

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

Date	Time	Venue
Friday, 20 March 2020	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James MacLaren: Dr Donny Lyons: Margaret Kerr: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Shilpa Shivaprasad: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Amanda Kelso: Dr Stuart Sutton: David Leese: Sarah Lavers: John Trainer.

Councillor Jacqueline Cameron (Chair); and Dr 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 <http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx>

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

Members of the Press and Public

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

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

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|-----------|--|------------------|
| 1 | Minute | 5 - 12 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 31 January 2020. | |
| 2 | Rolling Action Log | 13 - 14 |
| | IJB rolling action log. | |
| 3 | Financial Report 1 April 2019 to 31 January 2020 | 15 - 48 |
| | Report by Chief Finance Officer. | |
| 4 | 2020/21 Delegated Health and Social Care Budget | 49 - 80 |
| | Report by Chief Finance Officer. | |
| 5 | Performance Management Report: Unscheduled Care | 81 - 88 |
| | Report by Chief Officer. | |
| 6 | Change and Improvement Update | 89 - 100 |
| | Report by Chief Officer. | |
| 7 | Older People's Services Review Update | 101 - 128 |
| | Report by Chief Officer. | |
| 8 | Adult Carers Strategy and Action Plan 2020/22 | 129 - 162 |
| | Report by Chief Officer. | |
| 9 | Role of Mental Health Officers in Emergency Detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003 | 163 - 168 |
| | Report by Chief Officer. | |
| 10 | Equality Outcomes and Mainstreaming Progress Update Report and Consultation on Equality Outcomes 2020/24 | 169 - 200 |
| | Report by Chief Officer. | |
| 11 | Non-financial Governance Arrangements | 201 - 220 |
| | Report by Chief Officer. | |

12	Directions	221 - 228
	Report by Head of Administration.	
13	Climate Change Reporting	229 - 254
	Report by Head of Administration.	
14	Timetable for Expiry and Renewal of Integration Joint Board Memberships	255 - 258
	Report by Clerk.	
15	Coronavirus Update	
	Verbal Update by Chief Officer.	
16	Date of Next Meeting	
	Note that the next meeting of the IJB will be held at 10.00 am on 26 June 2020 in the Abercorn Conference Centre.	



Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 31 January 2020	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

Present

Councillor Jacqueline Cameron, Councillor Lisa-Marie Hughes, Councillor Jennifer Adam-McGregor and Councillor James MacLaren (all Renfrewshire Council); Dr Donny Lyons, Margaret Kerr, Dorothy McErlean and Dr Linda de Caestecker (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); Louise McKenzie (Council staff member involved in service provision); David Wylie (Health Board staff member involved in service provision); Alan McNiven (third sector representative); John Boylan (Trade Union representative for Council); Amanda Kelso (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); and David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership).

Chair

Councillor Jacqueline Cameron, Chair, presided.

In Attendance

Lynn Mitchell, Managing Solicitor (Contracts & Conveyancing), Andrea McMahon, Chief Internal Auditor (for items 1 to 3 only) and Elaine Currie, Senior Committee Services Officer (all Renfrewshire Council); Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Shiona Strachan, Acting Head of Health and Social Care (Paisley), Frances Burns, Head of Strategic Planning and Health Improvement, Jean Still, Head of Administration and David Fogg, Strategic Improvement Manager (all Renfrewshire Health and Social Care Partnership).

Apologies

Stephen Cruickshank (service user residing in Renfrewshire) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Declarations of Interest

Councillor Cameron declared a non-financial interest in relation to item 7 of the agenda as she was a member of the Kairos group and intimated that she would remain in the meeting.

Order of Business

In terms of Standing Order 4.1 (iii), the Chair intimated that she proposed to alter the order of business to facilitate the conduct of the meeting by considering item 10 of the agenda after item 2 of the agenda.

Welcome and Introductions

Prior to the start of the meeting, the Chair welcomed Amanda Kelso, Shiona Strachan and David Fogg to their first IJB meeting and invited members and officers to introduce themselves.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 22 November 2019 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

DECIDED: That the rolling action log be noted.

3 Review of Arrangements for the Renfrewshire IJB Audit Committee

The Chief Officer submitted a report relative to revisions of the operational arrangements and the revised Terms of Reference for the IJB Audit Committee, a copy of which formed Appendix 1 to the report.

The IJB Audit Committee had been established on 1 April 2016 and had met three times per year. Following a recent change in the chairmanship of the IJB Audit Committee discussions had taken place on the future operational arrangements for the IJB Audit Committee.

An agenda management process to ensure that all relevant business was planned in an annual cycle formed Appendix 2 to the report.

DECIDED:

(a) That the revised operational arrangements for the IJB Audit Committee be approved;

(b) That the revised Terms of Reference for the IJB Audit Committee, as detailed in Appendix 1 to the report, be approved; and

(c) That the IJB Audit Committee be renamed the IJB Audit, Risk and Scrutiny Committee.

4 Integration Joint Board Membership Update

The Head of Administration submitted a report advising that Amanda Kelso replaced Graham Capstick as the Trade Union representative for Health Board on the IJB with effect from 31 January 2020.

DECIDED: That it be noted that Amanda Kelso was the Trade Union representative for Health Board on the IJB.

5 Financial Report 1 April to 30 November 2019

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 November 2019 and the projected year-end position for the year ended 31 March 2020.

The overall revenue position for the HSCP for the year-to-date and projected outturn for 2019/20 was an underspend, as detailed in the report, prior to the transfer of balances to General and Earmarked Reserves at the financial year-end. The key pressures were highlighted in section 4 of the report.

The revenue budget position of the HSCP and Health for the financial period 1 April to 30 November 2019 and the year-end position was detailed in Appendices 1 to 4 of the report. The revenue budget position of Adult Social Care and 'other delegated services' for the period 1 April to 6 December 2019 and the year-end position to 31 March 2020 was detailed in appendices 5 to 7 of the report. Appendices 8 and 9 of the report provided a reconciliation of the main budget adjustments applied this current financial year and Appendix 10 to the report detailed the projected movement in reserves.

The report also provided information on Scottish Government funding 2019/20; reserves; and the Living Wage increase for 2019/20.

Members discussed the continued pressures within the care at home service and how this was a national issue. It was proposed that the Chief Officer establish what had been done and was being done in other IJBs around the care at home service and arrange for members to be informed at a future development session. This was agreed.

Members noted their appreciation for the work done by staff in relation to delayed discharges and pressures placed on the care at home service.

DECIDED:

(a) That the in-year position as at 30 November 2019 be noted;

(b) That the projected year-end position for 2019/20 be noted; and

(c) That the Chief Officer establish what had been done and was being done in other IJBs around the care at home service and arrange for members to be informed at a future development session.

6 Performance Management Report

The Chief Officer submitted a report providing an update on performance benchmarking analysis against national indicators carried out in December 2019 and highlighting work being carried out locally to better manage demand and improve outcomes.

The report intimated that Renfrewshire HSCP measured performance against the other HSCPs within the GG&C area, being East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde and West Dunbartonshire, and also within a 'family group' as determined by Healthcare Improvement Scotland, being Stirling, Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, South Ayrshire, South Lanarkshire and West Lothian.

The analysis was based on the most recent National Core Suite of Integration Indicators data, as detailed in appendices 1 and 2 of the report, and the most up-to-date data from the Scottish Public Health Observatory (ScotPHO) Health and Wellbeing Profiles, as detailed in appendices 3 and 4 of the report. Results from the 2019 survey were expected to be published in April 2020 and a report detailing the full comparison of results would be submitted to a future meeting of the IJB.

It was noted that through the emerging transformation programme, the HSCP senior management team would work with partners to identify and implement evidence-based approaches that sought to improve outcomes for individuals and communities in Renfrewshire.

DECIDED: That the contents of the report be noted.

7 Change and Improvement Update

The Chief Officer submitted a report providing an update on the expanding Change and Improvement Programme.

The report intimated that the IJB approved the Medium-term Financial Plan for 2020/21 to 2025/26 which provided an update on the current assumptions and projected funding gap for the IJB over the next five years and also set out the IJB's two-tiered model for delivering the Plan by addressing short-term financial pressures whilst in parallel introducing a more strategic approach, focussing on the financial sustainability of the organisation in the medium-term.

Section 4 of the report detailed the Tier 1 savings identified by the HSCP amounting to approximately £1.9 million for 2020/21 and 2021/22.

A key element of the Tier 2 approach was the implementation of the HSCP's Transformation Programme which would enable a strategic approach to be taken to the prioritisation of transformational activity, the review of current service provision and the design of future, innovative service models. A Programme Board had been established to provide governance and oversight of progress. Through implemented governance structures, all transformational activity would reflect and contribute to the delivery of four guiding principles, as detailed in paragraph 5.4 of the report.

It was proposed that the Chief Officer submit a report to the IJB in September 2020 providing an update on digital opportunities available. This was agreed.

DECIDED:

- (a) That the content of the report be noted;
- (b) That the Tier 1 savings set out in section 4 of the report be approved;
- (c) That the progress made in engaging with stakeholders on the scope and structure of the Transformation Programme, in line with the Tier 2 medium-term approach, be noted;
- (d) That it be noted that regular updates on progress would be submitted to meetings of the IJB seeking approval for any material changes to scope of this evolving programme; and
- (e) That the Chief Officer submit a report to the IJB in September 2020 providing an update on digital opportunities available.

Declaration of Interest

Councillor Cameron having previously declared a non-financial interest in relation to the following item of business remained in the meeting.

8 Renfrewshire Alcohol and Drug Partnership (ADP) Annual Report 2018/19

The Chief Officer submitted a report relative to the Renfrewshire Alcohol and Drug Partnership (ADP) Annual Report 2018/19, a copy of which was appended to the report.

The report intimated that the ADP had key responsibility for implementing the National Policy Framework and driving forward local action to reduce the impact of alcohol and drugs. ADPs in Scotland produced annual reports for submission to the Scottish Government and to ensure consistency, the Scottish Government had developed a standard template designed to allow consistent reporting on how ADPs were meeting national and local priorities.

The ADP Annual Report set out the financial framework used to deliver local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which were recovery and outcome-focused. It also reflected on progress achieved against Ministerial priorities, outlining improvement goals.

The national frameworks for both drug and alcohol had recently been refreshed and it was envisaged that new reporting procedures would be developed by the Scottish Government from 2020.

DECIDED: That the contents of the report be noted.

Declaration of Interest

Councillor Hughes declared a non-financial interest in the following item of business as she was the Chair of the Board of Directors of Renfrewshire Leisure and intimated that she would remain in the meeting.

9 Loneliness and Social Isolation

The Chief Officer submitted a report relative to loneliness and social isolation which had been identified as a key theme in Renfrewshire's Health and Wellbeing Survey 2017/18.

The report intimated that the Strategic Planning Group established a Short-life Working Group which explored how loneliness and social isolation could best be addressed locally and a copy of the group's report was appended to the report.

The report outlined how the group's findings and recommendations would be taken forward.

One of the key recommendations of the report was to identify a 'champion' to highlight and promote work around loneliness and social isolation and Councillor Adam-McGregor requested that she be nominated as this 'champion'. The Head of Strategic Planning and Health Improvement intimated that she would advise the group lead, Stephen McLellan, Recovery Across Mental Health (RAMH), of this nomination.

DECIDED:

(a) That the content of the Short-life Working Group's report, as appended to the report, be noted;

(b) That the approach outlined be agreed; and

(c) That the Head of Strategic Planning and Health Improvement advise the group lead, Stephen McLellan, Recovery Across Mental Health (RAMH), of Councillor Adam-McGregor's request to be nominated as the 'champion' to highlight and promote work around loneliness and social isolation.

Sederunt

David Wylie left the meeting prior to consideration of the following item of business.

10 Joint Inspection of Adult Support and Protection in the Renfrewshire Partnership Area

The Chief Officer submitted a report relative to the preparation underway and key dates for the joint inspection of adult support and protection arrangements in the Renfrewshire partnership area.

The report intimated that the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland formally notified Renfrewshire HSCP and Renfrewshire Council on 7 January 2020 that they would undertake a joint inspection of adult support and protection arrangements in the Renfrewshire partnership area commencing Monday 16 March 2020.

This inspection was being carried out at the request of Scottish Ministers and was part of a programme of scrutiny and assurance activity which would take place over 2020 and 2021 in all partnership areas in Scotland, except the six partnership areas which had been included in the first independent scrutiny of adult support and protection practice in 2017.

The inspection would focus on two main areas of key adult support and protection processes and leadership for adult support and protection. A Core Steering Group had been established to oversee preparation for the joint inspection and the planned timeline for the inspection was detailed in the report.

DECIDED:

- (a) That the information relating to the forthcoming joint inspection of adult support and protection in Renfrewshire be noted;
- (b) That it be noted that a Core Steering Group was now in place to oversee the preparation of the joint inspection; and
- (c) That regular updates be provided to the IJB.

11 Proposed Dates of Meetings of the Integration Joint Board 2020/21

The Clerk submitted a report relative to proposed dates of meetings of the IJB in 2020/21.

DECIDED:

- (a) That it be noted that meetings of the IJB would be held at 10.00 am on 20 March and 26 June 2020 in the Abercorn Conference Centre;
- (b) That meetings of the IJB be held at 10.00 am on 18 September and 20 November 2020 and 29 January, 26 March and 25 June 2021; and
- (c) That meetings of the IJB be held in the Abercorn Conference Centre, Renfrew Road, Paisley unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.

12 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 20 March 2020 in the Abercorn Conference Centre, Renfrew Road, Paisley.

IJB Rolling Action Log

Date of Board	Report	Action to be taken	Officer responsible	Due date	Completed
20/09/19	MoU between IJBs and Hospices	Report update on local delivery in Renfrewshire to future meeting	Frances Burns	26/06/20	
22/11/19	Annual Report of the Chief Social Work Officer 2018/19	Submit report to future meeting re role of Renfrewshire Mental Health Officers on emergency detention under mental health legislation	John Trainer	20/03/20	
31/01/20	Financial Report 1 April to 30 November 2019	Establish what had been done and was being done in other IJBs around the care at home service and inform members at a future development session.	David Leese	26/06/20	
	Change and Improvement Update	Submit report to September meeting providing an update on digital opportunities available.	David Leese	18/09/20	
	Loneliness and Social Isolation	Advise group lead of Councillor Adam-McGregor's request to be nominated as champion.	Frances Burns	20/03/20	

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2019 to 31 January 2020

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 31 January 2020 and the projected year end position for the year ended 31 March 2020.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 31 January 2020; and
- Note the projected year-end position for 2019/20
- Approve the creation of Ear Marked reserves detailed in paragraphs 6.3 and 6.4.

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position and projected outturn for 2019/20 is an underspend, prior to the transfer of balances to General and Ear Marked reserves at the financial year end.

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £2,891k	Underspend £3,461k

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

- 3.3. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 8 and 9 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Key Pressures

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £2,891k	Underspend £3,461k

- 4.1. The overall net underspend for the HSCP at 31 January 2020 is an underspend of £2,891k, with an anticipated year-end underspend of £3,461k, assuming that the current trajectory of spend continues throughout this financial year.

- 4.2. Members should note that the current and projected year end position for Action 15 and the Primary Care Improvement Programme (PCIP), assumes a breakeven position, as any underspends will be transferred to Ear Marked reserves at the financial year end, to be drawn down in future years in line with their respective SG allocations.
- 4.3. The current and projected underspend includes a draw down from Ear Marked reserves as detailed in the following table and in Appendix 10.

Earmarked Reserves	Amounts Drawn Down in 2019/20
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	-39
Primary Care Improvement Program (19/20)	-816
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	-305
Primary Care Transformation Fund Monies	-39
Single Point of Access Implementation (19/20)	-28
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	-150
Health Visiting	-148
Tannahill Diet and Diabetes Pilot Project	-15
Mental Health Action 15 (19/20)	-306
Mile End Refurbishment	-100
Westland Gardens Refurbishment	-105
Care @ Home Refurbishment and Uniform Replacement	-70
Additional Support Costs for Transitioning Placement	-60
TOTAL EARMARKED RESERVES DRAWN DOWN	-2,181

- 4.4. The main broad themes of the current and projected outturn include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £1,553k	Underspend £1,846k

- 4.4.1. The main pressures within Adults and Older People are in line with previous reports to the IJB throughout 2019/20, and mainly relate to:
- Continued pressures within the Care at Home service and Care Home Placement Budget*

The impact of keeping delayed discharges to a minimum is having a significant impact on these budgets.
 - Employee costs - Adult Social Care*

Underspends in employee costs reflecting vacancies due to recruitment issues, throughout all service areas. These underspends offset pressures within third party payments (payments for externally commissioned services) for the Care at Home service, Care Home placement and Adult placement budgets reflecting the impact of increasing demand including, the impact of keeping delayed discharges to a minimum.
 - Addictions (including ADP)*

Underspend, reflecting the previous planned hold on recruitment, to enable new structures to be put in place, in line with the findings of the review of Addiction services. Recruitment to posts within the new structure is now actively under way.
 - Adult Community Services*

Underspend, reflecting significant ongoing turnover and recruitment and retention issues across the Rehabilitation and District Nursing services.

Learning Disabilities	Year to Date Position	Year End Outturn
	Overspend (£372k)	Overspend (£437k)

- 4.4.2. The overspend within Learning Disabilities is mainly due to pressures on the Adult placement budget reflecting the impact of increasing demand and SDS, along with costs associated with Ordinary Residence client care packages transferring to Renfrewshire HSCP.

Children's Services	Year to Date Position	Year End Outturn
	Underspend £249k	Underspend £299k

- 4.4.3. As previously reported, the underspend within Children's Services is mainly due to vacancies reflecting recruitment and retention issues across the service, including: School Nursing, Children and Adolescent Mental Health, Speech and Language Therapy, and Occupational Therapy.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £373k	Underspend £448k

- 4.4.4. The underspend in Hosted Services is mainly due to vacancies within the Primary Care screening service which are currently being recruited to and, vacancies within the Podiatry Service which is in the final stages of implementing their new workforce profile.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £669k	Underspend £803k

- 4.4.5. To assist in mitigating risks associated with prescribing cost volatility, the IJB, as part of its financial planning for 2019/20, agreed a net increase of £2.1m to the prescribing budget. This net increase was based on a number of assumptions, including the delivery of prescribing efficiencies and initiatives across NHS GGC and the potential impact of tariff reductions and discount clawbacks.

Due to the uncertain, externally influenced nature of prescribing costs, this remains an area of potential financial risk to the IJB.

As GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed, this means expenditure information is only available for April–November (8 months). The current year-end projection based on the latest available data is an underspend of £803k.

This positive position includes the actual impact of tariff reductions and discount clawbacks, which for 2019/20 are significantly higher than when the IJB agreed the prescribing budget for 2019/20. It is therefore unlikely that all of the additional funding allocated to prescribing through the budget process for 2019/20 will be required. This position will continue to be closely monitored throughout the year as more data emerges, including the full impact of the tariff reductions and discount clawbacks.

4.5. Current Vacancy Position

As highlighted throughout Section 4, and Appendices 1 to 4 of this report, Employee Costs are projecting a significant underspend throughout all services. This is due to a combination of vacancies reflecting recruitment and retention issues across all services.

Appendices 11 and 12 provide a summary of the number and type of vacancies and the areas/posts where these vacancies arise.

5. **Scottish Government Funding 2019/20**

- 5.1. As previously highlighted to members, the 2019/20 allocations for the: Primary Care Improvement Fund (PCIF), Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) have been issued. The Scottish Government have confirmed that although the current year allocations have been reduced by the level of Ear Marked reserves held by the IJB, this will not reduce the overall totality of their commitment to fund specific policy initiatives.
- 5.2. In line with Scottish Government requirements, regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce and delivery of stated outcomes.
- 5.3. The following table provides a summary of the current position of these three programmes:

Funding Description	2018/19				2019/20			
	Allocation	Received 1 st /2 nd Tranche	Balance held by SG for future years	Transfer to Earmarked Reserves	Allocation	Drawdown from Reserves	Received @ 31st December	Outstanding
	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Improvement Fund	1.554	1.465	0.089	0.792	1.861	0.792	0.264 *	1.597
Mental Health Action 15	0.374	0.333	0.041	0.306	0.575	0.306	0.097	0.478
Alcohol and Drug Partnership	2.139	2.139	0	0.321	2.229	0	2.229	0
TOTAL	4.067	3.937	0.13	1.419	4.665	1.098	2.326	2.075

* Please note allocation not currently held by HSCP - Awaiting transfer of Budget from NHS GGC Corporate

6. **Reserves**

- 6.1 As detailed in Appendix 10, the opening reserves position for the IJB for 2019/20 was £5.473m, of which £4.543m was Ear Marked to support the delivery of projects which span financial years and is required to enable the IJB to deliver on national outcomes. The remaining balance of £0.930m is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. This equates to 0.45% of the IJB's net budget.
- 6.2 Based on current projections for 2019/20 a total of £2.181m of Ear Marked reserves have been drawn down to date, the details of which are included in paragraph 4.3. The table in Appendix 10 provides further details on the remaining balances held in reserves by the IJB.
- 6.3 In line with the IJB's Reserves Policy members are asked to approve the increase to and creation of the following Ear Marked reserves:

Earmarked Reserves	Opening Position 2019/20 £000's	New Reserves	Closing Position 2019/20 £000's	Movement in Reserves in 2019/20	To be Drawn Down 2020/21 c.£000's	Ongoing c.£000's
District Nurse 3 year Recruitment Programme	161	8	169	8	✓	✓
Mental Health Strategy Interim Support Pending Completion of Psychology Review	0	115	115	115	✓	
HSCP Transformation Programme Funding for Temp Posts	0	500	500	500	✓	✓
Information Communication Funding - Care @ Home Scheduling System	0	882	882	882	✓	
TOTAL EARMARKED RESERVES	161	1,505	1,666	1,505		

- Transfer of SG District Nursing training allocation to the District Nurse recruitment programme reserve.
- Due to delays in the start date of the interim support in place to support the Board Wide Mental Health Strategy, this non-recurring funding will be required in 2020/21.
- Due to delays in the recruitment to the Transformation Programme team posts, the funding for these posts will not be required until 2020/21. This funding will be drawn down as required throughout 2020/21 and 2020/22.
- In line with External Audit recommendations from the 2018/19 Annual Accounts audit, the Information Communication Funding for the implementation of the Care at Home Scheduling System has been moved from the Council's balance sheet to sit more appropriately in the IJB's Ear Marked reserves. This will be drawn down in line with associated implementation costs.

6.4 In addition to the above, members are also requested to approve the creation of an Ear Marked reserve of £288,000, to address capacity shortfalls and maintain sufficient Mental Health Officers (MHOs) within the HSCP. This would provide funding to train 2 MHOs each year over the next three years. Further details are included in Appendix 13 of this report.

6.5 In its 2019/20 budget, Renfrewshire Council, in recognition that the HSCP was progressing a range of service transformation and redesign projects which take time to fully develop and implement, agreed to extend additional support by earmarking £1.4million of non-recurring resources to support the HSCP meet the costs of transformation activities. At its meeting on 9 March 2020, Renfrewshire Council approved a motion to draw down £1million of this non-recurring resource to the Renfrewshire Alcohol and Drugs Commission. This funding is to support priorities emerging from the Alcohol and Drugs Commission, in recognition of the prevention and early intervention emphasis of the Commission's recommendations to support improving outcomes for adults. The remainder of the £1.4million, ie £400,000, will remain available for the HSCP to draw down in support of its Transformation Programme.

6.6 The decision of the IJB at its meeting on 20 September 2019, approving the CFO's recommendations to:

- create a 'Transformation Programme' reserve to provide resources to mitigate the risk of change and to support the transition of HSCP services; and
- to work towards achieving a 2% general reserve balance in recognition of the level of risk which the organisation is likely to be exposed to over the medium term;

is crucial in ensuring the financial sustainability of the partnership in the medium term.

- 6.7 In November 2019 the IJB approved its Medium-Term Financial Plan. The key to its delivery being the two-tiered model to address our 2020/21 financial pressures, whilst in parallel introducing a more strategic approach, focusing on the financial sustainability of the organisation in the medium term.
- 6.8 It is likely that from 2021/22, the budget position for IJBs will be subject to significant demand and cost led financial pressure as outlined for the IJB in the 'Medium Term Financial Plan 2020/21 to 2024/25' approved by the IJB on 22 November 2019.
- 6.9 In addition, it is clear from Renfrewshire Council's medium-term financial outlook, that it anticipates it will be subject to significant pressure over the medium term which is likely to constrain the level of funding uplift it can realistically provide to the HSCP.
- 6.10 Over the past couple of years, the HSCP has benefited from resources passed through from Health as part of the local government settlement arrangements. This has been a key factor in maintaining the current financial stability of the Partnership. However, it should be recognised that the Scottish Government is likely over the medium term to face an increasingly challenging financial position which may place the medium to longer term sustainability of this policy under increasing pressure and the extent of benefit to the Partnership's financial position may diminish over time. It is therefore essential that the IJB continues to plan for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years – with the likely scenario that a significant level of further recurring savings will be required whilst seeking to deliver sustainable and modern services which meet the needs of service users and their families.
- 6.11 It is therefore essential that the IJB continues to focus on the need to pro-actively progress its transformation and modernisation agenda, maintaining a medium term perspective of the financial challenges and where appropriate, generate reserves to help to address: medium term pressures on the assumption that the financial position is more than likely to get more pressured; to provide temporary funding to drive transformation; and, build up contingency reserves in line with Audit Scotland's recommendations.

7 Living Wage Increase 2019/20

- 7.1 As previously reported to the IJB, the new Living Wage rate was set at £9.00 from the 1 May 2019. In line with previous years practice, a % increase has been applied including the impact of on-costs. The new rate of £9.30 for 2020, was announced on 11 November 2019 at the start of Living Wage week and will be applicable from 1 May 2020.
- 7.2 All contracted providers of Care at Home services and Supported Living services have been offered an increase to allow the payment of the new Living Wage rate. To date, 5 Care at Home providers have accepted the increase and the remaining 2 providers have confirmed that although their staff receive the SLW rate, they are currently unable to accept the increase due to ongoing discussions with their staff groups. For supported living services all 10 providers have accepted the uplift.

- 7.3 The 3 contracted providers of Adult Residential services within Renfrewshire have agreed to an increase of 3.40% in line with the 2019/20 increase for the National Care Home Contract (NCHC).
- 7.4 On acceptance of offers made, all Living Wage uplifts will be backdated to 1 May 2019.
- 7.5 Work continues in relation to the review out of area placements. Where placements have been made using Scotland Excel's national framework for Adult Residential services, all rates currently paid are based on the current Scottish Living Wage. Where placements have been made off contract, host local authority rates are considered if applicable. If there is no host local authority rate available, the providers will be offered a % increase to allow the payment of the new Living Wage from 1 May 2019.

Implications of the Report

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

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk / 0141 618 6824)
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Appendix 1

HSCP Revenue Budget Position 1st April 2019 to 31st January 2020

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Employee Costs	64,282	3,692		988	-	68,962	66,291	2,671	4%	underspend
Property Costs	794	2		173		970	973	(4)	0%	overspend
Supplies and Services	17,337	(506)	(10,212)	611		7,229	7,681	(451)	-6%	overspend
Third Party Payments	48,838	1,618		51		50,507	50,927	(421)	-1%	overspend
Purchase Of Healthcare	2,055	678		-		2,733	2,812	(79)	-3%	overspend
Transport	681	-		-		681	634	47	7%	underspend
Family Health Services	67,171	4,945		-		72,116	71,443	673	1%	underspend
Support Services	59	-		-		59	52	8	15%	underspend
Transfer Payments (PTOB)	3,102	(664)		-		2,438	2,275	162	7%	underspend
Resource Transfer	15,864	1,633	(17,497)	-		-	-	-	0%	breakeven
Set Aside	26,035	-		-		26,035	26,035	-	0%	breakeven
Gross Expenditure	246,219	11,396	(27,708)	1,823	-	231,729	229,123	2,606	1%	underspend
Income	(25,415)	(387)			(1,823)	(27,625)	(27,910)	285	-1%	underspend
NET EXPENDITURE	220,804	11,009	(27,708)	1,823	(1,823)	204,105	201,213	2,891	1%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Adults & Older People	54,907	706		167	(167)	55,613	54,061	1,553	3%	underspend
Mental Health	17,510	1,465		256	(256)	18,975	18,813	162	1%	underspend
Learning Disabilities	13,308	305		140	(140)	13,613	13,985	(372)	-3%	overspend
Children's Services	4,511	598		124	(124)	5,109	4,860	249	5%	underspend
Prescribing	29,418	1,183		-	-	30,601	29,932	669	2%	underspend
Health Improvement & Inequalities	733	135		-	-	868	704	164	23%	underspend
FHS	35,962	3,874		-	-	39,836	39,836	1	0%	overspend
Resources	2,752	485		952	(952)	3,237	3,144	93	3%	underspend
Hosted Services	8,817	625		184	(184)	9,442	9,068	373	4%	underspend
Resource Transfer	15,864	1,633	(17,497)			-	-	-	0%	breakeven
Social Care Fund	10,212		(10,212)			-	-	-	0%	breakeven
Set Aside	26,035					26,035	26,035	-	0%	breakeven
Other Delegated Services	776					776	776	-	0%	breakeven
NET EXPENDITURE	220,804	11,009	(27,708)	1,823	(1,823)	204,105	201,213	2,891	1%	underspend

Appendix 2

HSCP Revenue Budget Position 1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	76,648	4,426		1,185		82,259	79,069	3,190	4%	underspend
Property Costs	939	2		205		1,146	1,151	(5)	0%	overspend
Supplies and Services	20,766	(598)	(12,254)	732		8,646	9,180	(534)	-6%	overspend
Third Party Payments	57,718	1,912		60		59,690	60,187	(497)	-1%	overspend
Purchase Of Healthcare	2,466	813		-		3,279	3,374	(95)	-3%	overspend
Transport	805	-		-		805	749	56	7%	underspend
Family Health Services	80,605	5,934		-		86,539	85,732	807	1%	underspend
Support Services	70	-		-		70	61	9	15%	underspend
Transfer Payments (PTOB)	3,666	(785)		-		2,881	2,689	192	7%	underspend
Resource Transfer	19,037	1,959	(20,996)	-		-	-	-	0%	breakeven
Set Aside	31,242	-		-		31,242	31,242	-	0%	breakeven
Gross Expenditure	293,963	13,663	(33,250)	2,182	-	276,558	273,434	3,124	1%	underspend
Income	(30,083)	(471)			(2,182)	(32,736)	(33,073)	337	-1%	underspend
NET EXPENDITURE	263,880	13,192	(33,250)	2,182	(2,182)	243,822	240,361	3,461	1%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Adults & Older People	65,079	836		198	(198)	65,915	64,069	1,846	3%	underspend
Mental Health	20,975	1,755		307	(307)	22,730	22,537	193	1%	underspend
Learning Disabilities	15,744	362		165	(165)	16,106	16,543	(437)	-3%	overspend
Children's Services	5,413	718		149	(149)	6,131	5,832	299	5%	underspend
Prescribing	35,302	1,419		-	-	36,721	35,918	803	2%	underspend
Health Improvement & Inequalities	880	162		-	-	1,042	845	197	23%	underspend
FHS	43,155	4,649		-	-	47,804	47,803	1	0%	overspend
Resources	3,302	582		1,142	(1,142)	3,884	3,773	111	3%	underspend
Hosted Services	10,580	750		221	(221)	11,330	10,882	448	4%	underspend
Resource Transfer	19,037	1,959	(20,996)			-	-	-	0%	breakeven
Social Care Fund	12,254	-	(12,254)			-	-	-	0%	breakeven
Set Aside	31,242	-				31,242	31,242	-	0%	breakeven
Other Delegated Services	917	-				917	917	-	0%	breakeven
NET EXPENDITURE	263,880	13,192	(33,250)	2,182	(2,182)	243,822	240,361	3,461	1%	underspend

Appendix 3

Health Revenue Budget Position 1st April 2019 to 31st January 2020

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Employee Costs	37,330	3,449		988		41,767	39,884	1,883	5%	underspend
Property Costs	30	-		-		30	54	(24)	-44%	overspend
Supplies and Services	15,236	27	(10,212)	552		5,602	5,653	(50)	-1%	overspend
Purchase Of Healthcare	2,055	678		-		2,733	2,812	(79)	-3%	overspend
Family Health Services	67,171	4,945		-		72,116	71,443	673	1%	underspend
Set Aside	26,035	-		-		26,035	26,035	-	0%	breakeven
Resource Transfer	15,864	1,633	(17,497)	-		-	-	-	0%	breakeven
Gross Expenditure	163,721	10,731	(27,708)	1,539	-	148,283	145,881	2,403	2%	Underspend
Income	(2,600)	(745)			(1,539)	(4,884)	(4,884)	-	0%	breakeven
NET EXPENDITURE	161,121	9,986	(27,708)	1,539	(1,539)	143,399	140,997	2,403	2%	Underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Addiction Services	2,237	18		-	-	2,255	2,040	215	11%	underspend
Adult Community Services	8,155	61		23	(23)	8,216	7,813	403	5%	underspend
Children's Services	4,511	598		124	(124)	5,109	4,860	249	5%	underspend
Learning Disabilities	904	75		-	-	979	855	124	15%	underspend
Mental Health	15,522	1,299		256	(256)	16,821	16,709	112	1%	underspend
Hosted Services	8,817	625		184	(184)	9,442	9,068	373	4%	underspend
Prescribing	29,418	1,183		-	-	30,601	29,932	669	2%	underspend
Gms	18,341	1,864		-	-	20,205	20,205	(0)	0%	breakeven
FHS Other	17,622	2,010		-	-	19,632	19,631	1	0%	breakeven
Planning & Health Improvement	733	135		-	-	868	704	164	23%	underspend
Primary Care Improvement Prog	-	85		927	(927)	85	85	-	0%	breakeven
Resources	2,752	400		25	(25)	3,152	3,059	93	3%	underspend
Set Aside	26,035	-		-	-	26,035	26,035	-	0%	breakeven
Resource Transfer	15,864	1,633	(17,497)	-	-	-	-	-		
Social Care Fund	10,212	-	(10,212)	-	-	-	-	-		
NET EXPENDITURE	161,122	9,986	(27,708)	1,539	(1,539)	143,399	140,997	2,403	2%	Underspend

Appendix 4

Health Budget Year End Position 1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	44,796	4,139		1,185		50,120	47,861	2,259	5%	Underspend
Property Costs	36					36	65	(29)	-44%	Overspend
Supplies and Services	18,283	32	(12,254)	662		6,723	6,783	(60)	-1%	Overspend
Purchase Of Healthcare	2,466	813				3,279	3,374	(95)	-3%	Overspend
Family Health Services	80,605	5,934				86,539	85,732	807	1%	Underspend
Set Aside	31,242					31,242	31,242	-	0%	breakeven
Resource Transfer	19,037	1,959	(20,996)			-	-	-		
Gross Expenditure	196,466	12,877	(33,250)	1,847	-	177,940	175,057	2,883	2%	Underspend
Income	(3,120)	(894)			(1,847)	(5,861)	(5,861)	-	0%	breakeven
NET EXPENDITURE	193,346	11,983	(33,250)	1,847	(1,847)	172,079	169,196	2,883	2%	Underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Addiction Services	2,684	22				2,706	2,448	258	11%	underspend
Adult Community Services	9,786	73		28	(28)	9,859	9,376	483	5%	underspend
Children's Services	5,413	718		149	(149)	6,131	5,832	299	5%	underspend
Learning Disabilities	1,085	90				1,175	1,026	149	15%	underspend
Mental Health	18,626	1,559		307	(307)	20,185	20,051	134	1%	underspend
Hosted Services	10,580	750		221	(221)	11,330	10,882	448	4%	underspend
Prescribing	35,302	1,419				36,721	35,918	803	2%	underspend
Gms	22,009	2,237				24,246	24,246	(0)	0%	breakeven
FHS Other	21,146	2,412				23,558	23,557	1	0%	breakeven
Planning & Health Improvement	880	162				1,042	845	197	23%	underspend
Primary Care Improvement Prog		102		1,112	(1,112)	102	102	-	100%	underspend
Resources	3,302	480		30	(30)	3,782	3,671	111	3%	underspend
Set Aside	31,242					31,242	31,242	-	0%	breakeven
Resource Transfer	19,037	1,959	(20,996)			-	-	-		
Social Care Fund	12,254		(12,254)			-	-	-		
NET EXPENDITURE	193,346	11,983	(33,250)	1,847	(1,847)	172,079	169,196	2,883	2%	Underspend

**Adult Social Care Revenue Budget Position
1st April 2019 to 31st January 2020**

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Employee Costs	26,915	243	-		27,158	26,370	788	3.0%	underspend
Property Costs	298	2	173		473	453	20	4.5%	underspend
Supplies and Services	2,089	(533)	59		1,615	2,016	(401)	-19.9%	overspend
Third Party Payments	48,838	1,618	51		50,507	50,927	(421)	-0.8%	overspend
Transport	677	-	-		677	630	47	7.5%	underspend
Support Services	59	-	-		59	52	8	14.8%	underspend
Transfer Payments (PTOB)	2,800	(664)	-		2,136	1,973	162	8.2%	underspend
Gross Expenditure	81,677	665	283	-	82,625	82,421	204	0.2%	underspend
Income	(22,770)	358		(283)	(22,696)	(22,981)	285	-1.2%	underspend
NET EXPENDITURE	58,907	1,023	283	(283)	59,930	59,441	489	0.8%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Older People	38,851	394	144	(144)	39,245	38,283	962	2.5%	underspend
Physical or Sensory Difficulties	5,101	233	-	-	5,333	5,386	(52)	-1.0%	overspend
Learning Difficulties	12,404	230	140	(140)	12,634	13,130	(496)	-3.8%	overspend
Mental Health Needs	1,988	166	-	-	2,153	2,104	50	2.4%	underspend
Addiction Services	564	-	-	-	564	538	25	4.7%	underspend
NET EXPENDITURE	58,907	1,023	283	(283)	59,930	59,441	489	0.8%	underspend

**Adult Social Care Revenue Budget Year End Position
1st April 2019 to 31st March 2020**

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Employee Costs	31,809	287			32,096	31,165	931	3.0%	underspend
Property Costs	352	2	205		559	535	24	4.5%	underspend
Supplies and Services	2,469	(630)	70		1,909	2,383	(474)	-19.9%	overspend
Third Party Payments	57,718	1,912	60		59,690	60,187	(497)	-0.8%	overspend
Transport	800				800	744	56	7.5%	underspend
Support Services	70				70	61	9	14.8%	underspend
Transfer Payments (PTOB)	3,309	(785)			2,524	2,332	192	8.2%	underspend
Gross Expenditure	96,527	786	335	-	97,648	97,407	241	0.2%	underspend
Income	(26,910)	423		(335)	(26,822)	(27,159)	337	-1.2%	underspend
NET EXPENDITURE	69,617	1,209	335	(335)	70,826	70,248	578	0.8%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Older People	45,915	466	170	(170)	46,381	45,244	1,137	2.5%	underspend
Physical or Sensory Difficulties	6,028	275			6,303	6,365	(62)	-1.0%	overspend
Learning Difficulties	14,659	272	165	(165)	14,931	15,517	(586)	-3.8%	overspend
Mental Health Needs	2,349	196			2,545	2,486	59	2.4%	underspend
Addiction Services	666				666	636	30	4.7%	underspend
NET EXPENDITURE	69,617	1,209	335	(335)	70,826	70,248	578	0.8%	underspend

