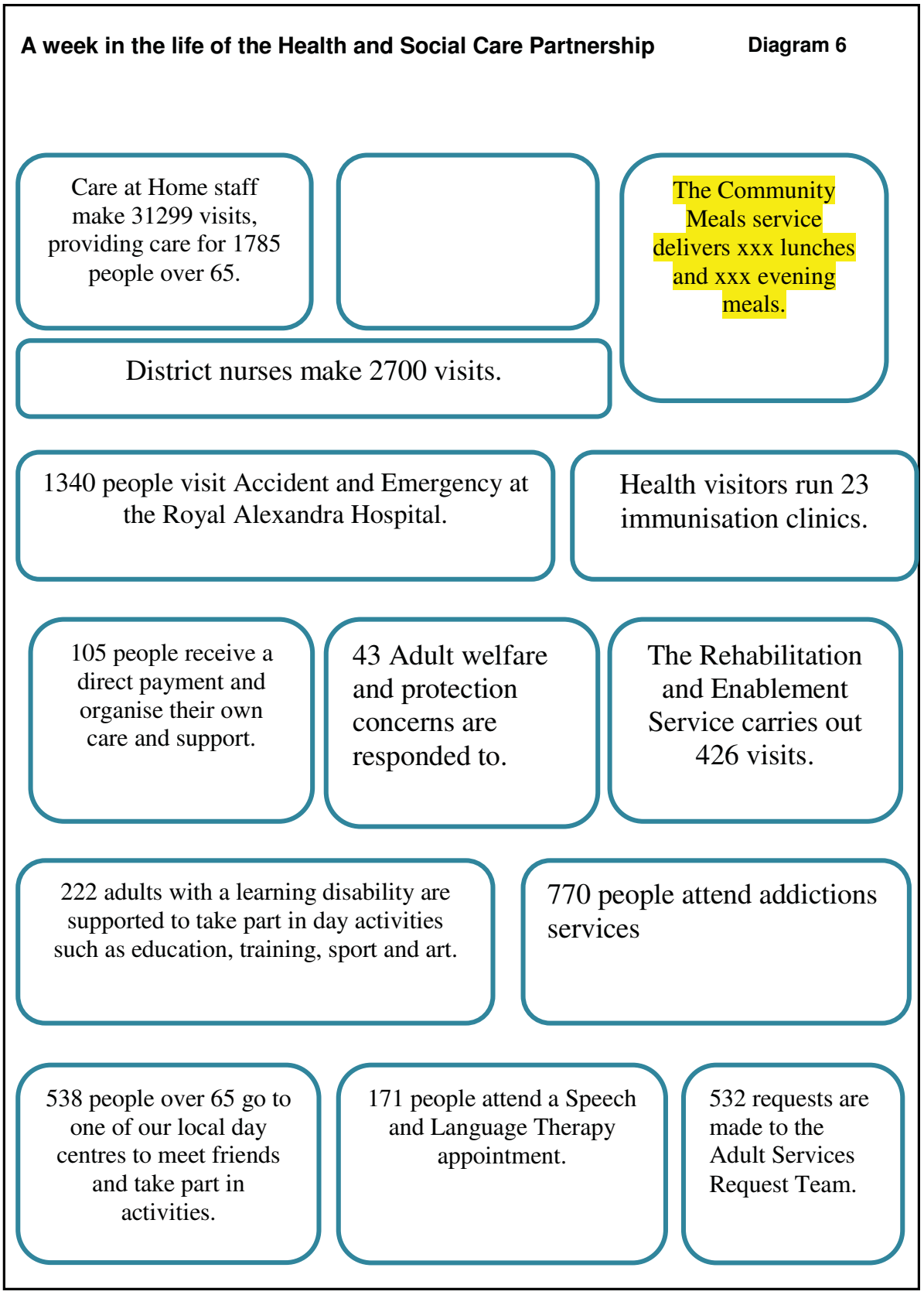
This section will summarise the financial resources available to the partnership and will be finalised following agreement with the two parent organisations. It will also describe the staffing resource available to us and will reference the workforce plan and organisational values.

9.1 We deliver services from a range of clinics and centres, but also in people's homes and in care homes. We also commission services from private and third sector providers.

Our Places **Diagram 5**

2 hospitals	3 locality fieldwork offices	29 GP practices	19 optometrists 43 pharmacies 32 dentists
3 residential homes for older people	1 respite unit for people with learning disabilities	8 Care at Home locality teams providing a service in homes across Renfrewshire	5 community clinics
4 centres providing day opportunities for people with learning disabilities	1 centre providing day opportunities for people with physical disabilities	5 day centres for older people	6 health centres

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



Integration Joint Board (IJB)

The 2014 Act sets out how the IJB must operate, including the makeup of its membership.

