

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

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

KENNETH GRAHAM
Clerk

Membership

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

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

Further Information

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

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

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

Members of the Press and Public

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

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.

- | | | |
|-----------|---|----------------|
| 1 | Minute | 5 - 12 |
| | Minute of meeting of the Integration Joint Board held on 26 January 2018. | |
| 2 | Update on Capability Scotland | |
| | Report by Chief Officer. (not available - copy to follow) | |
| 3 | Re-appointment of Voting Members | 13 - 14 |
| | Report by Head of Administration. | |
| 4 | Change and Improvement Programme Update | |
| | Report by Chief Officer. (not available - copy to follow) | |
| 5 | Financial Report 1 April 2017 to 31 January 2018 | 15 - 36 |
| | Report by Chief Finance Officer. | |
| 6 | 2018/19 Delegated Health and Social Care Budget | |
| | Report by Chief Finance Officer. (not available - copy to follow) | |
| 7 | Performance Management Update | 37 - 46 |
| | Report by Chief Officer. | |
| 8 | Preparation for Implementation of the Carers (Scotland) Act 2016 | 47 - 62 |
| | Report by Chief Officer. | |
| 9 | Equality Outcomes and Mainstreaming Progress Update Report | 63 - 92 |
| | Report by Chief Officer. | |
| 10 | Proposed Dates of Meetings of the Joint Board 2018/19 | 93 - 94 |
| | Report by Clerk. | |



Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 26 January 2018	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

PRESENT

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

CHAIR

Dr Donny Lyons, Chair, presided.

IN ATTENDANCE

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); and Iain Beattie, Head of Health and Social Care (Paisley), Caroline Burling, Acting Head of Mental Health, Addictions and Learning Disability Services, Fiona Mackay, Head of Strategic Planning & Health Improvement and Jean Still, Head of Administration (all Renfrewshire Health and Social Care Partnership).

APOLOGIES

Councillor Scott Kerr (Renfrewshire Council) and Helen McAleer (unpaid carer residing in Renfrewshire).

DECLARATIONS OF INTEREST

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

ORDER OF BUSINESS

In terms of Standing Order 4.1 (iii), the Chair intimated that he proposed to alter the order of business to facilitate the conduct of the meeting by considering item 7 of the agenda after item 2 of the agenda.

1 MINUTE

The Minute of meeting of the Integration Joint Board (IJB) held on 24 November 2017 was submitted.

DECIDED: That the Minute be approved.

2 UPDATE ON CAPABILITY SCOTLAND

Under reference to item 2 of the Minute of the meeting of the IJB held on 24 November 2017 the Chief Officer submitted a report providing an update on the day care services for adults with learning difficulties operated by Capability Scotland, on behalf of the Renfrewshire Health and Social Care Partnership (HSCP), in Renfrewshire at Whitehaugh and West Lane Gardens, Paisley.

The report intimated that Renfrewshire HSCP staff had been working to finalise individual service users' assessments and SDS budgets over recent weeks and to ensure that service users and their carers/families had opportunities to establish a clear understanding about what alternative service options were available in Renfrewshire.

The report detailed summaries of the key elements of the work programme including the market testing process for ongoing provision; the development of service user individual plans and SDS budgets and identification of alternative provision; and service user and family engagement.

It was noted that throughout this process, Renfrewshire HSCP had sought to ensure that staff worked in a supportive and positive way with service users and carers/family members. This was central to how the HSCP worked and in the circumstances, where a service was closing and service users were to be supported through this change, this remained at the core of the HSCP approach. It was important that the challenge that this change presented to service users and their carers/family members was recognised.

Renfrewshire HSCP had a structured workplan in place, a copy of which formed the appendix to the report, and the Chief Officer had established robust governance arrangements to personally oversee this challenging position for Capability Scotland service users.

The key priorities over the coming weeks would be to ensure that all service users had agreed Individual Plans, SDS budgets and that alternative service provision options were being considered and work continued to have these agreed; to establish a definitive position on Capability Scotland's proposed new service model by mid-February 2018; to progress plans to extend the HSCP Community Networks Service as required; and to work with local providers to raise awareness of the key areas Capability Scotland service users highlighted as important to them and to promote choice and flexibility within SDS.

Over the next six weeks Renfrewshire HSCP would work with service users, their carers/families and Capability Scotland to develop Individual Plans to ensure the transition for service users moving to new services was as smooth as possible. For each service user this would include an initial visit to the new service with their carers/families and a familiar member of staff, if possible these would be arranged as joint visits with any friendship group collectively looking to move to the same service; ensuring the new service provider had detailed background information and that there was a formal handover meeting with Capability Scotland to discuss the level of care required, availability of days to attend to suit friendship groups; supported test visit(s); independent test visit(s); subject to the service user and their carers being happy with the new service, agreement of a transition date; additional support to be made available to service users for a 'bedding-in' period and to ensure that any issues arising were escalated to Renfrewshire HSCP senior management for review; and support to service users and carers/family members to continue beyond the closure date of 30 April 2018 as required on an individual basis with all support plans being reviewed initially after six months and then at least on an annual basis.

Renfrewshire HSCP were working to support all service users to transition, or be in the process of transitioning, to new services by 18 April 2018.

It was proposed that the IJB agreed to remain open to flexibility to consider other models and opportunities that are developed; that the Chief Officer consider how best to communicate information regarding alternative service provision and what the next steps would be; that the Chief Officer submit a report to the next meeting of the IJB to be held on 23 March 2018 describing how services had been able to respond to matching the needs of individual service users; that officers be encouraged to do all they can as part of the transitional period to ensure no diminution of service to service users; that it be noted that the Audit Committee would consider requesting an independent report on the entire process and the IJB would request that the Audit Committee then share the report with the IJB; and that it be noted that a special meeting of the IJB may be called once Capability Scotland had advised of its proposals for alternative day service provision and that consideration should be given to hold an open meeting to discuss future service delivery arrangements to involve service users and their carers/family members. This was agreed.

DECIDED:

(a) That the proactive action being taken by Renfrewshire HSCP regarding Capability Scotland day care services, as detailed in section 4 of the report, be noted;

(b) That it be noted that the outcome of the recent market testing exercise was unsuccessful in identifying a provider to take over the current service;

- (c) That it be noted that Capability Scotland had until the end of January 2018 to submit an alternative day service model and Renfrewshire HSCP expect to have a definitive position on this by mid-February 2018;
- (d) That it be noted that given the tight timeline, and to mitigate any risk of service disruption, Renfrewshire HSCP would continue to work with service users and carers/family members to identify alternative provision arrangements in line with their Individual Plans and SDS budgets;
- (e) That it be noted that Renfrewshire HSCP were working to support all service users to transition to new services by Wednesday 18 April 2018;
- (f) That the IJB agreed to remain open to flexibility to consider other models and opportunities that are developed;
- (g) That the Chief Officer consider how best to communicate information regarding alternative service provision and what the next steps would be;
- (h) That the Chief Officer submit a report to the next meeting of the IJB to be held on 23 March 2018 describing how services have been able to respond to matching the needs of individual service users;
- (i) That officers be encouraged to do all they can as part of the transitional period to ensure no diminution of service to service users;
- (j) That it be noted that the Audit Committee would consider requesting an independent report on the entire process and the IJB would request that the Audit Committee then share the report with the IJB;
- (k) That it be noted that a special meeting of the IJB may be called once Capability Scotland had advised of its proposals for alternative day service provision and that consideration should be given to hold an open meeting to discuss future service delivery arrangements to involve service users and their carers/family members.

ADJOURNMENT

The meeting adjourned at 10.50 am and reconvened at 11.00 am.

SEDERUNT

Peter Macleod left the meeting prior to consideration of the following item of business.

3 DRAFT NHSGGC 5-YEAR MENTAL HEALTH STRATEGY

The Chief Officer submitted a report providing an update on the draft five-year strategy for adult mental health services in NHSGG&C.

The report intimated that over the past two decades adult mental health services in NHSGG&C had been subject to transformational change with a pronounced shift in the balance of care significantly reducing the level of inpatient beds and reinvesting progressively in a spectrum of evidence based quality community and specialist services. The current service delivery model for mental health within NHSGG&C was set out in an original framework and re-iterated in the subsequent NHSGG&C Clinical Service Review of 2012/13.

HSCPs in NHS GG&C were working together to develop a whole system five-year strategy for mental health and the key principles which underpinned the five-year strategy were detailed in the report together with the seven strands of work.

It was noted that the key next steps included the Chief Finance Officers for all HSCPs engaging in the near future to form the financial framework; finalising current work streams on unscheduled care review for adult mental health including mental health liaison, crisis and out-of-hours services and bed modelling; and developing a local HSCP action plan following the approval of the Mental Health Strategy.

Dr Michael Smith gave a presentation to the IJB on the draft NHS GG&C five-year Mental Health Strategy.