**Renfrewshire Council 'Other Delegated Services'
1st April 2019 to 31st January 2020**

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	36	36	-	0%	breakeven
Property Costs	466	466	-	0%	breakeven
Supplies and Services	12	12	-	0%	breakeven
Transport	4	4	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	302	302	-	0%	breakeven
Gross Expenditure	821	821	-	0%	breakeven
Income	(45)	(45)	-	0%	breakeven
NET EXPENDITURE	776	776	-	0%	breakeven

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	701	701	-	0%	breakeven
Women's Aid	74	74	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	776	776	-	0%	breakeven

1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	43	43	-	0%	breakeven
Property Costs	551	551	-	0%	breakeven
Supplies and Services	14	14	-	0%	breakeven
Transport	5	5	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	357	357	-	0%	breakeven
Gross Expenditure	970	970	-	0%	breakeven
Income	(53)	(53)	-	0%	breakeven
NET EXPENDITURE	917	917	-	0%	breakeven

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	829	-	0%	breakeven
Women's Aid	88	88	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	917	917	-	0%	breakeven

2019/20 Adult Social Care Base Budget and In-Year Adjustments

	£k
2019/20 Renfrewshire HSCP Opening Budget:	69,617.0
<u>Additions:</u>	
Non Recurring Drawdown of Council Reserves	1,231.7
SWIFT Hosting Costs	-23.0
	70,825.7

2019/20 Health Base Budget and In-Year Adjustments		£k
2019-20 Renfrewshire HSCP Financial Allocation		162,104.0
Add: Set Aside		31,242.0
less: Budget Adjustments		
Social Care Fund		-12,254.0
Resource Transfer		-20,662.0
	= base budget rolled over	160,430.0
Additions:		
Continuing Care - Transfer		1,128.0
Budget Uplift - 2.54%		3,040.0
Family Health Service Adjustment		969.9
Smoking Cessation Funding		65.2
		5,203.1
Non-Recurring:		
Cognitive Behavioural Therapist Posts - Psychology review		150.0
Budget allocated as per 2019/20 Financial Allocation 31st May 2019		165,783.1
Budget Adjustments posted in month 3		
Non-Recurring:		
Funding from Health Board for Primary Care Screening Posts		86.7
Health Budget as reported @ 30th June 19		165,869.8
Budget Adjustments posted in month 4		
Additions:		
Superann Increase - Funding from Scottish Government		2,055.8
Non-Recurring:		
Transfer to Resource Transfer		-300.0
Health Budget as reported @ 31st July 19		167,625.6
Budget Adjustments posted in month 5		
Additions:		
Hospice Superann		56.0
Reductions:		
Primary Care Contract transferred to Board		-100.5
Non-Recurring:		
ADP Funding		256.2
Action 15		96.8
Prescribing Tariff Swap		-698.6
GMS Adjustment		911.9
		566.3
Health Budget as reported @ 31st August 2019		168,147.4
Budget Adjustments posted in month 6		
Additions:		
GP Subcommittee Funding		111.8
Reductions:		
Violence Reduction Post - Moved to Glasgow City		-50.0
Non-Recurring:		
GP Premises Supporting Improvements		101.5
Primary Medical Services (PMS) - Provision & Support		360.9
		462.4
Health Budget as reported @ 30th September 2019		168,671.6
Budget Adjustments posted in month 7		
Additions:		
GMS Adjustment		1,860.9
Non-Recurring:		
Scottish Government - Funding for Paid As If At Work 17-18		14.4
Primary Care Screening - HPV Boys Campaign		25.9
		40.3
Health Budget as reported @ 31st October 2019		170,572.8
Budget Adjustments posted in month 8		
Non-Recurring:		
Mental Health Outcomes Funding from Scottish Government		279.6
GMS Adjustment		-7.8
		271.8
Health Budget as reported @ 30th November 2019		170,844.6
Budget Adjustments posted in month 9		
Non-Recurring:		
Smoking Prevention Monies from Scottish Government		36.0
GMS Adjustment		517.8
		553.8
Health Budget as reported @ 31st December 2019		171,398.4
Budget Adjustments posted in month 10		
Non-Recurring:		
Funding from Scottish Government - CAMCHP123 ADP LOCAL IMP FUND		320.8
GMS Adjustment		359.1
		679.9
Health Budget as reported @ 31st January 2020		172,078.3

Movement in Reserves

Earmarked Reserves	Opening Position 2019/20 £000's	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20 £000's	Movement in Reserves in 2019/20	To be Drawn Down 2019/20 c.£000's	To be Drawn Down 2020/21 c.£000's	Ongoing c.£000's
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	419	-39		380	-39	-23	✓	✓
Primary Care Improvement Program (19/20)	816	-816		0	-816	-816		
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises impro	562	-305		257	-305	✓	✓	
Primary Care Transformation Fund Monies	39	-39		0	-39	-39		
District Nurse 3 year Recruitment Programme	161		8	169	8	✓	✓	✓
Prescribing	557			557	0	✓		
ADP Funding (19/20)	321			321	0	-321		
Tec Grant	20			20	0	-20		
Single Point of Access Implementation (19/20)	28	-28		0	-28	-28		
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	150	-150		0	-150	-150		
Health Visiting	181	-149		32	-149	✓	✓	
Tannahill Diet and Diabetes Pilot Project	15	-15		0	-15	-15		
Mental Health Improvement Works	150			150	0	✓	✓	
Mental Health Action 15 (19/20)	306	-306		0	-306	-306		
Mental Health Strategy Interim Support Pending Completion of Psychology Review	0		115	115	115			
HSCP Transformation Programme Funding for Temp Posts	0		500	500	500			
ICT Swift Update Costs	27			27	0			
Information Communication Funding - Care @ Home Scheduling System	0		882	882	882		✓	
Mile End Refurbishment	100	-100		0	-100	-100		
LA Care Home Refurbishment	300			300	0	-300		
Westland Gardens Refurbishment	105	-105		0	-105	-105		
Eclipse Support Costs (2 Year)	156			156	0	-78	-78	
Care @ Home Refurbishment and Uniform Replacement	70	-70		0	-70	-70		
Additional Support Costs for Transitioning Placement	60	-60		0	-60	-60		
TOTAL EARMARKED RESERVES	4,543	-2,182	1,505	3,866	-677			

General Reserves	Opening Position 2019/20 £000's	Amounts Drawn Down in 2019/20	Projected New Reserves	Closing Position 2019/20 £000's	Movement in Reserves in 2019/20
Renfrewshire HSCP - Health delegated budget under spend carried forward	930			930	0
TOTAL GENERAL RESERVES	930	0	0	930	0
OVERALL RESERVES POSITION	5,473	-2,182	1,505	4,796	-677

HSCP Vacancy Position at 31 January 2020 Per Client Group

Care Group	Health	Adult Social Care	TOTAL HSCP
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Adults & Older People	15.83	105.55	121.38
Mental Health	39.99	4.00	43.99
Learning Disabilities	0.55	7.00	7.55
Children's Services	2.93		2.93
Health Improvement & Inequalities	1.00		1.00
Resources	3.67		3.67
Hosted Services	6.16		6.16
TOTAL	70.13	116.55	186.68

**HSCP Vacancy Position at 31 January 2020
Per Job Description**

Job Description	Health	Adult Social Care	TOTAL HSCP
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Admin & Clerical	4.67		4.67
Adult Services Manager		1.00	1.00
Care Assistant		0.54	0.54
Care at Home Team Manager		2.00	2.00
Caretaker		0.19	0.19
Change & Improvement Officer		1.00	1.00
Community Alarm Manager		1.00	1.00
Community Alarm Responder		7.30	7.30
Community Alarm Responder (Night)		0.81	0.81
Community Alarms Team Leader (Nights)		0.95	0.95
Community Meals Driver		4.37	4.37
Data Quality Assistant		3.00	3.00
Day Care Officer		0.53	0.53
Day Centre Officer		0.59	0.59
Day Service Assistant		4.10	4.10
Day Service Officer		0.64	0.64
Escort/ Attendant		0.57	0.57
Finance, Planning & Improvement		1.00	1.00
Health Promotion	1.00		1.00
Home Care Team Leader		4.65	4.65
Home Care Worker		49.92	49.92
Home Care Worker (Night)		0.81	0.81
Manager		1.00	1.00
Medical & Dental	2.95		2.95
Mental Health Support Worker		0.19	0.19
Nursing Staff - Trained	33.65		33.65
Nursing Staff - Untrained	12.62		12.62
Occupational Therapist	3.50		3.50
Physiotherapist	1.35		1.35
Podiatrist	3.80		3.80
Practical Support Team Member		1.03	1.03
Primary Care Support - Officer Services	1.96		1.96
Psychology	4.63		4.63
Resource Officer		3.00	3.00
Senior Day Care Officer		1.00	1.00
Service Delivery Scheduler		3.05	3.05
Social Care Assistant		6.87	6.87
Social Care Worker		3.44	3.44
Social Care Worker (Nights)		2.13	2.13
Social Worker		5.00	5.00
Strategic Service Delivery Team Manager		1.00	1.00
Systems Officer (Systems)		1.00	1.00
Team Manager		2.88	2.88
TOTAL	70.13	116.55	186.68

Mental Health Officer – Capacity Pressures

Currently there are significant demands on the service against available resource. Although the total number of MHOs appears reasonable (31 staff; 27.76 fte): 10.6 fte in the Mental Health Officer Team; 9.16fte are management roles across the partnership, therefore, the amount of MHO work undertaken is low; and, 8 fte located in dispersed teams and do not carry a high volume of MHO work. The bulk of the statutory MHO work is undertaken by the full time MHO Team, however, demand versus resource means that there is a Medium Risk of failing to meet our statutory duties.

The full-time team are currently at full capacity and referrals have risen by 15% since April 2018. In addition, the level of complexity in cases is increasing meaning staff need to devote longer to each case. As shown in the table below, the MHO workforce is ageing against lower numbers coming forward for the MHO Award training.

MHOs	Age Group										Total
	<25	25-29	30-34	35-39	40-44	45-49	50-54	60-64	65+	Unknown	
Female	0	1	3	1	1	5	4	0	1	0	24
Male	0	0	3	0	1	1	1	1	0	0	7
Total	0	1	6	1	2	6	5	1	1	0	31

The above table shows the current age banding of MHOs in Renfrewshire with c.30% <50, and c30% <40. This is similar to the national picture.

Pressures from the rise in AWI applications is significant encompassing both private and local authority referrals. Additionally, with AWI over 65% of new orders being granted are now for less than 5 years resulting in requests for reports for their renewal.

Mental Health Tribunals place additional time burden on MHOs. Since April 2018, MHOs have spent the equivalent of 250 days in tribunal hearings, in addition the added pressure of Hospital Delayed Discharge and an increase in the number of Forensic Cases which involve a significant level of contact and work, (including travel to secure hospitals often some distance from Renfrewshire) are placing additional pressure on the service.

In order to address capacity shortfalls and to maintain sufficient MHOs to undertake their full range of statutory duties, it is estimated that Renfrewshire HSCP require to train a minimum of 2 MHOs each year over next three years. The costs associated with this proposed programme are summarised below:

Cost Breakdown as follows:

Candidate Fees to University	per candidate	x 2 per annum	£3,000	total over 3 years	£18,000
Back fill to candidate home team	per candidate	x2 per annum	£45,000	Total over 3 years	£270,000
TOTAL					£288,000

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Finance Officer

Heading: 2020/21 Delegated Health and Social Care Budget

1. Purpose

- 1.1 This report describes the financial allocation and budgets made available to the Integration Joint Board (IJB) for 2020/21 by Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC), and, outlines the main financial pressures on health and adult social care services.
-

2. Recommendation

It is recommended that the IJB:

- Agree to accept the delegated Adult Social Care Budget for 2020/21;
- Agree to delegate responsibility to accept the 2020/21 delegated Health Budget, to the Chief Officer and Chair of the IJB, subject to:
 - The expected uplift of 3% reflecting the Boards uplift for 2020/21 including any final adjustments in relation to recurring budget adjustments at month 12; and
 - The final budget offer including a budget for Set Aside for 2020/21.
- Approve a drawdown of reserves, if required, in order to fund any shortfall in funding for 2020/21.

3. Introduction

- 3.1. Renfrewshire IJB is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme between Renfrewshire Council and NHSGGC. It is accountable for the stewardship of public funds and ensuring that its business is conducted under public sector best practice governance arrangements, including ensuring that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The budget delegated by our two partner bodies, is used by the IJB to commission services, which are delivered by Renfrewshire Health and Social Care Partnership (HSCP). The principles of the funding allocated by the two partner organisations is set out in the Integration Scheme, however, utilisation of this funding is delegated to the IJB.
- 3.2. Under the terms of the Integration Scheme, partner organisations should make appropriate arrangements to fund pay awards, contractual uplifts, the impact of demographic changes and determine efficiency targets as part of their respective budget setting processes.
- 3.3. The role of the Section 95 Officer (Chief Finance Officer) for the IJB includes both the adherence to professional standards as well as compliance with “The Local Government (Scotland) Act 1973 section 95, which clearly states that:

“...every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.”

for the IJB this includes the requirement to ensure a balanced budget is set.

4. 2020/21 Context

- 4.1. This report sets out the implications of the Scottish Government budget for 2020/21 which was approved on 5 March 2020 and provides members with an overview of the IJB's anticipated budget allocation for 2020/21.
- 4.2. IJB Members will be aware of the disruption to the budget setting timetable, following the unscheduled General Election on 12 December 2019. As a direct consequence, the UK Government comprehensive spending review, which had been scheduled for November 2019, and, the Scottish Government draft budget scheduled for 12 December 2019 were both postponed.
- 4.3. Despite the above delay, the Scottish Government chose to publish its own draft budget ahead of the UK, based on announcements already made by the UK Government, as well as ongoing engagement with the UK Government and HM Treasury.
- 4.4. The publication of the Scottish Government Budget in advance of the UK Budget for 2020/21 being published on 11 March 2020, was unprecedented. There was, therefore, a degree of uncertainty regarding the spending commitments outlined within the Scottish Budget. In addition, the timing of the UK Budget and Scottish Budget also reduced the time available for Parliamentary scrutiny of the Draft Scottish Government budget; with the Budget Bill Stage 1 debate in the Scottish Parliament having taken place on 27 February 2020 and stages 2 and 3 on 4th and 5th March. It was however recognised by the Scottish Government, that, if the UK budget announcement differed materially from the assumptions made by the Scottish Government, the funding and spending commitments set out in their budget may have to be reconsidered.
- 4.5. In 2018, the Scottish Government published its first Medium Term Financial Strategy (MTFS) with a commitment to provide three-year funding settlements from 2020/21 onwards. The MTFS set out the Government's financial assessment of the funding required to deliver on its key policies over this parliamentary period. It also highlighted that the overall outlook is for little growth through to 2022/23. Based on this, it is therefore likely that in the medium term, public finances in Scotland are likely to remain challenging and subject to further year on year reductions.
- 4.6. However, similar to 2019/20, the Scottish Government has not provided detailed spending plans beyond their budget for 2020/21. Their intention to provide multi-year finance settlements from 2020/21 has been delayed due to the postponement of the UK Government comprehensive spending review, which is unlikely to happen until later this year. It is therefore unlikely that the Scottish Government will commit to multi-year budgets until a similar forecast is provided at a UK level. This clarity would enable the IJB to plan over the medium term with a greater degree of financial certainty in respect of annual uplifts etc. and, adopt a more strategic approach to service re-design and transformation.
- 4.7. As highlighted in previous budget updates to the IJB, as a large proportion of the Scottish Budget is now driven by devolved tax powers, this brings additional risk to the funding available for public services in Scotland, as the performance of the Scottish economy becomes a key factor in the overall level of resources available to the Scottish Government.

- 4.8. The economic outlook provided by the Scottish Fiscal Commission (SFC), outlines economic growth in Scotland averaging around 1.0-1.2% over the next 5 years. This anticipated low level of annual growth over a prolonged period, will therefore have a detrimental impact on future tax receipts, which in turn will have an adverse impact on future budget allocations across the public sector in Scotland.
- 4.9. The revised SFC forecasts outline that: in relation to the devolution of tax and social security powers under the Scotland Act 2016; and, the fiscal framework which accompanies these powers; the block grant adjustments will require the Scottish Government to either raise taxes, cut spending or utilise reserves/borrowing to make up any shortfall. This, the SFC have warned, could result in much larger loan repayments being required, adding further pressure to the Scottish Budget position over the medium term.
- 4.10. Furthermore, there remain wider risks which could further impact on the level of resources made available to the Scottish Government including the changing political and economic environment within Scotland, the UK, and wider. This will potentially have significant implications for Renfrewshire IJB's parent organisations, and therefore the delegated Health and Adult Social Care budgets.
- 4.11. These wider strategic risks and uncertainties for the IJB include:
- The impact of Brexit, including the Scottish Government's response to Brexit, is not currently known; however, Renfrewshire HSCP is actively participating in Brexit planning being taken forward by its partner organisations in alignment with current Scottish Government direction;
 - Complexity of the IJB governance arrangements has been highlighted by Audit Scotland as an ongoing concern, in particular the lack of clarity around decision making. The Ministerial Strategic Group (MSG) Review of Integration Report acknowledges the challenging environment in which Integration Authorities are operating and makes specific proposals around governance and accountability arrangements to be implemented over 2019/20; and
 - A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care at Home staff are a current recruitment and retention challenge for Renfrewshire HSCP. Potential impacts include negative effect on:
 - The sustainability of, access to, and quality of, services;
 - The resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources; and
 - The additional cost of using bank and agency staff.
- 4.12. Uncertainty therefore remains over the scale of the reduction in resources over the medium term. This, along with the continuation of annual cost pressures and increasing demand, will drive a need for further significant and sustained savings to ensure financial sustainability across all sectors.
- 4.13. In November 2019, the IJB approved its Medium-Term Financial Plan 2020/21 to 2024/25, and, agreed to create a transformation reserve to support a step-change in the HSCP's change activity. The Financial Plan set out a two-tiered approach to delivering savings, where Tier 1 short-term savings would be delivered in 2020/21 and Tier 2 savings would be achieved over the period 2021/22 to 2023/24 through transformational change. Tier 1 savings proposals were approved by the IJB on 31 January 2020.
- 4.14. Given the future economic uncertainty highlighted throughout this report, it is vital, that the IJB pro-actively progresses its financial planning strategy in the

context of its approved Medium-Term Financial Plan through its Tier 2 Transformation Programme. This Programme now represents the principal vehicle for the IJB to address its estimated net budget gap (for the period 2021/22 to 2023/24) of £9m to £19m (based on a range of funding scenarios between 1.5 to 3 percent of annual uplifts from our partner organisations) to ensure the sustainability of our health and social care services going forward and the delivery of the right health and social care services, accessed in the right place and at the right time.

5. Scottish Government Budget 2020/21

5.1. On 6 February 2020, the Scottish Government published their draft budget for 2020/21. Included within the conditions of the draft budget was the continued prioritisation of financial support for social care and integration, with a further £100 million for investment in social care and integration allocated over:

- £57.2m to support cost and demand pressures
- £25m to support continued delivery of the real Living Wage
- £11.6m to support the ongoing implementation of the Carers Act
- £4m to support School Mental Health Services
- £2.2m to support free personal and nursing care

5.2. The government confirmed that taken together, the total additional funding of £100 million is to be additional to each Council's 2019/20 recurrent spending delegated to Integration Authorities and not substitutional. The Government confirmed this means that Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must nationally be £100 million greater than the 2019/20 recurrent budget.

5.3. Following the announcement of the Scottish Government's Draft Budget for 2020/21 on 6 February 2020, the Interim Director of Health Finance and Governance, for the Scottish Government wrote to all NHS Chairs, NHS Directors of Finance, Integration Authority Chief Officers and Integration Authority Chief Finance Officers providing details of the funding settlement for Health Boards, which includes Integration Authorities (IJBs). A copy of the letter is attached in Appendix 1.

5.4. The letter specifically states the following:

- In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019-20 agreed recurring budgets.
- In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £100 million in Local Authorities for investment in social care and integration, and continued support for school counsellors. This will take the total funding transferred from the health portfolio to £811 million in 2020-21. The additional £100 million for local government includes a contribution to continued delivery of the Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million).
- The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and

funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

5.5. This letter of the 6 February 2020 from the Interim Director of Health Finance and Governance, is the basis on which NHSGGC have made their indicative budget offer to the IJB for 2020/21.

5.6. On the 6 February 2020, the then Minister for Public Finance and Digital Economy wrote to the Leaders of all Scottish Local Authorities (a copy of the letter is attached at Appendix 2), setting out the Scottish Government's draft spending and tax plans for 2020/21. Within this letter she confirmed that as part of their 2020/21 settlement, Local Authorities would be expected to deliver specific commitments, including the commitment that the allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019/20 recurrent budgets.

5.7. The Interim Director of Health Finance and Governance, for the Scottish Government and Director of Community Health and Social Care jointly issued further clarification on 28 February 2020 (Appendix 3). Similar to 2019/20:

“flexibility will be available to Local Authorities to offset their adult social care allocations to Integration Authorities by up to 2% and a maximum of £50 million in 2020-21 based on local needs”.

5.8. The letter of the 28 February 2020 from the Interim Director of Health Finance and Governance, for the Scottish Government and Director of Community Health and Social Care is the basis on which Renfrewshire Council have made their budget offer to the IJB for 2020/21.

5.9. In agreeing the 2020/21 budget, members will wish to consider the medium and longer-term financial context for the IJB and the ongoing financial pressures and significant challenges which were detailed in the HSCP's Medium-Term Financial Plan which was approved by members on 22 November 2019.

6. **Delegated Adult Social Care Budget 2020/21**

6.1. Similar to 2019/20, demographic and socio-economic factors continue to drive significant demand and cost pressures for 2020/21 in the delegated Adult Social Care budget relating to:

- Funding of the 2020/21 pay award of 3%
- Cost pressures arising from contractual arrangements which are subject to renewal;
- Financial impact of the negotiated application of the increased living wage across the sector;
- Increases associated with the National Care Home Contract;
- Ongoing pressure on the Care at Home service in relation to costs associated with shifting the balance of care, by supporting people to live safely at home for as long as possible and facilitating prompt discharge from hospital; and
- Increasing number and complexity of care packages required to support adult clients to live as independently as possible in the community.

6.2. The Chief Finance Officer, using a range of informed assumptions, has estimated that the demand and cost growth for Adult Social Care in 2020/21 linked to the areas highlighted above, and in section 8 of this report, is likely to be in the region of a gross increase of circa £4.4 million.

6.3. At its meeting of 9 March 2020, Renfrewshire Council, following the Director of Finance and Resources recommendations, approved a recurring net uplift to the delegated Adult Social Care budget of £1.8 million. This net uplift includes an adjustment of 2% against the recurring 2019/20 budget, which equates to £1.4 million. These adjustments by the Council are in line with the conditions of the letter of the 28 February 2020 from the Interim Director of Health Finance and Governance, for the Scottish Government and Director of Community Health and Social Care (Appendix 3).

6.4. The following table provides a summary of the above:

Delegated Adult Social Care Budget 2020/21	Amount In £000's
2019/20 Adult Social Care Recurring Budget	70,826
<u>Add:</u>	
Renfrewshire share of £100 million for investment in social care and integration (per Appendix 3)	3,200
<u>Less:</u>	
2% adjustment against the recurring 2019/20 budget	(1,400)
= Total Adult Social Care Recurring Budget 2020/21	72,626

6.5. The CFO'S recommendation to the IJB is, to note and accept the delegated Adult Social Health Budget offer from Renfrewshire Council for 2020/21 (Appendix 4) . This budget offer is in line with the conditions of the letter of the 28 February 2020 from the Interim Director of Health Finance and Governance, for the Scottish Government and Director of Community Health and Social Care

7. **Delegated Health Budget 2020/21**

7.1. Similar to Adult Social Care, demographic and socio-economic factors continue to drive significant demand and cost pressures for our delegated Health services in 2020/21 including:

- Pay Inflation and impact of Agenda for change circa 4%;
- Inflationary linked increases on non-pay eligible budgets;
- Net increase of 4% for Prescribing; and
- Additional monies to support increases to the funding of our two hospices

7.2. Using a range of informed assumptions, the Chief Finance Officer has estimated that the demand and cost growth for Delegated Health Services (not including Set Aside) in 2020/21 linked to the areas highlighted above, and in section 8 of this report, is likely to be in the region of a gross increase of circa £4 million.

7.3. As detailed earlier in this report, on 6 February 2020, the Interim Director of Health Finance and Governance, for the Scottish Government wrote to all NHS Chairs, NHS Directors of Finance, Integration Authority Chief Officers and Integration Authority Chief Finance Officers (Appendix 1), setting out the draft budget for 2020/21 for NHS Boards. This included narrative which set out the expectations that the:

“settlement will support continued delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, primary care, investment in mental health and delivering further progress in the integration of health and social care, as well as continuing to shift the balance of spend towards community health services. It also recognises the wider inflationary pressures faced by Boards and Integration Authorities”.

7.4. The key funding messages outlined in the letter of 6 February 2020 include:

- In 2020/21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019-20 agreed recurring budgets.
- All Territorial Boards will receive a baseline uplift of 3%.
- Investment in the Primary Care Fund will increase to by £50m to £205 million in 2020/21 to support the implementation of the GP contract and development of new models of primary care, and, includes £10 million to be invested in GP premises.
- Funding of £89 million to be directed to a range of partners for investment to support mental health, and children and young people's mental health; and
- Alcohol and drugs: an additional £12.7 million - expected investment by Boards and Integration Authorities to increase by 3% over and above 2019/20 agreed recurring budgets

7.5. The NHSGGC indicative budget offer for 2020/21 (Appendix 5), is based on an uplift of 3% reflecting the Board's uplift for 2020/21, and, is in line with the letter of the 6 February 2020 from the Interim Director of Health Finance and Governance, for the Scottish Government. Similar to previous years, it is anticipated that the formal budget offer from the NHS Board will not be received until April 2020, following NHSGGC Board approval.

7.6. The following table provides a high-level summary of the above:

Delegated Health Budget 2020/21	Amount In £000's
2019/20 Delegated Health Recurring Budget	171,227
Add:	
Realignment of PCIF/PCIP Funds Pharmacy	288
Realignment of Historic Pharmacy Funds (Indicative Figure)	654
Revised Budget before Uplift	172,169
Add:	
3% Uplift	3,769
Revised Budget After Uplift	175,938
<u>Notional' Set Aside Budget *:</u>	
Set Aside 19-20	55,927
3 % Uplift on Set Aside Budget	1,678
Set Aside Budget 20-21	57,605
= Total Delegated Health Recurring Budget 2020/21	233,543

Note: these are high level indicative figures (which do not include any final adjustments in relation to recurring budget adjustments at month 12) which have yet to be agreed pending final receipt of the formal budget offer from NHSGGC.

7.7. Members should note that the set aside budget included within the 2020/21 indicative offer letter continues to be notionally uplifted for 2020/21. A separate report on the Unscheduled Care Commissioning Plan will be presented to the IJB and represents the first steps in developing strategic plans for the unscheduled care pathway as set out in legislation.

- 7.8. The CFO'S recommendation to the IJB is, to delegate responsibility to accept the 2020/21 delegated Health Budget, to the Chief Officer and Chair of the IJB subject to:
- The expected uplift of 3% reflecting the boards uplift for 2020/21 including any final adjustments in relation to recurring budget adjustments at month 12; and
 - The final budget offer including a budget for Set Aside for 2020/21.

8. **Cost Pressures and Demand**

- 8.1. The HSCP's Medium-Term Financial Plan reflects the economic outlook to 2024/25, adopting a strategic and sustainable approach linked to the delivery of priorities in our Strategic Plan. These strategic priorities will continue to provide a focus for future budget decisions, where the delivery of core services must be balanced with the resources available. Our Medium-Term Financial Plan focuses on financial sustainability, acknowledging the uncertainty around key elements including the potential scale of savings required and the need to redirect resources to support the delivery of key priorities.
- 8.2. As recommended by the CFO in previous reports to the IJB, it is important that the IJB works to create sufficient reserves to provide temporary funding to drive transformation, and, build up contingency reserves during the course of the financial year. In addition, members should note that Audit Scotland will continue to closely monitor the IJB's position to ensure unallocated general working balances remain at an appropriately prudent level.
- 8.3. Over recent months, budget assumptions have been updated to reflect the impact of new statutory obligations and, increasing demographic and demand pressures. In addition, the CFO has identified ways to redirect existing resources to mitigate the impact of current and emerging cost pressures.
- 8.4. As detailed in the HSCP's Medium-Term Financial Plan, the financial projections include a range of key assumptions for which there remains significant and real uncertainty. These include:

- **Future funding allocations from Partner Organisations:** the Scottish Government has not provided any material details of spending plans beyond 2020/21 other than high level figures which indicate low levels of cash growth.
- **Future Pay Settlements:** the move to multi-year settlements provided a degree of certainty over pay pressures through to 2020/21. However, uncertainty will once again arise in relation to future pay pressures as the current 3-year agreement comes to an end, and a new cycle of negotiations commences. 2020/21 is also the final year of the current valuation of pension commitments, with a likely change in employer contribution rates from 2021/22. In addition, public sector pensions may also be adversely affected from the outcome of the McCloud Case, (a successful equality challenge) which could impact on all public sector pensions across the UK.

The sustainability of future pay awards at similar levels, in the context of an expectation of further reductions in resources, will be a major challenge for the IJB to manage in future years. Employee costs represent 34% of the IJB's net budget. Inflationary pressure in this area represents a significant pressure for the IJB eg every 1 % increase to current pay rates represents an additional cost of c£810k per annum.

- **Demand led Pressures:** the scale of evolving demographic and socio-economic demand led cost pressures continue to be a key financial risk

moving forward. Historically, our services have been able to manage this demand through the transformation of services, which has enabled gains in productivity and effectiveness to secure delivery of more services from the money they have received. However, our ability to continue to manage the current and projected demand levels into the future is limited.

- **Prescribing:** with the ending of the risk sharing arrangement across NHS GGC Partnerships on 31 March 2018, prescribing costs now represents one of our main financial risks, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.
- **Inflation and Contractual Commitments:** Non-Pay inflationary pressures reflect anticipated annual increases to payments to third parties, and in the main reflect anticipated increases linked to contracts such as the National Care Home Contract and Supported Living Framework.

8.5. The following table provides a high-level summary of the gross estimated budget pressures (based on medium case scenarios) in relation to the above for 2020/21:

Type of Pressure	Using Medium Case Scenarios		
	Health £000's	Social Care £000's	Overall Position £000's
Contractual	62	1,215	1,277
Pay	2,012	906	2,918
Demand	464	1,405	1,869
Living Wage		863	863
Prescribing	1,398		1,398
Total Pressures	3,936	4,388	8,324

8.6. As previously discussed with members, the delegated health budget includes a number of budget areas which cannot be considered for planned savings, namely:

- Resource Transfer from the NHS is used to directly fund social care services provided directly through the Council or commissioned from third party organisations;
- Prescribing budget has a clear clinically led approach to cost containment and volume control as part of an NHS GGC system wide approach and one that is built up from the prescribing patterns of individual GPs and informed by known costs;
- Family Health Service budgets directly fund income to contracted services such as GPs;
- Social Care Fund is passed directly through to Renfrewshire Council for allocation to the Adult Social Care Budget;
- Mental Health services protection in line with the Scottish Government's directions; and
- Health Visitors funding – this is a ring-fenced allocation from the Scottish Government in line with their priority to increase the number of Health Visitors.

8.7. The following table shows that taking all of the above into account, the remaining budget against which any savings targets need to be delivered is circa £30.3 million, (14.67%) the majority of which are employee related budgets.

Health Budget Influencable Spend	19-20
	£'000's
2019/20 Budget	172,079
Add: Resource Transfer & Social Care Fund	33,250
Add: Action 15 and PCIP 19-20 Allocations	1,195
	206,524
Less:	
Set Aside	-31,242
Resource Transfer	-20,996
Prescribing	-36,721
FHS	-47,804
Social Care Fund	-12,254
Mental Health (Per SG Direction for 18-19)	-20,088
Action 15	-403
PCIP	-893
Health Visitors Money (Ring Fenced Funding)	-3,597
ADP (Ring fenced Funding)	-2,229
Non-recurring Budget	-1,389
	-176,227
= Remaining Budget Against which savings can be applied	30,297
% of budget against which savings can be applied	14.67%

- 8.8. Building on the long-standing approach to deliver savings and efficiencies for our delegated adult social care and health services, over the past few years, through its Change and Improvement Programme, the HSCP has successfully managed to take forward a number of programmes intended to dampen and mitigate the impact of demand led growth. However, the scope to further mitigate and reduce demand to deliver additional recurring savings through previously tried methodologies is limited.
- 8.9. As highlighted earlier in this report (paragraph 4.13), in November 2019, the IJB approved its Medium-Term Financial Plan 2020/21 to 2024/25. The Financial Plan set out a two-tiered approach to delivering savings, where Tier 1 short-term savings would be delivered in 2020/21 and Tier 2 savings would be achieved over the period 2021/22 to 2023/24 through transformational change. Tier 1 savings proposals were approved by the IJB on 31 January 2020.
- 8.10. A key element of the Tier 2 approach is the implementation of the HSCP's Transformation Programme. This programme will enable:
- A strategic approach to be taken to the prioritisation of transformational activity;
 - The review of current service provision and the design of future, innovative service models to ensure the sustainability of our health and social care services going forward; and
 - The delivery of, the right health and social care services, accessed in the right place and at the right time.
- 8.11. In its 2019/20 budget, Renfrewshire Council, in recognition that the HSCP was progressing a range of service transformation and redesign projects which take time to fully develop and implement, agreed to earmark £1.4 million of non-recurring resources, to support the HSCP meet the costs of transformation activities.
- 8.12. In addition, in recognition that service transformation and redesign projects take time to fully develop and implement, the IJB at its meeting of 20 September 2019, approved the CFO's recommendations to:
- Create a 'Transformation Programme' reserve to provide resources to mitigate the risk of change, and to support the transition of HSCP services; and,

- to work towards achieving a 2% general reserve balance in recognition of the level of risk which the organisation is likely to be exposed to over the medium term.
- 8.13. At its meeting of 9 March 2020, Renfrewshire Council approved a motion to commit £1 million of this non-recurring resource in response to the recommendations of the Renfrewshire Alcohol and Drugs Commission. This funding is to support priorities emerging from the Alcohol and Drugs Commission, in recognition of the prevention and early intervention emphasis of the Commission's recommendations to support improving outcomes for adults. The remainder of the £1.4 million, ie £400,000, will remain available for the HSCP to draw down in support of its Transformation Programme.
- 8.14. As outlined in the 'Medium Term Financial Plan', and further described in this report, it is likely that from 2021/22, the budget position for IJBs will be subject to significant demand and cost led financial pressures.
- 8.15. In addition, it is clear from Renfrewshire Council's own Medium-Term Financial Outlook, that it anticipates it will be subject to significant pressure over the medium term which is likely to constrain the level of funding uplift it can realistically provide to the HSCP.
- 8.16. Over the past couple of years, the HSCP has benefited from resources passed through from Health as part of the local government settlement arrangements. This has been a key factor in maintaining the current financial stability of the Partnership. However, it should be recognised that the Scottish Government is likely over the medium term to face an increasingly challenging financial position which may place the ability for a pass through of resources from Health to HSCP's under increasing pressure. On this basis, the IJB should continue to plan for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years. The likely scenario is that a significant level of further recurring savings will be required. At the same time, we need to deliver sustainable and modern services which meet the needs of service users and their families.
- 8.17. It is therefore essential that the IJB continues to focus on the need to pro-actively progress its transformation and modernisation agenda, maintaining a medium-term perspective of the financial challenges and where appropriate generate reserves to help to:
- Address medium-term pressures on the assumption that the financial position is more than likely to get more pressured;
 - To provide temporary funding to drive transformation; and,
 - Build up contingency reserves in line with Audit Scotland's recommendations.
- 8.18. The decision by the IJB in September 2019 to create a transformation reserve, and, work towards achieving a 2% general reserve is therefore crucial in ensuring the financial sustainability of the partnership in the medium term.

9. **Summary of 2020/21 Budget Position**

2019/20 HSPC Budget Rolled Forward to 2020/21	Total
	265,672
Add: HSCP Estimated Budget Pressures for 20/21:	
Contractual	1,277
Pay	2,918
Demand	1,869
Living Wage	863
Prescribing	1,398
	8,325
Add: Notional Set Aside increase	1,678
	1,678
Less:	
Savings approved by IJB in previous years (to be delivered in 2020/21)	-685
Tier 1 Savings (approved by IJB on 31 January 2020)	-1,934
Recurring prescribing	-137
	-2,756
HSCP Budget Requirements for 20/21:	272,919
Additional Funding Requirement for 20/21	-7,247
Funded By:	
20/21 Health Budget Uplift	5447
20/21 Adult Social Care Uplift	1800
Total Increase in Partnership Funding	7,247
= 2020/21 HSCP Opening Budget	272,919

9.1. The table above, summarises the overall anticipated budget position for the IJB for 2020/21 reflecting:

- The pressures highlighted in section 8 of this report
- Savings approved by the IJB in previous years to be delivered in 2020/21
- Tier 1 savings approved by the IJB on 31 January 2020
- Recurring Prescribing underspend
- Increase in Partnership funding in line with the conditions of the Scottish Government Budget for 2020/21.

9.2. Based on the above table, it is the CFO's recommendation that there are sufficient resources included within the proposed budgets set out in this report to meet our current anticipated budget pressures for 2020/21, thereby enabling members to agree our partnership budget offers for 2020/21 and set a balanced budget for 2020/21.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning** – none
4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
5. **Property/Assets** – none.

6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council’s website.
8. **Health & Safety** – none
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package
10. **Risk** – Delays in setting the budget may impact on the IJBs ability to achieve financial balance in 2020-21. In addition, there are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services, financial sustainability of the IJB.
11. **Privacy Impact** – none.
-

List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer

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

Copy to: NHS Chairs
NHS Directors of Finance
Local Authority Chief Executives
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

6 February 2020

Dear Chief Executives

Budget 2020-21 – Indicative Allocation

Following the announcement of the Scottish Government's Budget for 2020-21 by the Minister for Public Finance and Digital Economy in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Portfolio settlement will make a significant contribution to the central purpose of the National Performance Framework - enhancing population wellbeing through our core work delivering the healthy and active outcome. In addition, there is a wider benefit from investment in the health and sport portfolio, particularly in relation to outcomes for an inclusive and sustainable economy, reducing poverty and inequality, growing and sustaining inclusive and resilient communities, and promoting a bright future through our children and early years.