The IJB has two different categories of members; voting and non-voting. In Renfrewshire, the IJB has agreed that there will also be additional non-voting members to those required by law.

Voting members of the IJB represent the local authority and the health board. In Renfrewshire, these are:

- Four elected members from Renfrewshire Council, and
- Four non-executive directors of NHS Greater Glasgow & Clyde.

The non-voting members are:

- The Chief Officer of the Health and Social Care Partnership
- The Chief Finance Officer
- The Chief Social Work Officer
- A Registered Nurse representative
- A registered medical practitioner representing GPs
- A registered medical practitioner representing other medical interests
- A member of staff from social work representing front-line delivery
- A member of staff from the NHS representing front-line delivery
- A third sector representative representing front-line delivery
- A service user representative
- A carer representative

The IJB has also agreed the following additional non-voting members:

- A staff-side representative for NHS Greater Glasgow & Clyde staff undertaking work on behalf of the Partnership
- A staff-side representative for Renfrewshire Council staff undertaking work on behalf of the Partnership

Current IJB members (March 2016) are noted below.

Voting Membership

Four voting members appointed by the Council	Cllr Iain McMillan
	Cllr Derek Bibby
	Cllr Jacqueline Henry
	Cllr Michael Holmes
Four voting members appointed by the Health Board	Donny Lyons
	John Brown
	Donald Syme
	Morag Brown

Non-voting Membership

Chief Officer	David Leese
Chief Finance Officer	Sarah Lavers
Chief Social Work Officer	Peter Macleod
Registered Nurse	Karen Jarvis
Registered Medical Practitioner (GP)	Stephen McLaughlin
Registered Medical Practitioner (non GP)	Alex Thom
Council staff member involved in service provision	Liz Snodgrass
Health Board staff member involved in service provision	David Wylie
Third sector representative	Alan McNiven
Service user residing in Renfrewshire	Stephen Cruikshank
Unpaid carer residing in Renfrewshire	Helen McAleer
Trade union representative - Council staff	John Boylan
Trade union representative - Health Board staff	Graham Capstick

Membership of Strategic Planning Group

Membership	Nominees
Chief Officer	David Leese
Nomination(s) by Renfrewshire Council	Anne McMillan, Corporate Planning Ian Beattie, Head of Adult Services Lesley Muirhead, Development and Housing
Nomination(s) by NHS Greater Glasgow and Clyde	Fiona MacKay, Head of Planning & Health Improvement Mandy Ferguson, Operational Head of Service Katrina Phillips, Operational Head of Service Jacqui McGeough, Head of Acute Planning (Clyde)
Health Professionals (doctors, dentists, optometrists, pharmacists, nurses, AHPs)	Chris Johnstone, Associate CD John Carmont, District Nurse Rob Gray/Sinead McAree, Mental Health Consultant Susan Love, Pharmacist Caroline Horn, Physiotherapist Lynda Mutter, Health Visitor
Social Care Professionals (social worker or provider)	Jenni Hemphill, Mental Health Officer Anne Riddell, Older People's Services Aileen Wilson, Occupational Therapist Jan Barclay, Care at Home
Third Sector bodies carrying out activities related to Health and Social Care	Stephen McLellan, Recovery Across Mental Health
Carer of user of social care Carer of user of health care	Diane Goodman, Carers' Centre Maureen Caldwell John McAleer, Learning Disabilities Carers' Forum
User of social care	Debbie Jones, Public Member
User of health care	Betty Adam, Public Member
Non commercial provider of healthcare	Karen Palmer, Accord Hospice
Commercial provider of social care	Linsey Gallacher, Richmond Fellowship
Commercial provider of healthcare	Robert Telfer, Scottish Care
Non-commercial provider of social care	Susan McDonald, Active Communities
Non-commercial provider of social housing	Elaine Darling, Margaret Blackwood Association
Chief Finance Officer	Sarah Lavers
Renfrewshire HSCP Comms	Catherine O'Halloran
Health TU Rep	Claire Craig
SW TU Rep	Eileen McCafferty

Action Plans by Care Group

1. Older People			
Action	**Indicator**	**Target**	**National Outcome**
1.1 Increase the number of people benefiting from the Community Falls pathway.			2
1.2 Evidence the provision of 12 months post diagnostic support for people with dementia.			4
1.3 Support nursing homes through the LES and liaison nurses to prevent inappropriate hospital admissions.			2
1.4 Maintain target levels of lost bed days.			2
1.5 Reduce number of bed days lost due to AWI			2
1.6 Increase the uptake of flu vaccinations in the over 65 age group.			4
1.7 Implement Year 4 of the Reshaping Care for Older People Change Fund plan with partners (incorporating full review of all funded activities).			2
1.8 Work with partners to implement a 10-year joint Commissioning Plan for Older People's Services.			2
1.9 In line with the review and implementation of the national dementia strategy, develop and implement a programme of dementia awareness training across all services.			4
1.10 Working with the palliative care services within the NHS, develop the training programme for all Care at Home staff to include reablement and palliative care approaches.			2
1.11 Promote the uptake of Power of Attorney.			