DECIDED:

- (a) That the report be noted and that the strategic direction be agreed;
- (b) That the full strategy be submitted to a future meeting of the IJB when available; and
- (c) That the Chief Officer be authorised to engage with other HSCPs in the preparation of the implementation plan.

4 FINANCIAL REPORT 1 APRIL TO 30 NOVEMBER 2017

The Chief Finance Officer submitted a report relative to the revenue and capital budget positions from 1 April to 8 December 2017 for Social Work and from 1 April to 30 November 2017 for the Health Board, as detailed in appendices 1 and 2 to the report.

The report provided an update on the implementation of the Living Wage for 2017/18.

The overall revenue position for the HSCP was a breakeven position as detailed in the report. The achievement of the in-year and year-end breakeven positions was dependent on the application of reserves carried forward from 2016/17 for both the adult social care budget and the health services budget.

Overall, social work adult services were currently reporting a breakeven position. However this had only been achieved from the application of reserves carried forward from the 2016/17 budget allocation and a proportion of the additional £4.4m of resources made available by Renfrewshire Council as part of their 2017/18 budget allocation to the IJB for adult social care.

The key pressures were highlighted in sections 4 and 5 of the report. Appendices 3 and 4 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 5 to the report detailed the GP prescribing position; and Appendix 6 to the report detailed the reserve balances as at 30 November 2017.

DECIDED:

- (a) That the current revenue budget position be noted;
- (b) That the progress of the implementation of the Living Wage for 2017/18 be noted; and

(c) That the current position and application of the Partnership's reserves, as detailed in paragraphs 4.1 and 5.1 of the report, be noted.

5 PERFORMANCE MANAGEMENT UPDATE - FOCUS REPORT ON UNSCHEDULED CARE 2017/18

The Chief Officer submitted a focus report on unscheduled care which provided an overview of performance at the HSCP's interface with acute services at the Royal Alexandra Hospital and other acute sites.

The report intimated that an unscheduled care update report had been presented to the NHSGG&C Board meeting held on 19 December 2017 which showed progress resulting from a raft of initiatives and collaborative working across NHSGG&C on the key recommendations for 2017/18 made by the Unscheduled Care Improvement Programme in May 2017.

In Renfrewshire a joint Acute and Partnership Unscheduled Work Plan had been developed which focussed on alternatives to admission; Emergency Department processes; management of current in-patient capacity; reduction in demand; e-health; and governance. All HSCP's reported monthly to the NHSGG&C Unscheduled Care Steering Group on progress against delivery and improvement plans and Renfrewshire HSCP's improvement plan formed Appendix 1 to the report.

It was noted that the heading in the table in paragraph 3.7 of the report should read 'A&E % seen, discharged, admitted or transferred within 4 hours.

A copy of the HSCP's Winter Plan 2017/18 formed Appendix 2 to the report.

DECIDED:

(a) That Renfrewshire HSCP's Performance Management Focus Report on Unscheduled Care 2017/18, as detailed in Appendix 1 to the report, be approved; and

(b) That an update report on progress in reducing reliance on unscheduled care during 2018/19 be submitted to a future meeting of the IJB.

SEDERUNT

Dr Stuart Sutton left the meeting prior to consideration of the following item of business.

6 NON-FINANCIAL GOVERNANCE UPDATE

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

The report also provided performance information regarding Freedom of Information and complaints and covered the six-month period from 1 April to 30 September 2017.

It was proposed that future reports include information on the learning from complaints. This was agreed.

DECIDED:

(a) That the report be noted; and

(b) That future reports include information on the learning from complaints.

7 PREPARATION FOR IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016

Under reference to item 7 of the Minute of the meeting of the IJB held on 24 November 2017 the Chief Officer submitted a report relative to preparation for implementation of The Carers (Scotland) Act which would come into force on 1 April 2018.

The report provided information on a summary of the consultation results and the proposed eligibility for carers; the requirement for the Health Board and Renfrewshire Council to update their Integration Scheme to reflect the new Carers Act; progress developing Adult Carer Support Plans and ensuring that staff were appropriately equipped and trained to deliver on its requirements; Scottish Government funding to support preparations for the Act over the coming year and beyond; and an update on the management of the key risks identified by the Carers Act Strategic Steering Group.

DECIDED:

(a) That the report be noted;

(b) That the eligibility criteria for adult carers, as detailed in Appendices 2 and 3, be agreed;

(c) That it be agreed that Renfrewshire's local allocation of the Scottish Government's Carers Act funding, which had still to be finalised, be ring-fenced solely to fulfil its new duties and provisions under the new Act;

(d) That the Chief Finance Officer's assumption that Renfrewshire's provision under the Act would be met within this allocated funding be noted; and

(e) That a further report be submitted to the next meeting of the IJB to be held on 23 March 2018 to confirm that all required provisions were in place for the Act's implementation on 1 April 2018 and that Renfrewshire's updated Integration Scheme had been approved by Renfrewshire Council and the NHSCC&C Board.

8 UPDATE ON NEW GP CONTRACT

The Chief Officer submitted a report outlining the content of the proposed new 2018 General Medical Services Contract in Scotland and the Memorandum of Understanding between the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards.

The report intimated that the benefits of the proposals in the new contract for patients were to help people access the right person, at the right place and at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

The new GP Contract would support significant development in primary care. A Memorandum of Understanding (MoU) set out agreed principles of service redesign, ring-fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. The MoU recognised the statutory role of Integration Authorities in commissioning primary care services and service redesign; the role of NHS Boards in service delivery, employers and partners to General Medical Service contracts; provided reassurance that partners were committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that would reduce workload and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

The aims of the new GP Contract and a number of key aspects of the new Contract and MoU requiring early action were detailed in the report.

DECIDED:

(a) That the report be noted;

(b) That it be noted that following a positive result in the poll of GPs and GP trainees, the Scottish General Practices Committee had accepted the new Contract; and

(c) That it be agreed that the Chief Officer would now progress the necessary actions within Renfrewshire HSCP to develop the Local Primary Care Improvement Plan as set out in section 13 of the report and submit a report to the meeting of the IJB to be held on 29 June 2018 for approval.

9 ALCOHOL AND DRUG PARTNERSHIP (ADP) ANNUAL UPDATE REPORT 2016/17

The Chief Officer submitted a report relative to the Renfrewshire Alcohol and Drug Partnership (ADP) Annual Report 2016/17, a copy of which formed the appendix 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.

DECIDED: That the report be noted.

10 DATE OF NEXT MEETING

DECIDED: That the next meeting of the IJB be held at 10.00 am on 23 March 2018 in the Abercorn Conference Centre.

To: Renfrewshire Integration Joint Board

On: 23 March 2018

Report by: Head of Administration

Heading: Re-appointment of Voting Members

1. Purpose

- 1.1. The purpose of this report is to agree the re-appointment of two voting members to the Integration Joint Board (IJB).
- 1.2. The Procedural Standing Orders for Renfrewshire IJB were agreed at the first meeting held on 18 September 2015. These set out the regulations in place for IJB meetings, including the arrangements for membership of the IJB.
- 1.3. Section 2.2 of the Standing Orders notes that the term of office for members of the IJB shall be for a period of up to three years. Section 2.6 also notes that, on expiry of a member's term of appointment, the member shall be eligible for re-appointment provided that they remain eligible and are not otherwise disqualified from appointment.
- 1.4. In line with the above it is recommended that Dr Donny Lyons and Ms Morag Brown be re-appointed as voting members of Renfrewshire IJB, representing NHS Greater Glasgow and Clyde Health Board. Their re-appointment to Renfrewshire IJB will be for a further period of up to three years.
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2. Recommendation

It is recommended that the IJB:

- Note the content of this report;
- Approve the re-appointments of the two NHS voting members representing NHS Greater Glasgow and Clyde, per the timescales identified; and
- Note that further reports will be brought to the IJB in June and September to ratify re-appointments of both voting and non-voting membership in line with the term of office for their membership category.

3. Background

- 3.1. The Standing Orders for Meetings of the Integration Joint Board set out the arrangements for membership, including the terms of office for members.
- 3.2. Renfrewshire IJB comprises of voting representatives from Renfrewshire Council and NHS Greater Glasgow & Clyde, together with non-voting advisory representatives.
- 3.3. Renfrewshire Integration Joint Board was formally established on 27 June 2015. The membership of the Integration Joint Board was ratified at the first meeting of the Board on 15 September 2015, following nominations for the position of voting members from both Renfrewshire Council and NHS Greater Glasgow & Clyde.

Implications of the Report

1. **Financial** – None.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None.
4. **Legal** – The membership of the Integration Joint Board is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations.
5. **Property/Assets** – None.
6. **Information Technology** – None.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – None.
11. **Privacy Impact** – None.