The settlement will support continued delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, primary care, investment in mental health and delivering further progress in the integration of health and social care, as well as continuing to shift the balance of spend towards community health services. It also recognises the wider inflationary pressures faced by Boards and Integration Authorities.

Baseline Funding

All Territorial Boards will receive a baseline uplift of 3%. In addition to this, those Boards furthest from NRAC parity will receive a share of £17 million, which will continue to maintain all Boards within 0.8% of NRAC parity.

The National Waiting Times Centre, Scottish Ambulance Service, The State Hospital and NHS 24, along with the NHS National Services Division and Scottish National Blood Transfusion Services (within NHS National Services Scotland) will also receive a baseline uplift of 3%. NHS National Services Scotland, Healthcare Improvement Scotland, and NHS Education for Scotland will receive funding uplifts of 2%, which includes funding towards pay costs. The new budget for Public Health Scotland includes funding transferred from NHS Health Scotland and NHS National Services Scotland.

This position continues to assume that the £15 million of National Board savings is fully delivered in 2020-21 and that further progress is made in National Boards collaborating to deliver service improvement and further savings.

Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £461 million will be invested in improving patient outcomes in 2020-21, as set out below:

Improving patient outcomes	2019-20 Investment in reform (£m)	2020-21 Investment in reform (£m)	Increase for 2020-21 (£m)
Primary Care	155	205	50
Waiting Times Improvement	106	136	30
Mental Health and CAMHS	61	89	28
Trauma Networks	18	31	13
TOTAL	340	461	121

When combining the £121 million increase in investment in reform with an increase of £333 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £454 million (4.2 per cent) in 2020-21. Further detail is set out in **Annex A**.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas.

Core Areas of Investment

Primary Care

Investment in the Primary Care Fund will increase to £205 million in 2020-21. This will support the implementation of the GP contract and development of new models of primary care - where multidisciplinary teams of nurses, doctors, pharmacists, AHPs and other clinicians work together to meet the needs of their communities. This includes £10 million to be invested in GP premises.

Waiting Times Improvement Plan

Investment of £136 million will be provided to support waiting times improvement and reform. Work will continue to develop Annual Operational Plan submissions, with specific focus on inpatient and day cases, as well as wider plans to deliver sustainable solutions, including progress against the development of the elective centres. Included in this funding is £10 million for winter 2020-21, to allow Boards maximum opportunity to plan as appropriate.

Mental Health and CAMHS

Funding of £89 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. In the year ahead we will build on previous support to Territorial and National Boards through ongoing delivery of the Mental Health Outcomes Framework, the NHS Workforce Development Programme and support to improve access to high quality mental health services. We will also continue to fund the additional CAMHS staff recommended by the Children & Young People's Mental Health Taskforce from within £5.1 million administered by NHS Education Scotland. This will see a continuation in the Scottish Government's specific investment in Boards to support mental health service delivery. The Minister for Mental Health and her officials will discuss investment plans in more detail with you in the coming months.

The Mental Health Services budget also includes funding to be directed to Integration Authorities for the recruitment of 800 additional mental health workers as outlined in action 15 of the Mental Health Strategy. There will also be investment in perinatal and infant mental health overseen by the Programme Board led by Hugh Masters. Nonetheless the bulk of service provision is funded through NHS Boards' baseline funding, and we expect NHS Boards and Integration Authorities to prioritise spending in these areas in response to increasing demand and in line with Programme for Government commitments to deliver a shift in the balance of overall spending.

Trauma Networks

This funding will increase from £18 million to £31 million, taking forward the implementation of the major trauma networks.

Alcohol and drugs

The Portfolio budget includes an additional £12.7 million to tackle the harm associated with the use of illicit drugs and alcohol. The Minister for Public Health, Sport and Wellbeing and his officials will discuss investment plans in more detail with Boards and Integration Authorities in the coming months. It is expected investment by Boards and Integration Authorities will increase by 3% over and above 2019-20 agreed recurring budgets to address these issues.

Reform Funding

This budget prioritises baseline funding, along with increased investment in particular areas of reform that will improve patient outcomes. We will however work with colleagues to agree investment in specific programmes of work, such as in relation to radiology and laboratories services, as well as in-year funding to support the strategies of NHS 24 and Scottish Ambulance Service, which will have a wider benefit to the service.

Health and Social Care Integration

In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019-20 agreed recurring budgets.

In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £100 million in Local Authorities for investment in social care and integration, and continued support for school counsellors. This will take the total funding transferred from the health portfolio to £811 million in 2020-21. The additional £100 million for local government includes a contribution to continued delivery of the Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

In 2020-21 integration will bring together, under the direction of Integration Authorities, more than £9.4 billion of expenditure previously managed separately by NHS Boards and Local Authorities for social care, community health care and some hospital services. Integration Authorities must be empowered and supported by their Local Authority and NHS Board partners to use the totality of these resources, including any targeted investment already committed for specific purposes, to better meet the needs of their local populations.

Capital Funding

Boards should assume an unchanged initial capital formula allocation, with additional investment planned for the elective centres and Baird and Anchor Centre in Aberdeen.

Three Year Financial Plan

We will continue to engage with Boards to finalise Annual Operational Plans and three year planning assumptions. This will set out a number of principles to be delivered in relation to finance and wider performance and I hope the information contained in this letter will assist in the finalising of plans.

Yours sincerely



RICHARD MCCALLUM

Interim Director of Health Finance and Governance

Annex A – Board Funding Uplifts

NHS Territorial Boards	Total 2019-20 Allocation £m	Uplift £m	Uplift %	2020-21 Total allocation £m
Ayrshire and Arran	740.2	22.2	3.0%	762.4
Borders	213.4	6.4	3.0%	219.8
Dumfries and Galloway	306.9	9.2	3.0%	316.1
Fife	679.3	22.2	3.3%	701.5
Forth Valley	541.5	17.3	3.2%	558.7
Grampian	984.0	29.5	3.0%	1,013.5
Greater Glasgow and Clyde	2,295.8	68.9	3.0%	2,364.7
Highland	645.3	20.7	3.2%	666.0
Lanarkshire	1,231.2	36.9	3.0%	1,268.1
Lothian	1,482.6	57.4	3.9%	1,540.1
Orkney	51.1	1.5	3.0%	52.6
Shetland	52.3	1.6	3.0%	53.9
Tayside	784.9	23.5	3.0%	808.5
Western Isles	77.7	2.3	3.0%	80.0
	10,086.2	319.7	3.2%	10,405.9
NHS National Boards				
National Waiting Times Centre	58.3	1.7	3.0%	60.0
Scottish Ambulance Service	270.3	8.1	3.0%	278.4
The State Hospital	36.5	1.1	3.0%	37.6
NHS 24	70.6	2.1	3.0%	72.7
NHS Education for Scotland*	444.8	16.7	3.8%	461.5
NHS Health Scotland / Public Health Scotland**	18.9	0.4	2.0%	47.9
NHS National Services Scotland**	345.6	9.1	2.6%	327.7
Healthcare Improvement Scotland	25.8	0.5	2.0%	26.3
	1,270.7	39.8	3.1%	1,312.1
Total NHS Boards	11,357.0	359.5	3.2%	11,718.0
Improving Patient Outcomes	340.0	121.0	-	461.0
Total Frontline NHS Boards***	10,861.9	453.8	4.2%	11,315.7

* The uplift for NHS Education for Scotland includes recurring funding for training grades.

** Budget for Public Health Scotland of £47.9 million reflects budget for new public health body and includes transfer of £27.1 million from NHS National Services Scotland.

*** Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital, and NHS 24.



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APPENDIX 2

Councillor Alison Evison
COSLA President
Verity House
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Copy to: The Leaders of all Scottish local authorities

6 February 2020

Dear Alison

Today the Scottish Government set out proposed Budget, and tax plans and public sector pay policy for 2020-21, and introduced the associated Budget Bill. Further to the announcement the Scottish Government write now to confirm the details of the local government finance settlement.

Details of the indicative allocations to individual local authorities for 2020-21 are also published today in Local Government Finance Circular 1/2020 which begins the statutory consultation period on the settlement.

In coming to the decision to announce the Scottish Budget before the outcome of the UK Budget is known, the Scottish Government listened carefully to the representations COSLA made on behalf of local government of the damaging impact any further delay would have on the delivery of vital public services and also the practical challenges this would pose around the setting and collection of council tax.

The delay to the UK Budget means that we do not know what total Budget funding will be available to Scotland next year, as we do not yet have confirmation of Barnett consequentials that will flow from changes in UK Departmental expenditure or the updated economic and tax forecasts that are needed to finalise the Block Grant Adjustments that impact on over 30% of our Resource DEL budget. For the purposes of this Budget, the Scottish Government has taken an appropriately cautious approach in estimating the likely outcomes of the UK Budget on 11 March for both revenue and capital budgets, noting that the proposed timetable for the Budget Bill is for parliamentary consideration to conclude on 5 March. If the settlement from the UK government is significantly different from the assumptions the Scottish Government have made, we may need to revisit the allocations contained in this letter.

The Budget announced today prioritises our shared objectives of improving wellbeing, supporting inclusive economic growth, responding to the Global Climate Emergency and



tackling child poverty and remains firmly anchored in the jointly agreed National Performance Framework.

The Scottish Government's budget for 2020-21 is bold and ambitious, delivering on our key commitments. Prioritising these commitments has required fresh consideration of all areas of expenditure, as we continue to deal with the effects of UK Government austerity, with Scotland's discretionary resource budget from the UK Government for 2020-21 still set to be considerably lower in real terms than it was in 2010.

The total revenue funding to be provided through the settlement for 2020-21 will be £10,572.8 million, which includes distributable non-domestic rates incomes of £2,790 million.

The Capital settlement has been set at £763.1 million and this includes the continuing expansion of Early Years provision and the addition of a Heat Networks Early Adopters Challenge Fund.

The total funding which the Scottish Government will provide to local government in 2020 -21 through the settlement in funding for core services is therefore £11,336 million, and includes;

- £201 million revenue and £121.1 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £160 million available in 2019-20, a further £100 million to be transferred from the health portfolio to the Local Authorities in-year for investment in health and social care and mental health services that are delegated to Integration Authorities under the Public Bodies (Joint Working) (Scotland) Act 2014. This brings the total transferred from the health portfolio to support health and social care integration to £811 million in 2020-21. The additional £100 million for local government includes a contribution to continued delivery of the real Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million);
- Baselineing of the £90 million added at Stage 1 of the Budget Bill for 2019-20;
- The ongoing £88 million to maintain the pupil:teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- Provision for the Teachers Pay (£156 million) and Pensions (£97 million);
- £5.3 million for Barclay implementation costs; and
- A new capital £50 million Heat Networks Early Adopters Challenge Fund to support local authorities who are ready to bring forward investment-ready heat networks.

As confirmed last week local authorities will continue to have the flexibility for 2020-21 to increase Council Tax by up to a maximum of 3% in real-terms (4.84% cash). This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £135 million to support services.

The revenue allocation delivers a real-terms increase for local government for 2020-21 compared to 2019-20. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £135 million next year) the total revenue funding would deliver a real-terms increase in the overall resources to support local government services of £435.9 million or 4.3%.

In 2020-21 integration will bring together, under the direction of Integration Authorities, more than £9.4 billion of expenditure previously managed separately by NHS Boards and Local

Authorities for social care, community health care and some hospital services. Integration Authorities must be empowered and supported by their Local Authority and NHS Board partners to use the totality of these resources, including any targeted investment already committed for specific purposes, to better meet the needs of their local populations.

Individual local authorities will, in return for this settlement, be expected to deliver certain specific commitments.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

We will also continue to take forward our ambitious programme of educational reform that will deliver an education system led by communities, schools and teachers. The Scottish Government, in partnership with local authorities, will empower schools to make key decisions over areas such as the curriculum, budgets and staffing while continuing to deepen collaboration across the education sector. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme.

Each local authority area will continue to benefit from Pupil Equity Funding (PEF) which forms part of the overall commitment from the Scottish Government to allocate £750 million through the Attainment Scotland Fund, over the term of the Parliament to tackle the attainment gap. £120 million in Pupil Equity Funding is going directly to headteachers to provide additional support to help close the attainment gap and overcome barriers to learning linked to poverty. PEF is additional to the £62 million Attainment Scotland funding, which is outwith the local government finance settlement. Money from the Attainment Scotland Fund will continue to provide authorities and schools with additional means to provide targeted literacy, numeracy and health and wellbeing support for children and young people in greatest need.

The Heat Networks Early Adopters Challenge Fund will be a competitive fund to provide enabling and financial support to assist the build and installation of exemplar local authority-led heat network projects. The Challenge Fund will offer capital funding up to an intervention rate of 50 per cent and will be available for new and existing heat networks who are able to demonstrate progress towards greenhouse gas emissions reductions and wider socio-economic benefits. There will also be a smaller development funding call within the Challenge Fund to help develop early stage project proposals to become investment-ready in future years. The detailed terms and conditions for the Heat Networks Early Adopters Challenge Fund will be drawn up in consultation with COSLA and we anticipate that it will launch early in the financial year.

The Scottish Government remains committed to a competitive non-domestic rates regime, underlined by the proposals outlined in this Scottish Budget. The poundage in Scotland has been capped below the Consumer Price Index inflationary increase at 49.8 pence, a 1.6 per cent increase. The Scottish Government are also introducing some further support for intermediate sized properties which will ensure around 95 per cent of properties in Scotland now pay a lower poundage than they would in other parts of the United Kingdom. Full details of this and all other reliefs are set out in Local Government Finance Circular 1/2020.

In these unprecedented times with all the uncertainty imposed upon us by the UK Government the Scottish Government believe, taking into account all the circumstances, the allocations set out in this local government finance settlement is the best that could be achieved and continues to provide a fair settlement to enable local authorities to meet our shared priorities of improving wellbeing, supporting inclusive economic growth, responding to the Global Climate Emergency and tackling child poverty.



KATE FORBES

Directorate for Health Finance and Governance
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Chief Executives, Local Authorities
Chief Executives, NHS Boards
Chief Officers, Integration Authorities

Copy to: Directors of Finance, Local Authorities
Directors of Finance, NHS Boards
Chief Finance Officers, Integration Authorities

Issued via email

28 February 2020

Dear Colleagues

Budget 2020-21

The Scottish Government's Budget for 2020-21, which was announced in Parliament on 6 February by the Minister for Public Finance and Digital Economy, confirmed that the Health Portfolio will transfer a further £100 million to Local Authorities for investment in social care and integration, and for continued support for school counselling services. This will take the total funding transferred from the health portfolio to £811 million in 2020-21.

The distribution of the additional £100 million for Local Authorities is set out in the **Annex**, and includes a contribution to continued delivery of the Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

Similar to last year, flexibility will be available to Local Authorities to offset their adult social care allocations to Integration Authorities by up to 2% and a maximum of £50 million in 2020-21 based on local needs.

The Scottish Government and COSLA have agreed joint work to support ongoing local plans to manage the deficit position with a small number of Integration Joint Boards (IJBs) and their partner Health Boards and Local Authorities. The aim of this support is to ensure that structural deficits in funding do not impact on the operational budgets of IJBs, giving them the time and space to redesign and reform services to deliver within agreed budget parameters.

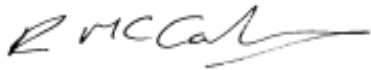
Finally, the Scottish Government and COSLA have agreed joint political oversight to drive improved performance in health and social care through a combination of enhanced joint accountability and a streamlined improvement and development offer for IJBs. This will be achieved by working with Local

Government and NHS Boards to agree a shared national and local approach to accountability for delivery. This will take account of standards, data and measures and we have agreed to work together to develop a small number of deliverable outcomes to help ensure Integration Authorities use their total resources to focus on delivery of key areas for improvement, including reducing delays in care. This work will be progressed quickly using normal mechanisms and we will keep you informed of progress.

Yours sincerely

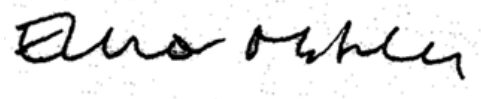
RICHARD MCCALLUM

Interim Director of Health Finance and Governance

A handwritten signature in black ink, appearing to read 'R McCallum', with a stylized flourish at the end.

ELINOR MITCHELL

Director of Community Health and Social Care

A handwritten signature in black ink, appearing to read 'Elinor Mitchell', with a stylized flourish at the end.

Annex

Allocation of £100m from Health and Social Care Budget	
	Total (£m)
Aberdeen City	3.51
Aberdeenshire	3.99
Angus	2.29
Argyll and Bute	1.74
Clackmannanshire	0.87
Dumfries and Galloway	3.14
Dundee City	2.77
East Ayrshire	2.26
East Dunbartonshire	1.93
East Lothian	1.80
East Renfrewshire	1.63
Edinburgh, City of	8.28
Eilean Siar	0.62
Falkirk	2.75
Fife	6.62
Glasgow City	10.98
Highland	4.24
Inverclyde	1.63
Midlothian	1.45
Moray	1.80
North Ayrshire	2.70
North Lanarkshire	5.69
Orkney	0.43
Perth and Kinross	2.96
Renfrewshire	3.20
Scottish Borders	2.24
Shetland	0.36
South Ayrshire	2.41
South Lanarkshire	5.75
Stirling	1.57
West Dunbartonshire	1.63
West Lothian	2.77
SCOTLAND	96.00
School Counselling (to Education)	4.00
Total	100.00

Your Ref:
 My Ref: AMacA/CB
 Contact: Alastair MacArthur
 Telephone: 0141-618 7363
 E Mail: alastair.macarthur@renfrewshire.gov.uk
 Date: 11 March 2020



Sarah Lavers
 Chief Financial Officer
 Renfrewshire HSCP
 Renfrewshire House
 Cotton Street
 Paisley, PA1 1AL

Dear Sarah

2020/21 Financial Allocation from Renfrewshire Council

Renfrewshire Council agreed its budget for the financial year 2020/21 yesterday, 9 March 2020.

In setting the budget, Council agreed total funding to the Renfrewshire HSCP of **£72,625,648.**

This amount includes the following uplift from the HSCP base 2019/20 budget:

Free Personal & Nursing Care	£46,000
Carers Act Extension funding	£390,000
Pass through of increased HSCP funding from the Scottish Government	£2,764,000
Total	£3,200,000

As permitted by the Scottish Government, flexibility to offset the local government allocation to integration authorities by up to 2% has been agreed by Council, reducing the above increase to a net uplift of **£1,800,000.**



Finance and Resources
 Director: Alan Russell CPFA
 Renfrewshire House, Cotton Street, Paisley PA1 1JB
www.renfrewshire.gov.uk



For clarity, the total uplift of £1,800,000 includes funding for the 2020/21 pay award.

Yours sincerely



Alan Russell
Director of Finance & Resources

Page 76 of 258



Finance and Resources
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Greater Glasgow and Clyde NHS Board

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Date:
Our Ref: JH

Enquiries to: James Hobson
Direct Line: 0141-201-4774
E-mail: James.Hobson@ggc.scot.nhs.uk

Dear David

2020/21 Indicative Financial Allocation to Renfrewshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2020/21. An update to this letter formally confirming your final allocation for 2020/21 will be issued on behalf of the Board after the Board's financial plan has been approved at the 21 April board meeting and when the Board's financial out-turn is confirmed.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2020/21 is 3.0% totalling £68.9m.

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 6 February 2020 states that *"In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3.0% over 2019/20 agreed recurring budgets"*.

The total allocation uplift to all six HSCPs should be £25.9m based on the current recurring budget at 31 January 2020. This will be adjusted when the 2019-20 out-turn is finalised in April.

An indicative allocation based on month 10 figures is included in **Appendix 1**.

Set Aside Budget

During 2019/20 work had been undertaken to identify the actual budgets and costs of unscheduled care services and these will be used as the basis for the set aside allocation for 2020/21. This is initially based on the estimated out-turn for 2019/20 uplifted by 3.0% and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation until commissioning plans are in place between HSCPs and the Board.

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2020/21:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and

- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

I hope this now enables the HSCP to finalise its financial plans for 2020/21.

Yours sincerely

A handwritten signature in black ink, appearing to read 'James Hobson', with a long horizontal flourish extending to the right.

James Hobson
Assistant Director of Finance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation (based on month 10 figures)

Spend Categories		Renfrewshire Hsc
		£000s
Family Health Services *		48,867
Fhs Income*		(2,495)
Family Health Services Budget (Net)		46,372
Prescribing & Drugs		37,492
Non Pay Supplies		5,196
Pay		47,763
Other Non Pay & Savings		35,296
Other Income		(893)
Budget - HCH incl Prescribing		124,856
Total Rollover budget - NET		171,227
Adjustments:		
Non Recurring bud allocated to base		(174)
Realignment of Specialist Children's Services		
Realignment of PCIF/ PCIP Funds Pharmacy		288
Realignment of Historic Pharmacy Funds		654
Budget Eligible for HCH & Prescribing uplift		125,623
<u>Uplifts</u>		
Scottish Government allocation	3.00%	3,769
Revised Budget		175,938
Set Aside budget:		
Actual 2019/20 - April to January		46,606
Estimate February - March 2020		9,321
Estimated Set Aside allocation 2019/20		55,927
Indicative allocation for 20/21 (3% uplift)		57,605

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Officer

Subject: Performance Management Report: Unscheduled Care

1. Summary

- 1.1 The purpose of this report is to update on Renfrewshire Health and Social Care Partnership's (HSCP) performance against the six Scottish Government Ministerial Strategy Group (MSG) 2019/20 targets for unscheduled care.
-

2. Recommendations

It is recommended the IJB note:

- the NHSGGC Strategic Commissioning Plan for Unscheduled Care Services will be presented at the June 2019 Integration Joint Board meeting'; and
 - Renfrewshire HSCP's performance against the Ministerial Strategy Group (MSG) for 2019/20 and the ongoing work to reduce our reliance on unscheduled care.
-

3. Background

- 3.1 Unscheduled care is the unplanned treatment and care of a patient, usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances and emergency admissions to hospital.
- 3.2 Unscheduled care is an important area of focus for Renfrewshire HSCP, working in partnership with NHSGGC Acute and local Primary Care Services. The IJB had a 'set aside' budget of £31,242k in 2019/20 for commissioning unscheduled care however, to date there has been no scope to use the budget differently.
- 3.3 The health and social care system in Greater Glasgow and Clyde is facing unprecedented levels of demand. The demand for acute hospital services has increased by 4.2% since 2017/18 and there is also evidence that people are using A&E services more now than previously.
- 3.4 With an ageing population, and changes in how and when people choose to access services, transformation is required in order to meet patients' needs in different ways and for the public understand better how to use services.

- 3.5 NHS Greater Glasgow and Clyde Health and Social Care Partnerships, in partnership with secondary care colleagues and other third and independent partners are currently producing a draft Strategic Commissioning Plan for adult (18+) Unscheduled Care Services across the Board area. The plan 'The Challenge is Change' is part of the Moving Forward Together programme and will support people better in the community; develop alternatives to hospital care; and create new ones to safely reduce the over reliance on unscheduled care services. The final Plan will be presented for approval to the IJB in June 2020.

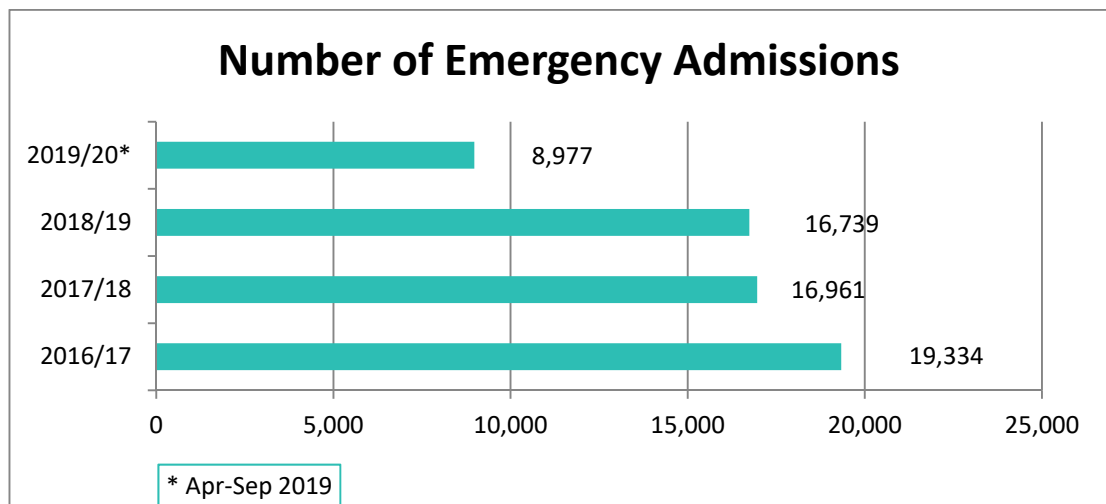
4 Scottish Government Ministerial Strategy Group (MSG) Targets

- 4.1 We have focused our attention in the last year on tracking progress and working to achieve the six MSG targets as part of our overall performance management process. The targets focus on:

- Emergency admissions (18+).
- Unscheduled Hospital Bed Days for Acute Specialties (18+).
- A&E attendances (18+).
- Delayed discharge bed days (18+).
- Percentage of last 6 months of life spent in the community (all ages).
- Proportion of 65+ population living at home (supported and unsupported).

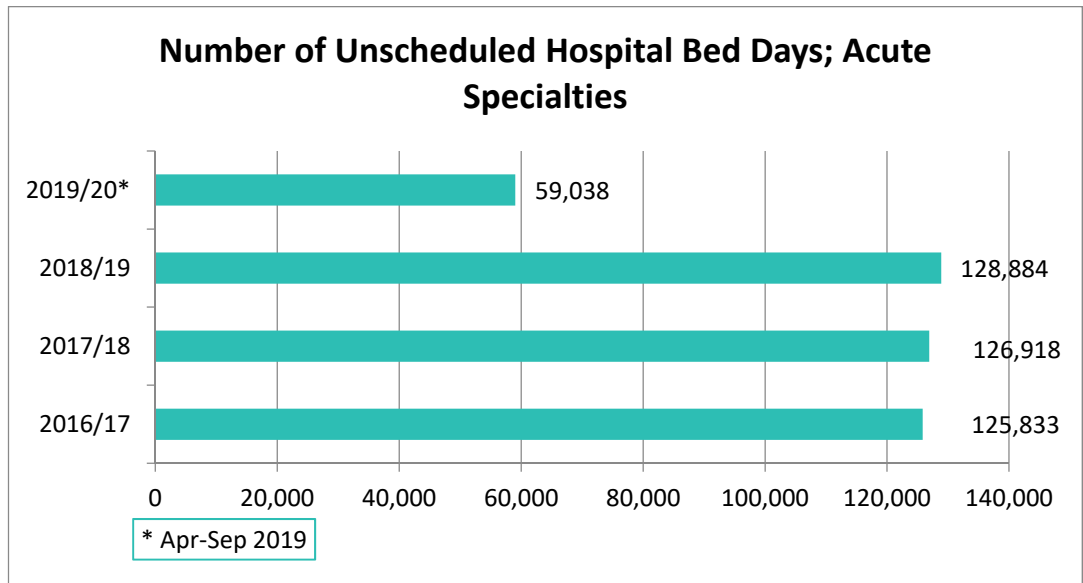
- 4.2 The data presented in this paper is the most up to date confirmed figures for Renfrewshire. For emergency admissions and unscheduled hospital bed days in acute specialties the data is available for the period April to September 2019. For A&E attendances and delayed discharge bed days (18+) the data is available for the period April to November 2019.

5 Emergency Admissions for Renfrewshire (18+)



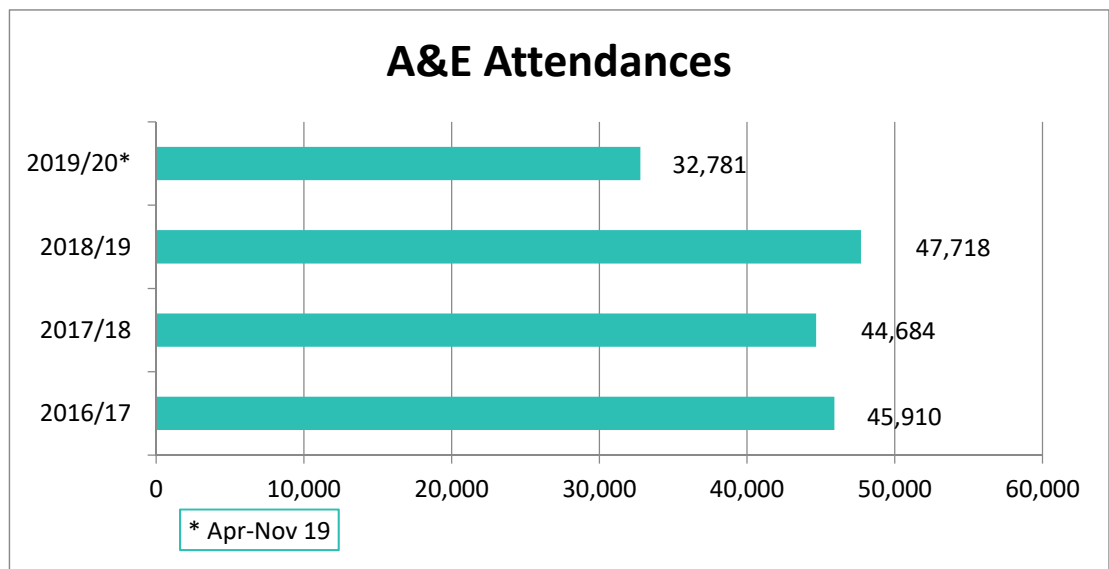
- 5.1 The HSCP target for 2019/20 for emergency admissions (18+) is 17,502. April to September 2019 shows 8,977 emergency admissions which is an 8.0% increase on the same period in 2018 (8,309). It is likely that emergency admissions will exceed the 2019/20 target at financial year end.

6. **Unscheduled Hospital Bed Days; Acute Specialties (18+)**



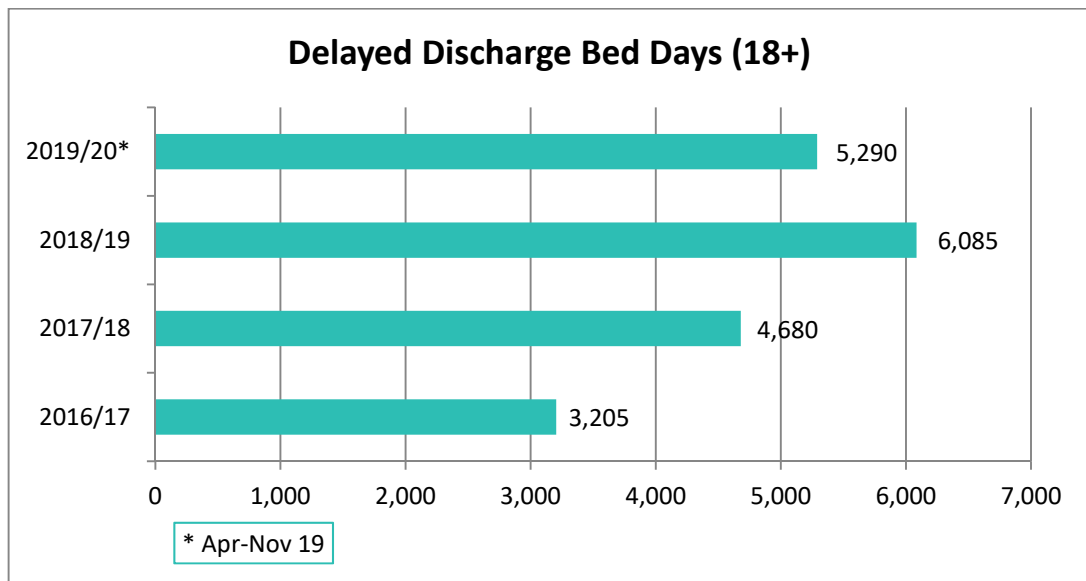
- 6.1 The HSCP target for 2019/20 for unscheduled hospital bed days in acute specialties is 123,976. April to September 2019 shows 59,038 unscheduled bed days which is a decrease of 10% on the same period in 2018 (65,827). It is likely this target can be achieved by financial year end. Given demand is increasing and the number of bed days is decreasing, it is reasonable to assume this data suggests a shorter length of stay for patients.

7. **A&E Attendances (18+)**



- 7.1 Our target for 2019/20 for A&E Attendances (18+) is challenging at 45,123. April to November 2019 shows 32,781 attendances which is a 2.3% increase on the same period in 2018 (32,046). It is likely that A&E Attendances will exceed the 2019/20 target at financial year end.

8. Delayed Discharge Bed Days (18+)



- 8.1 The 2019/20 target for delayed discharge bed days (18+) is 4,501 and performance from April to November 2019 has already exceeded the annual target at 5,290. The 2019/20 number of bed days lost due to delays in discharge is projected to exceed the 2018/19 figure of 6,085.
- 8.2 It is important to see this performance against the increasing number of referrals from the acute service to support people in their discharge, and the high level of demand for services from both the community and hospital settings for all care groups. Hospital discharge referrals received through ASeRT (the social care referral intake team who take referrals for all adult services) have increased from 1,105 in 2018/19 to 2,208 for the period April 2019 to 13 February 2020, some of which could be attributed to the shorter length of stay for patients described at 6.1.
- 8.3 While it is positive that people are managing to stay at home longer and are more independent now than in previous years, the support required from services to achieve this puts additional pressure on resources. In addition, more people prefer palliative and end of life care in their own home where possible. The Free Personal Care for under 65s also impacts on Care at Home financial resources.
- 8.4 Reducing delayed discharges is a key priority for the HSCP to get people out of hospital and back into a homely setting in the community as soon as they are medically fit. The HSCP is proactively addressing the pressures being faced in our Care at Home Services to manage the referrals coming from the acute service to support people in their discharge:
- The Care at Home Team continually review all activity on packages of care to ensure resources are maximised and the service operates effectively and efficiently. This includes deployment of staff to different geographical areas to meet demand.

- Referrals to the Care at Home Service are screened using reablement criteria to ensure the right care is in place once the assessment is complete. Cases are reviewed frequently and closed when services are no longer required.
- To encourage recruitment and staff retention, we now recruit on a rolling basis and to contracts that are more attractive to the workforce, reducing from 35 hours per week to 25 hours per week. Further work on the delivery model is underway.
- There are weekly meetings with the Care at Home Service Delivery Team Manager; Acute; and the Royal Alexandra Hospital Social Work Team to discuss discharge planning and review active cases/delayed discharges and agree appropriate actions. Beds within residential care homes are used to support discharge.

8.5

Appendix 1 shows Renfrewshire's delayed discharge performance alongside all HSCPs in Scotland. While our rate has increased from 19.8 per 1,000 population in 2017 to 46.2 in 2019, Renfrewshire had the fourth lowest rate across Scotland in 2019. The following table shows Renfrewshire's rate for the period 2017 to 2019 and the range of rates for each calendar year.

Rate of delayed discharge bed days per 1,000 population

	2017	2018	2019
Renfrewshire HSCP	19.8	18.0	46.2
	Range across all HSCPs in Scotland 14.1 – 199.1	Range across all HSCPs in Scotland 14.7 – 185.0	Range across all HSCPs in Scotland 16.1 – 277.3
	Renfrewshire 3 rd lowest rate of all 31 HSCPs.	Renfrewshire 3 rd lowest rate of all 31 HSCPs.	Renfrewshire 4 th lowest rate of all 31 HSCPs.

9

Percentage of last six months of life spent in the community (all ages)

	2016/17	2017/18	2018/19
Renfrewshire	86.9%	88.4%	87.4%
Scotland	87.0%	88.0%	88.0%

9.1

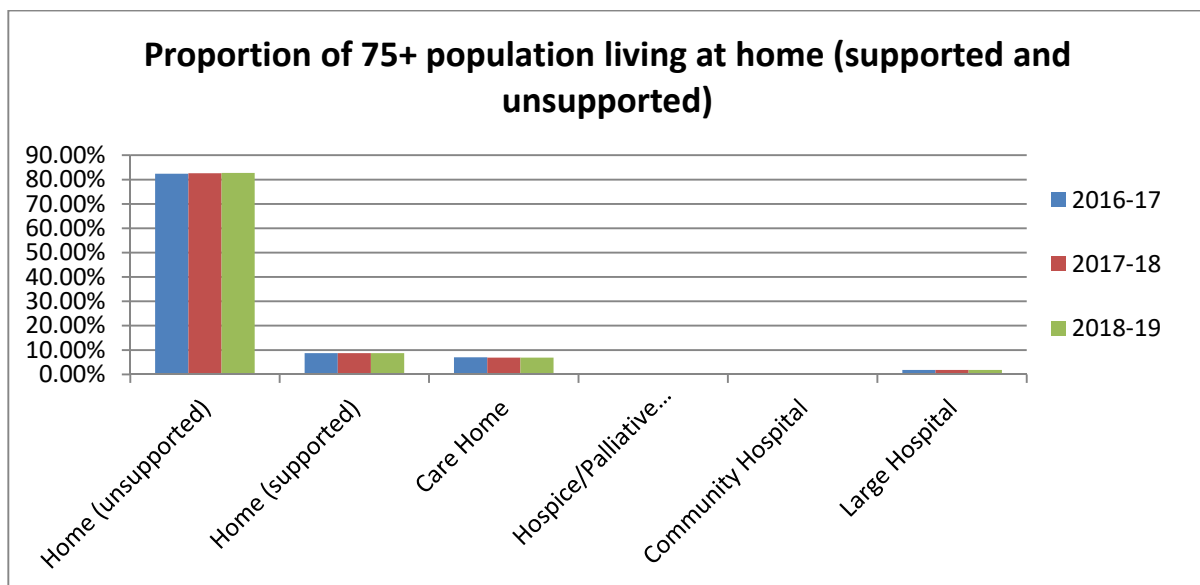
Over the last three years, the percentage of people spending the last six months of life in a community setting has remained fairly consistent, averaging at 87.6%. Our target for 2019/20 is to maintain the 2018/19 rate of 87.4%.

9.2 In line with our Palliative and End of Life Care Plan 2019 – 2021, we endeavour to meet people’s preferences and that may reduce the numbers of people who die in acute hospital settings and/or reduce the number of days people spend in hospital in the last 6 months of life.

9.3 We also monitor the number of deaths in acute hospitals as a percentage of all deaths in Renfrewshire for those persons aged 65 years and over and those aged 75 years and over. There has been good progress made with both these indicators with a substantial reduction from 51.9% in 2011 to 41.2% in 2019 for those aged 65+ and 51.2% in 2011 to 39.5% in 2019 for those aged 75+.