2. Population Health and Wellbeing			
Action	**Indicator**	**Target**	**National Outcome**
2.1 Support a defined number of people from the 40% most deprived areas to quit smoking for 12 weeks.			
2.2 Meet national targets for cancer screening for breast, bowel and cervical.			
2.3 Develop a range of physical activity options to reduce barriers to access and target less active people.			
2.4 Test a social prescribing model in three practices.			
2.5 Implement health and homelessness standards, and actions from previous homeless service users' consultation.			
2.6 Increase referrals to financial inclusion and employability services.			
2.7 Implement a sexual health policy (with partners) for looked after and accommodated children.			
2.8 Develop self-evaluation framework for the Adult Protection Committee.			
2.9 Support women at risk of domestic violence through a range of targeted initiatives.			
2.10 Support communities to lead their own health improvement activities, or to co-produce ideas and services with local people.			
2.11 Implement the Carers' Strategy.			
2.12 Reduce unintended pregnancies for those over 20 years of age.			

3. Learning and Physical Disabilities			
Action	**Indicator**	**Target**	**National Outcome**
3.1 Deliver agreed number of health checks to clients with learning disabilities.			
3.2 Improve oral health in this population.			
3.3 Improve the transition experience for young people moving into adult services.			
3.4 Work with the housing and care providers to review the existing service model for adults with learning disabilities and identify options for redesign.			
3.5 Continue to develop the care at home reablement service and extend provision to people aged under 65.			
3.6 Develop and implement joint strategy for adults with a physical disability or sensory impairment.			
3.7 Continue to implement and develop local arrangements to facilitate self-directed support options locally in line with national legislation.			

4. Mental Health			
Action	**Indicator**	**Target**	**National Outcome**
4.1 Ongoing review of clinical pathways in community mental health to continue to provide access to psychological therapies within the agreed standard.			
4.2 Deliver waiting time targets for primary mental health services, ensuring equality of access for all (age, sex, SIMD).			
4.3 Deliver suicide awareness training to front line staff and implement suicide prevention policy for schools, with Children's Services.			
4.4 Demonstrate changed practice in mental health inpatient and community to reduce average lengths of stay and the requirement for out of area boarding of patients.			
4.5 Support people in mental health and addictions services to access employment opportunities.			
4.6 Demonstrate changed practice in inpatient and community services as a result of listening to patient feedback.			

5. Child and Maternal Health			
Action	**Indicator**	**Target**	**National Outcome**
5.1 Continue to implement Family Nurse Partnership, as we move into year 2.			
5.2 Increase uptake of the 30 month check and share information appropriately to maximise readiness for schools.			
5.3 Work in partnership to support more women to breastfeed and to focus on women from more deprived areas.			
5.4 Develop sustainable services for children and new mums who are overweight.			
5.5 Continue to support a population based model of parenting through Triple P.			
5.6 Continue to support the Families First model in the original and three new areas.			
5.7 Deliver CAMHS referral to treatment waiting times target.			
5.8 Reduce speech and language therapy waiting times in community paediatrics.			
5.9 Launch and implement an integrated Children's Services Plan.			
5.10 Reduce conceptions in young people under 20 years old.			
5.11 Support improvements in sexual health and relationships education in schools and community settings.			

6. Drugs and Alcohol			
Action	**Indicator**	**Target**	**National Outcome**
6.1 Influence the availability of alcohol through partnership working with the Licensing Forum, ADP and local communities.			
6.2 Reduce harm caused by misuse of drugs and alcohol.			
6.3 Deliver Alcohol Brief Interventions in primary care and in wider settings.			
6.4 Maintain standard of access to services to ensure it continues to meet national waiting times targets.			
6.5 Evidence user involvement in the development and monitoring of services.			
6.6 Continue to monitor the use of the STAR Outcomes tool across drug and alcohol services.			
6.7 Implement Quality Principles in all drug and alcohol services.			