List of Background Papers – Procedural Standing Orders for Meetings of the Integration Joint Board (18 September 2015)

Author: Jean Still, Head of Administration

To: Renfrewshire Integration Joint Board

On: 23 March 2018

Report by: Chief Finance Officer

Heading: Financial Report 1st April 2017 to 31st January 2018

1. Purpose

- 1.1 The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget current year position as at 2 February 2018 (Social Work) and 31 January 2018 (Health).

2. Recommendation

It is recommended that the IJB:

- Note the current Revenue Budget position;
- Note the progress of the implementation of the Living Wage for 2017/18;
- Note the current position and application of the Partnership's reserves

3. Current Financial Position

- 3.1 The overall revenue position for Renfrewshire HSCP is a breakeven as detailed in the table below. The achievement of the in-year and year-end breakeven position for Social Work – Adult Services is dependent on the application of reserves carried forward from 2016/17.

(Appendix 7 provides a summary of the IJB's reserves at 31 January 2018)

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	Breakeven	Breakeven
Renfrewshire Health Services	Breakeven	Breakeven
Total Renfrewshire HSCP	Breakeven	Breakeven

- 3.2 The key pressures are highlighted in section 4 and 5.
- 3.3 Appendices 3 and 4 provide a reconciliation of the main budget adjustments applied this current financial year to bring us to the net budget as reported.
- 3.4 In line with the approved Reserves Policy, in order to provide future security against unexpected cost pressures and aid financial stability any net underspend which may occur within 2017/18 will be transferred to reserves at the end of the financial year. Alternatively, general reserves may be required to mitigate against the budget pressures referred to within this report. Earmarked reserves will be released as expenditure is incurred.

4. Social Work – Adult Services

Current Position: breakeven
Previously Reported: breakeven

- 4.1 Overall, Social Work Adult Services are currently reporting a breakeven position. This has been achieved by using a combination of: reserves carried forward from the 2016/17 budget allocation; and a proportion of the additional £4.4m of resources made available by Renfrewshire Council as part of their 2017/18 budget allocation to the IJB for Adult Social Care. The table below summarises how these budgets have been applied as at 2 February 2018. Members should note that these figures will be subject to change throughout 2017/18 given the volatility of both the Care at Home Service and Adult Placement budget.

Table 1: Additional Allocation 2017/18

2017/18 Balances Made Available for Draw Down		£4,405,675
Additional Funding for Pay Award		£553,783
		£4,959,458
Less: Recurring Budget Adjustments		
OP Care Home 2017/18 NCHC Impact	-£434,285	
Adult Supported Living Wage 17/18	-£740,629	
Transfer 2 x Income Max. Officers to C&P	-£70,000	
External Care at Home 17/18	-£747,498	
Transfer Funding for Finance Business Partner	-£5,371	
Internal Care at Home	-£715,913	
Mental Health Adult Placements	-£47,000	
Learning Disabilities Adult Placements	-£370,000	
Older People External Care Home Placements	-£210,000	
	<u>-£3,340,696</u>	
Balance Remaining		£1,618,762

Table 2: Adult Social Care Reserves

		£1,519,087
External Care at Home	-£1,244,000	
Internal Care at Home	-£275,087	
	<u>-£1,519,087</u>	
Adult Reserves Balance as at P11		£0

- 4.2 As detailed in Table 1 above, in order to deliver a breakeven position in the current year the CFO, with agreement from the Director of Finance and Resources for Renfrewshire Council, has drawn down £3.34m of the resources made available by the Council in 2017/18. The remaining balance of £1.618m will be carried forward as a non-recurring balance by Renfrewshire Council to be made available to the HSCP in 2018/19
- 4.3 Consistent with the IJB's Reserves Policy, on 15 September 2017 IJB Members approved the application of reserves to deliver a breakeven position at the 31 March 2018.
- 4.4 **Older People**
Current Position: Net overspend of £60k

Previously Reported: Net overspend of £23k

As previously reported, demand pressures continue to be experienced within the Care at Home Service. As detailed in Table 1 (Section 4.1) at the start of 2017/18, additional resources of £747k were allocated from Renfrewshire Council's additional budget made available for 2017/18. However, even with these additional monies the Care at Home budget remains under significant pressure (£2.298m overspend) at 2 February 2018 as summarised in Table 3 below.

This pressure on the overall Older People's budget is partially offset by: vacancies within the Local Authority owned HSCP managed care homes; the application of reserves, and, the use of additional resources from the Council's 2017/18 budget allocation. The overall position within Older People's services is a net overspend of £60k after the application of these resources.

Table 3: Care at Home Service

Full Year Projection at 2 February 2018 (inc. £716k as per table 1)	-£2,298,358
Add: Additional allocation from 17/18 monies (per table 1)	£715,913
Revised position	-£1,582,445
Application of reserves (per table 2)	£1,519,087
Revised full year projection at 2 February 2018	-£63,358

4.5 Physical Disabilities

Current Position: Net overspend of £40k
Previously Reported: Net overspend of £87k

The overspend within Physical Disabilities mainly relates to pressures within the Adult Placement budget reflecting both the impact of increasing demand and SDS.

4.6 Addictions

Current Position: Net underspend of £103k
Previously Reported: Net underspend of £54k

The underspend within Addictions is due to a number of vacant posts and the current client profile of care packages within this area.

5. Renfrewshire Health Services

Current Position: Breakeven
Previously Reported: Breakeven

5.1 As previously reported, Renfrewshire Health Services are currently reporting a breakeven position. The current reported breakeven reflects a positive movement in the overall position due to a number of underspends across the service largely due to vacancies, and, assumes a transfer at the year end to general reserves of £87k. However, as previously highlighted this position is subject to change given the volatility of costs associated with Special Observations within Mental Health in-patient services and other pressured budgets. The table below summarises the current reserves position at 31 January 2018.

Table 4: Health General Reserves

Health Services General Reserves Opening Balance 2017/18		£1,125,000
Current Full Year Projected overspend / underspend	£87,000	
Share of Pension Liabilities	-£181,000	
Share of Unallocated CHP savings	-£519,000	
	-£613,000	
Reserves Balance as at 31 January 2018		£512,000

- 5.2 Consistent with the IJB's reserves policy, on 15 September 2017 Members approved the application of reserves to deliver a breakeven position at the 31 March 2018. Members should note that the balances within the Health Services General Reserve will be required in 2018/19 to assist in any delays in the implementation of the approved savings for the delegated Health Budget

5.3 **Adult Community Services (*District and Out of Hours Nursing; Rehabilitation Services, Equipu and Hospices*)**

Current Position: Net underspend of £351k
 Previously Reported: Net underspend of £335k

As previously reported, the net underspend within Adult Community Services is mainly due to turnover across the Rehabilitation and District Nursing services, and an underspend in relation to external charges for Adults with Incapacity (AWI) bed usage.

5.4 **Services Hosted by Renfrewshire HSCP (*support to GP's for areas such as breast screening, bowel screening and board wide podiatry service*)**

Current Position: Net underspend of £366k
 Previously Reported: Net underspend of £287k

As previously reported, this underspend reflects turnover in the Primary Care screening service due to vacant administrative posts, and, an underspend within Podiatry due to a combination of staff turnover and maternity/unpaid leave, some of which are covered by bank staff along with efficiencies in the supplies budget.

5.5 **Mental Health**

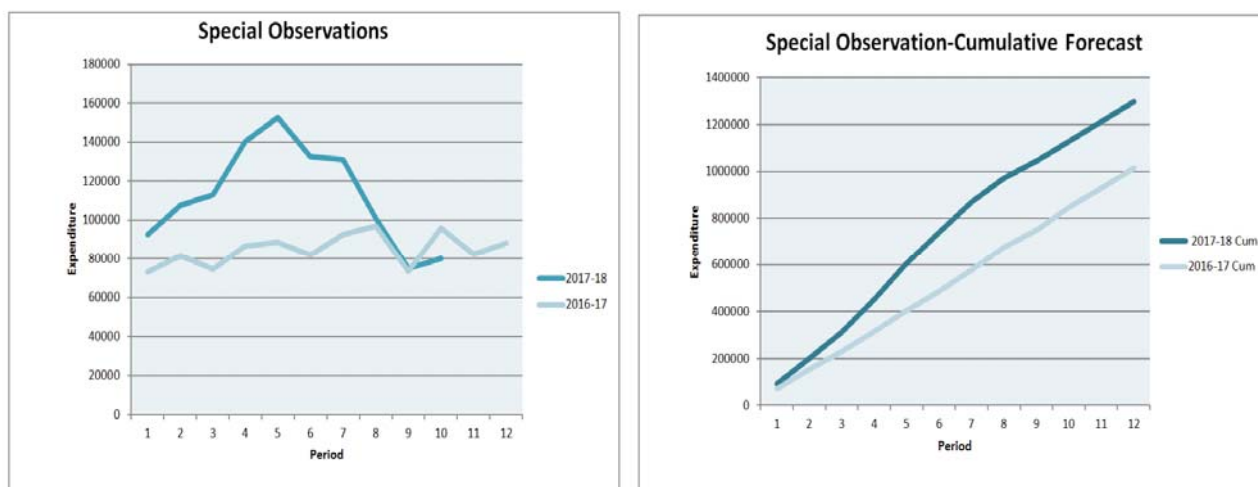
Current Position: Net overspend of £1,118k
 Previously Reported: Net overspend of £891k

Overall, Mental Health services are reporting an over spend of £1,118k. This overspend is due to a number of contributing factors within both adult and elderly in-patient services.