10. Proportion of 65+ population living at home (supported and unsupported)

10.1 In 2018/19 (for those aged 75+), 82.7% lived at home unsupported (possibly with unpaid carers); 8.7% were supported to stay in their own homes (i.e. received care at home services); 6.9% resided in a care home; and 1.8% were in hospital.



10.2 This picture has remained static over the three year period from 2016 to 2019 which is positive in light of the increase in our ageing population and dementia rates. The population in older age groups is due to rise in Renfrewshire, with an expected increase of 76% for those aged 75+ by 2041, when 14% of our population will be over 75 compared to 8% in 2016. We also expect to see a 47% increase in dementia prevalence by 2035. Dementia prevalence in 2017 was 2,994 people and the projected prevalence is 4,400 by 2035.

10.3 To reduce our reliance on unscheduled care we have prioritised the following activities:

- An awareness campaign to better inform the public on which health and care services to use that most appropriately meet their needs.

- As covered in section 8, work is ongoing to reduce delayed discharges in Renfrewshire. We begin care planning as soon as possible after a patient is admitted to hospital and involve the appropriate members of the multi professional team at the earliest opportunity.
- A Discharge Coordinator post was created in November 2019; this dedicated role works with families, Acute and HSCP Services to manage the discharge process. Acute and the HSCP meet 3 times a day to discuss discharge planning and review active cases/delayed discharges and agree appropriate actions. The assessment of needs with Mental Health Officers are carried out timeously, with a focus on early referral from the wards.
- There continues to be a range of care home beds available in the community at both residential care and nursing home levels. As noted in the data in this report, the majority of older people continue to live at home. Awaiting Care at Home services accounts for the majority of the non-complex delays in discharge, with service availability in the West Renfrewshire area a particular challenge. Much of this is due to the capacity of the Framework Providers and the Care at Home service directly provided by the HSCP. The focused work taking place to address this is outlined in section 8.
- Through the Frailty Collaborative - set up in May 2019 to support improvement in early identification and support for people aged 65 years and over to live and die well with frailty in the community - the aim is to use a common frailty tool across the NHS Board area to identify people at risk of hospital admission and support them and their families to manage their conditions.
- Improving Renfrewshire's residents' health and wellbeing and reducing the risk of falls and fragility fractures, we will continue to implement local priorities and Board-wide objectives to evidence progress towards the outcomes identified in the National Falls and Fracture Prevention Strategy for Scotland 2019 – 2024.
- Continuing to work with the third and independent sector, GPs and others to further reduce admissions from care homes. We are currently working with homes that have higher admission rates to understand what is driving this. In addition, encouraging the use of Anticipatory Care Plans and providing support to homes through our Care Home Liaison Nurses and newly appointed Advanced Nurse Practitioners.
- Continuing to work with other HSCPs and the NHS GGC Board and Acute Services to ensure appropriate use of the GP Out Of Hours (OOH) services to ensure services are stable and focused on quality and safety. There were a range of actions agreed by the NHS Board in February 2020 and we will work with others to ensure all steps are taken.

- Promoting and supporting the 'red bag' initiative in Renfrewshire care homes. The red bag contains important information about a care home resident's health in one place so they can receive quick and effective treatment by ambulance and hospital staff, with the aim of reducing residents' length of stay in hospital.
- Appointing two new alcohol out-reach nurse posts which will target those individuals who do not currently engage with community services to help improve their life outcomes while reducing attendances at the Emergency Department. This will further enhance the work of the two Navigator posts that started at the Royal Alexandra Hospital in November 2019.

Implications of the Report

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

List of Background Papers – None.

Author Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk/0141 618 7656)



To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Officer

Heading: Change and Improvement Update

1. Summary

- 1.1. This report updates Integration Joint Board (IJB) members on the progress made in developing Renfrewshire Health and Social Care Partnership's (HSCP) Transformation Programme, and the next steps the HSCP will take to scope and implement this programme.
- 1.2. The report provides further detail on the emerging programme structure and supporting governance. The programme will comprise of two strands focused on (i) developing a Renfrewshire-wide approach to improving health and wellbeing and (ii) delivering organisational change within the HSCP.
- 1.3. The report further notes the HSCP's emerging thinking on the financial framework for the Transformation Programme and work which will be undertaken to implement a number of essential enablers of change as part of this approach, including organisational development, communications, digital and data, and property requirements.

2. Recommendation

- 2.1. It is recommended that the IJB note:
 - The progress made in developing the Transformation Programme approach and governance; and
 - A further update on the programme's emerging scope and financial framework will be brought to the IJB in June 2020.
- 2.2. It is also recommended that the IJB approve:
 - The finalised guiding principles which will underpin activity undertaken across the two strands of the Transformation Programme.

3. Summary of progress to date

- 3.1. The HSCP has continued to engage with key stakeholders to develop the approach to our Transformation Programme over the last six months, including a range of discussions and update reports to the IJB.
- 3.2. This paper provides an update on the progress made to date, which in summary has included:
- In September 2019, the IJB agreed to create a Transformation Programme reserve to deliver a 'step-change' in approach, provide resources to mitigate the risk of change, and to support the transition of HSCP services.
 - In November 2019, the IJB approved the Medium-Term Financial Plan 2020/21 to 2024/25, which set out a two-tiered approach to delivering savings. Tier 1 short-term savings would be delivered in 2020/21 and Tier 2 savings would be achieved between 2021 and 2024 through transformational change. The HSCP also presented emerging thinking on the guiding principles and the proposed governance structure for the programme.
 - At the January 2020 IJB meeting, Tier 1 savings proposals were considered and approved.
 - Work to develop the programme scope and governance has continued and is being informed by ongoing engagement with our IJB, the Programme Board, the Strategic Planning Group, HSCP senior managers, services and our partners.
 - As part of this engagement, the four guiding principles have been well received. Feedback provided has also reinforced the importance of key enablers which have been identified as part of our proposed approach to transformation – digital and data, organisational development, communications and property. These elements will be at the core of the HSCP's programme going forwards.

4. Refining the Programme Approach and Governance

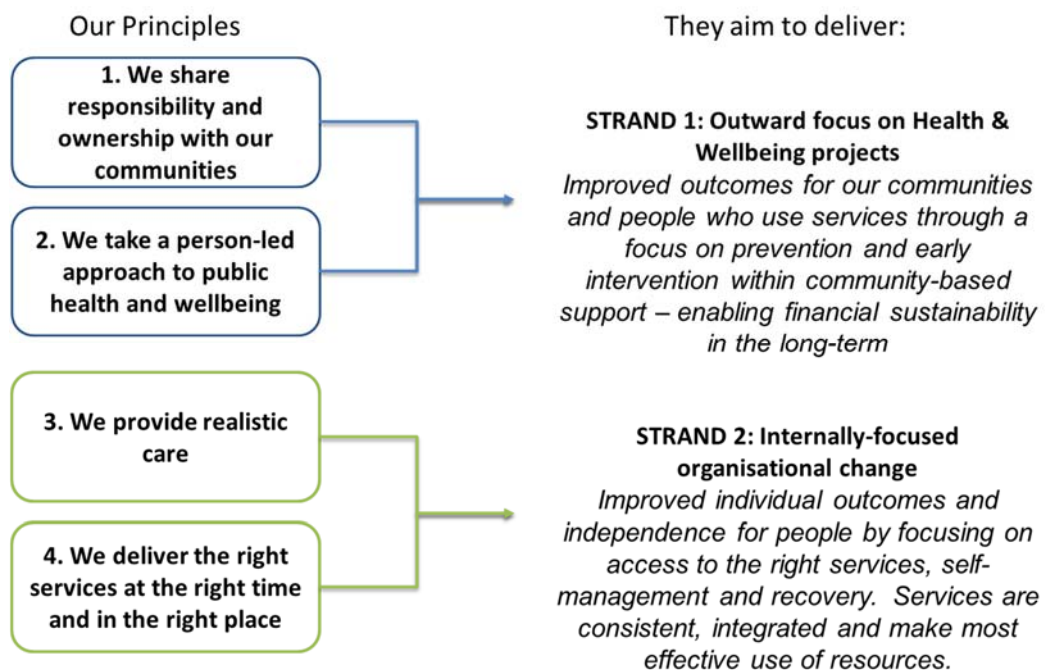
Programme Objectives

- 4.1. The Medium-Term Financial Plan and ongoing service demand pressures create the need for step change, particularly given the challenging financial environment in which we are continuing to operate. The HSCP has developed a set of clear programme objectives to deliver the transformational change required:
- Ensuring the HSCP remains financially sustainable, through delivery of the savings identified in the Medium-term financial plan.

- Addressing current demand pressures and investing in prevention and early intervention to mitigate projected increases in future demand.
- Developing organisational and financial flexibility to enable the HSCP to respond effectively to operational and external circumstances which may influence the nature and pace of change.
- Moving from a 'doing to' approach to service design, approach and provision to a focus on 'working with' by maximising independence, enabling self-care and self-management where appropriate and possible, and a focus on rehabilitation and recovery. In doing so, we must work with our communities to adapt their expectations of the HSCP's role in meeting their individual outcomes.
- Enabling behavioural change within the HSCP by supporting our leaders and staff to develop the skills and tools required to improve outcomes for people in Renfrewshire in line with our guiding principles.

Guiding Principles

4.2. The HSCP's ongoing engagement with key stakeholders has enabled the refinement and finalisation of four guiding principles set out in the diagram below, which will underpin all activity undertaken as part of the Transformation Programme. This paper seeks the IJB's approval of the finalised principles.

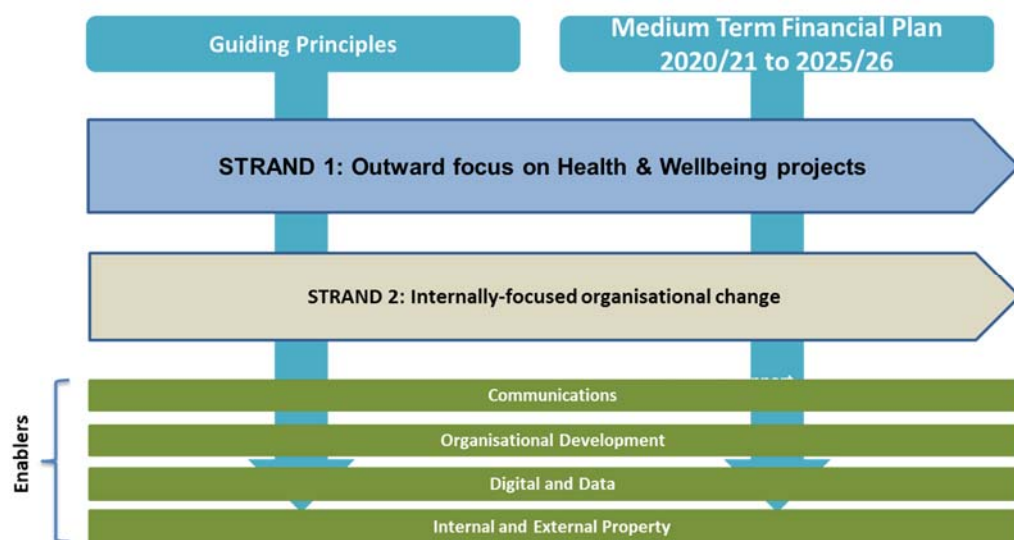


4.3. The first and second guiding principles promote a focus on developing capacity in community-based support to improve health and wellbeing for people who live in Renfrewshire. This cannot be solely achieved by the HSCP and requires a partnership response with a sustained commitment to prevention and early intervention. Whilst it is critical that action is taken now, the full benefits of this work be realised over a longer-term period through a reduction in future demand, rather than medium term savings.

4.4. The third and fourth principles are closely linked to this approach but focus upon addressing immediate demand and financial pressures. These principles recognise the HSCP needs to move from a 'paternalistic' delivery model to providing services with a greater focus on personal outcomes - enabling access to the right services and promoting reablement, self-management and recovery. This will require a fundamental change in staff and leadership behaviours and service user's expectations.

Programme Approach and Resourcing

4.5. The proposed approach for the Transformation Programme has been developed to reflect the guiding principles as set out above. The diagram below provides a visual representation of this approach.



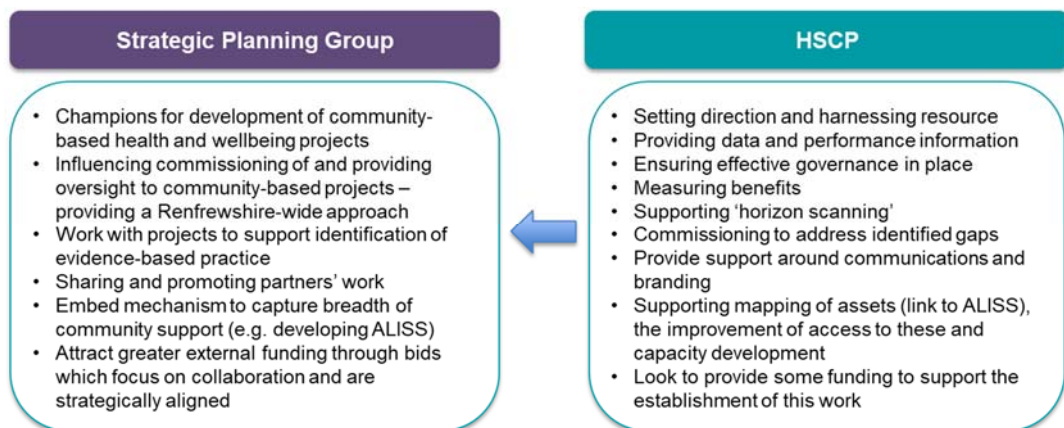
4.6. The Change and Improvement team within the HSCP will lead and coordinate activity undertaken across the two programme strands, ensuring that linkages and dependencies are effectively managed. This will include close liaison with service teams and HSCP Finance to ensure benefits are effectively captured and tracked.

5. Strand 1: A Renfrewshire-wide response to improving Health and Wellbeing

5.1. As the report outlines above, delivering the ambitions set out within the guiding principles will require a Renfrewshire-wide partnership approach

to improving Health and Wellbeing through prevention and early intervention. The Strategic Planning Group (SPG) and the HSCP's Health Improvement Team will be critical in achieving these objectives.

- 5.2. The SPG met in late February 2020, in its capacity as a community planning group, to discuss proposals for the group to lead this response through a range of community based projects for adults and help inform HSCP commissioning to support identified priorities. Under these proposals the SPG will also create a Renfrewshire-wide campaign around the development of community-based support. The diagram below sets out further detail on the proposed roles of the HSCP and SPG:



- 5.3. The HSCP's Health Improvement Team will concurrently focus on health and wellbeing for Children and Families within the under 18 years of age cohort, ensuring that available resources are targeted most effectively towards providing a holistic approach to improving health and wellbeing with Renfrewshire.

- 5.4. Agreed priorities will reflect national and local guidance including but not limited to the Public Health Priorities for Scotland, NHS GGC's 'Turning the Tide through Prevention' and Renfrewshire's local priorities for public health. Further discussions are now being taken forward with partner organisations and third sector partners to consider how planned work can complement and enhance existing initiatives in this context.

- 5.5. Furthermore, the SPG agreed several actions to be taken forward by a Short Life Working Group, which will develop proposals for the wider group to consider and agree:

- The development of a 'shared commitment' which will capture the values and principles of how the group's members will work together and a clear narrative for why this work is being undertaken.
- A branding and communications plan which will determine branding options and how these can be used effectively by all

partners, and to consider how the role of the SPG and projects developed can best be communicated with the wider public.

- A proposed approach to governance, ensuring that the work undertaken is complementary to and informs existing governance structures and avoids unnecessary duplication.

5.6. Further work is also being undertaken to scope the Health and Wellbeing strand of the Transformation Programme, and associated roles and responsibilities. Through discussions to date, several emerging priorities have been identified, including:

- The impact of housing on health and wellbeing.
- Lifestyle, including physical activity and healthy eating, and their relationship with wider social determinants of health and wellbeing.
- A focus on Children and Families, to be taken forward by the Health Improvement Team as part of their strategy and forward work plans.
- Connectedness – following the recent recommendations from the SPG's review of Loneliness and Social Isolation, the IJB and Community Planning Partnership have agreed that the SPG will lead a Renfrewshire wide response to this agenda. A Connectedness Delivery Group has now formed to progress the review's recommendations.

6. **Strand 2: Delivering Organisational Change within the HSCP**

6.1. In addition to developing preventative and early intervention capacity with our communities, the Transformation Programme needs to deliver organisational change within the HSCP to manage the current growing demand and financial pressures in line with our Medium-Term Financial Plan.

6.2. In developing this second strand of work, SMT recognises that change and improvement activity already being undertaken by the HSCP has significant breadth and depth. This activity includes:

Project Driver	Project
Statutory and policy requirements (mandatory): <i>Implementation of new legislative</i>	Implementation of the GP contract and Renfrewshire's Primary Care Improvement Plan
	Work to support the transition of telecare services from analogue to digital

<i>requirements and/or national priorities</i>	In scoping: Recommendations of Mental Welfare Commission review of support for people with autism and complex needs
Contractual commitments (mandatory): <i>Implementing existing contract requirements</i>	Implementation of the Totalmobile scheduling system within Care at Home
	The commencement of work to implement the Eclipse case management system as a replacement for SWIFT (and which is currently being implemented within Children's Services within Renfrewshire Council)
	In scoping: Implementing commissioning for outcomes in contracts for Supported Living contracts
Implementing Best Practice: <i>Developing services in line with the national direction of travel and best practice in service provision</i>	Continued delivery of the Older People's Services review
	Development of a series of improvement workshops with Care at Home to support implementation of the scheduling system and determine the scope of longer-term transformation
	Implementation of the recommendations of the review of Addictions services, and work with the Renfrewshire Alcohol and Drugs Commission
	Implementation of the recommendations of the Learning Disabilities review
	The completion of the nationally led Digital Maturity Assessment and identification of emerging digital priorities in partnership with the HSCP's parent organisations
	In scoping: Undertaking a review of current End of Life support provision (this work is currently being scoped)

- 6.3. Work is now underway to scope the additional work required to deliver step change. The SMT has scheduled a series of workshops in April and May 2020 to undertake a review of existing work, much of which is mandatory and critical to the direction of travel, and to determine the focus and phasing of additional projects. Work taken forward will be subject to available resources. A staged approach to delivery will be adopted and underpinned by a robust financial framework.

Financial Framework

- 6.4. The Medium-Term Financial Plan for Renfrewshire IJB, approved in November 2019, sets out the medium-term financial outlook for the IJB. These projections are set within the context of economic uncertainty,

which is described in further detail in the 2020/21 Delegated Health and Social Care Budget report submitted alongside this paper. It is vital that the IJB continues to proactively progress its financial planning strategy through the Transformation Programme, which will enable delivery of the Tier 2 approach set out in the Medium-Term Financial Plan. This Programme now represents the principal vehicle for the IJB to address its estimated net budget gap (for the period 2021/22 to 2023/24) of £9m to £19m (based on a range of funding scenarios between 1.5 to 3 percent of annual uplifts from our partner organisations) to ensure the sustainability of our health and social care services going forward and the delivery of the right health and social care services, accessed in the right place and at the right time.

- 6.5. Overall savings targets will reflect the three-year span of the Transformation Programme and will be set out for the period 2021-2024 in line with the Tier 2 approach within the Medium-Term Financial Plan.
- 6.6. The financial framework will also set out the financial resources which will be required to deliver the activities within scope of the Transformation Programme and will inform project phasing. This will include an assessment of the scale and application of the transformation reserve, creation of which the IJB approved in September 2019.
- 6.7. Related to the above point, in its 2019/20 budget, Renfrewshire Council, in recognition that the HSCP was progressing a range of service transformation and redesign projects which take time to fully develop and implement, agreed to earmark £1.4 million of non-recurring resources, to support the HSCP meet the costs of transformation activities.
- 6.8. At its meeting of 9 March 2020, Renfrewshire Council approved a motion to commit £1 million of this non-recurring resource in response to the recommendations of the Renfrewshire Alcohol and Drugs Commission. This funding is to support priorities emerging from the Alcohol and Drugs Commission, in recognition of the prevention and early intervention emphasis of the Commission's recommendations to support improving outcomes for adults. The remainder of the £1.4 million, i.e. £400,000, will remain available for the HSCP to draw down in support of its Transformation Programme.
- 6.9. Following confirmation of the scope and phasing of activity within the programme, savings targets will be further broken down to provide indicative annual savings targets. The HSCP however recognises that such annual targets will need to remain flexible on a year-to-year basis to enable effective management of operational pressures which may occur, or to respond to unforeseen circumstances (for example the outcome of trade negotiations between the UK and EU, or the impact of the potential spread of Coronavirus on service delivery).

7. Transformation Programme Enablers

- 7.1. Transformation programmes of this nature are particularly complex. Making significant changes to the way in which services are delivered and the required organisational development to support our workforce will take time. To maximise the opportunity of success, it is essential that this programme maintains a clear focus on putting in place and delivering required 'enablers of change'. This section sets out the enabling work being undertaken by the HSCP.

Communications

- 7.2. Communication is often cited as the number one reason for the failure of transformation programme. A clear and consistent narrative is therefore essential in achieving the ambitions set out by the guiding principles, across the Transformation Programme and within individual projects. This activity must also align with and complement business as usual communications. A Communications Manager is now in place and leading work to develop a comprehensive communications plan to support this programme.

Organisational Development (OD)

- 7.3. As described above, the changes delivered through this programme will require cultural and behavioural change within the HSCP. It is essential that these changes are underpinned by effective organisational development and workforce plans to ensure we have the capability and capacity to deliver agreed future service delivery models. A Workforce, People and Change Group will lead this work within the HSCP, and specifically with our Leadership Network to drive this change forward.

Data and Digital

- 7.4. Optimising available data and digital technologies will be essential in changing health and social care delivery models in line with our guiding principles. Effective use of technology can support further integrated working and enhanced productivity within the HSCP, and also enable our service users to manage their health and remain independent for longer.
- 7.5. The HSCP completed the Scottish Government's Digital Maturity Assessment in 2019 and the output has helped inform an initial view of the HSCP's digital priorities. The priorities have also been aligned with Scotland's Digital Health and Care Strategy. These priorities will underpin the Digital Health and Care strand of the Council's developing Digital Strategy.

- 7.6. The HSCP will continue to work with Renfrewshire Council and NHS GGC as our parent organisations who provide and support the HSCP's technology solutions. A Digital Delivery Group, with representation from both partners, will seek to take forward digital opportunities which arise from the Transformation Programme.

Internal and External Property

- 7.7. The programme will look to maximise the use of Council and NHS property utilised by the HSCP and consider the role of local community-based assets. Opportunities identified as part of the Programme will be assessed further by the HSCP with partner organisations as they emerge.
- 7.8. Furthermore, NHS Greater Glasgow and Clyde has set out its intention to produce a Board-wide, long-term Property Strategy which takes account of where the Board needs to be in the next 10 years in supporting Health and Care services.
- 7.9. To take forward this process, NHS GGC has sought to identify an HSCP within the health board area which would pilot the development of a Property Strategy. This work will then inform development of NHS GGC's Property Strategy more widely. Following a process of consideration and assessment, Renfrewshire HSCP has been selected as the pilot site and work has now commenced to further scope the strategy development process and gather existing baseline data. Further updates will be brought to the IJB as this work progresses.

8. Next steps for the development of the Transformation Programme

- 8.1. A further progress update will be brought to the IJB in June outlining:
- Refined roles and responsibilities within programme approach and governance
 - The overarching financial framework for the Transformation Programme including overall and indicative annual savings
 - The scope of the programme, which will be prioritised in line with the guiding principles, the financial framework and available transformation resources
 - Our approach to delivering on the 'enablers' with our partner organisations
- 8.2. Prior to this, the HSCP will seek to test emerging details with IJB members through scheduled development sessions.

- 8.3. In undertaking this transformational activity, the HSCP will continue to actively engage with other Partnerships across Scotland and will draw on leading local and national practice to inform proposals for change. This engagement is ongoing and is complementary to the HSCP's ongoing participation and contribution to collaborative discussions led through Health and Social Care Scotland.
-

Implications of the Report

1. **Financial** – There are no financial implications for this report. However, the Transformation Programme will deliver financial savings and these will be quantified and monitored on an ongoing basis.
 2. **HR & Organisational Development** – There are no immediate HR & OD implications from this report. However, as the Transformation Programme progresses HR & OD implications will be identified and the programme team will liaise closely with staff-side and HR colleagues as appropriate.
 3. **Community Planning** – The work undertaken by the SPG under the Health and Wellbeing programme strand will support delivery of the SPG's Community Planning remit. Community Planning governance and processes will be followed throughout.
 4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be sought at appropriate junctures throughout the delivery of the Transformation Programme.
 5. **Property/Assets** – work to develop a property strategy will inform future requirements for and use of assets.
 6. **Information Technology** – Digital has been identified as a key enabler of the required transformational activity. Appropriate technology-enabled solutions will be identified as part of the service design process.
 7. **Equality and Human Rights** – There are no Equality and Human Rights impacts from this report. However, future proposals for change which are developed under the Transformation Programme will be assessed in relation to their impact on equalities and human rights.
 8. **Health & Safety** – health and safety procedures will continue to be reviewed to ensure safe and effective joint working as integration progresses and service models develop
 9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 10. **Risk** – risks which emerge during the Transformation Programme will be appropriately assessed, mitigated and managed through implemented governance structures.
 11. **Privacy Impact** – n/a.
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List of Background Papers –

Author: Frances Burns, Head of Strategic Planning and Health Improvement
David Fogg, Change and Improvement Manager



To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Officer

Heading: Older People's Services Review Update

1. Summary

- 1.1 This report provides an update on the work taking place in Phase 2 of the review of services for older people and recommends the proposed next steps. This report builds on the work reported to the Integration Joint Board in September 2019.
- 1.2 This Review contains several work streams which form part of the overarching Transformation Programme.
- 1.3. This report also provides information on the work taking place as part of the review to develop a local dementia strategy.
-

2. Recommendation

- 2.1. It is recommended that the Integration Joint Board
- Agree the proposed approach to the next phase of the review, as outlined in sections 6.8 to 6.13;
 - Agree that a draft dementia strategy be presented to the IJB for consideration in June 2020;
 - Note the progress made in engaging with stakeholders during Phase 2 carried out by Journey Associates; and
 - Note that regular updates will continue to be brought to the Integration Joint Board to report on progress.
-

3. Background

- 3.1. 'A Fairer Scotland for Older People: framework for action', [Scottish Government, 2019], sets out the Scottish Government's initial priority areas of action with the aim of ensuring that people are 'happy, healthy and secure in old age'. The framework was developed to address

inequalities older people face as they age and to celebrate and enable the vital role that older people play in local communities across Scotland.

3.2. The framework identified three core areas of action to (i) enable older people to remain actively engaged with, and involved in, their communities; (ii) ensure older people have access to the public services they need; and (iii) ensure older people are financially secure. These priority areas align closely with the outputs from the engagement work led by Journey Associates, described in further detail below [ref 5.2] , and with the commitments for Older People's services within the Health and Social Care Partnership's Strategic Plan 2019-22:

- Older people are supported to live in their own home, or in a homely setting, with links to their community, for as long as possible
- Older people are supported and encouraged to look after and improve their own health and wellbeing and live in good health for as long as possible.

3.3. The review of services for older people contains a number of work streams which form part of the overarching Transformation Programme and reflect the guiding principles of the Programme:

1. We share responsibility and ownership with our communities
2. We take a person-led approach to public health and wellbeing
3. We provide realistic care
4. We deliver the right services at the right time and in the right place

3.4. People in Renfrewshire are living longer but not necessarily healthier lives, often experiencing multiple long-term conditions and changing the nature and volume of demand for care and support. There are just over 14,542 people aged 75 years and over [Source: RHSCP Renfrewshire's Profile to inform Strategic Commissioning April 2018]. These figures are projected to increase by 64% by 2039, representing an increase from 8% of the total population in 2016 to 12% in 2039. People aged 75 years and over accounted for 34.22% of all emergency admissions to hospital in 2018-19.

3.5. Services in Renfrewshire are supporting more people at home for longer, often with more complex needs and with unpaid family carers who are themselves in poor health. The care at home census data shows the number of people who required care at home services from 2011-2018 has increased by 19%, while the number of hours of care required has increased by 161%, reflecting the number of care visits required per person and an increase in the number of those visits which require two carers. The percentage of people aged 65 and over with long term

needs receiving 10 or more hours of home care in Renfrewshire has increased from 21.6% in 2009 to 30.7% in 2018.

- 3.6. Renfrewshire is also projected to see a 47% increase in dementia prevalence by 2035. Current prevalence is 2,994 people at 2017, with a projected prevalence of 4,400 by 2035. This means that care and support services need to be increasingly designed to meet the needs of people with dementia and their unpaid carers.

4. Phase 1 - Overview

- 4.1. This paper builds on the Phase 1 report presented to the Integration Joint Board in September 2019.

- 4.2. The core purpose of Phase 1 was to establish a clear service user view of older people's service provision across Renfrewshire and to encourage aspirational thinking with regards to 'how good could we be when we work together.' In phase 1, eight emerging themes were identified. These were:

- Place (where do we provide services to enable connected communities)
- Health and Wellbeing (supporting people to live as healthily as possible)
- Early Intervention and Prevention (responding quickly and seeking to slow, delay or avoid care needs arising)
- Partnership Working (services working together and working with citizens)
- Information and Communication
- Range of Services and Supports (optimising what is available)
- People and Community (safe communities that place the need of people at the centre of what we do to connect services, people and communities)
- Enablers (e.g. technology to optimise care arrangements)

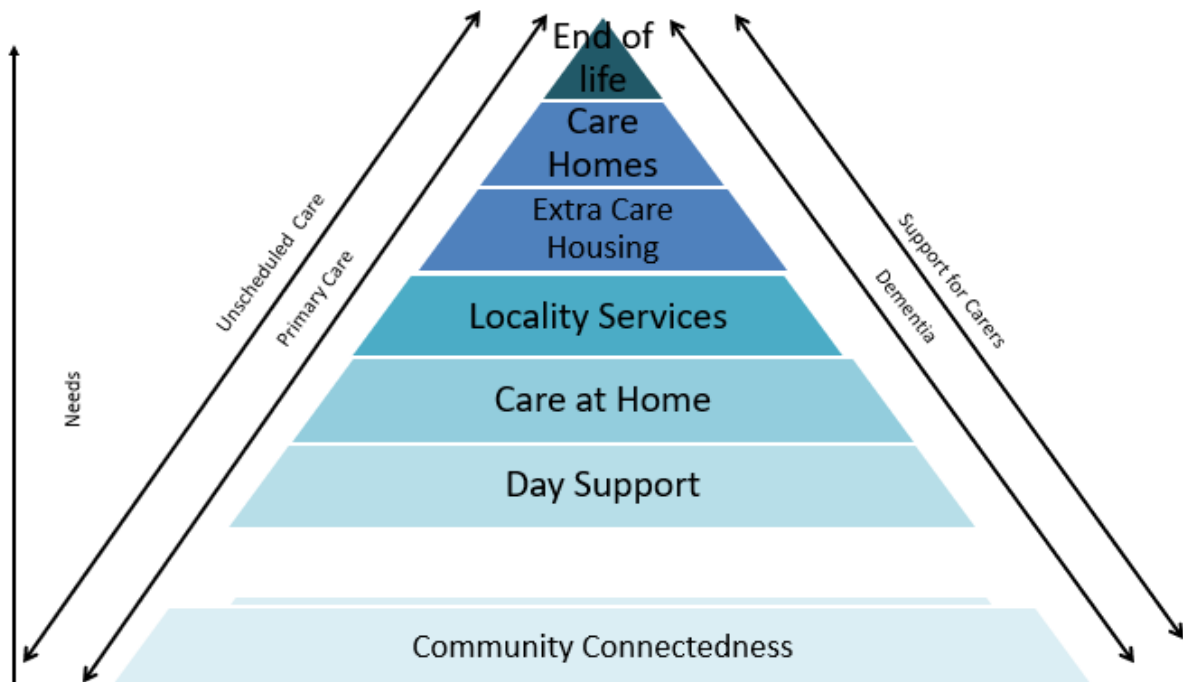
5. Phase 2

- 5.1 In line with the next steps outlined in the September paper to the Board the Steering Group, supported by Journey Associates, carried out a series of consultation and engagement events between September 2019 and February 2020 to explore the opportunities to develop and re design community based services for older people in a way that might best meet changing need and demand. Over the duration of the work there were 10 interviews, 12 workshops, 1 public event and a final feedback session, involving more than 150 participants drawn from across the partnership and including older adults and unpaid carers.

- 5.2 A copy of the presentation slides for the feedback session presented by Journey Associates is attached [Appendix 1] and provides an outline of the approach to the work and an indication of what is important to people accessing care and support services, partners and the cross section of staff who attended the events.
- 5.3 Four thematic areas were identified through the consultation and engagement process and each has a series of potential areas for further work to be considered as the Partnership takes the next steps as part of the wider Transformation Programme. The four themes are:
- Theme 1 - Services Provided by the Health and Social Care Partnership.
 - Theme 2 - Health & Wellbeing
 - Theme 3 - Early Intervention and Prevention
 - Theme 4 - Living in our Community
- 5.4 The proposals outlined in this paper focus on theme 1. The Strategic Planning Group (SPG) will have a critical role in supporting achievement of the guiding principles that have been set out for Renfrewshire HSCP's Transformation Programme, and delivering upon these principles will underpin achievement against themes 2, 3 and 4. In particular, the first and second principles concentrate on ensuring that change activity improves the health and wellbeing of people in Renfrewshire, with a focus on prevention and early intervention. Further information on this work forms part of the Change and Improvement Update paper presented to the Integration Joint Board.

6. Next Steps

- 6.1 Care and support services for older people account for 65.49% of the Health and Social Care Partnership's budget. Services are a mixture of directly provided and managed services, and services commissioned from the third and independent sector under contract. Services operate across the range of Renfrewshire's communities, providing care and support ranging from prevention and early intervention through to complex needs. As noted earlier in this report, the level of demand for care and support has been increasing in line with the changing demographics of the population and changes to delivery models as older people are supported to live in their own home, or in a homely setting, with links to their community, for as long as possible
- 6.2 The following diagram illustrates the range of care and support services operating across the Partnership area and meeting a wide range of needs:



- 6.3 The facilitated consultation and engagement work carried out in Phase 2 provides a framework and areas of further enquiry to support the next steps in the review of care and support services for older people across Renfrewshire.
- 6.4 As the Board is already aware work is taking place to further develop the approach to transforming the way in which the HSCP delivers services, recognising the need for a step change in the way we work together to ensure sustainability of health and social care services. In common with all the work taking place across the HSCP the review of care and support services for older people will follow the finalised governance arrangements for the Transformation Programme.
- 6.5 A considerable amount of work is already underway in a number of areas – most notably the draft Carers Strategy [which is the subject of a report to today's Board meeting]; the ongoing work [as outlined in sections 6.9 to 6.12 of this report] on services to support people with dementia and the developing Local Dementia Strategy scheduled to be presented to the Board in June; and, loneliness and social isolation which will be taken forward by the Strategic Planning Group.
- 6.6 The next Phase to deliver Theme 1 [Services Provided by the Health and Social Care Partnership] of the review of older people's services requires to move into a focused series of service reviews. The scope of the work is large and requires to be prioritised and managed in planned stages to ensure effective management of both Change and Improvement and operational resources. It is also important to note that

there are a series of interdependencies between the service areas and risks [financial and practice] which need to be fully recognised and taken into account in any programme. While carrying out changes to the models of service delivery to support wider transformation we do need to ensure the safe and effective delivery of current services to older people.

6.7 All the activity outlined within this paper requires to be carried out in a way that maximises our collective resources to ensure Best Value and meets the needs of the population moving forward.

6.8 The core workstreams are reflected in the triangle of the illustration above and it is proposed that the first tranche of work undertaken focuses upon:

- **Care at Home services** - where the HSCP are currently undertaking a series of rapid development sessions to identify and implement improvements to support the service in managing challenges around increasing demand, recruitment and retention.
- **Day Support** - to ensure that the provision of day support within Renfrewshire continues to deliver individuals' desired outcomes as part of the overall provision of community-based services.

6.9 As noted in section 6.5, the HSCP has also been developing a Local Dementia Strategy with partners in the Renfrewshire Dementia Strategy Group (RDSG). The RDSG was formed in 2011 with the aim of ensuring that Renfrewshire HSCP, and partner agencies, implemented the commitments of successive national dementia strategies. The strategy being developed will inform how the services within scope of the workstreams above develop to meet the needs of those with dementia.

6.10 Work to date on the strategy has included focus groups, an online survey and engagement with service users, carers, other members of the public and staff from a wide range of internal and external services. This has enabled the RDSG to develop a patient pathway based on the areas that were highlighted as the most pertinent to people living with dementia. The pathway has ten key themes: (i) prevention and early intervention; (ii) assessment; (iii) diagnosis; (iv) my life; (v) my health & wellbeing; (vi) my family and carers; (vii) my home; (viii) my community; (ix) my independence; and (x) my services.

6.11 These themes align with those identified through the engagement sessions undertaken by Journey Associates and with the guiding principles for the transformation programme. Each theme encapsulates

a vision and sets out the standard of support that a person living with dementia has the right to expect and the relevant areas within scope.

6.12 The RDSG will work with all of the partners in developing an implementation plan to support delivery of the local strategy. The RDSG will support the delivery of improvements and monitor progress against agreed actions. An annual update and a final evaluation report will be submitted to the IJB as work progresses.

6.13 The following actions have been identified as the key to move forward the review:

- A robust and detailed data baseline of current services prioritised within scope will be developed. This will be combined with an assessment of available good practice across Scotland, the UK and internationally to develop a sound evidence base for change.
- All of the activities above will be underpinned by the development of a communications plan identifying key stakeholders and their communication requirements. This plan will include both ongoing project communications and required statutory consultation processes at appropriate points throughout the next phase of work.
- Initial information sessions will be carried out, as part of the development of a full consultation and engagement plan for service users; unpaid or family carers; staff; trade unions and staff side; key stakeholders; and regulatory bodies such as the Care Inspectorate.
- A refreshed steering group, and supporting Reference Group will be launched to ensure membership reflects the focused scope of the next phase of work.
- Consistent project management tools and processes will be implemented across each workstream to provide ongoing assurance to the steering group of the emerging business case for proposed changes and the ongoing effectiveness of risk management.

6.14 An indicative timeline for the focused reviews of service is contained at Appendix 2. It is anticipated that this will be reviewed as the final scoping work is completed.