7. Primary Care			
Action	**Indicator**	**Target**	**National Outcome**
7.1 Support GPs to implement and improve Anticipatory Care planning across Renfrewshire.			
7.2 Support Primary Care staff to deliver target number of Alcohol Brief Interventions.			
7.3 Support GPs into new contract arrangements from April 2016.			
7.4 Address barriers to effective GP contributions to child protection case conferences.			
7.5 Work with GPs in clusters to pilot improved ways of working with community and social care staff.			
7.6 Develop the use of Practice Activity Reports and other data to support primary care.			

8. Long Term Conditions			
Action	**Indicator**	**Target**	**National Outcome**
8.1 Establish a single route into web based information about long term conditions.			
8.2 Improve pathways between primary and secondary care for those with diabetes.			
8.3 Support the respiratory early supported discharge initiative.			
8.4 Develop telecare and telehealth through the Smartcare Project and United 4 Health in partnership with neighbouring authorities.			

9. Carers			
Action	**Indicator**	**Target**	**National Outcome**
9.1 Work in partnership to increase the number of carers identified			
9.2 Involve carers, local carer organisations, and other Third Sector organisations, as appropriate in the planning and shaping of services and support.			
9.3 Provide up-to-date, accurate and relevant information			
9.4 Support carers to access a break from caring			
9.5 Support carers to look after their own health and well being			
9.6 Support carers to access training opportunities relevant to their caring role			
9.7 Support young adult carers in the transition from young carer to young adult carer			

To: **Renfrewshire Integration Joint Board**

On: **20 November 2015**

Report by: **Chief Officer**

Heading: **Establishment of an Audit Committee from 1 April 2016**

1. Summary

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

1.2. At its meeting on 18 September 2015 members of the IJB approved the proposal for the Council's Chief Intenal Auditor to provide the internal audit service to the IJB, and noted that she would bring forward an internal audit plan for 2016/17 for approval by the IJB by 31 March 2016.

1.3. The Board also noted at its meeting in September that proposals for the establishment of an Audit Committee from 1 April 2016, the point at which services and budgets are delegated to the IJB, would be brought to its next meeting, in line with national guidance. This report sets out draft terms of reference and standing orders for the IJB Audit Committee for consideration and approval by the Board

2. Recommendation

2.1. That Integration Joint Board members:

- Approve the establishment of an Audit Committee from 1 April 2016 the terms of reference and standing orders for which are set out in this report.

3. Background

3.1 Previous reports to the Board have highlighted the requirement to put in place appropriate and proportionate internal audit arrangements including the appointment of a chief internal auditor for the IJB, the approval of an internal audit plan for 2016/17, and the establishment of an audit committee. This report sets out draft proposals for the terms of reference and standing orders for the Audit Committee from 1 April 2016 for consideration and approval by the IJB.

3.2. In developing the terms of reference for the Audit Committee, due regard has been given to the following:

- The national financial guidance developed by the Integrated Resources Advisory Group (IRAG) to support effective health and social care integration, which recommends that appropriate and proportionate such arrangements should be put in place;
- National professional best practice guidance on audit committee principles as set out in CIPFA's recent Position Statement on this subject;
- Emerging practice in other Partnerships in the NHS Board area and across Scotland.

3.3. An Audit Committee is a key component of the IJB's governance framework. Its core function is to provide the IJB with independent assurance on the adequacy of the risk managment framework, the internal control environment and the integrity of the financial reporting and annual governance processes. By overseeing internal and external audit it makes an important contribution to ensuring that effective assurance arrangements in terms of good governance and strong financial management are in place.

3.4. The draft Terms of Reference and procedural Standing Orders are set out for consideration at Appendix 1 to this report. These outline the key functions of the IJB Audit Committee in relation to:

- Internal audit
- External audit
- Risk management
- Assurance
- Financial reporting

They also outline the proposed arrangements in relation to:

- Membership
- Chairmanship

- Attendance
- Quorum
- Meeting Frequency
- Reporting
- Conduct of Meetings

3.4 It is proposed that the effectiveness of the arrangements for the operation of the IJB Audit Committee as outlined at Appendix 1 are reviewed after its first full year of operation to ensure that the arrangements remain fit for purpose.

Implications of the Report

1. **Financial –** sound financial governance arrangements are being put in place to support the work of the Partnership. The establishment of an audit committee is a key component of good governance.

2. **HR & Organisational Development** – n/a

3. **Community Planning** - n/a

4. **Legal –** The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014, and are in line with national guidance

5. **Property/Assets – n/a**

6. **Information Technology – n/a**

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –n/a**

9. **Procurement –** n/a

10. **Risk –** One of the core functions of the audit commitee is to keep under review the arrangements for the effective management of risk in those services delegated to the Health and Social Care Partnership

11. **Privacy Impact** – n/a.