As previously highlighted the main overspends within in-patient services continue to relate to significant costs (overtime, agency and bank costs) associated with patients requiring enhanced levels of observation across all ward areas. As at 31 January 2018 the expenditure on special / enhanced observations is forecasted to be £1.3m. In addition, pressures continue in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.

The graphs below summarise the increase in special observation costs over the past 22 months. At month 10, actual spend has increased by £281k from £845k

this time last year to £1,126k, and the current year end projection is £1.296m an increase of £281k on the full year cost of £1.015m in 2016/17.



As discussed previously, work to mitigate the current pressure on the budget, is underway however, it is unlikely that this will have any significant impact until the financial year 2018/19.

In addition to the above, the Chief Finance Officer has built these pressures into the IJB's Financial Plan for 2018/19, however, in order to fund these continuing pressures base budget realignments from other areas of the HSCP budget will be identified as part of the overall HSCP 18/19 budget realignment exercise as requested by the IJB and transferred to Mental Health to create a recurring budget to fund these costs.

5.6 Integrated Care Fund

Current Position:	Net underspend of £244k
Previously Reported:	Net underspend of £234k

As previously reported this underspend is mainly in relation to turnover within ICF funded rehabilitation and enablement posts.

5.7 Prescribing

Current Position:	Breakeven
Previously Reported:	Breakeven

5.7.1 The reported GP prescribing position is based on the actual position for the year to 30 November 2017 (Appendix 5). The overall position across all Partnerships to 30 November 2017 is an overspend of £3.944m, with Renfrewshire HSCP reporting a £785k overspend. However, under the risk sharing arrangement across NHSGGC this has been adjusted to report a cost neutral position.

5.7.2 As detailed in Appendix 5 the main challenge to the prescribing budget relates to Additional premiums paid for drugs on short supply (there are currently an unprecedented number of drugs on short supply for which significant premium payments are being made). This accounts for £3.5m of the current projected overspend for HSPCs and for Renfrewshire £558k.

6. Set Aside Budget

- 6.1 The Chief Finance Officer continues to work alongside colleagues within NHSGGC to develop a model whereby activity and usage of Acute services are linked to budget spending and delivery of partnership unscheduled care plans.

7. Services Hosted by other HSCP's

- 7.1 Appendix 6 provides a summary of all hosted services across Greater Glasgow and Clyde. There is no risk sharing arrangement in place in relation to hosted services therefore each IJB is responsible for managing the services they host.

8. Other Delegated Services

Description	Full Year Budget	Year to date Budget	Spend to Date	Year-end Projection
Garden Assistance Scheme	£369k	£314k	£313k	£371k
Housing Adaptations	£905k	£719k	£683k	£880k
Women's Aid	£88k	£68k	£72k	£88k
Grant Funding for Women's Aid	£0k	£45k	-£90k	£0k
Total	£1,362k	£1,146k	£978k	£1,339k

- 8.1. The table above shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB. The summary position for the period to 2 February 2018 is an overall spend of £978k with an anticipated underspend of £23k at the year-end.

9. Living Wage Update 2017/18

- 9.1 In May 2016, Renfrewshire Health and Social Care Partnership established a working group to lead the national commitment to ensure that the Living Wage was paid to all care workers providing direct care and support to adults in care homes, care at home and housing support services in Renfrewshire. During the course of the financial year, agreement was reached with all contracted providers of care at home services, care homes for older adults and our providers of supported living services. The working group also sought to implement agreement with providers of out of area placements.
- 9.2 In 2017/18 further negotiations took place with providers to agree a rate to allow providers to pay the new Living Wage of £8.45 per hour from 1st May 2017 plus on-costs. Agreement has been reached with all care at home providers and the majority of our providers of supported living services, however national providers of supported living have raised concerns relating to the impact multiple negotiations across different local authorities in Scotland is having on their business model e.g. not all Scottish councils have agreed to pay an enhanced rate for sleepover. On this basis, two providers of supported living services advised that they could not accept the offered rate for sleepover. One further provider noted that they could accept the offered day rate as only a relatively small proportion of their services were located in Renfrewshire, the majority of their services are provided in another local authority area and this authority has not offered a rate sufficient to universally implement £8.45 per hour. Renfrewshire Council's procurement team continue to liaise with these

providers and have offered to support future negotiations, however, until a national approach to the Living Wage uplift is agreed, it is likely that these providers will not agree to accept the uplift offered.

- 9.3 Renfrewshire HSCP continues to review out of area placements. Where placements have been made off contract, the HSCP are considering whether Scotland Excel's national framework for Adult Residential placements would provide a viable form of contract. All rates currently paid under this contract are paid based on the current Scottish Living Wage.
- 9.4 **Living Wage Increase 2018/19**
For 2018/19 the new Living Wage rate has been set at £8.75, an increase of 30p from the 2017/18 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, a % increase will be applied which will include the impact of on-costs. At present it is not clear from which date this increase will apply, however, it is likely that this will be from 1 May 2018.
- 9.5 **National Care Home Contract 2018/19**
The terms of the contract for 2017/18 were negotiated by COSLA and the Scottish Government with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 2.8% was agreed for 2017/18 which includes an allowance to support delivery of £8.45 per hour to all care staff. For 2018/19 an increase of 3.39% has been agreed by Leaders and Providers for the new Living Wage of £8.75, a minute of variation will be issued to providers for signature and return.

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, delivery of 2017/18 agreed savings.
11. **Privacy Impact** – none.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

**Social Work Revenue Budget Position
1st April 2017 to 2nd February 2018**

Subjective Heading	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Employee Costs	27,848	24,454	24,037	417	1.7%	underspend
Property Costs	384	246	221	25	10.2%	underspend
Supplies and Services	1,558	928	983	(55)	-5.9%	overspend
Contractors	51,613	44,639	44,940	(301)	-0.7%	overspend
Transport	668	499	480	19	3.8%	underspend
Administrative Costs	239	175	179	(4)	-2.3%	overspend
Payments to Other	5,405	4,767	4,769	(2)	0.0%	overspend
Capital Charges	-	-	-	-	0.0%	breakeven
Gross Expenditure	87,715	75,708	75,609	99	0.1%	underspen
Income	(22,301)	(24,703)	(24,604)	(99)	0.4%	overspend
NET EXPENDITURE	65,414	51,005	51,005	-	0.00%	breakeven

Position to 2nd February is a breakeven of **£0** **0.00%**

Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget £000's	Year to Date Budget £000's	Actual to Date £000's	Variance		
				£000's	%	
Older People	43,191	23,032	23,092	(60)	-0.3%	overspend
Physical or Sensory	6,187	5,529	5,569	(40)	-0.7%	overspend
Learning Difficulties	13,587	17,430	17,433	(3)	0.0%	overspend
Mental Health Needs	1,718	2,976	2,976	-	0.0%	breakeven
Addiction Services	731	702	599	103	14.7%	underspend
Integrated Care Fund	-	1,336	1,336	-	0.0%	breakeven
NET EXPENDITURE	65,414	51,005	51,005	-	0.00%	breakeven

Position to 2nd February is a breakeven of **£0** **0.00%**

Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Appendix 2

Health Revenue Budget Position 1st April 2017 to 31st January 2018

Subjective Heading	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	Variance		
				£'000	%	
Employee Costs	43,951	36,413	36,494	(81)	-0.2%	overspend
Property Costs	8	7	27	(20)	-300.0%	overspend
Supplies and Services	22,249	18,391	18,042	348	1.9%	underspend
Purchase Of Healthcare	2,429	2,025	2,062	(38)	-1.9%	overspend
Resource Transfer	16,871	14,059	14,059	-	0.0%	breakeven
Family Health Services	82,245	69,988	69,988	0	0.0%	overspend
Savings	(208)	(173)	-	(173)	100.0%	overspend
Gross Expenditure	167,545	140,709	140,673	36	0.0%	underspend
Income	(4,047)	(3,363)	(3,327)	(36)	1.1%	overspend
NET EXPENDITURE	163,499	137,346	137,346	(0)	0.00%	