Implications of the Report

1. **Financial** – None at this stage of development
2. **HR & Organisational Development** – Future proposals developed through the next phase of work may have HR and Organisational Development implications. Trade Unions and staff side will be engaged throughout the development of proposals.
3. **Community Planning** – None
4. **Legal** – None at this stage of development. Legal advice and support will be taken as required.
5. **Property/Assets** – None at this stage of development.
6. **Information Technology** – None at this stage of development.
7. **Equality & Human Rights** – None. However, it is noted that any future proposals will be assessed in relation to their impact on equalities and human rights.
8. **Health & Safety** – None at this stage of development.
9. **Procurement** – any future procurement activity influenced by the next phase of work will remain within the operational arrangements of the parent bodies. Guidance from commissioning and procurement services will be sought at appropriate junctures.
10. **Risk** – None at this stage of development.
11. **Privacy Impact** – None

List of Background Papers: Update on Review of Older People's Services in Renfrewshire (September 2019)

Author: Shiona Strachan, Acting Head of Health and Social Care Services (Paisley)

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Appendix 1

Journey Associates: Presentation slides – Feb 2020

Renfrewshire Older People's Services Review

Action Areas - Draft

19th February 2020

Theme 1

Services Provided by HSCP



Overview

Renfrewshire HSCP provides a range of services for older people which are valued by the communities who use them. However, there is a need to enhance the spectrum of services provided to ensure that the needs of older adults are met and that better outcomes are achieved – these are the things that older people value, that give them pleasure and meaning and enhance their quality of life. Many older people want to remain independent and services should help citizens retain independence while accessing the support they need and without an over-reliance on services. Each individual will value experiences and services in different ways, therefore, to deliver services that are outcomes focused requires responsive and more flexible services.

To deliver services that meet citizen's needs, the workforce needs supported to enhance capability, think creatively and build confidence in new ways of working.

"Don't dumb it down"

"We're people, not antiques"

"I've always made my own decisions... I want to be in charge of my own affairs"

Theme 1

Services Provided by HSCP



Action Area 1.1 / Caring for Carers

Carers play a vital role looking after and supporting older citizens. The caring role can vary considerably from providing occasional help though to deep involvement in all aspects of a loved one's life.

While caring for someone can be rewarding, it can also be challenging. The Carers (Scotland) Act 2016 was introduced to support carers in their role and ensure their health and wellbeing does not suffer as a result of this. However, participants suggested that more person-centred support for carers is needed and that carer support plans should be promoted and regularly reviewed. Young carers may face particular challenges that can affect their education and impact on social connections. Local authorities have a duty to offer support and to involve carers in the design of carer services.

Participants noted that many carers can feel isolated in their role, finding it very difficult to access information and find out about services and support that is available. Some carers will not seek help or may be dissuaded from asking for help as they will be met with resistance from the person they care for. It was suggested that existing carer support groups and activities should be more visible and that support be available in more locations.

Participants noted that the SDS process and caring for people with dementia can be particularly challenging for carers. The SDS assessment should be triggered at the point of diagnosis and the process streamlined.

It is important that an individual's needs are acknowledged and their outcomes met to allow carers to have a good quality of life in their role, to plan ahead and prepare for the future. This could include accessing respite for carers and emotional support services.

Potential areas to explore include:

- Supporting the health and wellbeing of carers to help them fulfil their caring role while ensuring their outcomes are met
- Developing the assessment process and administration of SDS to ensure that it is accessible for carers
- Approaches (including the use of technology) that can help minimise the pressure on individuals or families who are caring for people with dementia

"SDS is great once you get it. It's just a difficult and lengthy process to get through"

Theme 1

Services Provided by HSCP



Action Area 1.2 / Accessing HSCP Services

Feedback received suggested that having a hub as a designated and widely recognised 'go to' place where information on services and activities in the local community are readily accessible could help centralise access and enhance the wider engagement of older people. This could be a physical hub complemented by centralised online information. Each community, town or area should have a hub.

Participants felt that a physical hub in a central location could help connect older people to what is going on in the local community. This could include clubs, groups, public services and third sector activities. It could provide training for local businesses and organisations on adapting services to be more appropriate for older people including being dementia friendly and embracing kindness to tackle loneliness and social isolation. Existing community venues including day centres and libraries could become hubs. Third sector organisations could provide the information and content for the hubs.

Participants also thought that having a single point of contact in the hub who could assist with identifying services to suit individual needs, assessing eligibility and in supporting the SDS process would make services more accessible.

Some people noted that they would be willing to pay for or contribute to the cost of services such as Care and Repair and taxi services.

Potential areas to explore include:

- Making information easily accessible by older people and the wider community in a way that reduces stigma
- Create a network of local hubs that share information across the region
- Exploring ways that people can pay for or contribute to the cost of services

People have told us that it is very difficult to access and find relevant information to your situation, "you don't know what you don't know".

In relation to ASeRT, "you have to know how to navigate the system - it's hard"

Theme 1

Services Provided by HSCP



Action Area 1.3 / HSCP Processes

Feedback from a selection of staff who attended staff engagement workshops noted their ambition to work in more integrated ways. This would support improved communication and joined up support between the services delivering health and social care. Feedback suggested that a care coordinator could be identified who has most regular contact with the service user and whom all other professionals should update on any changes. They could then liaise with families.

A more coordinated approach to delivering services could be enabled through IT systems that are accessible to all professionals and co-location of staff across the HSCP. Those with more complex needs would benefit from multi-disciplinary teams with a clear understanding of the roles and responsibilities of each member. Although, it was noted that increasingly complex needs can present particular challenges for coordinating teams.

People noted that they liked the flexibility and choice that SDS can provide but do not feel clearly informed about it. It was suggested by both citizens and staff that having a designated person in place to help coordinate strands of activity and signpost to services would be beneficial.

Participants also suggested that a clearer focus on individuals' outcomes could allow for the provision of social time within service delivery. For example, having a conversation or time to spend while a person is eating can ensure they are receiving the nourishment they need and the social contact can help reduce loneliness, in line with Scottish Government strategy. At the moment, meals are delivered with no or little conversation, missing the opportunity to check in with the older person and to engage them in conversation. This may be an opportunity to work more closely with third sector and community partners.

Feedback received also suggested that improving the procurement process and commissioning could help improve equality in service provision across the region.

Potential areas to explore include:

- Continuing to develop a more integrated and coordinated approach to care which is outcomes-based.
- Further developing SDS to clarify the offer and simplify the process
- Partnership working to help shift the focus of service delivery to better meet the outcomes of older people
- Delivering equality of access across the region

In relation to staff, "[they] just don't have time" and it feels like "the targets are more important than people"

People have told us that, "the service feels disjointed wherever you are in the system"

Theme 2

Health & Wellbeing



Overview

Many older people want to remain independent for as long as they can while others need to be encouraged and supported to have an active role in their health and wellbeing. To support independence, we older people should have the freedom to choose how they spend their time and which activities they take part in. To encourage citizens to be active, activities and services must connect to the individual's personal outcomes – these are the things that are important to them in their life.

We need to find new ways of connecting with people ensuring that they know how best to look after their own health and wellbeing. Information about what impacts our health and wellbeing should be easy to understand and services and activities that can support individuals to make positive choices should be easily accessible.

To enable older people to support themselves and retain their independence, we should take a strengths-based approach, drawing on the existing wealth of knowledge, skills and potential that our citizens and communities already have access to.

Theme 2

Health & Wellbeing



Action Area 2.1 / Volunteering

Volunteering may have a vital role to play in supporting individual health and wellbeing. It also helps to build social connections that benefit both the volunteer and the recipient and can reduce the potential for loneliness and isolation that can be detrimental to our health and sense of wellbeing.

Volunteering can be very rewarding and a great way to get people active in their communities, whether giving something back to the community, meeting new people or learning a new skill. To ensure no-one is exploited and the principles of mutuality and reciprocity are upheld, a 'volunteer ready' programme could help prepare people to volunteer. The programme could help build self-esteem and skills for people to volunteer effectively and that they can add to their CV. Volunteering could be incentivised and Renfrewshire volunteering prizes might encourage momentum and build a movement. Additional information on how to volunteer, training and ongoing support also needs to be in place.

Participants suggested that activities underpinned by shared interests are most rewarding. There are many types of volunteering programmes online and offline from those that offer assistance in taking people to appointments (e.g. Emergency Mum); buddying services to learn something new (e.g. digital buddy groups in

libraries), to those that help with shopping (e.g. at Braehead Shopping Centre). Soft options for volunteering (e.g. keeping an eye out for a neighbour) and supporting citizens to micro-volunteer also need to be easily accessible. It was suggested that the HSCP could be more proactive in signposting and linking volunteering opportunities to SDS. This would help ensure more of a two-way flow of information between programmes and potential beneficiaries and support grass-roots activity.

Mapping the variety of volunteering programmes could help identify opportunities for new ways to engage citizens, exchange life skills and build relationships (e.g. bringing generations together based on shared interest where older people teach young people how to play traditional card games, whilst young people teach older people how to do online shopping). This could build on the existing knowledge and expertise of organisations in Renfrewshire and beyond. It was suggested that existing halls and other community assets could be used to reach older adults and connect people to services and help others recognise vulnerabilities in their own communities. Initiatives that connect generations can help to break down social divides and finding ways of linking through shared interests earlier in life could help connect the generations.

There may be RHSCP services, that could connect to a volunteer programme for services that are outside of their remit.

Potential areas to explore include:

- Encouraging and supporting connections between peers and across generations who have similar interests
- Helping older adults and carers to understand the variety of volunteer programmes that exist
- Putting in place the right structures to encourage volunteering and ensure citizens are 'volunteer ready' and are supported in their roles
- The role of RHSCP in signposting and linking existing RHSCP services with volunteer programmes

"It gave me great pleasure to start a lunch club at the community hub - people get dressed up and enjoy going out together"

"Getting volunteers is difficult - often there aren't enough people and when you do get some, they often let you down"



Action Area 2.2 / GP Surgeries and Services

GP surgeries serve our local communities and can be a valuable route to connecting older people to other services and opportunities in the community. For many people, GP-based services can feel less daunting and more accessible than council-based services.

Community Link Workers based at GP surgeries provide access to community support and opportunities for citizens to self-manage their health and wellbeing.

As a hub serving all generations in the local community, participants suggested that GP surgeries could play a wider role in supporting the health and wellbeing of older adults through signposting to local services and groups. One suggestion was creating a 6-monthly 'what's on' brochure, targeted at vulnerable groups and funded by local businesses and disseminated through GP surgeries.

To support preventative action, it was also noted

that increasing knowledge and awareness in the community to look after your own health and wellbeing could assist in keeping people healthier for longer.

A 'Social MOT' was suggested as a way of checking in with older adults and signposting to information, resources and activities that can help ensure good mental health and address the potential for loneliness or social isolation. This could be carried out by community connectors in a local GP surgery or alternative suitable locations.

Older people who attended the workshops said they would value having a deeper relationship with their GP. Suggestions included having a single GP as the point of contact, from the age of 65, helping to build the relationship, allowing for consistency, and reducing the need to have to repeat their history with different doctors. Workshop participants also suggested that longer appointments for older people could help them feel less rushed.

Some participants acknowledged that any

proposals considering such changes would need to reflect the GP contract and Primary Care Improvement Plan which are currently being implemented and which set out the role of extended HSCP and NHS Board employed health professions in and around general practice. These changes include new ways of working and signposting and support to patients.

Potential areas to explore include:

- Options around Community Health provision that would enable older people to have a more active role in their health and wellbeing
- The role of GP surgeries in connecting older adults to appropriate information and support
- The role of a 'Social MOT' as a means of supporting early intervention and prevention for health and wellbeing

GP's are citizen's main point of contact:

"my GP service feels smaller and more manageable - the Council feels huge"

"Once diagnosed you're forgotten about. It would be good to have 3 to 6 month reviews."

Theme 3

Early Intervention (Prevention)



Overview

The demographics of society are changing, with increasing numbers of people living longer, often with multiple or complex health conditions requiring specialised support which demands more from our public services while public finances are increasingly constrained. Keeping well and having a good quality of life can benefit from early intervention and preventative action. Therefore, supporting older people to maintain their independence, from choosing what to eat, keeping in touch with friends and family, and living in one's own home are important in meeting personal outcomes and maintaining a good quality of life.

Loneliness and social isolation can be deeply detrimental to an individual's health and wellbeing. Supporting older people to remain connected and reducing the chances of social exclusion are vital. This is particularly important at times of transition, when life changes such as having a health scare, becoming a carer, or losing a partner can affect our health and wellbeing. Reaching those who do not engage with services, and before they are at risk, is a challenge.

Theme 3

Early Intervention (Prevention)



Action Area 3.1 / Services Available to All

Connecting Citizens

Participants noted their view that citizens want existing activities such as arts and cultural activities (cinema and concerts), and Renfrewshire Leisure classes to be more accessible, including having better transport options. For some services, accessibility could be enhanced by making small changes, for example, having a someone in a 'meet and greet' role, cinema showings with lights on and sing-along for those living with dementia, talking books to convey information, and using sign language and translation services. Other suggestions included engaging pubs, clubs (e.g. golf, bowling), leisure centres and other local amenities advised and supported by a compliance outreach programme. It was also suggested that it is important for services to be welcoming to encourage people to engage.

Participants suggested that services could be more accessible through peer support, grassroots activities (such as setting up a neighbours' lunch club) and volunteering opportunities as well as a community link worker hub. Some participants had proactively set up small social activities to involve their peers and neighbours.

Potential areas to explore include:

- Ensuring existing services and activities are accessible for everyone
- Supporting people to volunteer on a small scale in their own community
- Supporting older people to feel comfortable and confident to join a group for the first time

Loneliness & Social Isolation

To minimise loneliness and social isolation, feedback noted that we need to find ways to reach seldom heard groups to ensure everyone has equitable access to services and in advance of crisis. Although, we must also respect people's desire to stay isolated (and safe).

Particularly vulnerable people include those who are housebound, those who have undergone a life transition such as retirement, losing a partner, becoming a carer, having a medical condition and those with mental health issues.

Potential areas to explore include:

- Engage those who are difficult to reach
- Engage those who have experienced a major change in life or crisis

"It gave me great pleasure to start a lunch club at the community hub - people get dressed up and enjoy going out together"

Theme 3

Early Intervention (Prevention)



Action Area 3.2 / Self-management

Connecting to Services and Community Activities

It was recognised that there is a broad range of existing services that citizens value but some participants noted that it can be difficult to find information about them. ALISS (A Local Information System for Scotland) and WIRE (Well in Renfrewshire) are good information resources but they are not well known and can be difficult to find and need to be updated regularly. One professional took 16 clicks to access ALISS from the RHSCP web site.

Feedback provided noted that information about services should be available in different formats, with potential options including:

- **Printed information** that is easy to read and can be found in everyday settings – local newspapers, 'keep' leaflets like the waste collection diary, and be combined with information mailed to those over 65, e.g. pension updates, heating allowance and when signing up for services
- **Online:** information that is only accessible online can exclude citizens who do not have access. Resources like ALISS and WIRE could be made available in other formats including in posters and leaflets, and in easily accessible locations such as libraries, housing associations, GP surgeries, leisure centres, hospitals, and other community locations. Phone numbers and direct email addresses should be easy to find

- **In person:** having a person at the end of the phone rather than a recorded message is preferable and more helpful for older people. Stakeholders suggested that there should be a balance between online and in-person contact. Human interaction is very important as not everyone has access to or can use technology. While future generations will be more familiar and comfortable with online resources and apps, technology could be an isolating factor and exacerbate social isolation
- **Local services:** information could be made available through local radio, community groups, volunteer groups, housing associations and other community activities.
- **Supporting inclusion:** information should be made accessible for those who are non-English speakers, blind, hard of hearing, lack literacy skills, dyslexic, etc.

Potential areas to explore include:

- **Helping connect older adults to existing services**
- **Making information about existing services accessible for anyone**
- **Improving links to ALISS and other online resources**

Theme 3

Early Intervention (Prevention)



Action Area 3.2 / Self-management

Understanding the Life Journey

Participants suggested that story-telling and sharing the journey of ageing with younger people could help build understanding and empathy between the generations and allow people to plan for older age, helping ensure they have choice and control over the services or activities they might want to access.

We can future-proof for our needs by knowing what questions to ask and what information or services are available and where to access them. It was suggested that this should happen earlier in life, such as with school pupils and in mid-life. Many older people noted that they do not want to feel like a burden on their families or friends. Creating a care plan (such as an Anticipatory Care Plan) for the future helps to put the individual in control and can help avoid a crisis situation. Another suggestion was nurturing a shared or societal responsibility for caring for oneself.

Those who participated in the engagement sessions noted that many people value their independence and want to retain this. Providing prompts, such as activity planners can encourage individual action; and toolkits on how to start a group or activity locally can help guide and give confidence to initiate activity. Keeping physically active through groups and classes could also help reduce the risk of frailty and has the additional benefit of helping participants be socially connected reducing the chance of loneliness and social isolation.

Prevention and early intervention projects play an important role in identifying those at risk, whether related to frailty, the need for post-bereavement support or foot health. For older vulnerable adults, it was suggested that a more joined up approach is needed to connect with and introduce them to services earlier e.g. toenail cutting is one of the first signs of things failing, therefore people who request a toenail cutting service should be targeted for other prevention services.

Potential areas to explore include:

- Approaches to supporting a shift in mindsets to motivate people to manage their own health and wellbeing before reaching older age
- Providing useful support to help older people identify and look after their own needs throughout their lives
- Options for helping citizens of all ages understand the process of ageing and plan for the future and understand how to live thriving into older age
- Extending prevention and early intervention services to avoid crisis

"You need to know what to search for to begin understanding how you need to be supported" and "I don't know what I'm entitled to"

"Things used to be really good and it raised expectations. People now need to recognise they have a responsibility to solve issues first before accessing services"

Theme 4

Living In Our Community



Overview

The way that services are designed and delivered is changing. The needs of each individual are different and so the services or activities that they use will also be different.

We need to ensure that older people have access to local services that meet their needs and their desires and to do this we need to involve the diverse voices in communities in shaping the services. Involving older people in the planning and delivery process, we can enable them to live independently by ensuring we create robust communities and safe, desirable neighbourhoods e.g. providing housing, access to transport, public services such as libraries, leisure and social activities.

Many citizens think we have lost a sense of caring in our communities. We need to encourage a culture of neighbourliness, across the generations and all sectors of the community including local businesses, where embracing approaches to embed kindness and compassion can help counter loneliness and social isolation.



Theme 4

Living In Our Community



Action Area 4.1 / Caring for our Community

Intergenerational

Participants recognised that activities that happen across the generations can be energising and motivating. They are particularly enjoyable where the connections are made through shared interests e.g. community choirs, reading groups with the focus on connection, inclusion and community rather than age. Feedback suggested that opportunities to share knowledge, skills and experience could help build stronger, more compassionate communities where older generations mentor younger people for example in cooking or life skills (such as communication and relational skills), and that younger people could support older adults to develop technology and digital skills. Opportunities for sharing knowledge or experiences and exchanging skills could be online and offline and through Community Link Workers.

Potential areas to explore include:

- **Supporting connections across the generations to build compassion and share knowledge that enhances each person's quality of life**

"We often talk about 'Getting it right for every child'. But we should also be looking to 'Getting it right for every adult' too!"

Dementia

Dementia brings particular challenges for the person living with the condition and for those who support them. Dementia sufferers need a broad range of support to live well in the community, and their needs can change over time. Support can include help remembering to eat and to take medication and they may need to be escorted shopping and to attend appointments and be encouraged to socialise.

Participants suggested that educating all sectors of the community (including young people, business owners and older adults) about how best to reduce the risk of dementia such as keeping active, eating well, keeping your brain active and socialising (alzdiscovery.org) could help keep people well for longer. Communication between services is key and Community Link Workers could have a valuable role here, for example, providing drop-in sessions at libraries. Bringing awareness to the symptoms and challenges faced by dementia sufferers could help nurture empathy and understanding and encourage more kindness in the community. By addressing the needs of people with dementia, all citizens can benefit.

Potential areas to explore include:

- **Options for helping communities to be dementia aware and considerate in the products and services they provide**
- **Ways to encourage more kindness to support vulnerable members of the community**
- **Options where technology could support dementia sufferers and their carers.**

Theme 4

Living In Our Community



Action Area 4.2 / Community Businesses and Connectors

Local businesses and tradespeople are key members of our community providing services and activities to a wide range of people. Participants proposed that such people and organisations could provide information and also help reach people who have not sought assistance nor used services in the past. In this way they could provide a new link to support and information that is available for older people helping to connect citizens in the community.

In developing this idea, stakeholders thought that linking with organisations like 'Trusted Traders' who vet and approve trades people, could identify opportunities for training on services available to older people and to signpost them to relevant assistance e.g. VAT-free goods for over 65 year olds, Care and Repair services, or that grants might be available to make adaptations to your home.

Community leaders and connectors could link older citizens to services and help with planning for the future. These could include solicitors, funeral directors, religious leaders, local clubs such as the Bowling Club or Polish Club, libraries, and local shop assistants. Local cafes and bars could run incentives for older people to socialise e.g. with a lunch discount or designating a space to encourage people to sit together and talk.

It was suggested that trust underpins the success of this type of activity. It was also noted that information should be made available and be disseminated through a range of channels.

Potential areas to explore include:

- Options to engage with local businesses to create a more dementia-friendly, compassionate town
- Helping those delivering services to be aware of the needs of older people, e.g. bus drivers give enough time to enter and exit the bus, that music is not too loud, that flooring is not slippery, etc
- Options to engage with local businesses to help them be more aware of needs of older people in the community and the support available to them
- Opportunities to engage employers to encourage and motivate staff to look after their own health and wellbeing

"I paid for the adaptations to my home from my own pocket. It was only after that I was told I could get a grant. Why didn't I know before?"

"One Saturday afternoon in Wetherspoons I saw 5 older men each sitting by themselves. It made me feel sad and I thought, wouldn't it be good if there was a way to connect them?"

Appendix 2: Indicative phasing of older people review activity

Key:  IJB Meeting  Progress report to IJB

Older People Service Area	Jan to Mar 20	Apr to Jun 20	Jul to Sep 20	Oct to Dec 20	Jan to Mar 21
Update Points	<div><div></div><div>20th March</div></div>	<div><div></div><div>26th June</div></div>	<div><div></div><div>18th September</div></div>	<div><div></div><div>20th November</div></div>	<div><div></div><div>29th January</div></div> <div><div></div><div>26th March</div></div>
End of Life	Scoping exercise		Design and implementation (as defined by scoping)		
Care Homes	Rescoping				
Housing with support (including Extra Care)	Scoping and joint discussions with Housing				
Locality Services	Scoping and implementation (as defined)				
Care at Home	Improvement sessions		Implementation		
Day Support	Scoping		Design		Implementation
Community Connectedness	Strategic Planning Group: Theme 2,3,4 community-based projects				
	Strategic Planning Group: Loneliness and Social Isolation Delivery Group				
Carers	Strategy Dev't		Implementation Plan		
Dementia	Local Strategy Dev't		Implementation		
					National 5 Yr Strategy

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Officer

Heading: Adult Carers' Strategy 2020-2022 and Adult Carers' Strategy 2020-2022 Action Plan

1. Summary

- 1.1 This report provides members of the Integration Joint Board (IJB) with a consultative draft of the Adult Carers' Strategy 2020-2022 (Appendix One) and Adult Carers' Strategy 2020-2022 Action Plan (Appendix 2), for consideration.
-

2. Recommendation

It is recommended that the IJB:

- Consider the draft Adult Carers' Strategy 2020-2022 and Adult Carers' Strategy 2020-2022 Action Plan; and
 - Agree that a final draft of the Adult Carers' Strategy 2020-2022 and Adult Carers' Strategy 2020-2022 Action Plan be brought to the Integration Joint Board on 26 June 2020.
-

3. Background

- 3.1 The Carers (Scotland) Act 2016¹ commenced on 1 April 2018 and placed several new legislative requirements on Local Authorities, including duties to be implemented through IJBs.
- 3.2 The IJB received regular updates on the work undertaken before 1 April 2018, to ensure the duties in the Carers Act were implemented.
- 3.3 Section 31 of the Carers Act sets out the duty to prepare a local carers' strategy².

¹ <http://www.legislation.gov.uk/asp/2016/9/contents/enacted>

² <http://www.legislation.gov.uk/asp/2016/9/section/31>

4. Development and Consultation

- 4.1 The Strategy and Action Plan set out how the Health and Social Care Partnership and its partners, will support carers to continue in their caring role, whilst not compromising their own health and well-being.
- 4.2 The Strategy and Action Plan's development was overseen by the Carers Strategic Steering Group and to inform the content of the Strategy, a phased consultation process was agreed.
- 4.3 The first phase of consultation comprised of:
- a consultation event at Renfrewshire Carers' Centre on Carers' Rights day;
 - the Strategic Planning Group focused on carers and the draft Strategy at its meeting on the 10 of April 2019; and
 - the draft Strategy was made available online from the 28 October 2019 to 6 December 2019 for comment.
- 4.4 The responses and outcomes of discussion have been incorporated into the current draft of the Strategy and Action Plan, appended to this report.
- 4.5 The second phase of consultation is seeking Integration Joint Board members' input to shape the final drafts of the Strategy and Action Plan. Final drafts of the Strategy and Action Plan, taking account of IJB feedback, will be brought to the IJB meeting on 26 June 2020.

5. Carers Strategy and Action Plan

- 5.1 The Strategy's key priority is the identification of carers. Carers do not always self-identify or associate with the term 'carer' and if carers do not identify as a carer, then they are unlikely to consider: asking for an Adult Carers Support Plan; applying for Carer's Allowance Supplement; or accessing information and advice to support them in their caring role. By identifying carers, we can provide support to ensure they remain healthy but also to help prevent a breakdown of the caring role.
- 5.2 Alongside our key priority the Strategy will seek to make progress on other priorities, including:
- Carers feel supported to continue to care;
 - Carers who request or are offered an Adult Carer Support Plan have one;
 - Carers have the information they need about their caring role; and
 - Carers are active participants in their communities.

- 5.3 The Strategy recognises that the HSCP cannot support carers on its own and commits the HSCP to working in partnership to progress the actions in the Action Plan. The actions which link with our priorities and will be completed during the lifetime of the Strategy, include:
- Develop and implement a communication and engagement plan to raise the profile of carers and services for carers.
 - Work with partners to develop a co-ordinated approach to the identification of carers.
 - Develop carer awareness training resources for staff.
 - Work with Children's Services to develop a pathway and protocol for young carer to adult carer transition planning.
 - Work with local colleges, universities and partners to develop a joint approach to identifying and supporting carers within Higher and Further Education.
- 5.4 The HSCP established a Carers Strategic Steering Group in 2018 to ensure that we continue to implement legislative requirements, to oversee the development and implementation of the Adult Carers' Strategy and to plan and develop services for carers. The Group includes carer representatives and relevant stakeholders from the HSCP and Renfrewshire Council Children's Services, Renfrewshire Carers Centre and other Partners.
- 5.5 The IJB will receive regular updates on the progress of the Strategy and by 2022 we expect progress on the following measures:
- An increase in the number of carers being identified as a carer.
 - An increase in the number of carers who say they have a say in the services provided for the person they care for.
 - An increase in the number of carers who feel supported to continue caring.
 - An increase in the number of carers who say caring does not have a negative impact on their health and wellbeing.
 - An increase in the number of carers who have Adult Carer Support Plan.
 - An increase in the number of carers who have a good balance between caring and other things in their life.
 - An increase in the number of carers who say that local services are well coordinated for the people they look after.
 - An increase in the number of carers actively participating in their community.
-

- 5.6 The Carers Strategic Steering Group will report progress to the IJB on a regular basis and will provide an annual report on all actions and measures. The Strategy is due for renewal in 2022.
-

Implications of the Report

- 1. Financial** – The Financial Memorandum to the Carers Bill sets out the Scottish Government's estimated costs of implementing the Carers Act in Scotland. It is estimated that total costs will rise from £19.4m in year one (2018-19) to a recurring level of £88.521m by year 5 (2022-23). At its meeting on 26 January 2018, the IJB agreed to ring fence Renfrewshire's local allocation of the Scottish Government's funding solely to fulfil its new duties and provisions under the new Carers Act.
 - 2. HR & Organisational Development** – Nil
 - 3. Community Planning** – Nil
 - 4. Legal** – Section 31 of the Carers Act sets out the requirement to prepare a local carers' strategy.
 - 5. Property/Assets** – Nil
 - 6. Information Technology** – Nil
 - 7. Equality & Human Rights** – Nil
 - 8. Health & Safety** – Nil
 - 9. Procurement** – Nil
 - 10. Risk** – Nil
 - 11. Privacy Impact** – Nil
-

List of Background Papers: Preparation for Implementation of the Carers (Scotland) Act 2016 (Renfrewshire IJB, 23 March 2018)

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Renfrewshire Health and Social Care Partnership

Adult Carers' Strategy 2020-22



Table of Contents

1	Introduction	7
2	Strategy at a Glance	9
3	Our Key Priority: Identification of Carers	10
4	Development of the Strategy	11
5	Legislative & Policy Context	12
5.1	Renfrewshire Health and Social Care Partnership Strategic Plan 2019-22.....	12
5.2	Our Renfrewshire: Renfrewshire's Community Plan 2017-2027	12
5.3	Renfrewshire Young Carers' Strategy	13
5.4	Carers (Scotland) Act 2016	14
5.5	Health and Wellbeing National Outcomes	15
6	Progress Summary	16
6.1	Renfrewshire Carers' Strategy 2013-2016	16
6.2	Carers Act 2016.....	16
6.3	Future Work to Support Carers	17
7	Carers in Renfrewshire	17
8	Universal Carer Pathway and Discharge Planning	18
9	Supporting Carers.....	19
9.1	How We Support Carers.....	19
9.2	Current Support for Carers	20
9.3	Transition Planning to Adult Services	21
10	What Carers Can Expect	22
11	Monitoring and Reporting on the Strategy	23
12	Appendices	24
Appendix 1	Adult Carer Support Plan Pathway	24

1 Introduction

Renfrewshire Health and Social Care Partnership (HSCP) recognises the contribution carers make to those they care for and to the wider community of Renfrewshire. The HSCP's Adult Carers' Strategy reaffirms our commitment to carers, by setting out a preventive approach to supporting carers to continue in their caring role, whilst not compromising their own health and well-being.

The Carers (Scotland) Act 2016 (the Act), which commenced in April 2018, provided a legislative basis for supporting carers. The HSCP is implementing the duties related to adult carers, including a duty to prepare a local carers' strategy and to review it no more than three years after publication³.

The Strategy has been developed in collaboration with our partners and is centred on eight principles:

1. Carers are key partners in the delivery of care.
2. Carers are identified at the earliest opportunity.
3. Carers have an Adult Carer Support Plan.
4. Carers have the information they need about their caring role.
5. Carers get the right level of support at the right time.
6. Our staff have the knowledge and skills to identify and signpost carers.
7. Carers are involved in the assessment and care planning of the person they care for.
8. Renfrewshire is a carer-friendly community.

Key to supporting carers is identifying carers as early as possible. By identifying carers earlier, we can provide support to ensure they remain engaged their family, friends and communities to help maintain their own health and wellbeing and to support them in their caring role.

To reflect the importance of this, the HSCP has made identification of carers the key priority for the Strategy.

Whilst the Strategy in the main deals with adult carers, we also have a role in supporting young carers, in partnership with Renfrewshire Council's Children's Services. Renfrewshire's Young Carers' Strategy recognises that young carers are children and young people first and aims to support young carers to have the same opportunities as their peers⁴. We are committed to working with our partners in Children's Services to support this work, including supporting young carers as they transition to adult services.

³ <http://www.legislation.gov.uk/asp/2016/9/section/31/enacted>

⁴ http://www.renfrewshire.gov.uk/media/10423/Young-Carers-Strategy/pdf/Children_Services_-_Young_Carers_Strategy.pdf?m=1568035286057

The challenges we face are significant, particularly when considering increasing demand for health and social care services, against a backdrop of financial constraints. It is vital that we develop and foster good partnerships across all sectors and communities of Renfrewshire, so that we can continue to support carers in their caring role; this strategy sets out how we aim to achieve that in Renfrewshire.

DRAFT

2 Strategy at a Glance

VISION

Renfrewshire Health and Social Care Partnership's vision is for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well.

PRINCIPLES

Carers are key partners in the delivery of care.

Carers are identified at the earliest opportunity.

Carers have an Adult Carer Support Plan.

Carers have the information they need about their caring role.

Carers get the right level of support at the right time.

Our staff have the knowledge and skills to identify and signpost carers.

Carers are involved in the assessment and care planning of the person they care for.

Renfrewshire is a carer-friendly community.

CARERS CAN EXPECT THAT:

They are identified early and offered the right support at the right time

They are involved in health and social care decisions.

They get the support they need when they need it.

They are well informed about their caring role.

Their health and wellbeing is not adversely impacted by caring.

They get the support they need when they need it.

They can participate in and are valued by their community.

SUCCESS

More carers are active participants in their communities.

More carers say they have a say in the services provided for the person they care for.

More carers say they feel supported to continue caring.

Fewer carers say caring has a negative impact on their health and wellbeing.

More carers have an Adult Carer Support Plan.

More carers say they have a good balance between caring and other things in their life

More carers are identified.

More carers say that local services are well coordinated for the people they look after.

3 Our Key Priority: Identification of Carers

Carers do not always self-identify or associate with the term 'carer' and if carers do not identify as a carer, then they are unlikely to consider asking for an Adult Carers Support Plan, applying for Carer's Allowance Supplement, or accessing information and advice to support them in their caring role.

According to research⁵, the majority of carers take years to recognise their role, missing out on crucial financial, practical and emotional support in the meantime. The research demonstrated that, by not receiving support at an early stage, the negative impacts of caring are intensified with many carers missing out on benefits and entitlements and others forced to give up work altogether, with a significant long term effect on personal and family finances. On a personal level, a lack of practical help can have a huge impact on health and wellbeing, from long-term physical health effects such as back pain, to mental ill health and social isolation as a result of caring without a supportive network. The longer it takes to identify as a carer the more likely it is that carers will struggle without the support and advice they need.

People become carers when a family member or friend cannot manage without help because of an illness, addiction, frailty or disability. The caring journey may start in a doctor's surgery, with a nurse specialist, at a hospital outpatient clinic or at hospital discharge when the cared for person receives their diagnosis.

Key to supporting carers is identifying carers as early as possible. By identifying carers earlier, we can provide support to ensure they remain healthy but also to help prevent a breakdown of the caring role.

The HSCP recognises the need to refresh our approach to service provision and strategic commissioning, to identify and support more carers, including carers of people from BME communities, Gypsy, Travellers, and people with a head injury, mental health, drug, alcohol difficulty. We will work with our partners to develop a co-ordinated approach to identifying and supporting all carers across Renfrewshire.

To reflect the importance of this, the HSCP has made identification of carers the key priority for the Strategy.

⁵ <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

4 Development of the Strategy

Carers are key partners in the delivery of care and should be involved in shaping the services that are designed to support them. The Strategy was informed by hearing from carers and our partners what we need to put in place to ensure carers are supported in their caring role.

Carers and their representatives were involved at all stages of development and the key stages were:

- The Strategic Carers Group and an Adult Carers Strategy Implementation Group oversaw the development of the Strategy.
- A consultation event was held at Renfrewshire Carers' Centre on Carers' Rights Day (30th November 2018).
- The Strategic Planning Group focused on carers and the draft Renfrewshire Carers' Strategy at its meeting on 10 April 2019.
- The draft Strategy was made available online from 28 October 2019 to 6 December 2019 and people were encouraged to comment on the draft.

5 Legislative & Policy Context

5.1 Renfrewshire Health and Social Care Partnership Strategic Plan 2019-22



The 'Renfrewshire Health and Social Care Partnership Strategic Plan 2019-22', sets out the vision and future direction of community health and adult social care services in Renfrewshire.

The Plan recognises the role carers have in supporting people in Renfrewshire and commits to supporting the health and wellbeing of carers through three priorities:

- Identification – continue to ensure carers are identified early, have the information they need and are signposted to relevant services.
- Adult Carer Support Plans – continue to ensure all carers who request or are offered an Adult Carer Support Plan have one.
- Implement the duties in the Carers Act – continue to meet the duties (see 4.4 below) which are the responsibility of the HSCP⁶.

The Strategic Plan 2019-22 can be found here:

https://www.renfrewshire.hscp.scot/media/9704/Strategic-Plan-2019-2022/pdf/Strategic_Plan_2019_Final.pdf?m=1556881081757

5.2 Our Renfrewshire: Renfrewshire's Community Plan 2017-2027



Our Renfrewshire is Renfrewshire's Community Plan and Local Outcome Improvement Plan. Our Renfrewshire recognises that, as the number of people living longer increases, the number of carers and older carers will also increase. To meet this challenge, Our Renfrewshire prioritises:

- Promoting wellbeing and good mental health;
- Promoting healthy lifestyles that support both physical and mental health;

⁶ https://www.renfrewshire.hscp.scot/media/9704/Strategic-Plan-2019-2022/pdf/Strategic_Plan_2019_Final.pdf?m=1556881081757

- Tackling isolation and loneliness, by connecting people to their communities, and to services;
- Enable people to live healthier, for longer, by supporting our older population to stay active;
- Developing strong community-based services that respond to local need; and
- Enabling communities to have their voice heard, and influence the places and services that affect them⁷.

Our Renfrewshire can be found here:

http://www.renfrewshire.gov.uk/media/4598/Our-Renfrewshire---Renfrewshires-Community-Plan-2017-2027/pdf/Community_Plan.pdf?m=1506695136457

5.3 Renfrewshire Young Carers' Strategy



The Young Carers Strategy's aim is for young carers to have the same opportunities as their peers by ensuring that no child or young person has caring responsibilities inappropriate to their age and stage of development⁸.

The Carers Act places responsibility for pre-school children with “the health board for the area in which the child resides”⁹. The HSCP and Renfrewshire Council's Children's Services are committed to:

- preventing children from undertaking excessive or inappropriate caring roles;
- ensuring children are supported to enjoy their right to a childhood; and
- ensuring very young children are not undertaking caring roles.

To support this, the HSCP will not offer Young Carers' Statements to pre-school children and will instead refer them for assessment and support.

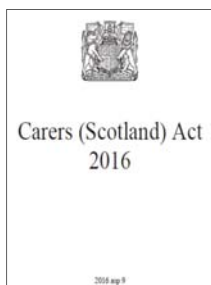
Renfrewshire Council's Children's Services Young Carers' Strategy can be found here: <http://www.renfrewshire.gov.uk/article/3354/Young-carers>.

⁷ http://www.renfrewshire.gov.uk/media/4598/Our-Renfrewshire---Renfrewshires-Community-Plan-2017-2027/pdf/Community_Plan.pdf?m=1506695136457

⁸ http://www.renfrewshire.gov.uk/media/10423/Young-Carers-Strategy/pdf/Children_Services_-_Young_Carers_Strategy.pdf?m=1568035286057

⁹ <http://www.legislation.gov.uk/asp/2016/9/section/19/enacted>

5.4 Carers (Scotland) Act 2016



The Carers Act came into effect on 1 April 2018 and aims to support carers' health and wellbeing, helping them to remain in their caring roles and to manage their own life alongside their caring responsibilities¹⁰.