List of Background Papers – none

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Appendix 1

Renfrewshire Integration Joint Board
Audit Committee
Draft Terms of Reference and Procedural Standing Orders

1. Introduction

1.1. The Audit Committee shall be a standing committee of the Integration Joint Board.

1.2. The Audit Committee is not a decision making committee; decisions shall rest with the Integration Joint Board to which the Audit committee may make recommendations.

1.3. The overarching purpose of the Committee is to provide independent assurance on the adequacy of the risk management framework, the internal control environment, and the integrity of the financial reporting annual governance processes.

2. Membership

2.1. Membership must comprise an equal number of voting members from both the Health Board and the Council. The Renfrewshire IJB Audit Committee shall comprise 2 voting members from the Health Board, 2 from the Council and 2 from the non-voting membership.

2.2. The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to code of conduct and declaration of interest will be those which apply to the IJB.

3. Chairmanship

3.1. The Chair of the IJB shall be a voting member chosen by the IJB. The Chair of the Audit Committee must not be the Chair of the IJB, or be a representative of the same constituent authority as the Chair of the IJB. The IJB may also appoint a voting member as vice chair of the Audit Committee.

4. Quorum

4.1. The quorum of members at any meeting of the Audit Committee will be at least three members of the Committee. At least two members present shall be Integration Joint Board voting members.

5. Meeting Frequency

5.1. The Audit Committee shall meet at least three times per year.

6. Remit

6.1. Internal Audit and External Audit

- Approving the internal audit plan on behalf of the IJB
- Receiving reports on internal audit activity and reviewing actions taken on audit recommendations
- Seeking assurance on the effectiveness of the internal controls in place, the arrangements for ensuring value for money, and for managing the exposure to the risks of fraud and corruption
- Overseeing the independence, objectivity, performance and professionalism of internal audit as far as it relates to those services delegated to the Integration Joint Board
- Considering the reports of external audit and inspection agencies, their implications for governance, risk management and control, and the actions being taken to take forward recommendations.
- Supporting effective working relationships between internal audit and external audit, inspection agencies and other relevant bodies

6.2. Risk Management

- Reviewing the effectiveness of risk management arrangements, the risk profile of the services delegated to the Integration Joint Board and action being taken to mitigate the identified risks

6.3. Assurance

- Being satisfied that the Integration Joint Board's annual assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it.

6.4. Financial Reporting

- Reviewing the annual financial statements, external audit opinion and report to the IJB, and monitor management action in response to the issues raised by external audit.

7. Attendance

7.1. The Chief Officer, Chief Finance Officer, and Chief Internal Auditor shall normally attend each meeting of the Audit Committee. The external auditor shall also have the right to attend.

7.2. At least one meeting or part thereof shall provide the internal and external auditor with the opportunity to meet the members of the Audit Committee without senior officers present.

7.3. The chief internal auditor and appointed external auditor will have free and confidential access to the Chair of the Audit Committee.

7.4. Other professional advisors and senior officers shall be invited by the Chair to attend as required.

8. Reporting

8.1. The Audit Committee shall provide the Integration Joint Board with an annual report summarising its conclusions from the work it has done during the year.
8.2. The Audit Committee shall periodically review its own effectiveness and report the results to the Integration Joint Board

9. Conduct of Meetings

9.1. Meetings of the Audit Committee will be conducted in accordance with the standing orders of the Integration Joint Board.

To: **Renfrewshire Integration Joint Board**

On: **20th November 2015**

Report by: **Chief Officer**

Heading: **Participation, Engagement and Communication Strategy**

1. Summary

1.1. The purpose of this report is for the Integration Joint Board (IJB) to note the work to date in developing a Participation, Engagement and Communication (PEC) Strategy.

1.2. The strategy details:

- The Strategic Approach to PEC;
- PEC Objectives;
- Who we will Participate, Engage and Communicate with;
- Our approach to building effective Participation, Engagement and Communication;
- PEC implications on Equalities, Accessibility and Vulnerable Individuals;
- Strategic Evaluation and Review.

2. Background

2.1. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from April 2015, and has significant implications for the future governance and delivery arrangements of adult health and social care services in Renfrewshire.

2.2. Under the terms of our Integration Scheme the IJB must develop and approve their Participation and Engagement Strategy within 6 months of the IJB being legally established.

2.3. This strategy has been developed by a dedicated workstream, as part of the structured programme of work being progressed to ensure that the IJB deliver on the legal requirements and commitments set out in the Act and Renfrewshire's Integration Scheme.