Position to 31st January is a breakeven of **£0** **0.00%**
 Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	Variance		
				£'000	%	
Addiction Services	2,668	2,094	2,009	85	4.1%	underspend
Adult Community Services	9,022	7,526	7,175	351	4.7%	underspend
Children's Services	5,323	4,233	4,261	(28)	-0.6%	overspend
Learning Disabilities	1,169	976	963	12	1.3%	underspend
Mental Health	18,962	15,827	16,945	(1,118)	-7.1%	overspend
Hosted Services	10,527	8,606	8,240	366	4.2%	underspend
Prescribing	35,041	30,416	30,416	-	0.0%	breakeven
Gms	24,101	19,760	19,760	-	0.0%	breakeven
Other	20,864	17,894	17,894	0	0.0%	overspend
Planning & Health	1,252	900	813	87	9.7%	underspend
Other Services	1,908	1,896	1,896	0	0.0%	overspend
Resource Transfer	17,041	14,201	14,201	-	0.0%	breakeven
Integrated Care Fund	3,127	2,605	2,361	244	9.4%	underspend
Social Care Fund	12,495	10,413	10,413	-	0.0%	breakeven
NET EXPENDITURE	163,499	137,346	137,346	(0)	0.00%	

Position to 31st January is a breakeven of **£0** **0.00%**
 Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

For Information

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

Appendix 3

2017/18 Adult Social Care Financial Allocation to Renfrewshire HSCP	
	£k
2017/18 Renfrewshire HSCP Opening Budget:	60,468.4
	60,468.4
<u>Adjustments to Base Budget:</u>	
Impact of increase in the Living Wage and changes in sleepover costs	1,989.0
Inflationary pressures on commissioned contracts	1,170.0
Impact of demographic and socio-economic demand pressures	1,276.6
Transfers from Corporate	65.4
Adult Social Care Budget as reported @ 26 May 2017	64,969.4
<u>Budget Adjustments posted in month 4</u>	
Realignment of Resource Transfer from Child Care Services	-19.2
Sensory Impairment Carry Forward	9.0
Adult Social Care Budget as reported @ 21 July 2017	64,959.2
<u>Budget Adjustments posted in month 6</u>	
2017/18 Pay Award	557.9
Realignment of Vehicle Insurance to Corporate	-23.6
Adult Social Care Budget as reported @ 15 September 2017	65,493.5
<u>Budget Adjustments posted in month 8</u>	
2017/18 Pay Award Correction	-3.8
Adult Social Care Budget as reported @ 10 November 2017	65,489.7
<u>Budget Adjustments posted in month 9</u>	
2 x Income Maximisation Posts to C&P	-70.0
Finance Business Partner Upgrade to Corporate	-5.4
Adult Social Care Budget as reported @ 8 December 2017	65,414.3

Appendix 4

2017/18 Health Financial Allocation to Renfrewshire HSCP	
	£k
2016/17 Renfrewshire HSCP Closing Budget:	157,676.9
less: non recurring budgets (allocated annually)	-4,021.9
= base budget rolled over	153,655.0
Additions:	
Social Care Integration Fund to transfer to Council	3,480.0
Hospice - Transfer of Hospice budget to HSCP 1st April	2,300.1
Hospices - Adjustments to match agreed allocation following repairs	182.5
	5,962.6
Reductions:	
LD Supplies RAM	-7.9
GMS Budget Adjustment to reflect expenditure	-1,394.3
*GMS = costs associated with GP services in Renfrewshire	
	-1,402.2
Budget allocated as per 2017/18 Financial Allocation 31st May 2017	158,215.4
Budget Adjustments posted in month 3	
Additions:	
Finance Staff Transfer-Mgt Transfer to HSCP	80.8
	80.8
Reductions:	
Prescribing Budget Adjustment	-384.5
	-384.5
Non-Recurring:	
CAMHS Mental Health Bundle- Funding for various posts	265.6
Carers/Veterans - Part of Social Care Fund	240.0
Protection Funding due to Service Redesign	3.2
	508.8
Health Budget as reported @ 30th June 17	158,420.5
Budget Adjustments posted in month 4	
Additions:	
GMS Budget Adjustment to reflect expenditure	2,220.2
*GMS = costs associated with GP services in Renfrewshire	
	2,220.2
Non-Recurring:	
SESP -Diabetes Funding - Funding Divided between Podiatry, PHI & Funding - To fund Infant Feeding Advisor Post	343.3
	7.1
	350.4
Savings:	
Complex Care savings - Partnerships Share	-91.0
	-91.0
Health Budget as reported @ 31st July 17	160,900.1
Budget Adjustments posted in month 5	
Additions:	
Prescribing Spend to Save - Budget Transfer	419.0
Health Visitor Gifrec Framework - Budget to Reflect Staff Profile	353.0
	772.0
Non-Recurring:	
Correct Budget Coding Error	-50.0
Carers Information Strategy Funding	140.1
	90.1
Health Budget as reported @ 31st August 17	161,762.2
Budget Adjustments posted in month 6	
Non-Recurring:	
GMS Budget Adjustment to reflect expenditure	1,335.8
	1,335.8
Health Budget as reported @ 30th September 17	163,098.0
Budget Adjustments posted in month 7	
Additions:	
Transfer of CMHT Admin Staff from Corporate	120.6
	120.6
Reductions:	
FHS GMS Adjustment	-67.4
	-67.4
Non-Recurring:	
Modern Apprentice 50% Funding	16.5
Primary Care Support: PCTF Redesign	168.7
Primary Care Support: Cluster Funding	112.0
FHS: Reduction in SESP Funding	-117.2
	180.0
Health Budget as reported @ 31st October 17	163,331.2
Budget Adjustments posted in month 8	
Non-Recurring:	
MH INNOVATION FUND - CHILDRENS	25.0
Smoking Prevention	123.3
	148.3
Health Budget as reported @ 30th November 17	163,479.5
Budget Adjustments posted in month 9	
Reductions:	
GMS 17-18 ADJ	-2.9
	-2.9
Non-Recurring:	
Tabacco Funding	22.0
	22.0
Health Budget as reported @ 31st December 17	163,498.6

GP Prescribing to November 2017 (£000)

	<u>FY Budget</u>	<u>Budget YTD</u>	<u>Actual YTD</u>	<u>Total Variance</u>	<u>Sh Supply Variance</u>	<u>Off Patents Variance</u>	<u>Net Variance</u>	<u>Net Var %</u>
Glasgow South	46,275	31,098	31,661	-563	-663	-129	229	0.7%
Glasgow North East	40,056	26,919	27,535	-616	-594	-112	90	0.3%
Glasgow North West	38,950	26,176	26,579	-403	-643	-117	357	1.4%
Glasgow City	125,281	84,193	85,775	-1,582	-1,900	-358	676	0.8%
Renfrewshire	34,622	23,267	24,052	-785	-558	-105	-122	-0.5%
West Dunbartonshire	18,926	12,719	13,165	-446	-262	-55	-129	-1.0%
East Dunbartonshire	18,671	12,548	12,884	-336	-187	-67	-82	-0.7%
Inverclyde	17,767	11,940	12,486	-546	-380	-55	-111	-0.9%
East Renfrewshire	15,384	10,339	10,853	-514	-193	-46	-275	-2.7%
Total HSCPs	230,651	155,006	159,215	-4,209	-3,480	-686	-43	0.0%
Central Services	6,371	4,282	4,017	265	-25	-3	293	6.8%
Total (GIC)	237,022	159,288	163,232	-3,944	-3,505	-689	250	0.2%