Renfrewshire Health and Social Care Partnership (HSCP) has responsibility for implementing the following duties in the Act:

- The duty to develop and offer an Adult Carer Support Plan to someone who is identified as a carer.
- The duty to set out and publish local eligibility criteria including recognition that support will be provided if the eligible criteria are met.
- The duty to provide support to carers who have eligible needs including consideration for short breaks from caring.
- Publish a short breaks services statement.
- Provide carers with information and advice services
- Involve carers in the planning of services.
- Develop a local carers' strategy.

The Carers (Scotland) Act 2016 can be found here:

<https://www.gov.scot/policies/social-care/unpaid-carers/>

¹⁰ <https://www2.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016>

5.5 Health and Wellbeing National Outcomes



Scotland's Health and Wellbeing National Outcomes¹¹ aim to ensure that Health Boards, Local Authorities and Health and Social Care Partnerships are clear about their shared priorities by bringing together responsibility and accountability for their delivery.

The Outcomes provide a strategic framework for the planning and delivery of health and social care services and together this suite of outcomes focuses on improving the experiences and quality of services for people using those services, carers and their families.

The National Health and Wellbeing Outcomes can be found here:
<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

¹¹ <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

6 Progress Summary

6.1 Renfrewshire Carers' Strategy 2013-2016

The Renfrewshire Carers' Strategy 2013-2016, made significant progress in supporting the lives of carers and below are some examples of the service developments that have been achieved:

- An increase in numbers of adult carers identified and supported;
- Increased opportunities for carers to shape their own support and services;
- Increased flexible and personalised support options;
- Updated information on HSCP and Carers Centre websites;
- Staff training on Carers Act and carer awareness raising sessions for staff in RAH;
- Carers and carer representatives on Integration Joint Board and Strategic Planning Group.

6.2 Carers Act 2016

Renfrewshire Health and Social Care Partnership has responsibility for implementing the duties relating to adult carers in the Act and the table below summarises the work done to implement the Act.

Section of Act	Summary	What we did
1	New definition of carer	Relevant paperwork and information sources updated to reflect the new definition of carer
6	Duty to prepare adult carer support plan	New Adult Carers Support Plan paperwork and process introduced on 1 April 2018
21	Duty to set local eligibility criteria	Renfrewshire's Adult Carer Eligibility Criteria approved by the IJB on 26 January 2018
24	Duty to provide support to meet eligible needs	Carers who meet the eligibility threshold receive support to meet their eligible needs Carers who do not meet the eligibility threshold can access support such as information and advice, training, one to one support
27	Duty to involve carers	Carers and their representatives involved in the planning of services (Integrated Joint Board, Strategic Planning Group, Carers Steering Group).

		Carers are involved in the assessment of the cared for person
31	Duty to prepare local carer strategy.	Carers' Strategy to be published in 2020
35	Short breaks services statements	Short Breaks Statement approved by IJB on 25 January 2019.

6.3 Future Work to Support Carers

As the number of carers continues to increase, the HSCP and its partners will continue the good work that has been done since the previous Strategy and in implementing the Carers Act. An Action Plan ([link](#)) has been developed alongside the Strategy, in consultation with carers and partners. The actions will respond to the current and future needs of carers. The Carers Strategic Steering Group will monitor the Action Plan and report progress to the IJB on annual basis.

Supporting carers is relevant to all services areas and in recognition of this the Steering Group will ensure that any recommendations resulting from the HSCP's Transformation Programme and service reviews are implemented. We will work together to ensure that this Strategy and supporting implementation plan develop in a way that reflects the new national strategy for dementia which is expected in 2021, acknowledging the profound impact of dementia on individuals, families and communities. The Steering Group will also ensure that the needs and views of carers are reflected in this work.

7 Carers in Renfrewshire

The 2011 Census¹² found that 17,759 people in Renfrewshire identified themselves as carers, this is approximately 10% of the population.

The Census also found that:

- 59% of carers are female.
- 54% of carers are employed.
- 19% of carer are aged 65 and over.

The 2017/18 Health and Care Experience Survey¹³ found that:

- 64% of carers in Renfrewshire who responded to the survey said they have a good balance between caring and other things in their life (this compares to 63% in Renfrewshire in 2015/16 and 65% for Scotland 2017/18).
- 35% said caring had not had a negative impact on their health and wellbeing (34% in 2015/16 and 39% for Scotland).
- 44% said they have a say in the services provided for the person they care for (45% in 2015/16 and 46% for Scotland).
- 38% said local services are well coordinated for the people they look after (38% in 2015/16 and 40% for Scotland).
- 35% feel supported to continue caring (39% in 2015/16 and 37% for Scotland).

There are several demographic and activity changes that will affect our current and future understanding of need across Renfrewshire, all of which are likely to have an impact on the numbers and demands upon unpaid carers, including:

- An ageing population, with an expected increase of 76% for those aged 75+. By 2041, 14% of the population will be over 75, compared to 8% in 2016.
- An increase in people living with long term conditions,
- A 47% increase in dementia prevalence by 2035. Current prevalence is 2,994¹⁴.

8 Universal Carer Pathway and Discharge Planning

¹² <http://www.scotlandscensus.gov.uk/en/censusresults/bulletin.html>

¹³ <http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/Detailed-Experience-Ratings.asp>

¹⁴ http://www.renfrewshire.hsc.scot/media/9704/Strategic-Plan-2019-2022/pdf/Strategic_Plan_2019_Final.pdf?m=1556881081757

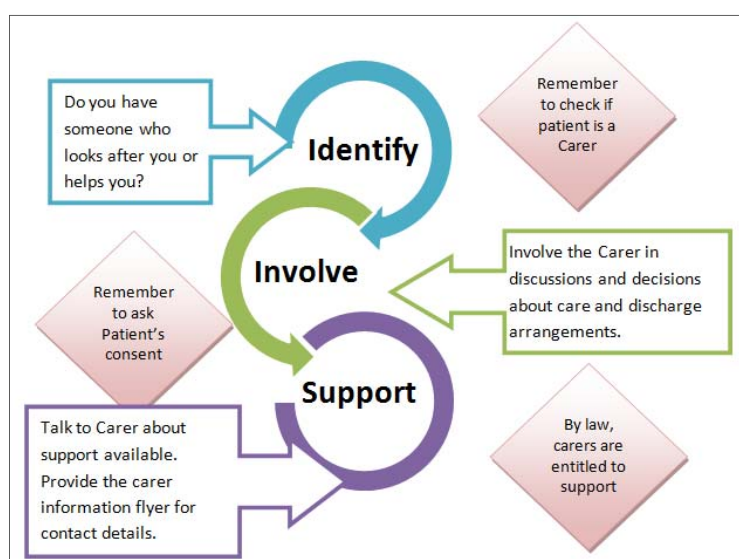
Planning for a patient's discharge from hospital is a key aspect of effective care. Many patients who are discharged from hospital will have ongoing care needs that must be met in the community. Discharge planning is the process by which the hospital team considers what support might be required by the patient in the community, refers the patient to these services, and then liaises with these services to manage the patient's discharge.

The Carers Act contains a specific duty for Health Boards to involve carers in discharge planning soon after someone is admitted¹⁵. This early planning helps avoid delays once a person no longer requires care in an acute hospital.

Across all NHS Greater Glasgow and Clyde (NHSGGC) hospitals carers can expect that:

- they will be involved in discussions soon after the person they care for is admitted and ongoing discussions on treatment and proposed discharge arrangements; and
- they will be informed about what will happen on the day of discharge.

A universal pathway (below) is in place across all hospital services to identify, involve and support carers.



9 Supporting Carers

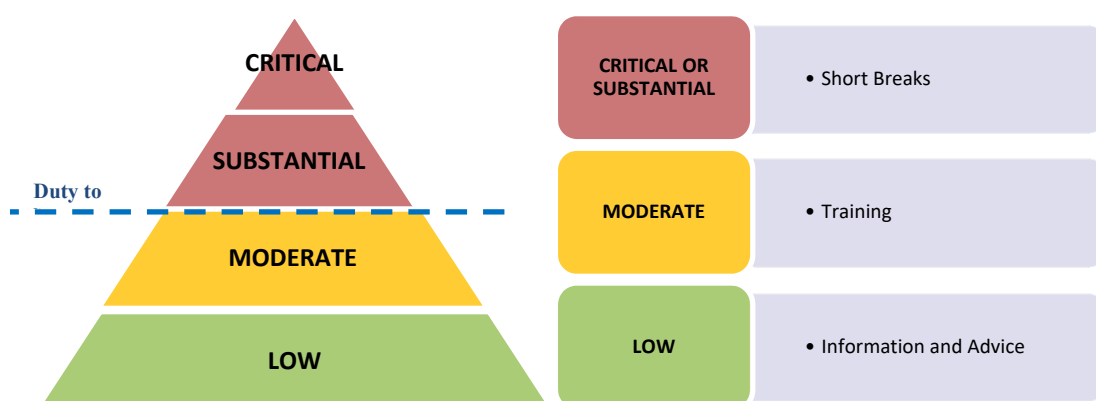
9.1 How We Support Carers

¹⁵ <http://www.legislation.gov.uk/asp/2016/9/section/28/enacted>

The Act placed a duty on local authorities to set eligibility criteria to determine whether it is required to provide support to meet carers' identified needs¹⁶. All carers can request or accept the offer of an assessment of need through an Adult Carer Support Plan (ACSP). The ACSP will determine whether a carer has eligible needs which meet the eligibility criteria. If a carer has eligible needs the local authority must provide support to the carer to meet their eligible needs¹⁷.

In January 2018, and following consultation with carers and carer organisations, the Integration Joint Board approved Renfrewshire's Eligibility Criteria for Adult Carers, which can be accessed via this link: [Eligibility Criteria for Adult Carers](#).

The diagram below sets out the levels of eligible need and indicates that the HSCP has a duty to support carers who have critical or substantial needs.



All carers can access information and advice relevant to their caring role. The support carers may be eligible for in addition to information and advice will be determined by the completion of an ACSP.

As set out in the ACSP pathway (Appendix 1), carers can request an ACSP from the Carers' Centre and when a carer has moderate or low needs they can complete their ACSP with the Carers' Centre; where a carer has critical or substantial needs, the Carers' Centre will refer the carer on to the HSCP to complete the ACSP with them.

9.2 Current Support for Carers

¹⁶ <http://www.legislation.gov.uk/asp/2016/9/enacted>

¹⁷ <http://www.legislation.gov.uk/asp/2016/9/enacted>

The HSCP and Renfrewshire Carers' Centre provided a range of services to over 600 new adult carers in 2018-19, including:

- Support with ACSPs, including what should happen in an emergency;
- Information and advice;
- Training;
- One to one support;
- Group support;
- Advocacy;
- Emergency planning;
- Young Adult Carer Project; and
- Short breaks.

Following the completion of an ACSP, carers may be eligible for a break from their caring role which aim to provide carers with an opportunity to have time away from caring and focus on their own health and well-being. The HSCP's Short Breaks Services Statement for Adult Carers¹⁸, sets out in more detail what a short break is and how a short break can support carers.

9.3 Transition Planning to Adult Services

As set out in the Carers Act, Young Carers' Statements will continue to have effect until the young carer is provided with an Adult Carer Support Plan¹⁹.

Preparing for the future is one of the priorities for Renfrewshire's Young Carers' Strategy, due to the additional challenges for young carers as they approach adulthood, as a result of their caring role. The Young Carers Strategy commits to meeting this priority by "including future planning and transitions in every Young Carer Statement and developing a protocol with adult services which clearly describes what will happen for young carers and what they can expect when they turn 18"²⁰.

The HSCP will work with Children's Services to support transition planning for young carers, ensuring that young adult carers receive the support the need at a critical time in their lives.

¹⁸ http://www.renfrewshire.hscp.scot/media/9425/Renfrewshire-Health-and-Social-Care-Partnership-Short-Breaks-Statement/pdf/SBSS_For_Website1.pdf?m=1553081854497

¹⁹ <http://www.legislation.gov.uk/asp/2016/9/section/18/enacted>

²⁰ http://www.renfrewshire.gov.uk/media/10423/Young-Carers-Strategy/pdf/Children_Services_-_Young_Carers_Strategy.pdf?m=1568035286057

10 What Carers Can Expect

In response to what carers told us during the consultation for the Strategy, all adult carers can expect that:

- They are identified early and offered the right support at the right time

- They are involved in health and social care decisions.
- They get the support they need when they need it.
- They are well informed about their caring role.
- Their health and wellbeing is not adversely impacted by caring.
- They get the support they need when they need it.
- They can participate in and are valued by their community.

11 Monitoring and Reporting on the Strategy

The HSCP established a Carers Strategic Steering Group in 2018, to ensure that we continue to implement legislative requirements; to oversee the development and implementation of the Adult Carers' Strategy; and to plan and develop services for carers.

The Group includes carer representatives and relevant stakeholders from HSCP Adult Services and Renfrewshire Council Children's Services, Renfrewshire Carers Centre and other Partners.

The Strategic Carers Group will report progress to the Integration Joint Board and the Strategy is due for renewal by 1 April 2022.

As set out in Section 3, the HSCP's key priority is the identification of carers. By identifying carers earlier, we can provide support to ensure they remain engaged their family, friends and communities to help maintain their own health and wellbeing and to support them in their caring role. To measure whether we have achieved this key priority, we will report on whether more carers have been identified over the lifetime of the Strategy.

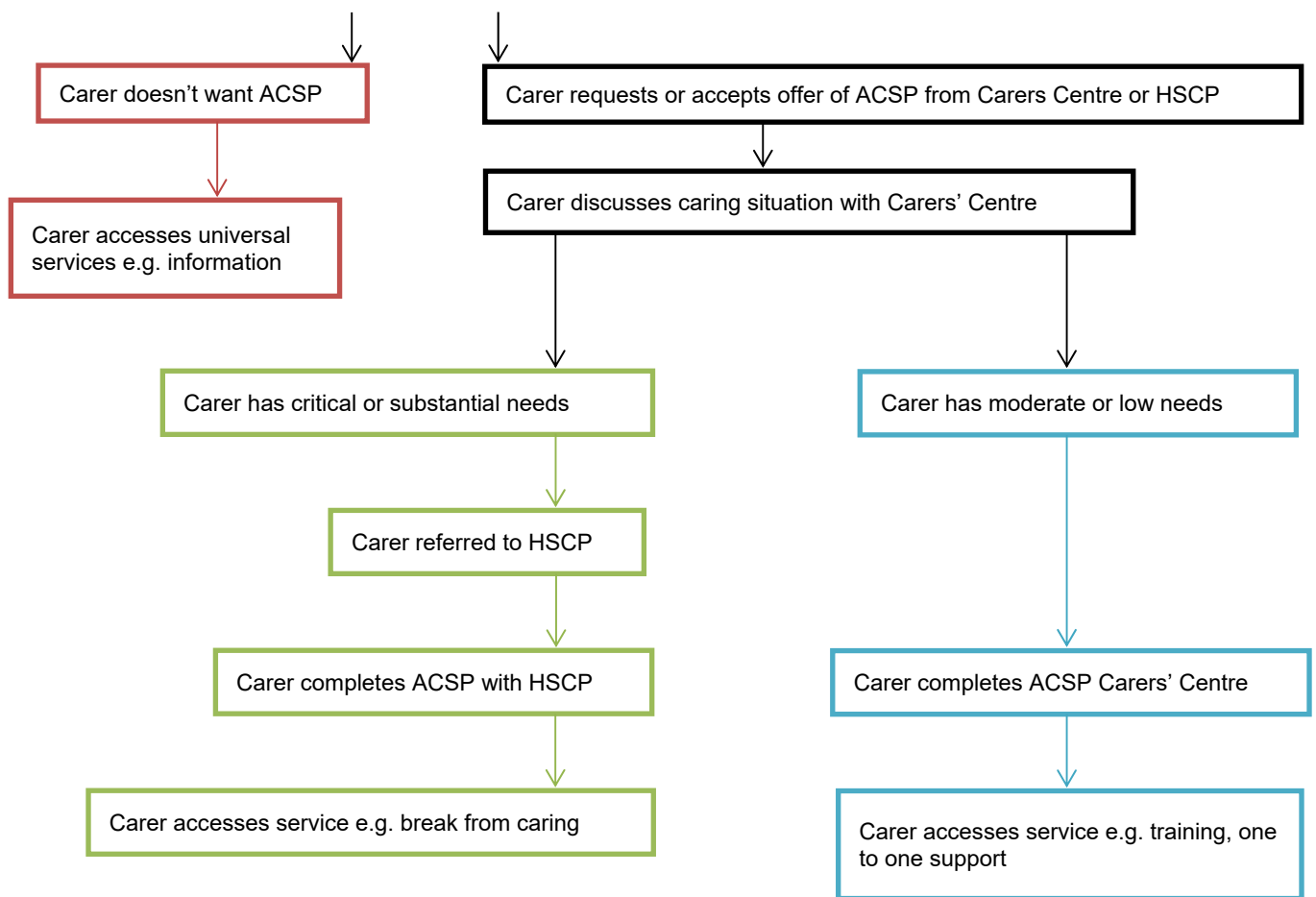
Alongside this, we will report on a number of measures that will identify whether the Strategy has achieved what it set out to and by 2022 we want to see:

- An increase in the number of carers being identified as a carer.
- An increase in the number of carers who say they have a say in the services provided for the person they care for.
- An increase in the number of carers who feel supported to continue caring.
- An increase in the number of carers who say caring does not have a negative impact on their health and wellbeing.
- An increase in the number of carers who have Adult Carer Support Plan.
- An increase in the number of carers who have a good balance between caring and other things in their life.
- An increase in the number of carers who say that local services are well coordinated for the people they look after.
- An increase in the number of carers actively participating in their community.

12 Appendices

Appendix 1 Adult Carer Support Plan Pathway

Carer



Renfrewshire Adult Carers' Strategy 2020 – 2022

Action Plan

1	Health and Wellbeing National Outcome	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.			
	What we will do	Statutory Duty	When we will have it done	Who will be responsible	How we will know it is working
1.1	Work with partners to develop a co-ordinated approach to the identification of carers.	No	31/3/2022	Allan Mair	More carers identified.
1.2	Develop and implement a communication and engagement plan to raise the profile of carers and services for carers.	No	31/3/2021	Allan Mair	Communication and Engagement plan is published and actioned.
1.3	Work with partners to provide support to a wider group of carers	No	31/03/2022	Allan Mair	More carers are supported to continue to care.
1.3	Introduce a Carer's Passport.	No	30/8/2021	Allan Mair and Diane Goodman	Carer's Passport available within Renfrewshire.
1.4	Evaluate the Adult Carer Support Plan document and process.	No	31/6/2021	Allan Mair	Pathway is reviewed and recommendations implemented.

2	Health and Wellbeing National Outcome	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.				
	What we will do	Statutory Duty	When we will have it done	Who will be responsible	How we will know it is working	
2.1	Support carers of people from minority ethnic communities, Gypsy, Travellers, and those with a head injury, mental health, drug, alcohol difficulty.	No	31/3/2022	Allan Mair	Increased number of Adult Carer Support Plans within these targeted groups.	
2.2	Review and update HSCP and Carers Centre literature and websites.	No	31/3/2021	Allan Mair and Diane Goodman	New literature published and websites updated.	
2.3	Develop carer awareness training resources for staff.	No	31/10/2020	Felix Haggerty	More carers say that local services are well coordinated for the people they look after.	
2.4	Ensure HSCP staff are aware of ACSP process and can access the ACSP paperwork.	No	31/10/2020	Allan Mair	Increase in number of ACSP's completed.	
2.5	Work with Children's Services to develop a pathway and protocol for young carer to adult carer transition planning.	No	31/3/2021	Allan Mair	Transitions pathway and protocol developed and in use.	

3	Health and Wellbeing National Outcome	Resources are used effectively and efficiently in the provision of health and social care services.			
	What we will do	Statutory Duty	When we will have it done	Who will be responsible	How we will know it is working
3.1	Review the Eligibility Criteria for Adult Carers and revise the document where necessary, ensuring carers, relevant staff and partners are consulted on any changes.	Yes	31/3/2022	Allan Mair	Eligibility criteria is reviewed, approved and published.
3.2	Review commissioned services for carers and prepare for contract renewals as appropriate, taking into consideration the requirements of the Act and the Adult Carers' Strategy.	No	31/3/2021	Shaun Docherty	Contract renewals reflect legislation, strategic priorities and service requirements.
3.3	Implement any recommendations resulting from the Transformation Programme and service reviews.	No	31/03/2022	Allan Mair	Recommendations implemented.

4	Health and Wellbeing National Outcome	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.			
	What will we do	Statutory Duty	When we will have it done by	Who will be responsible	How we will know it is working
4.1	Review the Short Break Statement and revise the document where necessary.	Yes	31/3/2022	Allan Mair	Short Break statement is reviewed, published and in use.

5	Health and Wellbeing National Outcome	People are able to look after and improve their own health and wellbeing and live in good health for longer.			
	What will we do	Statutory Duty	When we will have it done by	Who will be responsible	How we will know it is working
5.1	Work with local colleges, universities and partners to develop a joint approach to identifying and supporting carers within Higher and Further Education.	No	31/3/2022	Allan Mair	More carers have an ACSP.
5.2	Promote events, activities and campaigns which improve the health and wellbeing of carers.	No	31/3/2022	Allan Mair	Fewer carers say caring has a negative impact on their health and well being.



To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Officer

Heading: Role of MHO's in Emergency Detentions under the Mental Health (Care & Treatment) (Scotland) Act 2003

1. Summary

1.1. The Mental Health (Care & Treatment) (Scotland) Act 2003 (MHA) is the primary legislation that governs the compulsory care & treatment of individuals who are suffering from a mental disorder. It provides powers to medical professionals (with relevant safeguards) to detain individuals in hospital to provide this treatment.

The Act provides a number of 'Orders' ranging from Emergency Detention Certificates (EDCs), Short Term Detention Certificates (STDCs), and Compulsory Treatment Orders (CTOs) these being the main types of orders used most frequently.

1.2. Terminology

Emergency Detention Certificates (EDCS) are designed to be used only in crisis or emergency situations to detain a person who needs urgent care and treatment for mental health. They can be issued by any doctor, with the input of a Mental Health Officer (MHO) and allows someone to be kept in hospital for up to 72 hours for assessment. (treatment is not authorised under these certificates). There is no right of appeal against the granting of an EDC.

Short Term Detention Certificates (STDCs) The preferred route to compulsory treatment is through an STDC. The granting of an STDC requires the recommendation of a psychiatrist and the agreement (consent) of a Mental Health Officer (MHO). These certificates allow the detention of an individual in hospital for up to 28 days. Treatment can be provided under an STDC. There is a right of appeal by individuals to STDCs and any such appeal will be heard by a Mental Health Tribunal (MHT).

2. Recommendation

It is recommended that the IJB:

- Note the content of this report.

3. The Issues around EDCs

- 3.1. Annual monitoring of the use of the Mental Health Act is undertaken by the Mental Welfare Commission for Scotland (MWC). The MWC report is normally published in September each year and covers the preceding year (01 April to 31 March). Over the last 10 years the percentage of Emergency Detention Certificates across Scotland with Mental Health Officer consent has fallen from a high of 65% in 2009/10 to the current level of 50% in 2018/19. In 2018/19 out of 2,871 individuals who were subject to EDC only 50% had the consent of an MHO to this detention. Greater Glasgow & Clyde (GG&C), Forth Valley and Western Isles were below the national average for EDCs with MHO consent 2018/19. In GG&C the figure has remained between 30-35% over the past 5 years.
- 3.2. In 2016 the MWC published a report which examined Scotland's high levels of emergency detentions without the consent of an MHO. It continues to be an area of concern to the MWC owing to the important safeguard in the process of detention of individuals.
- 3.3. The MWC data does not break the figures down into local Health and Social Care Partnerships as it is not possible for the MWC to record in that way. Locally, monitoring of the use of Emergency Detention Certificates and Short Term Detention Certificates is undertaken within the MHO Service and a track of all such orders is kept with details that allow a more detailed analysis at local level.
- 3.4. In Renfrewshire for the reporting period 2018/19 there were a total of 118 EDCs implemented. This was broken down as follows:

	Totals	In Normal Hours	Out of Hours / PH
With MHO Consent	50	19	31
Without MHO Consent	68	11	57
	118	30	88

- 3.5. The figures show that the vast majority of EDCs are implemented 'out of hours' accounting for nearly 60% of total.

- 3.6. Out of hours MHO services are provided by Glasgow & Partners Emergency Social Work Service who employ MHO's to cover the requirements of the service. The out of hours service covers a number of local authority areas. The immediate availability of MHO's for Emergency Detention Certificates can be impacted by volume of calls and their geographical location. It is acknowledged that around 2016/17 there were issues with MHO resourcing in the out of hours social work service that has now been resolved as additional MHO's have been recruited to this service.
- 3.7. From our local monitoring of EDCs notification received from the out of hours service it is clear a large number of EDCs are already implemented as the referring doctor believes the situation is urgent, the patient is attempting to abscond or requires restraint owing to violence and aggression and their contact with out of hours service is to advise of the EDC as opposed to actively seeking the attendance or consent of an MHO. The issue of the definition of what is consult / consent has been raised at national level to inform the relevant training programmes for doctors.
- 3.8. In looking at the EDCs undertaken 'in hours' without MHO consent all are clearly recorded on the EDC form as the implementation of the EDC was urgent for patient (or others) safety usually for reason of absconding or aggressive behaviours requiring physical restraint.
- 3.9. The breakdown of hospitals / locations for the EDCs recorded as without MHO consent in the period are as follows:

In Hours Without Consent	Number of EDCs	Out of Hours without Consent	Number of EDCs
Dykebar Hospital	5	Dykebar Hospital	19
PCMHT Charleston Centre	2	Leverndale Hospital	9
Leverndale Hospital	2	Langhill Clinic	0
Langhill Clinic	1	RAH	20
Esteem Service	1	QEUH	1
		OOH GP Service	7
		Gartnavel Royal	1
TOTALS	11		57

General Observations on use of EDCs and lack of MHO consent

- 3.10. The issue of the number of EDCs without MHO consent has been commented upon by the MWC over a number of years. Locally we maintain robust monitoring of the use of EDCs and are able to spot early any issue arising. Our monitoring has not shown any problem in relation to availability of MHOs locally. It is acknowledged that additional MHOs have been recruited to this service which has been re-organised by Glasgow HSCP and the situation improved.
- 3.11. In terms of MHO availability 'in hours' we have a well-established duty system for MHO calls and sufficient MHO's to undertake statutory roles in relation to the Mental Health Act and the Adults with Incapacity Act. There is no evidence locally to support any suggestion that the rise in the number of detentions without consent of an MHO is the result of a lack of MHO's.
- 3.12. Locally there is no duty Consultant system where a S22 doctor is automatically available to undertake urgent or emergency assessments of individuals, with duty doctors covering. There is also, as noted above, a dilemma between Consult / Consent and what is understood by this in the operation of the Act in terms of seeking consent. A further pattern is noted in the increase in use of EDCs within general hospitals (Acute settings in both A&E & wards).
- 3.13. The MHA is currently under a major review and it would be hoped that such issues will be taken into consideration by the independent review team in their work. Our Lead Officer Mental Health as Chair of Social Work Scotland's Mental Health Group is involved with this review.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – The report details the legislative background governing the compulsory care and treatment of individuals who are suffering from a mental disorder. If proper process as laid down in the legislation is not followed it leaves the detaining doctor open to have their action challenged at a Mental Health Tribunal or Court. The principles of the legislation apply to all.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and

human rights. The report refers to Emergency Detention Certificates (EDCs) which are used in emergency situations to detain individuals. EDCs are issued under the Mental Health (Care & Treatment) (Scotland) Act 2003 which is compliant with the European Convention on Human Rights. There is potential for an individual's Human Rights to be infringed if the proper process for the use of the legislation is not followed and the principles of the Act adhered to

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

List of Background Papers – Nil

Author: Robert Leslie, Lead Officer (Mental Health)

Any enquiries regarding this paper should be directed to John Trainer, Chief Social Work Officer (John.Trainer@renfrewshire.gov.uk/0141 618 6860)

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Officer

Heading: Equality Outcomes and Mainstreaming Progress Report and Consultation on Equality Outcomes 2020-2024

1. Summary

- 1.1 Renfrewshire Integration Joint Board (IJB) has a statutory duty to set Equality Outcomes every 4 years, and report on progress in achieving its current equality outcomes and mainstreaming the general equality duty by April 2020. This report is the second update to the IJB and relates to the period 2018-2020.
 - 1.2 The IJB's draft Equality Outcomes and Mainstreaming Progress report, which must be published on the Renfrewshire Health and Social Care Partnership's website, is attached in Appendix 1.
 - 1.3 The IJB also has a duty to review and update the Equality Outcomes from 2016, to develop refreshed outcomes for 2020–2024. In line with legislation, these have been developed in consultation with stakeholders.
-

2. Recommendations

It is recommended that the IJB:

- Approve the draft Equality Outcomes and Mainstreaming Progress report (Appendix 1), and its publication;
 - Approve the refreshed Equality Outcomes for 2020-2024; and
 - Note an action plan based on the draft Equality Outcomes for 2020-2024 will be brought to the next IJB meeting.
-

3. Background

- 3.1 The Scottish Government added Integration Joint Boards (IJBs) to the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015. This places a duty on the IJB to consult on how the policies and decisions affect the people who are protected under the Equality Act. This amendment requires the IJB to publish a set of equality outcomes and report on progress it has made to mainstream the equality duty by 30 April 2020, and every 2 years thereafter.

Equality Outcomes and Mainstreaming Progress Update

- 3.2 The report attached at Appendix 1, Equality Outcomes and Mainstreaming Progress, provides information on the progress on mainstreaming equality as well as progress against the Equality Outcomes agreed in 2016.
- 3.3 Subject to IJB approval, this report must be published on the HSCP website.

Proposed Equality Outcomes 2020-2024

- 3.4 Detailed below are a set of proposed Equality Outcomes for 2020-2024 to replace the previous set being reported on in Appendix 1. As with the previous set of Outcomes, they are closely aligned to our Strategic Plan.
- 3.5 We have set five draft Equality Outcomes for which we are seeking IJB comment and approval:
- Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life;
 - Our workforce are better informed and have confidence to make equality and human rights central to the way we work.
 - Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care;
 - People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services;

- People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs;

3.6 There is a statutory requirement to consult with stakeholders to support the development of our refreshed Equality Outcomes for 2020–2024. As key stakeholders, members of the Strategic Planning Group and the Diversity and Equality Alliance in Renfrewshire Group have been consulted.

4. Next Steps

4.1 An action plan, incorporating SMART objectives, will be produced for the period 2020-2024 following approval of the refreshed Equality Outcomes and brought to the next IJB.

4.2 We will also continue to provide the necessary awareness training for our workforce to ensure service users with protected characteristics do not experience discrimination.

Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None
 3. **Community Planning** - None
 4. **Legal** – The equality legislation is enforceable by the Equality and Human Rights Commission
 5. **Property/Assets** – None
 6. **Information Technology** – None
 7. **Equality & Human Rights** – The details in this report relate to ongoing work to ensure those with protected characteristics (in line with the Equality Act 2010) are protected from discrimination. No negative impacts on those with protected characteristics or potential for infringement have been identified arising from the recommendations contained in the report. The report will be published for the Equality and Human Rights Commission.
 8. **Health & Safety** – None
 9. **Procurement** – None
 10. **Risk** – None
 11. **Privacy Impact** – None
-

List of Background Papers – Equality Outcomes and Mainstreaming Progress Report (23 March 2018)

Author: Heather Cunningham, Health Improvement & Inequalities Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk/0141 618 7656)

DRAFT

Equality Outcomes and Mainstreaming Progress Report 2020

March 2020

Contents

	<u>Page No</u>
1.0 Introduction	2
2.0 Background	2
3.0 Legal Requirements	2
3.1 The General Equality Duty	2
3.2 The specific duties	3
4.0 Mainstreaming the Equality Duty	3
4.1 Informed Workforce	4
4.2 Working together	5
4.3 Health Inequalities	6
5.0 Our Equality Outcomes	7
6.0 Priorities for 2020/24	8
7.0 Reporting Progress	8

1.0 Introduction

This report provides an overview of the progress towards integrating equality into day to day business and meeting the equality outcomes.

2.0 Background

Renfrewshire Health and Social Care Partnership (HSCP) is responsible for adult social work and all health services within the community, including Health and Community Care, Learning Disability, Mental Health and Addiction, and all health related Children's services.

Through partnership working our vision is for:

'Renfrewshire to be a caring place where people are treated as individuals and are supported to live well'.

In order to deliver our vision, our strategic plan for the period 2019-2022 identified three key strategic priorities:

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

In delivering this, our Strategic Plan includes a commitment to provide high quality services which are fair, equitable and empowering and that take action to meet the health needs of those with protected characteristics and marginalised communities.

3.0 Legal Requirements

3.1 The General Equality Duty

As a public body, Renfrewshire HSCP has a legal requirement set out in the Equality Act 2010, referred to as the general equality duty, which places an obligation on public bodies to take into account three elements as follows:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty applies to every function within our organisation, including how we plan and deliver frontline services, our role in policy making and in how we procure and contract services from outside agencies. The Act refers to this as 'mainstreaming equality'.

The public sector equality duty covers the following protected characteristics (see Appendix 3 for further definitions):

- *Age*
- *Disability*
- *Race*
- *Religion or belief*
- *Sex*
- *Pregnancy and maternity*
- *Sexual orientation*
- *Gender reassignment*
- *Marriage and civil partnerships*

3.2 The Specific Duties

In order to meet the general duty, specific duties have been designed to help authorities meet the three elements as detailed in 3.1.

The following specific duties apply to the Integrated Joint Board (IJB), which is required to:

- Report on mainstreaming equality into day to day operations of the organisation;
- Publish a set of equality outcomes to enable improved performance of the general equality duty. The equality outcomes must be reviewed within 4 years of publication;
- Publish a report on progress towards these outcomes;
- Make any reports published fully accessible to all; and
- Assess relevant policies, procedures and practices through Equality Impact Assessment.

4.0 Mainstreaming the Equality Duty

Mainstreaming equality means integrating equalities into day to day business of Renfrewshire HSCP. We continue to consider the impact of our actions on all our service users, particularly those covered by a protected characteristic. Taking equalities into account in the way we operate continues to be part of everything we do. Mainstreaming the equality duty has a number of benefits. These include:

- Equality becomes part of our structures, behaviours and culture;
- We can demonstrate how equality is built into everything we do; and
- Contributing to continuous improvement and fairer and better performance.

The main way we integrate equalities into our business is by aligning with our strategic priorities. Our Strategic Plan reflects this mainstreaming aspiration and takes into account the current and future health and wellbeing needs of the population of Renfrewshire. We continuously build on our commitment to community engagement and participation, creative learning, equalities,

diversity and inclusion to address the increasing health inequalities that affect local people.

We do this by:

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

We also use Equality Impact Assessments to inform and influence service redesigns, policy and financial decisions. These are reported through our governance structures.

Renfrewshire HSCP is fully committed to ensuring that equality is at the heart of everything we do, to achieve better outcomes for everyone. This includes actively embedding equality across all functions and decision making processes, ensuring that equality becomes part of our structure, behaviour and culture. The Chief Officer plays a lead role in promoting the ethos of working collectively and efficiently to ensure that equality is considered as a key component across the partnership functions. This is taken forward by senior management and staff to ensure that a common and consistent approach is taken to integrate equality into policies and procedures across all services. Formal updates on equality activity are reported via performance monitoring as part of the Strategic Plan updates.

The following section sets out how we have mainstreamed equality into our activities and cover what we do through an informed workforce, working with others and tackling health inequalities. Specific examples are included in the attached action plan (Appendix 1) of this report.

4.1 Informed Workforce

We offer a wide range of training courses and development opportunities for partnership staff. Many courses cover guidance and awareness training to support staff working with those with protected characteristics. Some examples of staff training courses include:

- Adult Support and Protection;
- Autism Awareness;
- Domestic abuse/ Sensitive Routine Enquiry;
- Various Welfare rights and benefits courses;
- Dementia diagnostic and post diagnostic practical support;
- LGBT issues
- Anti-racist practice in Social Work.

Equality training courses are also available through Renfrewshire Council Corporate Services and NHSGGC. ILearn and Learnpro, our e-learning systems, also allow staff to work at the pace that they want and are accessible anywhere, including their own home.

Staff from Renfrewshire HSCP continue to support the Council and NHS to integrate the general duty across all services through representation on corporate equality working groups such as the Diversity and Equality Alliance in Renfrewshire group; staff disability equality network group and the LGBT group.

4.2 Working with others

The Health and Social Care Partnership is committed to working in partnership with a wide range of statutory, voluntary and community organisations to achieve better outcomes for everyone. We work to maintain and strengthen existing partnerships and build new partnerships with individuals and organisations as we mainstream equality in Renfrewshire HSCP.

We continue to lead two initiatives, funded by Renfrewshire Council Tackling Poverty Programme, delivered through the Third Sector - school counselling and peer mentoring - which are both delivered in all the secondary schools in Renfrewshire.

In terms of communication, our use of websites, social media i.e. Twitter (@RHSCP) and Facebook to deliver messaging, engage with online communities of interest, both nationally and locally has expanded our ability to engage with the public. Our service areas also engage with people via social media, reference and focus groups. This approach enables us to promote our services and the benefits of partnership working as well as to engage with a wider audience in the sharing of best practice and topical stories. Our recent engagement with service users has been central to our service reviews.

4.3 Reducing Health Inequalities

Many people with protected characteristics experience poverty and other forms of social inequality such as homelessness and social isolation. Significant inequalities exist across Renfrewshire's communities. Reducing the health inequalities gap has the potential to increase life expectancy, improve health and wellbeing outcomes and reduce the personal, social and economic cost of reacting to the impact of poverty and inequality. Renfrewshire HSCP continues to focus on tackling health inequalities by prioritising early intervention and prevention activity. Some examples of this work include:

As part of our day-to-day business, we promote inequality sensitive practice, including sensitive routine enquiry of domestic and childhood sexual abuse and risk identification training. This is a way of working where staff are supported to enquire sensitively and respond appropriately to issues of life circumstance which impact on health.

Research has shown the strong link between homelessness and ill-health (in particular mental ill-health and addiction issues) and the HSCP works with its partners (the Local Authority Housing Service, the Homelessness and Housing Advice Service; Housing Associations, and Third Sector Support Services) to ensure that all homeless people are able to access health and social care services. We continue to work with our partners to support those at risk of becoming homeless through regular monitoring and review of Referral Pathways into Health and Social Care Services, and by ensuring no-one is discharged from hospital without having accommodation in place.