2.4. With the strategy in place, a 2016/17 Participation, Engagement and Communication Implementation/Action Plan will be developed. This plan will set out how the partnership will deliver on its Participation, Engagement and Communication objectives through a defined set of actions.

3. Recommendation

That Integration Joint Board members:

3.1. Approve the Participation, Engagement and Communication Strategy, subject to IJB feedback, which underpins how the IJB will:

- Ensure it has a clear and effective participation and engagement approach which puts co-production at the heart of reforming health and social care services.
- Effectively deliver its Strategic Plan, which outlines how it will progress and deliver on the agreed 9 national outcomes;
- Enable the Partnership's vision and make it a reality;
- Inform decision making processes in the carrying out of integration functions.

3.2. Note that this strategy will be subject to an annual review, which will be shared with the IJB.

3.3. With the strategy in place, a 2016/17 Participation, Engagement and Communication Implementation/Action Plan will be developed.

3.4. Note also that regular Participation, Engagement and Communication updates will be provided to the IJB.

Implications of the Report

1. **Financial – Nil**
2. **HR & Organisational Development – Nil**
3. **Community Planning - Nil**
4. **Legal – Nil**
5. **Property/Assets – Nil**
6. **Information Technogloy – Nil**
7. **Equality & Human Rights –** The recommendations containted within this report outline a way of working which identifies impact to equalities and human rights throughout PEC activities. 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 publised on the Council's, Healthboard's or HSPC's website.
8. **Health & Safety – Nil**
9. **Procurement – Nil**
10. **Risk – Nil**
11. **Privacy Impact – Nil**

List of Background Papers – None.

Authors:

- Annette McCann, Head of Communications, Renfrewshire Council
- Katrina Phillips, Head of Mental Health, Addiction and Learning Disability Services
- Catherine O'Halloran, Strategic Communication and Engagement Manager

RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PARTICIPATION, ENGAGEMENT AND COMMUNICATION STRATEGY

November 2015

Table of Contents

1. Introduction

1.1. This Participation, Engagement and Communication (PEC) Strategy is one of our primary documents and outlines how the Integration Joint Board (IJB) will:

- Ensure it has a clear and effective participation and engagement approach which puts co-production at the heart of reforming health and social care services.
- Effectively deliver its Strategic Plan, which outlines how it will progress and deliver on the agreed 9 national outcomes;
- Enable the Partnership's vision and how it works to become a reality;
- Inform decision making processes in the carrying out of integration functions.

1.2. The strategy details:

- The Strategic Approach to PEC;
- PEC Objectives;
- Who we will Participate, Engage and Communicate with;
- Our approach to building effective Participation, Engagement and Communication;
- PEC implications on Equalities, Accessibility and Vulnerable Individuals;
- Strategic Evaluation and Review.

2. Proposed Strategic Approach

2.1. Following extensive consultation, Renfrewshire Health and Social Care Partnership (RHSCP), on behalf of the IJB, has developed an organisational 'vision' which captures the type of organisation we are looking to establish. Renfrewshire HSCP's collaboratively agreed vision is that:

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

2.2. This vision aligns with the legislative purpose of health and social care integration agenda as set out by the Public Bodies (Joint Working) (Scotland) Act 2014.

2.3. The Public Bodies (Joint Working) (Scotland) Act 2014 is new legislation which requires Health Boards and Councils to, as a minimum, delegate adult health and social care services to a new legal entity called an Integration Joint Board. Renfrewshire HSCP has been established to deliver these services on behalf of the Renfrewshire's IJB from April 2016. This Act puts in place the framework for the formal integration of health and social care services, and has significant implications for the future governance and delivery arrangements of adult health and social care services in Renfrewshire.

2.4. The Act places a duty on all IJBs to develop a Strategic Plan. The Strategic Plan is the document that sets out the arrangements for carrying out the integrated functions over a given period and demonstrates how these arrangements will achieve or contribute towards the nine national health and wellbeing outcomes, which are:

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

2.5 Under the terms of our integration scheme it was agreed we would develop a Participation and Engagement Strategy within 6 months of the IJB being legally established. This strategy will achieve our vision and assist effective delivery of the Strategic Plan. It enables us to deliver our agreed objectives and support our continued pursuit of the 9 national outcomes.

3. Participation, Engagement, Communication Objectives

3.1. RHSCP has developed PEC objectives to shape how participation, engagement and communication will contribute to building a successful and effective Partnership:

Build Trust and Relationships

- Establish and maintain effective relationships with all stakeholders;
- Increase staff, patient and service users confidence in the HSCP through effective and sustained approaches to participation and engagement;
- Promote accessible and equalities-sensitive ways of communicating and working.