Appendix 6

Partnership Hosted Budget Position @ 31 December 2017

Host	Service	Actual Net Expenditure to Date	Budgeted Net Expenditure to Date	Variance to Date	Comment
East Dunbartonshire	Oral Health	£7,125,823	£7,436,967	£311,144	The current year to date position shows an underspend of £311k which relates in the main to vacancies within the non-consultant and dental nursing areas following a number of retirements as well as better stock control and ordering of instruments and sundries contributing to a favourable variance. Any year end variance will be carried forward through partnership reserves.
Total		£7,125,823	£7,436,967	£311,144	
East Renfrewshire	Learning Disability	£6,140,917	£6,140,916	£1	The service is managing the redesign process with the closure of Waterloo Close and assessment work is ongoing for Netherton. The service currently projects a £22k underspend by year end and this will be transferred to the earmarked reserve set up to contribute towards the cost of the transitional period.
Total		£6,140,917	£6,140,916	£1	
Glasgow	Continence*	£2,768,226	£2,929,070	£160,844	
Glasgow	Sexual Health	£7,023,012	£7,019,197	£3,815	
Glasgow	Mh Central Services*	£5,360,082	£5,277,795	£82,287	Overspends in Junior Docs & unachieved savings offset by underspending in the clinical training budget for nurses
Glasgow	MH Specialist services *	£7,353,595	£7,469,828	£116,233	Underspends in a number of services due in the main to vacancies & turnover
Glasgow	Alcohol + Drugs Hosted*	£14,536,645	£14,571,491	£34,846	
Glasgow	Prison Healthcare*	£5,194,431	£5,048,707	£145,724	Clinical supplies, mainly drugs, account for the majority of the Prison Healthcare overspend. Within employee costs, there are some pressures associated with increased sessional Medical costs and a Health Improvement post which are offset by vacancies and turnover in other professions. The use of bank staff to partially cover turnover is ongoing. It is hoped that the recruitment of Advanced Nurse Practitioners will reduce the reliance on Medical Staffing over time and will therefore have a favourable impact on the budget position.
Glasgow	HC In Police Custody	£1,775,934	£1,997,859	£221,925	The underspend within the Police Custody Healthcare service is largely as a result of medical and nursing vacancies.
Total		£44,011,925	£44,313,947	£302,022	
Renfrewshire	Podiatry	£4,676,972	£4,797,505	£120,533	As previously reported, this underspend reflects turnover in the Primary Care service due to vacant administrative posts within the screening services and an underspend within Podiatry due to a combination of staff turnover and maternity/unpaid leave, some of which are covered by bank staff along with efficiencies in the supplies budget.
Renfrewshire	Primary Care support	£2,738,655	£2,949,268	£210,613	
Total		£7,415,627	£7,746,773	£331,146	
West Dunbartonshire	MSK Physio	£4,405,927	£4,456,594	£50,667	Predominantly non pays budget underspend within Admin and Equipment Supplies.
West Dunbartonshire	Retinal Screening	£553,538	£602,535	£48,997	Cessation of Equipment Maintenance contract (no longer required), and change to National Autograder charges have resulted in non pays budget underspend.
Total		£4,959,465	£5,059,129	£99,663	
Total		£69,653,757	£70,697,731	£1,043,974	

* These services are not currently reported as Host. This will be amended for 2018/19.

Consumed By:-	
Glasgow	£43,449,037
East Dunbartonshire	£3,979,991
East Renfrewshire	£3,405,370
Renfrewshire	£9,237,497
Inverclyde	£4,589,202
West Dunbartonshire	£4,992,661
Total	£69,653,757

Appendix 7

Reserves Balances at 31st January 2018

Earmarked Reserves	
	Health £000's
Opening Balance 1st April 2017	2,850
<u>Less:</u>	
Primary Care Transformation Fund transfer to revenue account	-1,100
GP Digital Transformation transfer to NHSGGC Corporate	-289
GP Primary Scan Patient Records transfer to NHSGGC Corporate	-705
Remaining Balance	756
<u>Comprising:</u>	
Funding for Temporary Mental Health Posts	82
Primary Care Transformation Fund Monies	39
District Nurse 3 year Recruitment Programme	150
Health and Safety Inspection Costs to Refurbish MH shower facilities	35
Prescribing	450
	756

General Reserves			
	Adult Social Care £000's	Health £000's	Total £000's
Opening Balance 1st April 2017	1,519	1,125	2,644
<u>Less:</u>			
Allocation to Care at Home	-1,519		-1519
Share of Pension Liabilities		-181	-181
Share of Unallocated CHP savings		-519	-519
Current Projected Balance required to deliver breakeven at year end		87	87
Reserves Balances at 31st January 2018	-	512	512

this fig will change each month depending on the projected year end position

Overall Position	Ear Marked Reserves	General Reserves	Total
Opening Balance 1st April 2017	2,850	2,644	5,494
<u>less:</u>			
Amount drawn down at 8 December 2017	-2,094	-2,132	-4,226
Current Projected Balance required to deliver breakeven at year end		87	87
	756	599	1,355

this fig will change each month depending on the projected year end position

To: Renfrewshire Integration Joint Board

On: 23 March 2018

Report by: Chief Officer

Subject: Performance Management Update

1. Summary

- 1.1 Performance information is presented at all Renfrewshire IJB meetings. The Performance Scorecard with all indicators aligned to the nine National Health and Wellbeing Outcomes is presented to the IJB twice yearly. The mid-year position for 2017/18 was presented to the IJB in November 2017 and the end of year position will be reported in June 2018.
- 1.2 This performance management focus report looks at our organisational health in the HSCP. Our vision is for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well. This vision was developed through engagement with a wide range of staff, partners, carers and members of the community.
- 1.3 Our vision is underpinned by the professionalism, values and behaviour of our staff, by how our services and teams work, and by our leadership approach across the organisation. Through our approach to leadership, we ensure our wide range of staff feel valued, respected and engaged. In Renfrewshire HSCP, we work together, promoting a positive culture where people and performance thrive. By achieving this, we will see a positive impact on wider performance.
- 1.4 This focus report on organisational health provides an overview of performance in the following areas: sickness absence, Knowledge and Skills Framework, induction, Inspection and iMatter staff surveys, Nursing and Midwifery Council (NMC) registration, HSCP Workforce, and Communications.

2. Recommendation

It is recommended that the IJB:

- Approves the Performance Management Focus Report on Organisational Health 2017/18 for Renfrewshire HSCP.

3. Organisational Health Performance Reporting 2017/18

3.1 Sickness Absence

Sickness absence and a healthy workforce remain a priority for the HSCP and will be subject to continued performance monitoring and evaluation of work to ensure absence performance is improved and best practice is applied across the HSCP.

Although there has been some evidence of improvement in absence management in the last year, there are still many challenges and issues to address and overcome. We will seek innovative solutions to make further improvements in 2018.

The two employers of HSCP staff, NHS Greater Glasgow and Clyde (NHSGGC) and Renfrewshire Council, monitor sickness absence rates in different ways. The Local Delivery Plan (LDP) standard is for NHS Boards to achieve a sickness absence rate of 4% or less. In line with the reporting requirements for Scottish Councils, Renfrewshire Council's staff absence is expressed as a number of work days lost per full time equivalent (FTE) employee. The target at quarter 2, 2017/18 was 1.79 days per full time equivalent employee.

Table 1– NHS staff

Renfrewshire HSCP	2017	2016
Jan	6.13%	6.6%
Feb	6.25%	6.61%
Mar	5.67%	7.05%
Apr	4.98%	5.64%
May	4.98%	5.09%
Jun	5.37%	6.14%
Jul	5.15%	5.66%
Aug	5.15%	5.04%
Sept	5.15%	5.06%
Oct	5.96%	6.27%
Nov	6.15%	6.53%
Dec	6.21%	6.25%

Table 1 – Monthly Absence statistics 2016 and 2017 inclusive

- Table 1 shows that for ten of the twelve months in 2017, absence rates improved compared to the corresponding month in 2016.

Whilst the 4% target was not achieved in 2017, there has been some improvement in the last year with April and May 2017 showing 4.98%.

Adult Social Work Service absence performance from quarter 3, 2015/16, to quarter 2, 2017/18 is detailed in Table 2, overleaf.

Table 2 – Renfrewshire Council Adult Social Work Services

Year	2015/16		2016/17				2017/18	
Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Work days lost	4.15	3.68	4.29	3.95	5.03	3.65	2.36	3.88

The table shows that work days lost in quarter 3 of 2015/16 averaged 4.15 days per full time employee. Although performance has fluctuated over the two year period, it has reduced slightly to 3.88 days per employee in quarter 2, 2017/18.

3.2 Staff Flu Vaccination Programme 2017/18

Despite this issue receiving high profile awareness over recent months, staff uptake of the flu vaccine is below 40%. This may have had a seasonal influence on absence this winter as viruses related to colds and flu have seen a spike, mainly impacting on short term absence in recent months.

3.3 Supporting Attendance Activity

Planned actions to improve sickness absence performance include:

- Human Resource (HR) Teams continuing to work closely with service management teams to identify areas that require additional support;
- A Council review of current attendance policies. Meetings have taken place with trade unions to ensure this is a fully collaborative process;
- HR Operational Teams continue to proactively advise and support managers, particularly in teams where absence rates are high;
- The delivery of supporting attendance training for managers; with the provision of tailored training for managers and employees at a service level;
- Ongoing health improvement activities and support through Healthy Working Lives, aimed at raising employee awareness of health issues.

3.4 Healthy Working Lives (HWL)

The HWL programme is promoted by an Active Staff health group. Staff are given the opportunity to take part in a number of workplace activities to support their health and wellbeing. Activities include yoga, pilates, salsa and walking challenges. Information awareness sessions have also been provided on topics such as menopause, mental wellbeing and healthy eating.

3.5 **Absence Management Codes**

We have recently reinforced the importance of improved recording of absence causes. There are still a number of absences within Renfrewshire HSCP being recorded on the SSTS payroll system using the SWISS Codes 98/99 (other known causes and unknown causes/ not specified). Arrangements are in place for those authorising SSTS to check that no absence is recorded under codes 98 or 99 prior to authorisation. We have provided additional guidance to ensure a valid known absence reason is recorded and offered additional training where required.