Welfare reform is having a significant impact on those with protected characteristics, particularly people with disabilities, lone parents and those experiencing homelessness. This leads to increased poverty and ultimately affects their health. As routine, we refer patients and service users for financial inclusion support, through the Community Connectors' programme in Primary Care and the Healthier Wealthier Children programme.

5.0 Our Equality Outcomes

In order to meet our legal requirements in producing Equality Outcomes we consulted with stakeholders, including the Strategic Planning Group and the Diversity and Equality Alliance in Renfrewshire Group, which helped us shape and finalise our first set of seven Equality Outcomes. In March 2016, the IJB approved our first Equality Outcomes and Mainstreaming report. The report outlined our commitment to improving the lives of people across Renfrewshire, and to reducing the significant inequalities and barriers local residents face to living a safe, healthy and active life.

Each of the seven equality outcomes map directly to our strategic priorities as detailed in the table below.

Strategic Priority	Equality Outcome
Improving Health and Wellbeing	Our work with partners and stakeholders promotes healthy lifestyle choices for our population and contribute to tackling inequalities
	Our workforce welcomes values and promotes diversity, and is competent in tackling discrimination for the people who use our services
	People who use our services are empowered to contribute and participate fully in their community
	Our work with our partners protects and supports people who may be at risk from harm
The right service, at the right time in the right place	Our services and information are accessible to everyone to maintain and improve their quality of life and live independently wherever possible in their community
	People experiencing transitions and life changes are supported to access information and services appropriate to their needs
Working in partnership to treat the person as well as the condition	People have a positive experience of health and social care services.

6.0 Reporting Progress

The range of work underway to meet our equality outcomes are detailed in the table in Appendix 1.

A progress report to IJB on the 2020-24 will be brought to the IJB in 2022.

7.0 Priorities for 2020-24

The following areas have been identified as key priorities going forward:

- Continue to focus on equipping the workforce to ensure those with protected characteristics are protected from discrimination;

- Target work to increase uptake of breast and bowel screening for those with learning disabilities in response to the Public Health Screening Annual Report (January 2020);
- Continue to ensure people with protected characteristics are included in the planning and development of services;
- Support asylum seekers and refugees (new communities) to access our services.

Subject to IJB approval, an action plan will be developed and brought to the IJB in June 2020.

Appendix 1 – Progress on Equality Actions

Strategic Priority: Improving Health and Wellbeing

Equality Outcome 1: Our work with partners and stakeholders promotes healthy lifestyle choices for our population and contributes to tackling inequalities				
Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
<p>Target our interventions and resources to narrow inequalities and to build strong resilient communities.</p> <p>Increase referrals to financial inclusion and employability services. Work with Third Sector partners to build community capacity and to increase local opportunities available to our population.</p>	Financial Inclusion	<p>The Healthier Wealthier Children (HWC) project was established within Renfrewshire in November 2010 to develop a new approach to providing money and welfare advice to pregnant women and families at risk of, or experiencing, child poverty. The project contributes to reducing child poverty by helping families with money worries. Midwives and other antenatal service staff, health visitors, oral health and breastfeeding advisers, parenting support workers and early education staff refer pregnant women and families with infants who need extra support around money to an advice worker. A priority has been to increase the referrals from with Children's Services to maximise income for families.</p>	<p>The referrals increased as follows: 2016 – 2018 - 835 referrals</p> <p>2018 – 2020 - 952 referrals (Q4 of 2019/20 information not yet available).</p> <p>From 2018/19, HWC generated an additional income of £885,526 for families across Renfrewshire. This is on target to be exceeded in 2019/20 with £848,945.60 income generated by end of Q3 of 2019/20.</p>	All
	Employability	<p>NHSGGC and 'Invest in Renfrewshire' delivered an academy training programme to support those furthest from the labour market train and apply for jobs in NHS and social care sector.</p> <p>Renfrewshire HSCP have collaborated with Invest in Renfrewshire to run a pilot project to support individuals with Musculoskeletal</p>	<p>11 progressed to the NHS Sector Based Work Academy and then onto employment within the NHS.</p> <p>This programme has provided support to 15 individuals.</p>	All

Equality Outcome 1: Our work with partners and stakeholders promotes healthy lifestyle choices for our population and contributes to tackling inequalities				
Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
		<p>(MSK) conditions access employability services to find and sustain work.</p> <p>We will continue to work with Invest in Renfrewshire and other partners of the Health Sub Group of Renfrewshire Local Employability Partnership to ensure the Scottish Government employability strategy 'No One Left Behind' key actions are delivered locally. The Partnership will continue to promote the Employability services and referral pathway to professionals who have the opportunity to refer into employability services.</p>		
	Diabetes Drop-in Service	The HSCL has run a small test of change to support those with a diagnosis of Type 2 Diabetes in an area of multiple deprivation. Intervention delivered by a Pharmacist based in Ferguslie Park. The Pharmacist received additional training and a follow up session around specialist advice on diabetes and nutritional messages. This will operate until March, 2021.	To date, 35 patients have attended this drop in service to equip them to self- manage their long term condition.	All
	Eat Better, Feel Better Cookery Courses for those with Type 2 Diabetes	The HSCL has supported a Third Sector organisation, Our Place Our Families, to deliver a 6 week Eat Better Feel Better cookery course for those with Type 2 Diabetes. Our Place, Our Families staff received specialist advice from the Dietetic Service to ensure the correct information was being offered to the participants.	Positive feedback from service users indicated they had made small nutritional changes to improve their health and wellbeing and manage their Type 2 Diabetes.	All

Equality Outcome 1: Our work with partners and stakeholders promotes healthy lifestyle choices for our population and contributes to tackling inequalities				
Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
	Mental Health Training	An on-going programme of Understanding Mental Health Training is offered to local partner organisations to raise the awareness of mental health issues being experienced by patients and service users.	To date 333 staff from the HSCP, Housing and Third Sector partners has completed training. Participants reported an increase in their skills and knowledge of mental health issues and recognised how mental health can have an impact of their clients and patients.	All

Equality Outcome 2: Our Workforce welcomes, values and promotes diversity and is competent in tackling discrimination for the people who use our services

Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
Provide guidance and training to managers and all relevant staff in relation to equality impact assessments to ensure that Equality and Human Right Impact Assessments are integrated into policies, plans and budget decisions.	Equality Impact Assessment	To embed various aspect of equality at the earliest stages of policy and service delivery, Equality Impact Assessment training is provided on an on-going basis. This informs staff of the stages and considerations required to complete EQIAs to inform and influence service redesigns, policy changes and financial decisions.	The HSCP now use a rapid Equality Impact Assessment as custom and practice at the initial stages of financial planning. To date, 30 rapid impact assessments have been undertaken.	All

Equality Outcome 3: People who use our services are empowered to contribute and participate fully in their community

Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
Provide support for service users and carers to promote inclusion and participation in all aspects of planning and provision of services.	Consulting with carers	<p>Carers were consulted at the key stages of the development of the Renfrewshire Adult Carers' Strategy. Carers are also represented on the Strategic Planning Group and Integration Joint Board meetings.</p> <p>Service users and carers participated in our recent reviews of older people's services and learning disabilities services through one-to-one and group consultation. Workshops were held in accessible spaces to allow people of all ages and abilities to take part and information was sent out and produced in ways most accessible for individuals. Carers will participate in the implementation of the Carers Strategy including the development of new services and support for carers.</p>	<p>Carers participated in the implementation of the Carers' Act including the development of:</p> <ul style="list-style-type: none"> • Eligibility criteria for adult carers. • Adult Carer Support Plan to replace Carer Assessments. • A process for carers to request and complete (with a worker) an Adult Carer Support Plan. • A Short Breaks Services' Statement. • We are encouraging wider participation and inclusion in our service planning. 	All
Build capacity and empower under-represented groups and those with protected characteristics to access funding opportunities to enable them to contribute and participate fully in their community.	Capacity Building for Community Groups	<p>The HSCP worked with the community and voluntary sector groups to build their capacity and access funding opportunities.</p> <p>Community engagement identified that there was a need for a social advocate for minority groups to build their skills and knowledge and share their collective experiences.</p>	<p>35 community and voluntary groups were equipped to access £29,000 of funding to enable people to participate in their community, have a voice and express their views.</p> <p>Funding has been secured to employ a New Buddies Network officer to advocate for Renfrewshire's minority group and create an integration network.</p>	Age, Disability, Race
Support local forums, and voluntary and	Lead Renfrewshire	The HSCP worked with the third sector to secure funding from the Healthy Minds	Over 19,000 Twitter impressions (highest number so far this year)	Age, Disability, Race

Equality Outcome 3: People who use our services are empowered to contribute and participate fully in their community

Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
community based groups to develop opportunities for people to have a voice and express their views	Anti Stigma Alliance Group (RASA)	Network to help RASA purchase resources and promote awareness of mental health stigma. The local Renfrewshire Mental Health Arts Festival took place in May 2019 and RASA contributed by hosting "Walk a Mile" and "Listen and Learn" events; RASA's "Spread a Little Kindness" social media campaign.	for RHSCP). This included public sector, third sector and local individuals sharing information on mental health and wellbeing support.	

Equality Outcome 4: Our work with our partners protects and supports people who may be at risk from harm

Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
Promote Gender Based Violence (GBV) training plan to all staff across partner organisations and develop GBV strategy	Gender Based Violence Strategy (GBV)	<p>Renfrewshire HSCP is an active partner in the Renfrewshire GBV Strategy Group. In 2018, the Strategy Group launched Equally Safe in Renfrewshire: Renfrewshire's ^{no to} GBV Strategy (2018-2021) with the vision that "Renfrewshire is a place where GBV is not tolerated and where victims, perpetrators and communities are supported to address its causes and consequences". The Strategy was endorsed fully by the IJB.</p> <p>The supporting action plans identify key areas for action for the HSCP including: <i>Implementation of Sensitive Routine Enquiry (SRE), Risk Assessment and Referral to Multi-Agency Risk Assessment Conference (MARAC).</i></p>	Between April 2018 and January 2020, 146 staff have attended this training. The results from recent bi-annual case note audits have identified that over 90% of service users assessed by the HSCP's Health Visiting and Community Mental Health Services are asked about their experience of abuse.	Gender
	Gender Based Violence Training	<p>Multi-agency gender based violence training is provided to staff working in Renfrewshire through the GBV Strategy Group's Training Consortium. Guidance and training for staff working with young people who disclose GBV produced and disseminated across the partnership in 2020/21.</p> <p>SRE, risk assessment and referral to MARAC continues to be implemented and reviewed in health visiting, community mental health and addiction services. This will be expanded into the older adults' mental health service in 2020/21. Bi-annual audits continue in health</p>	From 1 st April 2018 – 31 st January 2020, 159 HSCP staff have utilised various forms of training including childhood sexual abuse and domestic abuse.	Gender

Equality Outcome 4: Our work with our partners protects and supports people who may be at risk from harm

Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
	A Whole Systems Approach to Early Protective Messages (EPM)	<p>visiting and mental health services, addictions and older adult mental health services. In addition, multi-agency training will continue be available to all staff through the GBV Strategy Group Training Consortium</p> <p>Guidance and training for staff working with young people who disclose GBV will be produced and disseminated across the partnership.</p> <p>Renfrewshire HSCP has ensured a whole systems approach to the implementation of Greater Glasgow and Clyde's EPM Programme. This programme aims to equip early years' practitioners with the information and tools needed to provide age appropriate, consistent approaches to growing up and relationship education. This includes: agreed use of correct language/terminology for body parts; early consent messages; the ability to recognise opportunities for teachable moments. Information and support for parents is offered in parallel to encourage and facilitate them to reinforce this approach at home. The EPM programme is a key deliverable in Equally Safe in Renfrewshire: Renfrewshire's ^{no} to Gender Based Violence Strategy (2018-2021):</p> <ul style="list-style-type: none"> • Priority 4. Improve the knowledge, skills and behaviour of the wider community. 	<p>Following the programme's endorsement by Renfrewshire's Child Protection Committee 493 staff have been trained in this approach:</p> <ul style="list-style-type: none"> • HSCP's Children's Services, Specialist Children's Services and Family Nurse Partnership – 137. • Early Learning and Childcare Establishments (local authority, partnership and private) – 296. • Renfrewshire Council Social Work Services – 60. 	Gender

Equality Outcome 4: Our work with our partners protects and supports people who may be at risk from harm

Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
		Work is ongoing to support implementation to practice with 3 month follow up evaluation and practice sessions in progress. The roll out of the EPM Programme will continue to ensure full coverage across Renfrewshire's Early Years' services		

Strategic Priority: The Right Service, at the right time, in the right place

Equality Outcome 5: Our services and information are accessible to everyone to maintain and improve their quality of life and live independently wherever possible in their community.				
Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
Implementation of the Right to Speak Strategy for the provision of communication support equipment for people with physical disabilities, communication impairments and sensory loss.	British Sign Language Users:	Worked collaboratively with NHSGGC and Renfrewshire Council colleagues to plan and undertake a consultation with British Sign Language users in Renfrewshire to develop the Renfrewshire British Sign Language Action plan.	33 BSL users attended and gave us much-needed input into the actions and themes consultation covered in the draft plan, as well as raising ideas for consideration and inclusion, into the plan.	Disability/Age
	Language Line:	Information has been provided to the workforce to support patients and service users with their communication and language needs	The workforce have the necessary tools to support service users with their communication and language needs. All services have access to Language Line.	All
Deliver health checks to clients with Learning Disabilities.	Health Assessments:	<p>The HSCP secured funding from the Scottish Government Screening Inequalities fund to run a project to focus on:</p> <ul style="list-style-type: none"> Improving knowledge of the benefits of breast screening with Disability Resource Centre service users with awareness sessions from Breast Cancer Care. Arranging transport for appointments to attend the Breast Screening Centre with Disability Resource Centre staff. 	<p>19 women attended the Breast Awareness sessions delivered by Breast Cancer Care which raised awareness of the importance of attending breast screening appointments and 8 women commented, as a result of the session, they would now attend their breast screening appointment. 10 women were supported to attend their breast screening.</p>	Disability
	Participation and	A Participation and Engagement Officer has been appointed to ensure we listen and hear	Learning Disability clients now have the support and opportunity to take part in service consultations, in a meaningful	Disability

Equality Outcome 5: Our services and information are accessible to everyone to maintain and improve their quality of life and live independently wherever possible in their community.				
Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
	Engagement:	from our Learning Disability service users. We have focused on improving physical health by supporting the screening programmes (bowel and breast) and by supporting improved foot care and oral health. Further engagement with the service users on service reviews which affect them, is planned to ensure accessibility.	way. This has been evident with their participation in the consultation on the HSCP 2010 - 2020 Strategic Plan.	Disability

Equality Outcome 6: People experiencing transitions and life changes are supported to access information and services appropriate to their needs.

Agreed Action	Activity	Progress to date	Outcomes	Protected Characteristics
Support young people with learning disabilities and autism in the transition from children and young people services to adult services.	Transition Planning:	Work is on-going to develop robust transition planning for young people and their families as they enter adult services. This includes developing and prioritises acute care support plans. Communication has been identified as a priority and we have used the expertise of speech and language therapists to profile communication needs and have trained staff to support this.	Young people will have their needs met as they move to adult services	Disability
The Autism Support Initiative Team (ASIT) will work closely with the Renfrewshire Learning Disability Service and Community Mental Health Team staff to promote autism awareness.	Autism Training	In recognition of the growing number of adults with autism, training has been provided to staff in adult day services and respite services	90% of staff in day services and 80% in respite services have had autism awareness training. This has assisted staff with their interactions with patients and service users who have autism.	Disability
Support people with dementia	Development of a Renfrewshire Dementia Strategy	We have undertaken a Dementia consultation to develop a local strategy. A series of engagement events were organised, public events, focus groups and a survey to assist with this development.	We received 280 responses which has informed the Strategy from point of diagnosis to end of life care, and to ensure we have a person centred approach.	All

Strategic Priority: Working in Partnership to treat the person as well as the condition

Equality Outcome 7: People have a positive experience of health and social care services				
Agreed Action	Activity	Progress to Date	Outcomes	Protected Characteristics
Renfrewshire Learning Disability Services will work to provide outcome focussed care and support plans for all adults with learning disabilities, some of whom may also have autism	Support for Learning Disability Service Users:	Renfrewshire Learning Disability Services continue to focus on achievement of personal goals and outcomes in line with the strategic outcomes of The Keys to Life.	<p>All patients with a diagnosis of dementia are offered and then allocated support worker.</p> <p>Examples of where we have enabled people to achieve personal goals include are Limelight Music and Duke of Edinburgh Awards.</p>	Disability
RHSCP services will listen to the views of patients, service users and carers to capture experience and improve our services	Service User Consultation:	Engaged with service users on reviews of LD, Older Adults and Addictions in order to ensure the redesign has been co-produced.	Service users and patient views and experience have been a key strand of this work to assist in shaping future models of care.	All

APPENDIX 3 – General Equality Duty and Protected Characteristics

General Quality Duty:

- **Eliminate discrimination**, harassment and victimisation and other prohibited conduct
- **Advance Equality of Opportunity** – between people who share a relevant protected characteristic and those who do not
- **Foster good relations** between people who share a protected characteristic and those who do not.

Protected Characteristics:

Age	The Equality Action 2010 protects people of all ages
Disability	Disability includes people with physical, learning and sensory disabilities, people with a long term illness and people with mental health problems.
Race	Under 'The Equality Act 2010', 'race' includes colour, nationality and ethnic or national origins. It also includes Gypsy Travellers.
Religion or Belief	In The Equality Act 2010, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.
Sex	Both males and females are protected under The Equality Act 2010.
Pregnancy and Maternity	The law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breastfeeding.
Sexual Orientation	The Equality Act 2010 protects lesbian, gay, bisexual and heterosexual people.
Gender Reassignment	The Equality Act 2010 provides protection to someone who proposes to, starts or has completed a process to change his or her gender.
Marriage and Civil Partnership	<p>Marriage is defined as a union between two people of different or same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognised as 'civil partnerships'.</p> <p>This category aims to eliminate unlawful discrimination in employment.</p>

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Chief Officer

Heading: Non-Financial Governance Arrangements

1. Summary

- 1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place. The report also provides performance information regarding Freedom of Information and Complaints and covers the period 1 April 2019 to 30 September 2019.
-

2. Recommendation

It is recommended that the IJB:

- Note the content of this Report, specifically around:
 - Freedom of Information (Fol)
 - Health and Safety
 - Complaints
 - Compliments
 - Civil Contingencies & Business Continuity
 - Insurance and Claims
 - Risk Management
 - General Data Protection
 - Records Management Plan
 - Communication
-

Implications of the Report

1. **Financial** – Sound financial governance arrangements are in place to support the work of the Partnership.
2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper
3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
4. **Legal** – The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014..
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. **Equality and Human Rights** -The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
9. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
10. **Risk** – Risk management is considered through the updated Audit, Risk and Scrutiny Committee
11. **Risk Implications** – As per the subject content of the risk section of this paper.

List of Background Papers – None.

Author: Jean Still, Head of Administration

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

Non Financial Governance Arrangements 1 April 2019 to 30 September 2019



Freedom of Information



Health & Safety



Complaints



Compliments



Civil Contingencies
& Business Continuity



Insurance & Claims



Risk Management



General Data Protection Regulations



Records Management Plan



Communication



1.

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

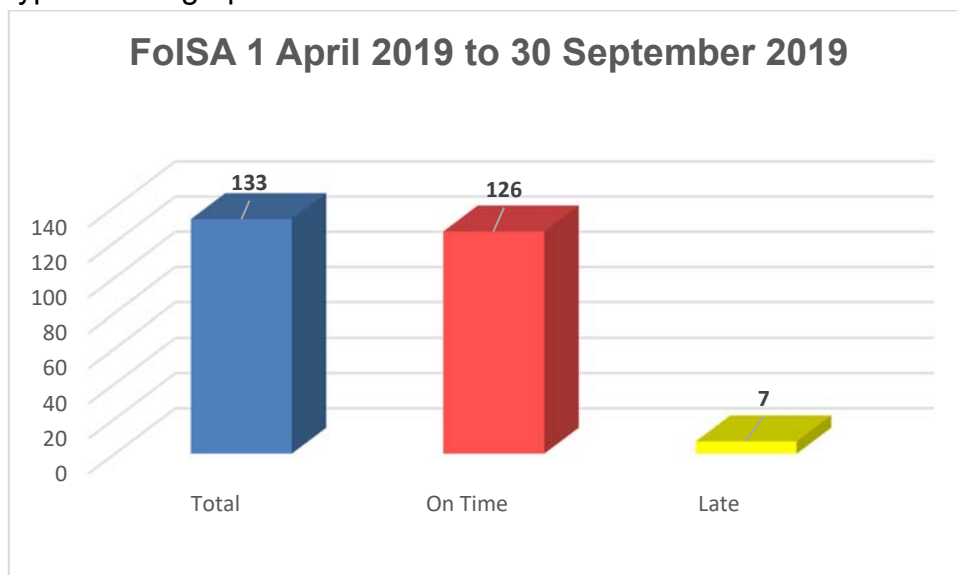
Background

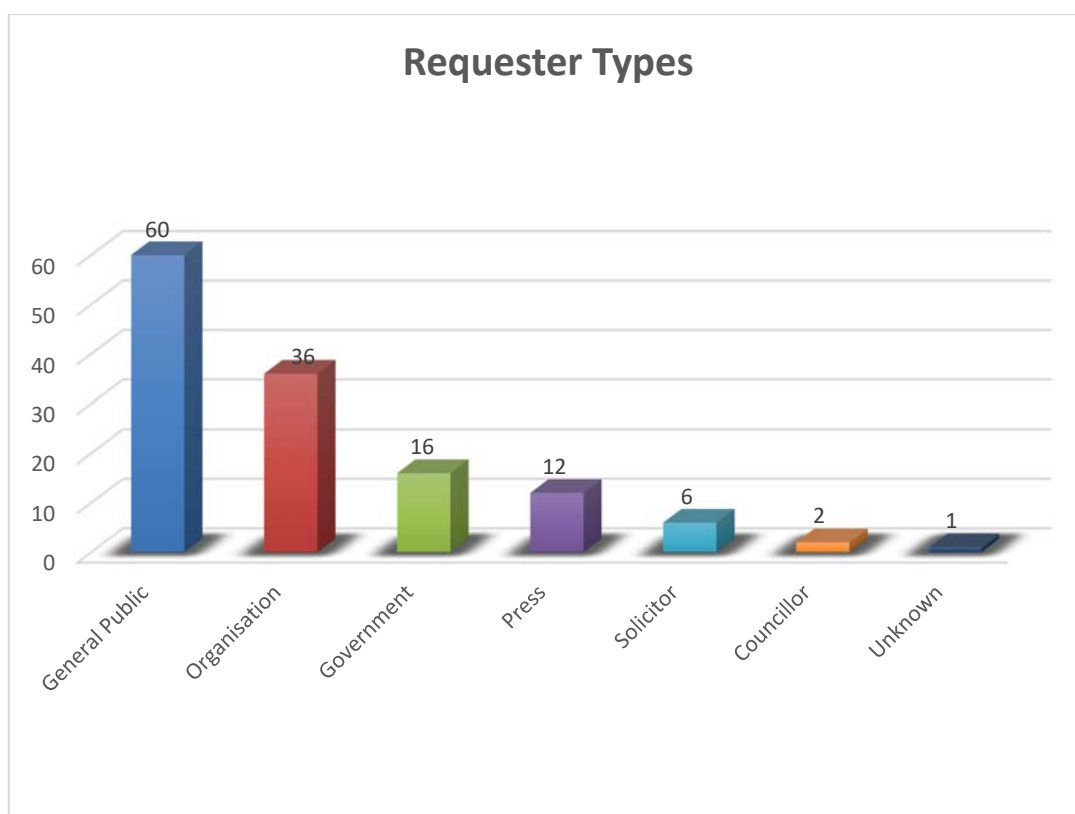
- 1.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FOISA as a public authority within its own right. Although the IJB will only hold a very limited amount of information, it must respond to Fol requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016 and approved on 11 November 2016. A link to the IJB Publication Scheme is noted below.

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

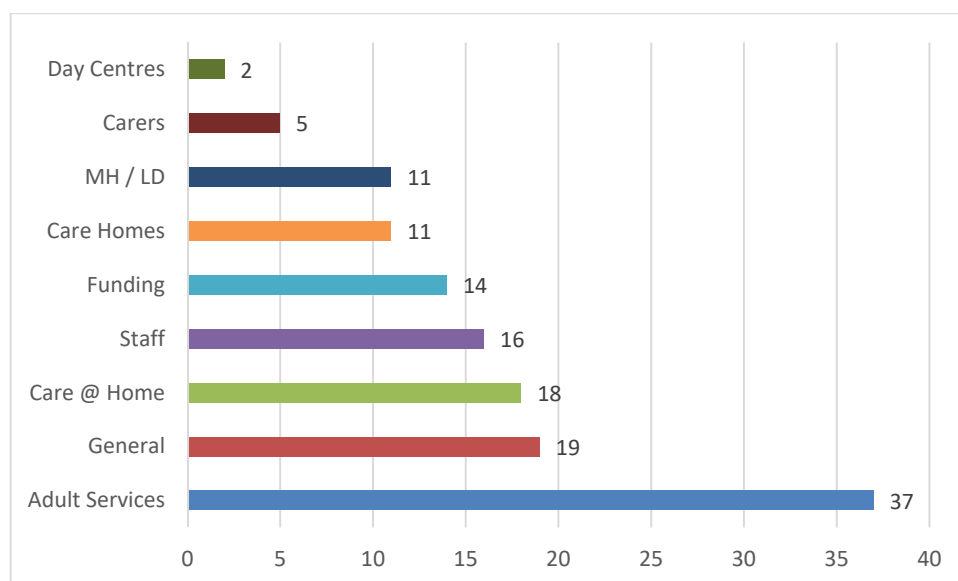
Requests Received

- 1.3. During the period 1 April 2019 to 30 September 2019, the IJB received **1** request for information regarding the IJB's total salary and expenses costs. Statistical information regarding IJB Fols are uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
- 1.4. It was agreed that any Fol relating to the operational delivery of health and adult social care service received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.
- 1.5. During the specified timeframe 78 FOISA requests were received broken down by types in the graph below.





1.6. The main issues related to the following services:



1.7 Subject Access Requests

A Subject Access Request is a request for personal information that an organisation may hold about an individual. For the Partnership, this may mean that one of our patients or service users can ask what information we hold about them and what we do with it. If we do hold information about them, then they are entitled to have a copy.

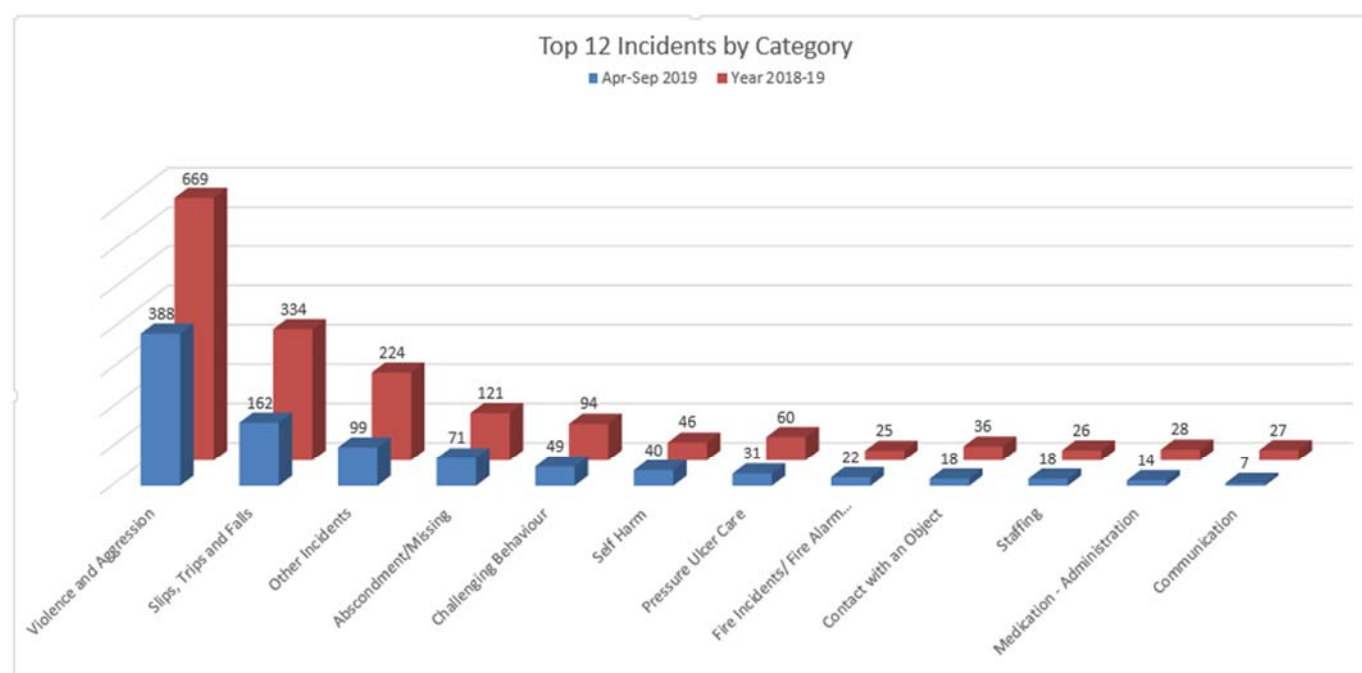
During 1 April 2019 to 30 September 2019, the Partnership responded to **29** Subject Access Requests from patients, clients and staff.



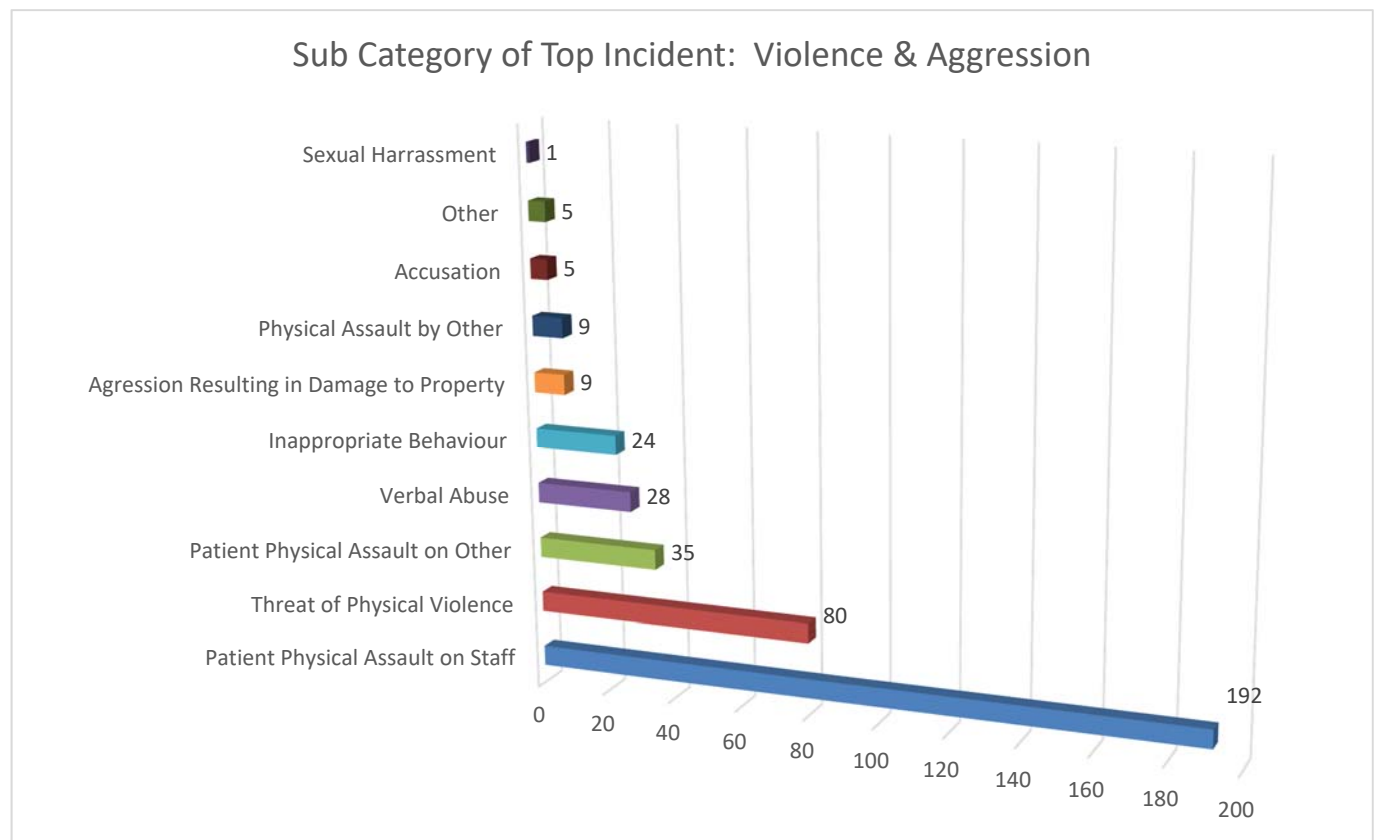
2.

Background

- 2.1 The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council. As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.
- 2.2 The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and its Area Partnership Forum.
- 2.3 The Health & Safety arrangements within Renfrewshire Council are governed by the Corporate health and safety section which inform the Chief Executive and Directors. This is further enhanced with the application of a health and safety management system which is certified to BS OHAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 2.4 A Joint HSCP Health & Safety Committee is in place and has service representation from health, council and partnership. The Committee meets quarterly.
- 2.5 The HSCP Health & Safety Committee's role within the Partnership is to coordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.
- 2.6 The table below provides a snapshot view of the top 12 health and safety incident categories over the six month period 1 April 2019 to 30 September 2019. This includes patients, service users and staff.



2.7 A further breakdown of the top incident by its sub-categories is noted below.

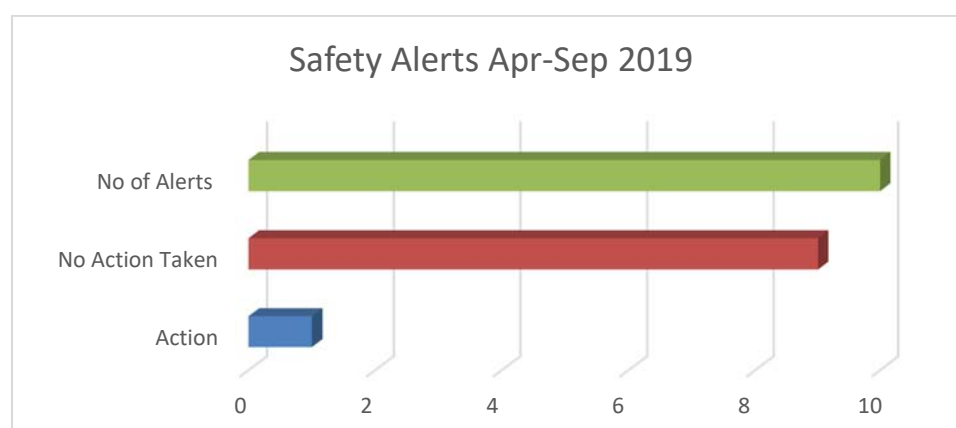


NHS Greater Glasgow & Clyde issued a press release on 25 July 2019 about the unacceptable number of verbal and physical assaults on their staff over a 12 month period. [Click here to read the full press release.](#)

2.8 Health & Safety Alerts Report

Health & Safety Alerts are received via email and cascaded across services within the HSCP. All services will then advise if relevant to their area and a final response gathered and noted in an action plan if appropriate.

The table below provides a snapshot view of the number of Health & Safety Alerts received over the twelve month period 1 April 2019 to 30 September 2019. Health & Safety Alerts are reviewed quarterly at the H&S Committee meetings.



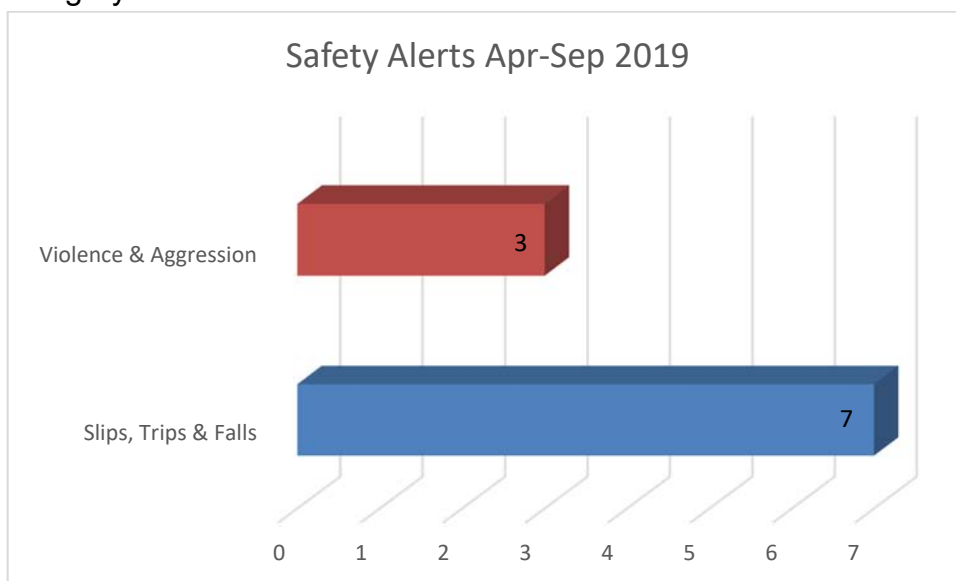
The one alert requiring action covered Ingestion of Cleaning Chemicals.

2.9

RIDDOR incidents

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) puts duties on employers and staff working within an organisation to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

There were 10 RIDDOR reportable incidents from 1 April 2019 to 30 September 2019 across the Health & Social Care Partnership. These incidents have been investigated with reports and actions plan in place. The table below highlights the categories for these 10 incidents.