Develop Participation and Engagement

- Build on our strong track record to involve staff, parent organisations, people who use and provide health and social care services and key stakeholders such as GPs, other contractors, Engage Renfrewshire and other voluntary sector organisations, in how we work;
- Ensure all staff are aware of the objectives of integration and their roles in achieving these through real participation and engagement, both in how the organisation defines and delivers its ways of working;
- Provide our leader, both managerial and health and social care professionals, with support to build effective two way communication within their teams;
- Promote a culture of participation, engagement, innovation and empowerment with our staff;
- Enable ongoing participation and engagement to develop and improve service quality and performance.

Inform and Engage Local Communities

- Use a wide variety of communication approaches and research the most up to date techniques, to effectively connect with the public;
- Ensure that local communities are aware of health and social care information and services available to them so they can make informed choices.

Empower and Enable Local Voices

- Empower service users, carers and local communities to have their say on services, and influence improvement and change;
- Enable local communities to have a voice through effective engagement and partnership working;
- Ensure effective consultation in line with the requirements of the Act.

Develop Our Identity

- Work collaboratively to shape the culture(s) of our organisation;
- Develop a clear identity which reflects the organisation's values and priorities through consistent use of strong branding across the organisation.

4. Who will we Participate, Engage and Communicate with?

4.1. We have carried out significant stakeholder mapping and will continue to do this as we shape and establish our approaches to effective Participation, Engagement and Communication.

4.2. RHSCP will engage, communicate and encourage participation from the following groups, as a minimum:

- Renfrewshire HSCP staff
- Local people and service users, building on established approaches to public participation
- GP and other health and social care professionals
- Partner organisations – NHS GG&C/Renfrewshire Council
- Carers
- Public/voluntary/third sector organisations and build on the long standing work with Engage Renfrewshire
- Providers of commissioned services
- Regulating and Professional Bodies
- Trade Unions
- Councillors
- MSPs and MPs
- Media

5. Building Effective Participation, Engagement and Communication

Communication Approach

5.1. The RHSCP's communication aim is to:

> **Provide everyone with consistent and accessible communication which demonstrates a caring, informed and forward-looking organisation.**

5.2. The style and standard of communication will reflect the overall culture of RHSCP and reveal who we are, what we value and the direction we are pursuing. We will be:

- **Open and Honest** – Plain talking and direct as well as truthful and factual
- **Timely** – Up to date information communicated regularly, consistently and quickly
- **Clear and concise** – easy to understand; Plain English and jargon free
- **Accessible** – easy to access through appropriate media/channels and in mixed format (visual plus written) to support understanding
- **Relevant** – Targeted at the needs of the intended audience; appropriate information; informative and useful
- **Inclusive** – Face to face communication wherever possible, designed to encourage and value discussion and feedback, with information available in formats suitable for those people in our community with disabilities and for whom English may not be their first language