3.6 **Staff Health Strategy 2017- 2020**

Underpinning the NHSGGC commitment to improving staff health, one recent initiative launched during 2017 is the provision of self-help resources for staff available on the HRConnect website. As part of its approach to supporting positive attendance at work, HRConnect has been updated to provide staff with a facility to easily access a range of self-help guides, information and advice on common issues. Four topics are covered including Money Advice, Carers' Advice, Mental Health, and Living Life to the Full. A recent dimension to this is the proposal to raise awareness of these resources across the Renfrewshire GP network and ensure staff can be signposted to these resources from their employer and/or their GP, where appropriate.

3.7 **Occupational Health Nurse**

From March 2018, we have secured the support of a designated Occupational Health Nurse to support Senior Charge Nurses in Mental Health Services to discuss more complex absence cases and receive guidance and support to manage these effectively.

4. **Knowledge and Skills Framework (KSF)**

4.1 75.9% of NHS staff recorded an up to date review on e-KSF at the end of January 2018, an increase of 7.8% on the January 2017 figure. The NHSGGC overall figure was 75% against the 80% compliance target.

4.2 Turas appraisal will be the new recording system for KSF reviews and will go live on 1 April 2018. Turas (Gaelic for 'Journey') is a single digital platform developed by NHS Education for Scotland. All information previously recorded on e-KSF will be available on Turas Appraisal from April 2018.

5. Induction

- 5.1 Standard induction completion has been at 100% compliance each month from March 2017.
- 5.2 Healthcare Support Worker mandatory induction completion was 100% in all months during 2017 except in December when it was 67%. This represents one employee who did not complete the induction process by the deadline date. Induction has now been completed.
- 5.3 Our 3 month (6 months for part-time staff) Induction Programme for new staff joining our organisation includes information on our core NHS values of: Care and Compassion – Dignity and Respect – Openness, Honesty, Responsibility, Quality and Teamwork – and how these values guide us in all that we do to make the biggest difference to patients and their families.

6. Health Care Support Worker Code of Conduct

- 6.1 All 337 RHSCP NHS staff required to complete the Code of Conduct have now done so. The HCSW Code of Conduct is a national code introduced by the Scottish Government (CEL 23) in recognition of the important role Healthcare Support Workers play in patients' experience of care and services in NHS Scotland.

7. Inspection and iMatter Staff Surveys

- 7.1 The Joint Inspection of Adult Health and Social Care in Renfrewshire took place between October and December 2017. In preparation for the inspection, Renfrewshire Health and Social Care Partnership undertook a self-evaluation. The inspectors then carried out a series of onsite scrutiny sessions with staff, partners, providers, carers and service users.
- 7.2 In addition, a staff survey was undertaken by the inspectors and the results will inform the inspection report. The results of the survey were presented to the Health and Social Care Senior Management Team on 10 November 2017. The response rate (34%) was the highest received by the inspection team and it was noted that the overall response to the questions was more positive than the national average. Focus groups have been set up to explore staff responses in more detail.
- 7.3 The first run of iMatter in Renfrewshire yielded positive results in both response rates 65% and engagement scores 77%. We hope to build on this in 2018.
- 7.4 Awareness sessions for managers on the function and process for iMatter were carried out in January/February 2018. 'Drop in' sessions

will be held in March to assist managers to plan their team discussions on their results and the development of team action plans.

- 7.5 Team Bulletin in January acknowledged the positive response in 2017 and encouraged all staff to complete the 2018 questionnaire before the deadline of 5 March 2018.

8. Nursing and Midwifery Council (NMC) Registration

- 8.1 Revalidation for nurses and midwives was approved by the NMC on 8 October 2015, with implementation date being 1 April 2016.
- 8.2 Revalidation builds upon post registration education and practice (PREP), and was a change in how nurses maintain professional registration with the NMC, through providing evidence of practice and continuing professional development related to the Code (Professional Standards of Practice and Behaviour for Nurses and Midwives 2015).
- 8.3 Revalidation is not about making an assessment of Fitness to Practice, it is about promoting good practice across the whole population of nurses and midwives, as well as strengthening public confidence in the nursing and midwifery professions.
- 8.4 There is a robust process in place across HSCPs to minimise the risk of staff lapsing from the register, although it is important to reinforce that this is the responsibility of the practitioner.
- 8.5 In Renfrewshire the process is demonstrated as a process map, where staff are prompted in advance of dates required, in addition to continuous prompts from the NMC.
- 8.6 Since April 2016, nursing staff due to revalidate have all revalidated successfully.

9. HSCP Workforce

- 9.1 The Organisational Development and Service Improvement Strategy takes into account future changes in corporate priorities, objectives, and legislative and regulatory changes. It reflects ongoing changes in the profile of the HSCP workforce, their development needs and succession planning as services change in the future to meet service demand. Table 3, overleaf, shows the current workforce demographics.

Table 3 – Workforce Demographics

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		HSCP Total		% of Available Workforce
	Headcount	WTE	Headcount	WTE	Headcount	WTE	%
16-20	3	2.35	3	3	6	5.35	0.25
21-30	126	104.32	119	107.76	245	212.08	10.04
31-40	192	156.05	243	195.84	435	351.89	17.82
41-50	319	256.26	378	311.37	697	567.63	28.55
51-60	472	382.1	422	356.36	894	738.46	36.63
61-65	97	74.59	46	36.73	143	111.32	5.86
66+	16	10.72	5	3.47	21	14.19	0.85
Total	1225	986.39	1,216	1,014.53	2,441	2,000.92	

Source: Renfrewshire HSCP/Renfrewshire Council

- 9.2 Over a third of staff working in the HSCP are aged 51 to 60 and almost half of the workforce are in the 31 to 50 age bracket. The total headcount of 2,441 shows similar numbers of staff in the HSCP are employed by Renfrewshire Council and NHSGGC.

10. Communications

- 10.1 The Communications Evaluation Report (Appendix 1) is produced monthly to summarise activity and analytics of the HSCP website and social media platforms. The infographic shows activity such as total website views, most popular web pages, social media audience reach, and engagement on Twitter and Facebook. These reports show managers and staff how the platforms are performing and which areas can be improved on. They demonstrate the reach of social media and the potential to use it more widely.

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

Monthly Evaluation Social Media & Website

January 2018



Website Analytics - Page Views

Total page views on website -
5,922

Total unique page views -
4,111

Most visited website pages

1

Home page

2

About us

3

Adults & Older
People's Services

4

Renfrewshire
HSCP

5

Publications &
Newsletters



Social Media Analytics

Total social media reach in December
50,162



TWITTER

706 followers
37 new followers
110 retweets



139 likes
10 replies
1,200 impressions per day

FACEBOOK

12,262 people reached



9 new page likes
370 page likes

Top Social Media Posts

1

Primary School
Resources
5,300 reach

2

MSK NHS Infrom App
3,307 reach

3

Cervical Cancer
Screening
3,200 reach



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RenfrewshireHSCP

To: Renfrewshire Integration Joint Board

On: 23 March 2018

Report by: Chief Officer

Heading: Preparation for Implementation of the Carers (Scotland) Act 2016

1. Summary

- 1.1 The implementation of the provisions in the Carers Act, which are designed to support carers' health and wellbeing, will largely come into force on 1 April 2018, building on the aims and objectives set out in the National Carers and Young Carers Strategy 2010-2015.
- 1.2 Regular updates on local preparations have been brought to IJB meetings over the last year.
- 1.3 This report provides further assurance to members on the preparatory work underway across Renfrewshire in order to achieve 'readiness' in time for commencement of the new Act, including:
- 1.3.1 The recent approval of an updated Renfrewshire Integration Scheme which reflects the provisions in the Carers Act to be delegated to the IJB;
 - 1.3.2 An overview of the new adult carer eligibility criteria and case studies to illustrate the different support available for carers who fall outwith the critical or substantial threshold;
 - 1.3.3 Arrangements in place for Adult Carer Support Plans (ACSP) and Young Carer Statements (YCS);
 - 1.3.4 The timeline and arrangements for the future development of a Carers Strategy for Renfrewshire;
 - 1.3.5 Work underway to raise awareness of the Act among HSCP staff and offer training where appropriate;
 - 1.3.6 The key role the Carers Centre is playing on behalf of the HSCP in raising public awareness of the Carers Act and the provision of a carers information service for Renfrewshire; and
 - 1.3.7 Management of the key risks identified by the Carers Act Strategic Steering Group.
-

2. Recommendation

It is recommended that the IJB:

- Note the significant preparatory work under way across Renfrewshire in order to achieve 'readiness' in time for commencement of the Carers Act in April 2018;
 - Note the timeline and arrangements for the future development of a Carers Strategy for Renfrewshire; and
 - Agree a further report is brought to the IJB when all national guidance has been made available.
-