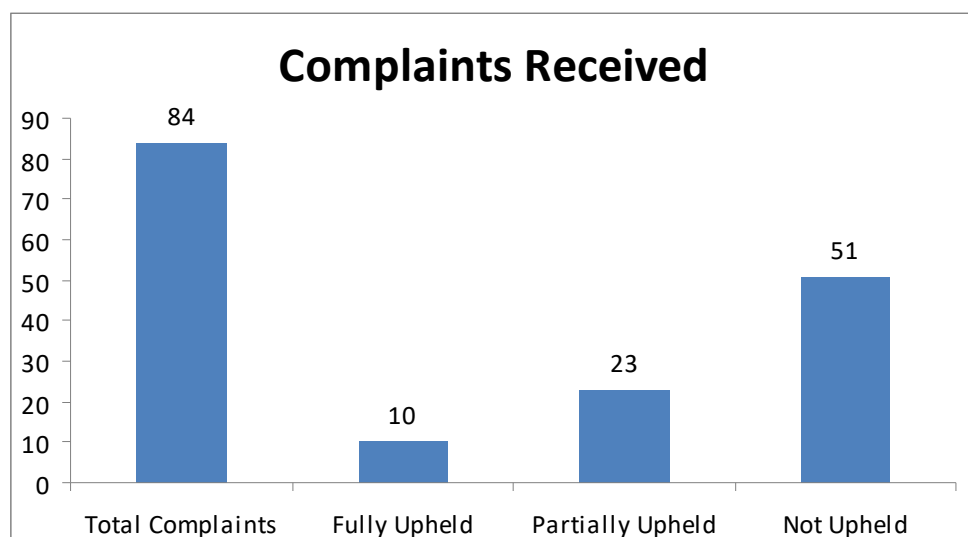
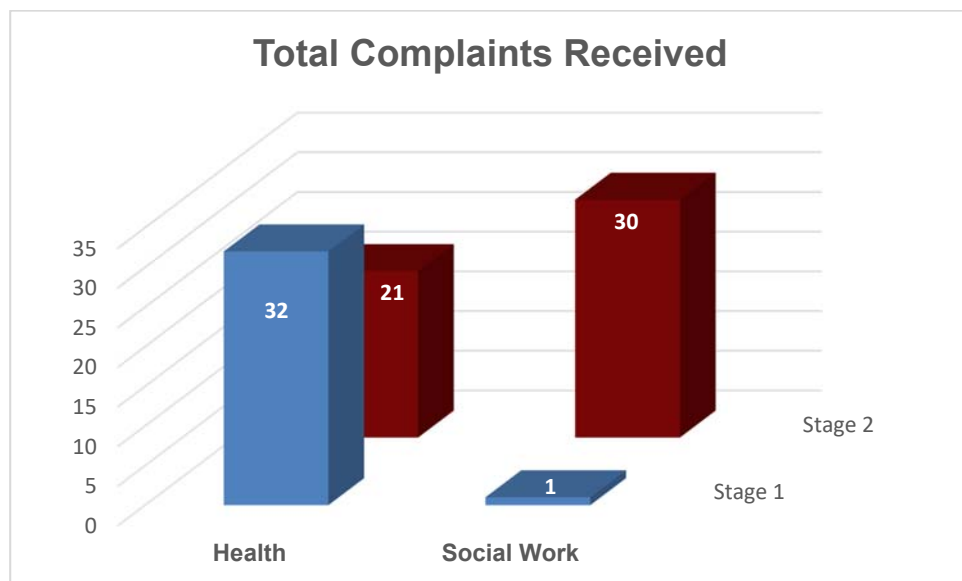


Complaints

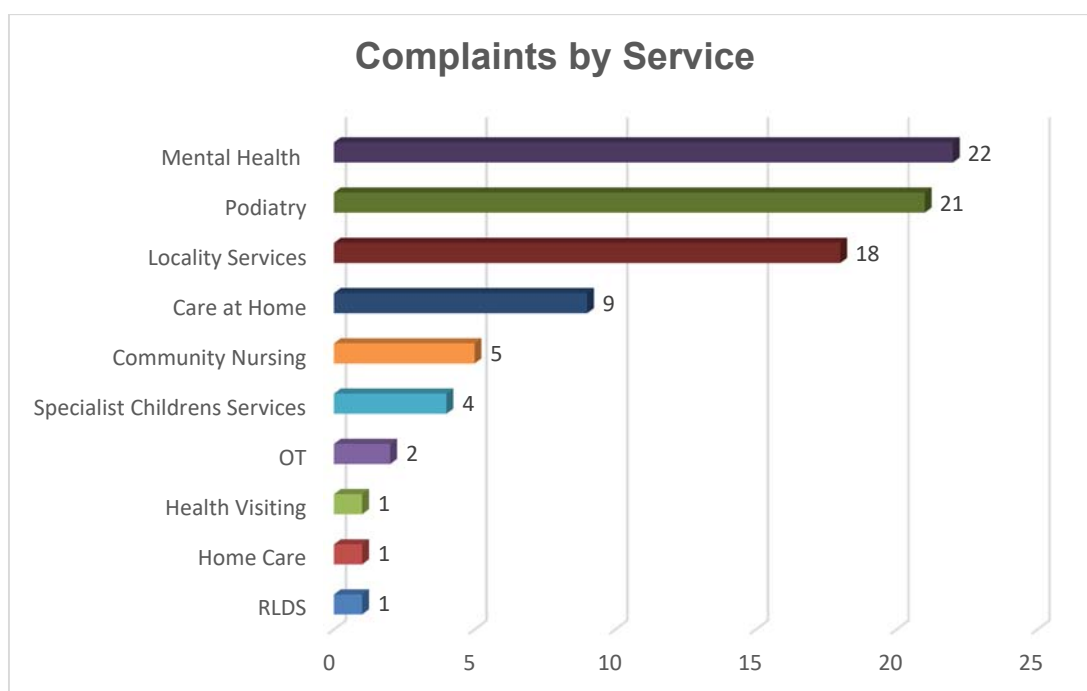
3.

3.1 This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2019 to 30 September 2019. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

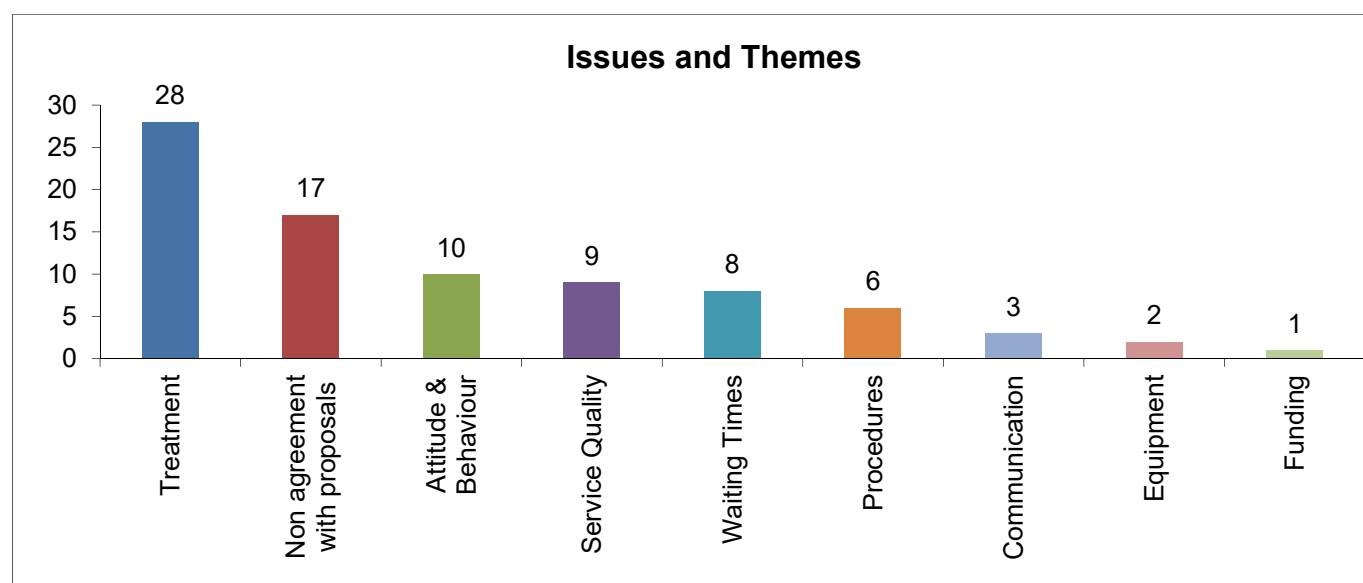
3.2 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP from 1 April 2019 to 30 September 2019.



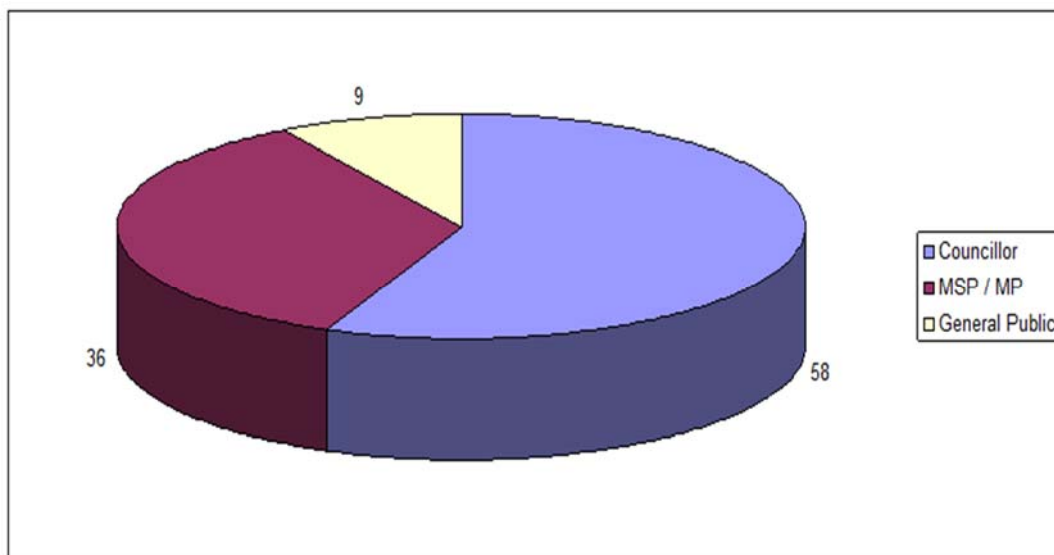
3.3 The graph below shows the breakdown of complaints by service for the period 1 April 2019 to 30 September 2019.



- 3.4 The issues and themes identified from health and social work complaints are shown in the table below. Treatment and Staff Attitude & Behaviour are recurring issues raised by complainants.



- 3.5 Where a complainant remains dissatisfied with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). Of the total number of complaints for health and social care, 2 were submitted to SPSO relating to Social Work Locality Services.
- 3.6 During the period 1 April 2019 to 30 September 2019, the HSCP received 103 enquiries broken down in the chart below (show Councillors, MPs, MSPs, members of the public and other third party organisations).



3.7 GP Complaints

There were 100 complaints made to the 29 General Practices within the HSCP partnership which averaged at 3.5 complaints per practice per month.

Service Improvements

3.8 One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.

3.9 Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment/Quality of Care, Staff Attitude and Behaviour and Communication are key issues for complaints and steps are being taken by services to improve these.

Below are two examples of actions taken:

REQUIRED ACTIONS	OUTCOMES
1. Ensure all staff understand the escalation processes for the authorisation of SDS applications, in the absence of the Operational Manager	<ul style="list-style-type: none"> Prevention of delays in the authorisation of SDS applications
2. Improve current Line Management monitoring system for open Adult Protection investigations	<ul style="list-style-type: none"> All Adult Protection investigations will be completed in a safe, effective and timely manner
3. All correspondence sent to service users will be sent within windowless envelopes to prevent breaches of confidentiality	<ul style="list-style-type: none"> Correspondence with service users will be protected from breaches in confidentiality

Policies & Procedures

- 3.10 Under health and social care integration, there will remain two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.
- 3.11 Whilst NHS Greater Glasgow & Clyde is responsible for the delivery of health services, Health and Social Care Partnerships have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the NHS Board, Local Authority and third sector organisations to work together in order to provide joined up, person-centred services.
- 3.12 There is a standard approach to handling complaints across the NHS and Council which complies with the SPSO's guidance on a model complaints handling procedure, meets all of the requirements of the Patients Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.
- 3.13 If a person raises a complaint about a health service and a social care service the response will depend on whether these services are being delivered through a single, integrated HSCP.
- 3.14 Where these services are integrated, we must work together to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or Local Authority will lead on the response. It is important, wherever possible, to give a single response from the lead organisation.

4.



Compliments

Amazing Health Professionals Podiatry

'Your member of staff was so supportive to my mum today. After her appointment ended, she was a bit apprehensive about walking to the car so he walked with her and made my mum feel so safe. I hope he gets the recognition he deserves'

★★★★

'Your prompt referral of my patient. You picked up very early something was not right. Though the outcome for this patient is sad, your quick intervention may well have made a difference to the outcome'.

★★★★

'Thank you for putting me at ease at my first ever appointment. Your staff were attentive and professional throughout. A good service and staff deserve both acknowledgement and praise'

★★★★

'I want to pass on my compliments of the care I received today. Your staff member was highly professional and extremely caring'

★★★★

Thank you Mental Health

'On returning to the centre after his father's sudden death, my son received brilliant care, support and compassion from the staff. I do not think we would have got through this as well if we had not had their support. I want to acknowledge their professionalism at a higher level and stress how important this service is within our community'

★★★★

Thank you for all your help, guidance and support. You have really helped me

Just cannot thank you enough for everything, thank you for your help and for letting me see to the future!

★★★★

'Your member of staff showed a professional concern and involvement that went far beyond what could normally be expected'

★★★★

*You were wonderful
Complaints/Enquiries Process
'Thank you for taking the time to
acknowledge and provide a positive
response to my enquiry/complaint.'*
★★★★

COMPLIMENTS APR – SEP 2019

Gratitude helps you to grow and expand; gratitude brings joy and laughter into your life and into the lives of all those around you. -Eileen Caddy

Can't thank you enough Occupational Therapy

'Thank you to our wonderful therapist who has helped with my husband's rehabilitation. We are very lucky to have had such a wonderful OT'

★★★★

'I am so lucky to have had such an extremely kind OT who supported me, helped me improve my strength and who changed my outcome to a very positive one'

★★★★

'Thank you so much for all your help and expert advice. You really have made a difference'

★★★★

*To say thank you is not
enough
Self Directed Support
'Please pass on my sincere gratitude and
thanks for all the help I received in getting
the correct services delivered to my late
son. I could not have coped without the
support he received'*
★★★★

5.

- 5.1 The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (CCA) and accompanying non-legislative measures came into force on 14 November 2005. The aim of the Act is to deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts
- Local Arrangements for Civil Protection (Part 1)
 - Emergency Powers (Part 2)
- 5.2. The Act lists the NHS and Local Authorities as Category 1 responders and, as such, places duties as follows:
- Assess the risk of emergencies occurring and use this to inform contingency planning.
 - Put in place emergency plans.
 - Put in place business continuity management arrangements.
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- 5.3 Renfrewshire Council and NHS Greater Glasgow & Clyde are supported by their respective Civil Contingencies/Protection Teams in fulfilling the duties placed upon them as Category 1 responders.
- The Civil Protection Steering Committee and the Health & Social Care Resilience Group are the coordinating groups for each organisation. The remit of these groups include:
 - Sharing information across the internal services
 - Coordinating the plans and procedures to be adopted across the organisation
 - Identifying training and exercise requirements and delivery method
 - Develop a work plan to deliver the resilience agenda
 - Share best practice and lessons identified.
- 5.4. At strategic levels, the Renfrewshire Health & Social Care Partnership Chief Officer sits on both NHS Greater Glasgow & Clyde's and Renfrewshire Council's Corporate Management Teams.
- 5.5. A joint Business Continuity Plan has been developed and is routinely tested.
- 5.6. In addition to reporting to the Integration Joint Board, this Group will link to the Renfrewshire Civil Contingencies Service and NHS Greater Glasgow and Clyde Civil Contingencies Unit.



6.

- 6.1. The Clinical Negligence & Other Risk Idemnity Scheme (CNORIS) Scotland Regulations 2000 was established with effect from 1 April 2000. Participation in the scheme is mandatory for all NHS Boards in Scotland for delivering patient care. Private contractors, including General Medical Practitioners, are outwith the scheme.
- 6.2. With the introduction of the Public Bodies (Joint Working) (Scotland) Act, from April 2015, the Scheme was broadened to enable Integration Joint Boards to become members.
- 6.3. Renfrewshire IJB has been a Member of CNORIS since 1 April 2015.
- 6.4. CNORIS provides indemnity in relation to Employer's Liability, Public/Product Liability and Professional Indemnity type risks. The Scheme also provides cover in relation to Clinical Negligence.
- 6.5. NHS Greater Glasgow & Clyde and Renfrewshire Council both have procedures in place for handling claims regarding the services they provide.



7.

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



8.

- 8.1. Data Protection laws changed on 25 May 2018. EU General Data Protection Regulations (GDPR) came into force on that date
- 8.2 The legislation introduced new rules on how personal data is collected and processed to ensure individuals have greater control and privacy rights for their information we hold. It shortens timescales for certain processes and significantly increases penalties for failure to comply.
- 8.3 There is a need for greater transparency. Formal notifications of the nature of, reason for and parties involved in data processing and data sharing are mandatory. These are referred to as Privacy notices.
- 8.4 As the IJB is a statutory authority, it is subject to the new regulations. However, the IJB in practice handles very little personal data and the impacts on the IJB specifically, as opposed to the partner organisations, is anticipated to be quite limited.
- 8.5 There are a wide range of activities across Renfrewshire Council and NHS Greater Glasgow & Clyde aimed at putting suitable arrangements in place for these changes.
- 8.6 A more limited range of activities will require to be progressed for IJB itself to ensure compliance with the new legislation. All members should have awareness of these changes.



9.

- 9.1 The Public Records (Scotland) Act 2011 requires all public bodies in Scotland to prepare a Records Management Plan (RMP) which sets out the organisation's arrangements for managing our records.
- 9.2 NHS Greater Glasgow & Clyde and Renfrewshire Council already have agreed RMPs in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.
- 9.3 Formal notification was received in September 2018 from National Records Scotland that the Keeper was inviting Renfrewshire IJB to submit its RMP by 1 February 2019. Approval of the RMP is awaited.
- 9.4 The IJB submitted a Records Management Plan to the Keeper of the Records Scotland in January 2019. The RMP sets out how the IJB records are created and managed in line with national policy.
- 9.5 As the IJB does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB Committees (Integration Joint Board, Audit Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan.



Communications Evaluation: April - September 2019

Website

www.renfrewshire.hscp.scot



11,138
Users



53,735
Page Views



55.3%
Desktop Views



44.7%
Mobile/Tablet Views

User feedback

easy to navigate

very clear search function

easy to use 8 / 10

Top visted pages

1.	5,156	Home Page
2.	1,859	Community Mental Health Team
3.	1,527	About Us
4.	1,476	Contact Us
5.	1,237	Team Brief



New staff section was introduced March 2018 - Team Brief is now published here

Social Media



1,400
Followers

145,700
Reach



710
Followers

23,930
Reach

Successful Campaigns

18,518

Social Security Scotland

11,085

Tobacco Free Scotland

7,704

Staff Awards

3,261

#WorldSuicidePreventionWeek

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Head of Administration

Heading: Directions

1. Purpose

- 1.1. The purpose of this report is to outline the requirements that the Public Bodies (Joint Working) (Scotland) Act 2014 places on Renfrewshire Integration Joint Board (IJB) to make directions to Renfrewshire Council and NHS Greater Glasgow & Clyde Health Board, and to propose a standardised format for Renfrewshire IJB's directions to both delivery bodies.
-

2. Recommendation

It is recommended that the IJB:

- Note the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 for Renfrewshire Integration Joint Board (IJB) to issue Directions, in writing, to the Council and/or the Health Board;
 - Note the new statutory guidance published by the Scottish Government, <https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/>; and
 - Review and approve the draft template for directions from Renfrewshire IJB to the Council and the Health Board as outlined in Appendix 1;
 - Approve the format of the IJB reports to identify the Direction issued to either the Council and/or Health Board as outlined in Appendix 2.
 - Agrees to establish a central register for Directions from 26 June 2020, to be maintained by the Head of Administration.
-

3. Background

- 3.1 The Integration Scheme sets out the requirements for the IJB, the Council and Health Board to work collaboratively to achieve the agreed

aims and outcomes detailed in the Scheme and the legislative framework.

- 3.2 The Scottish Government has recently published statutory guidance for IJBs with regard to Directions
<https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/>
- 3.3 The IJB is required by law to issue Directions to the Council and Health Board to deliver services in accordance with the Strategic Plan. Renfrewshire IJB approved the current Strategic Plan in March 2019, for the period 2019-22.
- 3.4 The IJB is required to issue Directions, in writing, in accordance with legislative requirements and in keeping with the good governance principles of openness and transparency and which support service redesign to meet the changing needs of the community across Renfrewshire.
- 3.5 Directions may impose obligations on the Council, Health Board, or both, in respect of matters delegated by the Integration Scheme. Each delegated function and the associated net budget required to deliver the service plan should be detailed in the written Direction.
- 3.6 The IJB is asked to consider both the legislative requirements and the format for issuing Directions to ensure transformational change in the way services are delivered against a background of budgetary constraints.
- 3.7 Integration Authorities across Scotland require a mechanism to action their Strategic Plans. This mechanism takes the form of legally binding Directions from the IJB to one or both of the parties. Sections 26 to 28 of the 2014 Act lay out the legislative framework within which Directions are made.

Legislative Requirements

- 3.8 Directions must set out how each integration health and social care function is to be exercised and the budget associated with that function.
- 3.9 Directions must be in writing. Directions may also vary or revoke other Directions previously issued to the Council, Health Board, or both.
- 3.10 Section 27(4) of the 2014 Act prescribes that the Council and Health Board must comply with any Directions from the IJB. There is no provision by which the Council or Health Board can appeal, ignore, amend or veto any Direction issued by the IJB.

- 3.11 Where the IJB Directs both the Council and Health Board to carry out a function, it may direct that that function is carried out:
- wholly and jointly by the Council and Health Board;
 - with specific aspects of the Direction carried out by one or other of the Council or Health Board, as specified in the Direction;
 - with specific Direction as to what both the Council and Health Board must do in relation to carrying out that function.
- 3.12 Directions from the IJB may also prescribe the manner in which the function is to be carried out, to what level of specificity the IJB sees fit. The exercise of each function can be described in terms of delivery of services, achievement of outcomes and reference to the Strategic Plan.

Format of Directions

- 3.13 No template or model for Directions has been provided by the Scottish Government. The format of Directions is therefore a matter for local determination by the IJB subject to the legislative requirements detailed in Section 3 above. As such IJB members should not that future reports will be in the new format. See Appendix 2.
- 3.14 A template for Directions by the IJB is appended to this report at Appendix 1. Completion of the template will ensure that Directions from the IJB comply with the statutory requirements of the 2014 Act.
- 3.15 A log will be recorded as of 26 June 2020 meeting of all papers submitted to the IJB. This will also include the establishment of a central register for Directions that will be updated and maintained by the Head of Administration.

Implications of the Report

- 1. Financial** – The IJB have statutory responsibility for the delivery of transformational service delivery within budget allocations. The IJB must address the continuing budget shortfall through service redesign/changes which are articulated in the Strategic Plan and in the Directions. Failure to achieve budget targets will require a Recovery Plan as set out in the Integration Scheme.
- 2. HR & Organisational Development** – None
- 3. Community Planning** – None.
- 4. Legal** – The Public Bodies (Joint Working) (Scotland) 2014 Act requires the IJB to issue Directions in writing. Directions must set out how each integration health and social care function is to be exercised and the budget associated with that function

5. **Property/Assets** – None.
6. **Information Technology** – None
7. **Equality & Human Rights** – The Strategic Plan acknowledges that some individuals, or groups of individuals, may face difficulties in accessing services and the Plan identifies some additional supports to address this issue. Directions issued by the IJB are likely to be instrumental in improving access to services.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – The Strategic Plan and the IJB's Risk Register identify risk factors which have an impact on a range of governance, financial, capacity and partnership issues. Directions from the IJB forms part of the ongoing risk mitigation and management process.
11. **Privacy Impact** – None.
12. **Implications for Glasgow City Council:** The Council must comply with a Direction from the Integration Joint Board.
13. **Implications for NHS Greater Glasgow & Clyde:** The Health Board must comply with a Direction from the Integration Joint Board.

List of Background Papers: None

Author: Jean Still, Head of Administration

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

Template for Directions from Renfrewshire Integration Joint Board

Direction from the Integration Joint Board		
1.	Reference Number	IJB date/paper number/unique ref for decision
2.	Date Direction issued by IJB	Date of IJB meeting
3.	Date from which Direction takes effect	Cannot pre-date meeting where the direction is made
4.	Direction to:	Renfrewshire Council only; NHS Greater Glasgow & Clyde Health Board only; Renfrewshire Council and NHS Greater Glasgow & Clyde Health Board
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	No/Yes (and include reference number)
6.	Functions covered by the Direction	List all the functions subject to Direction e.g. occupational health, Residential care for older people, physiotherapy services
7.	Full text of Direction	Outline clearly what the IJB is Directing the Council, NHS Greater Glasgow and Clyde, or both, to do. The level of specificity is a matter of judgement to be determined by the IJB in relation to each Direction
8.	Budget allocated by IJB to carry out Direction.	State the net financial resources allocated to enable the Council, NHS Greater Glasgow and Clyde, or both, to carry out the Direction. Where the Direction relates to multiple functions or care groups, the financial allocations need to be specified/listed. The Direction will specify any savings to be made.
9.	Outcomes	Details of what the Direction is intended to achieve referencing the Joint Strategic commissioning Plan and the National Health and Wellbeing Outcomes
10.	Performance monitoring arrangements	Specify the performance management arrangements

11.	Date of review of Direction	Identify date not more than 1 year in the future
-----	-----------------------------	--

To: Renfrewshire Integration Joint Board

Date: 20 March 2020

Report by: Chief Officer

Report Title: Non-Financial Governance Arrangements

Reference No: RIJB-01-3/20

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1. The purpose of this report is to

2. Recommendation

It is recommended that the IJB:

Implications of the Report

1. **Financial –.** Directions must include the budget allocation made available to the Council or Health Board to deliver the relevant function(s).
2. **HR & Organisational Development**
3. **Community Planning**
4. **Legal**
5. **Property/Assets**
6. **Information Technology**
7. **Equality and Human Rights**
8. **Procurement Implications**
9. **Health & Safety**
10. **Privacy Impact**
11. **Risk**
12. **Implications for Glasgow City Council**
13. **Implications for NHS Greater Glasgow & Clyde**

List of Background Papers – None.

Author:

Any enquiries regarding this paper should be directed to xxx, Head of xx (email address / contact number)
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EXAMPLE

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Head of Administration

Heading: Climate Change Reporting

1. Purpose and Background

- 1.1. To provide the IJB with confirmation that the Climate Change Report submitted to Scottish Government was in line with recent legislation on compliance of the Climate Change Duties. The completed report is at Appendix 1.
-

2. Recommendation

It is recommended that the IJB Audit Committee:

- Approve the content of the report.
-

3. Background

- 3.1 The Climate Change (Scotland) Act 2009 and the subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 require significant public bodies to prepare a report on their compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.
- 3.2 Integration Joint Boards (IJBs) were required to submit the report on or before 30 November 2019.
- 3.3 The report is to a standard template, identical to that completed by all other public bodies, such as local authorities and NHS boards, including Renfrewshire Council and NHS Greater Glasgow & Clyde. As a consequence, the Guidance recognised that much of the standard report template related to the policies, procedures and services of the Local Authority and NHS Board, rather than the Integration Joint Board. As such, it was further recognised in the Guidance that there would be a significant degree of proportionality in completion of the report.
- 3.4 Officers met with colleagues from both the Council and NHS to ensure that duplication of reporting was avoided.

Implications of the Report

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

Author: Jean Still, Head of Administration

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

Appendix 1
Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

TABLE OF CONTENTS

Required

PART 1: PROFILE OF REPORTING BODY

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
Renfrewshire

1(b) Type of body
Integrated Joint Boards

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

1(d) Metrics used by the body			
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.			
Metric	Unit	Value	Comments
Other (Please specify in the comments)	other (specify in comments)	0	Metrics are not relevant to the assessment of the health and social care partnership's services, as the body does not deliver any services.

1(e) Overall budget of the body	
Specify approximate £/annum for the report year.	
Budget	Budget Comments
232000000	This is an approximate figure for the financial year

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

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

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

Renfrewshire Health & Social Care Partnership (RHSCP) in Renfrewshire is responsible for commissioning community health and social care services. All community health services are commissioned from NHS Greater Glasgow & Clyde (NHSGGC), with all social care services commissioned from Renfrewshire Council (RC). Representatives of RHSCP have met with colleagues from both NHSGGC and RC in an effort to ensure that there is no duplication of reporting and to ensure that each organisation is aware of the information that they should be reporting. In summary, RHSCP does not employ any staff, own any buildings, nor deliver any services, so information regarding these areas will be recorded, as appropriate, by NHSGGC or RC.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

<p>2(a) How is climate change governed in the body?</p> <p>Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.</p>
<p>As stated in 1g above, RHSCP does not employ any staff, own any buldings, nor deliver any services. As such, all responsibility for Climate Change Duties rests within the relevant service delivery authority, i.e. NHSGGC or RC.</p> <p>Both organisations have established infrastructures that govern sustainability planning, climate change adaptation and service improvement, including risk management, communications with staff and public, monitoring performance reporting and scrutiny. Renfrewshire Council & NHS Greater Glasgow & Clyde submit a Public Bodies Climate Change Duties Report that will detail these aspects.</p> <p>In June 2019, Renfrewshire Council declared a Climate Emergency and agreed to progress a number of actions to reduce the Council's contribution towards Climate Change. This included appropriate governance to consolidate key actions and to monitor progress, with the establishment of a Cross Party Working Group on Climate Change and an officers' working group to support this workstream.</p>
<p>2(b) How is climate change action managed and embedded by the body?</p> <p>Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)</p>
<p>As stated in 1g above, RHSCP does not employ any staff, own any buldings, nor deliver any services. As such, all responsibility for Climate Change Duties rests within the relevant service delivery authority, i.e. NHSGGC or RC.</p> <p>The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow & Clyde.</p> <p>Renfrewshire Council Arrangements</p> <p>The Council's Corporate Management Team (CMT) is comprised of senior staff from all services and meets on a regular basis. Although matters relating to climate change adaptation and mitigation are not the sole remit of this group, issues such as performance in relation to the Community Plan and Local Outcome Improvement Plan and Sustainable Procurement are considered by the CMT. Specific officer groups whose remit includes Climate Change adaptation and mitigation are outlined below.</p> <p>1. Strategic Asset Management Group: High level group that meets to discuss and progress corporate asset performance, including energy management. Other projects are discussed including the Carbon Management Plan as well as Capital expenditure projects.</p> <p>2. Carbon Management Plan Working Group: A group that meets quarterly to monitor the consumption of energy, water, street lighting, waste and transport fleet for the Council's estate and to implement reduction targets. Twice a year</p>

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?		
Provide a brief summary of objectives if they exist.		
Objective	Doc Name	Doc Link
n/a	n/a	n/a

2(d) Does the body have a climate change plan or strategy?
If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.
As stated in 1g above, RHSCP does not employ any staff, own any buldings, nor deliver any services. As such, all responsibility for Climate Change Duties rests within the relevant service delivery authority, i.e. NHSGGC or RC.

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

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

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

Topic area	Name of document	Link	Time period covered	Comments
Adaptation	n/a	n/a	n/a	Not applicable. Please see the comments
Business travel	n/a	n/a	n/a	Not applicable. Please see the comments
Staff Travel	n/a	n/a	n/a	Not applicable. Please see the comments
Energy efficiency	n/a	n/a	n/a	Not applicable. Please see the comments
Fleet transport	n/a	n/a	n/a	Not applicable. Please see the comments
Information and communication technology	n/a	n/a	n/a	Not applicable. Please see the comments above.
Renewable energy	n/a	n/a	n/a	Not applicable. Please see the comments
Sustainable/renewable heat	n/a	n/a	n/a	Not applicable. Please see the comments
Waste management	n/a	n/a	n/a	Not applicable. Please see the comments
Water and sewerage	n/a	n/a	n/a	Not applicable. Please see the comments
Land Use	n/a	n/a	n/a	Not applicable. Please see the comments
Other (state topic area covered in comments)	n/a	n/a	n/a	Not applicable. Please see the comments above.

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

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

Not applicable. Please see the comments above.

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

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

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

Not applicable. Please see the comments above.

2(h) Supporting information and best practice

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

Not applicable. Please see the comments above.

PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year							
Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column. (a) No information is required on the effect of the body on emissions which are not from its estate and operations.							
Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2018/19				0	tCO2e	Please see the comments in Section 2 above.

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

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

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

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
	0 Electricity		n/a
	Natural gas		n/a
	Other heating fuels		n/a
	Waste		n/a
	Water and sewerage		n/a
	Business Travel		n/a
	Fleet transport		n/a
	Other (specify in comments)		n/a
	Other (specify in comments)		

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

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

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	Source	Saving	Comments
0	Electricity		n/a
	Natural gas		n/a
	Other heating fuels		n/a
	Waste		n/a
	Water and sewerage		n/a
	Business Travel		n/a
	Fleet transport		n/a
	Other (specify in comments)		n/a
	Other (specify in comments)		

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

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint	
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").	
Total	Comments
0	n/a

3k Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

As stated in 1g above, RHSCP does not employ any staff, own any buldings, nor deliver any services. As such, all responsibility for Climate Change Duties rests within the relevant service delivery authority, i.e. NHSGGC or RC.

PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

No. RHSCP does not employ any staff, own any buildings, nor deliver any services. As such, all responsibility for Climate Change Duties in this respect rests with the relevant service delivery authority i.e. NHS Greater Glasgow & Clyde or Renfrewshire Council.

4(b) What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

Please see the response above.

4(c) What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

Please see the response above.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?					
If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective. (a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.					
Objective	Objective	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment			Please see the response above.
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment			Please see the response above.
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment			Please see the response above.

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks			Please see the response above.
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks			Please see the response above.
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks			Please see the response above.
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society			Please see the response above.
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society			Please see the response above.
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society			Please see the response above.

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

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

Please see the response above.

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?
Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

Please see the response above.

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

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

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

Please see the response above.

4(h) Supporting information and best practice

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

RHSCP does not employ any staff, own any buildings, nor deliver any services. As such, all responsibility for Climate Change Duties in this respect rests with the relevant service delivery authority i.e. NHS Greater Glasgow & Clyde or Renfrewshire Council.

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

Responsibility for procurement and the associated Climate Change Duty consideration rests with the two authorities from whom RHSCP commission their services: NHS Greater Glasgow & Clyde and Renfrewshire Council. We would refer readers to the respective Climate Change Duties reports from the two authorities.

5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

Public Sector Climate Change Duties 2019 Summary Report: Renfrewshire

Please see the response above.

5(c) Supporting information and best practice

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

Please see the response above.

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process
Briefly describe the body's internal validation process, if any, of the data or information contained within this report.
This completed report will be presented to the next meeting of Renfrewshire Health & Social Care Integration Joint Board.

6(b) Peer validation process
Briefly describe the body's peer validation process, if any, of the data or information contained within this report.
Officers from RHSCP have spoken with colleagues at other health and social care partnerships and have validated the responses in this report.

6(c) External validation process
Briefly describe the body's external validation process, if any, of the data or information contained within this report.
Officers from RHSCP have met with colleagues from NHSGGC and RC who have responsibility for completing and returning the Climate Change Duties Report on behalf of the respective organisations.

6(d) No validation process
If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.
Not applicable.

6e - Declaration		
I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.		
Name	Role in the body	Date
Jean Still	Head of Administration	2019-11-27

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)

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

Table 1a - Subset													
Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Units	Comments
													Renfrewshire Health & Social Care

Table 1b - Full													
Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Units	Comments

Sector	Description	Type of Target (units)	Baseline	Start year	Target	Target /	Saving in	Latest Year	Comments
									RHSCP does not employ any staff, own any buildings, nor deliver any

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

Not at the present time.

Q3) Policies and Actions to Reduce Emissions														
Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy / Action	Comments
														RHSCP does not employ any staff, own any buildings, nor

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

Q4) Partnership Working, Communication and Capacity Building. Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.									
Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments
									Not applicable

OTHER NOTABLE REPORTABLE ACTIVITY

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

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template
<p>RHSCP does not employ any staff, own any buildings, nor deliver any services. As such, all responsibility for Climate Change Duties rests with the relevant service delivery authority i.e. NHS Greater Glasgow & Clyde or Renfrewshire Council.</p>

To: Renfrewshire Integration Joint Board

On: 20 March 2020

Report by: Clerk

Heading: Timetable for Expiry and Renewal of Integration Joint Board Memberships

1. Summary

- 1.1 At meetings on 29 June and 23 November 2018 the Integration Joint Board considered reports regarding the expiry of the period of membership of a number of its members.
- 1.2 The Schedule to this report sets out when the appointment of each of the current members of the Integration Joint Board is due to expire.
- 1.3 The Integration Scheme states that, in accordance with the Integration Joint Board Order, the voting members of the IJB shall be appointed for a maximum period of 3 years. At the end of their term of office, if the IJB deems it appropriate, a voting member may be reappointed.
- 1.4 There are a number of voting members and substitute voting members appointed by the Council who fall to be reappointed by 17 May 2020 and it is for the IJB to confirm the reappointment of those voting members together with their substitute voting members.

2. Recommendation

- 2.1 That the dates for expiry of membership of each of the current IJB members as set out in the Schedule to this report be noted; and
 - 2.2 That the IJB confirm that those voting members and substitute voting members appointed by the Council who fall to be reappointed by 17 May 2020 be reappointed for a period up to the next Council elections scheduled to be held in May 2022.
 - 2.3 That it be noted that a report would be submitted to the NHS Board on 28 April 2020 which would confirm RIJB non-executive membership.
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3. **Background**

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

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

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Schedule

Membership of Renfrewshire Integration Joint Board

Voting Membership

Four voting members appointed by the Council

Cllr Jaqueline Cameron	17 May 2020
Cllr Lisa-Marie Hughes	17 May 2020
Cllr James MacLaren	8 May 2022
Cllr Jennifer Adam-McGregor	17 May 2020

Four substitute voting members appointed by the Council

Cllr Cathy McEwan	17 May 2020
Cllr Jim Paterson	17 May 2020
Cllr Bill Binks	8 May 2022
Cllr Michelle Campbell	17 May 2020

Four voting members appointed by the Health Board

Donny Lyons	22 March 2021
Margaret Kerr	31 March 2022
Dorothy McErlean	15 August 2019
Linda de Caestecker	22 June 2020

Non- voting membership

Category One

Chief Officer	David Leese	No expiry
Chief Finance officer	Sarah Lavers	No expiry
Chief Social Work Officer	John Trainer	No expiry

Category Two

Registered Nurse	Karen Jarvis	17 September 2021
General Practitioner	Stuart Sutton	19 January 2020
Other Medical Practitioner (non GP)	Shilpa Shivaprasad	28 February 2022

Category Three

Council Staff Member	Louise McKenzie	22 November 2021
Health Board Staff Member	David Wylie	22 November 2021
Third Sector Representative	Alan McNiven	22 November 2021
Unpaid Carer	Fiona Milne	22 November 2021
Service User	Stephen Cruikshank	22 November 2021
Trade Union - Council staff	John Boylan	22 November 2021
Trade Union – Health Board Staff	Amanda Kelso	30 January 2023