Participation and Engagement Approach

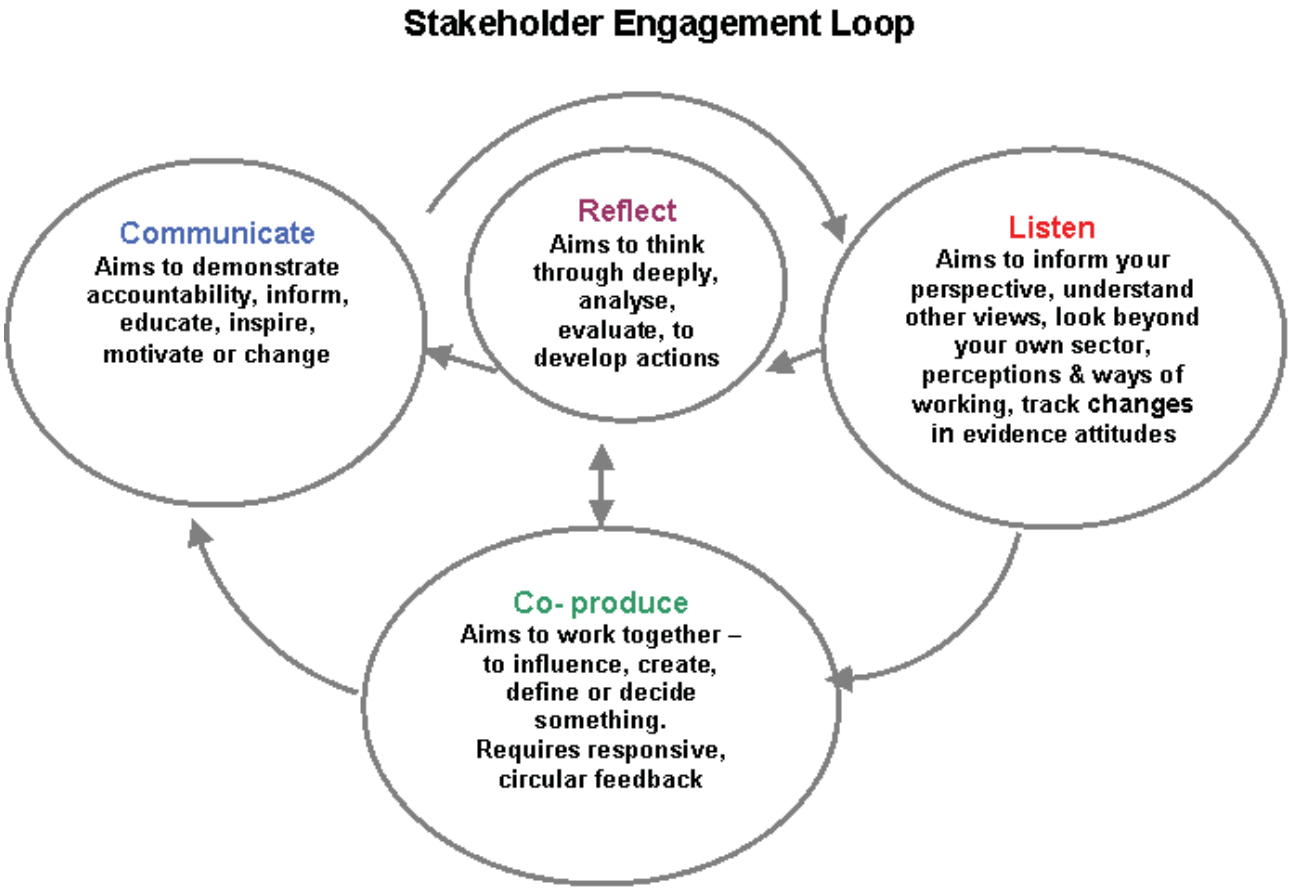
5.3. Integrating adult health and social care services in Scotland seeks to build on what we have learned from Reshaping Care Partnerships – working across sectors and with people and communities.

5.3.1 *"Effective services must be designed with and for people and communities – not delivered 'top down' for administrative convenience"*

Joint Improvement Team, Scotland

5.3.2 Co-production is fundamental to our new integrated Partnership, and the Public Bodies (Joint Working) Scotland Act 2014 has its values and principles embedded in its integration planning principles; strategic planning process and the national health and wellbeing outcomes

This diagram illustrates our desired Participation and Engagement approach, putting co-production at the heart of reforming our health and social care services.



5.3.3 This approach will be set out in our annual PEC Implementation/Action Plan and central to this will be a commitment that:

- We will continually build on established approaches to communicate and engage with our staff – these will include regular internal communication; team meetings and development; individual staff meetings and development and; having a defined approach to service planning, reviews and change.

- We will continue to research best participation, engagement and communication approaches in similar organisations and learn from this wherever we can.

- We will build on our well established work with Engage Renfrewshire, our Third Sector Interface, which provides a dynamic and effective single point of connection with our local voluntary and third sector partner organisations.

- We will continue to review, with our partners, our existing stakeholder groups such as the Joint Planning Groups and Public Partnership Forum to ensure they remain "fit for purpose" and work effectively to secure meaningful and sustainable participation and engagement.

- We will ensure that the approaches set out in this strategy are subject to continuous improvement review to ensure that these are fit for purpose, and take account of all stakeholder groups and feedback.

6. PEC implications on Equalities, Accessibility and Vulnerable Individuals

6.1. RHSCP recognises its moral and legislative duty to understand the equalities characteristics of our staff and the local population when communicating and engaging.

6.2. Our PEC activity will align to the wider RHSCP equalities objectives in Renfrewshire. RHSCP will work to gain the participation and engagement of individuals who may be marginalised from the traditional PEC methods and approaches.

6.3. Some of those who access our services, including children and young people, may have a specific communication requirement (e.g. visually or hearing impaired, additional learning needs, or because English is not their first language). It is therefore important that information is presented in an accessible way, in a range of languages and formats that are easily used and understood by the intended audience.

7. Strategic Evaluation and Review

7.1. This strategy will be subject to annual review. Further information on this and our ongoing approach to continuous monitoring and review of our PEC work will be developed as part of our annual review and supporting Implementation Plan.