3. Introduction

- 3.1 The implementation of the provisions in the Carers Act, which are designed to support carers' health and wellbeing, will largely come into force on 1 April 2018. This legislation builds on the aims and objectives set out in the National Carers and Young Carers Strategy 2010-2015.
- 3.2 Renfrewshire HSCP is on track to have requirements in place for the commencement of the Act, in line with the Scottish Government timelines. The Scottish Government has drafted statutory guidance to support the implementation of the Act, however this will not be finalised until March 2018.
- 3.3 The key requirements that Renfrewshire must have in place include:
- An approved, updated Integration Scheme which reflects the new provisions in the Carers Act
 - Agreed local eligibility criteria that will assist integrated authorities to prioritise support and to target resources as effectively and efficiently as possible;
 - Finalisation and publication of templates for Adult Carers Support Plans and Young Carers Statements; and
 - Review of current support provision, provision of breaks from caring, waiving of charges, and Self-Directed Support arrangements to ensure compliance with the Act.
- 3.4 In addition, each IJB must prepare a local Carers Strategy jointly with Local Authority and Health Board input. The Act requires the first local carer strategy to be published by the date on which the IJB must publish its next Strategic Plan in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014. In practice, this means that a new Renfrewshire Carers Strategy will be developed to align with the timeline for the IJB's 2019-22 Strategic Plan. For 2018/19, the HSCP has worked with the Carers Centre to develop an Interim Carers Strategy, refreshing the 2013-17 Carers Strategy to reflect the key provisions in the new Act.

- 3.5 An updated local implementation plan and timeline can be found at Appendix 1.

4. Integration Scheme

- 4.1 In line with Scottish Government direction, Local Authorities and Health Boards are required to update their legal agreement, called an Integration Scheme. This agreement, which sets out the health and adult social care functions delegated to IJBs, must be revised to include the new duties and provisions set out in the Carers' Act.
- 4.2 An updated Renfrewshire Integration Scheme, reflecting the new provisions in the Carers Act, was approved by the NHSGGC Board on 20 February 2018, and Renfrewshire Council's Leadership Board on 21 February 2018. The updated Integration Scheme was submitted to the Scottish Government on 2 March 2018.

5. Eligibility Criteria

- 5.1 Renfrewshire's Adult Carer Eligibility Criteria was approved by the IJB on 26 January 2018.
- 5.2 In Appendix 2, an illustrative line has been placed indicating where the Local Authority has a *duty* to support and where it has a *power* to support.
- 5.3 Appendix 3 provides case studies setting out the type of support carers could access relative to where they are scored according to the eligibility criteria.

6. Adult Carer Support Plans

- 6.1 The Carers Act requires that where a person is identified as an adult carer, that person must be offered an Adult Carer Support Plan (ACSP). An ACSP should be prepared for anyone who accepts the offer and for anyone who requests an ACSP, who appears to be an adult carer.
- 6.2 An ACSP must detail:
- a) an adult carer's identified needs;
 - b) an adult carer's identified personal outcomes; and
 - c) the support to be provided by the responsible Local Authority (or HSCP) to the adult.
- 6.3 A working group of HSCP Locality Team staff and the Carers Centre developed a draft ACSP and the Renfrewshire ACSP was agreed by the Strategic Carers Group at its meeting on 7 March 2018. The outcome focussed ACSP reflects the requirements set out in the Act and the information to be collected in the Carers Census.

- 6.4 A draft ACSP has been developed by Renfrewshire HSCP, in partnership with Renfrewshire Carers Centre. This addresses the above requirements, and includes a mechanism for determining eligibility criteria based on ensuring fair access to carer supports in accordance with Scottish Government guidance and locally agreed criteria.
- 6.5 ACSPs will be offered to new carers from 1 April 2018. Existing carers will be offered an ACSP during 2018/19. The offer of the ACSP will coincide with the annual review of the cared-for person and will act as a trigger for the undertaking of the ACSP. It should be emphasised, however, that the carer has an entitlement to an independent review of their needs in their own right, separately from the cared-for person.
- 6.6 The introduction of the Carers Act will place additional pressures on existing services. The ACSP will require additional staff time to assess and complete, and there will be increased demands on the infrastructure to support the delivery of services either directly or via Self-directed Supports options such as Direct Payment.

7 Staff Training and Awareness Raising

- 7.1 A programme of staff training and awareness raising sessions is running from February to April 2018. The training is aimed at all Renfrewshire Council and HSCP staff and will cover:

- the new Act and its provisions including the new definition of Carer;
- the new Adult Carers Support Plans and Young Carers Statements.
- Requirement for Carers to be involved in hospital discharge process
- The eligibility criteria for Carers

The sessions are being delivered in partnership with the Carers Centre.

- 7.2 Staff can also access the Equal Partners in Care eLearning module which covers three core principles: Carer Aware, Caring Together, and Planning With Carers as Equal Partners. The modules offer staff the opportunity to explore the principles and practices of the NHSGGC Carers Pathway, how carers are identified and provided with relevant information and signposted to support.
- 7.3 Regular updates have been provided to staff via briefings on areas of work including the Carers Act, Eligibility Criteria and the Integration Scheme.

8 Information and Advice Service

- 8.1 The Act introduces a duty to provide an information and advice service for carers. The Strategic Carers Group has agreed to establish a dedicated information and advice service for carers. The service will be based at the Carers Centre. It will complement existing information

resources and support the provision of information to carers, staff and the general public.

8.2 To promote a good level of awareness on the Act amongst current carers and people who may not recognise themselves to be carers, comprehensive information on the Act and the caring role in general will be published to coincide with the commencement of the Act.

8.3 The HSCP and Carers Centre are also working on information specific to the Carers Act and its impact, including FAQs, as well as updating current general information for carers.

9 Carers Strategy

9.1 The Carers Act requires that each local authority and relevant health board must jointly prepare a local carer strategy.

9.2 The Act defines “relevant carers” who should be covered by the local carer strategy. Relevant carers include both (a) carers who reside in the area of the local authority (whether or not they provide or intend to provide care for cared-for persons in that area) and (b) carers who do not reside in the authority’s area but who provide or intend to provide care to cared-for persons in that area.

9.3 This means that the local carer strategy must cover carers:

- Living and caring in the local authority area
- Living in the local authority area and caring for people living elsewhere
- Not living in the local authority area but caring for a person or people who live in a local authority area

9.4 The Carers Act requires the first local carer strategy to be published by the date by which the IJB must publish its next Strategic Plan in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014. In practice, this means that a new Renfrewshire Carers Strategy will be developed to align with the timeline for the IJB’s 2019-22 Strategic Plan. The Head of Strategic Planning and Health Improvement will update Members on its development.

9.5 In preparation, Renfrewshire Children’s Services have issued a draft Young Carers Strategy for consultation. The approach is aligned to the Getting It Right for Every Child (GIRFEC) framework which underpins all work with children and young people across Renfrewshire Young Person Carers Strategy.

9.6 The Children’s Services strategy for supporting young carers covers six key priorities:

1. Early identification and early intervention

2. Safeguarding, supporting and promoting wellbeing
 3. Preventing and protecting young carers from excessive and inappropriate caring
 4. Building resilience and preparation for the future
 5. Improving outcomes and measuring impact
 6. Rights based approach
- 9.7 The HSCP has worked with the Carers Centre to develop an Interim Carers Strategy for 2018/19, refreshing the 2013-17 Carers Strategy to reflect the key provisions in the new Act. A copy of this Interim Strategy will be published on the Carer's Services area of the HSCP website and on the Carers Centre website by 1 April 2018. In addition, the HSCP will continue to use the Scottish Government's Readiness Toolkit as a strategic framework and ensure all commitments relating to Carers within our Strategic Plan are taken forward.
- 9.8 Throughout the implementation period carers will continue to receive the support they need to continue to care. The lessons learned from the implementation period will form the basis of the new Carers Strategy to be published in 2019.
- 10 Recognition of the Carer's Role in Transitions between Children and Adult Services**
- 10.1 The transition between children and adult services is recognised as a particularly important and stressful issue for young people in transition and their carers. For this reason, a transition planning agreement is in place which clearly describes the steps to be taken towards transition to adult services. This is currently being updated to reflect new developments such as the Carers Act. It is anticipated this work shall be concluded over 2018.
- 10.2 The Carers Centre provides support to carers aged 18-24 years through its Young Adult Carers project. The project recognises that young adult carers face unique challenges as well as opportunities such as in employment and further education, as they become adults. The project will continue to support young adult carers as they move from being a young carer to an adult carer.
- 11 Carers Census data**
- 11.1 A final data specification has been agreed and published by the Scottish Government, this will collect data from carers who have engaged with services within each HSCP and ultimately will determine the level of resources in within each local authority. National plans are under development by the Digital Transformation Team to enable the collection of data from August 2018 using a ProcXed system. Data will be collected

quarterly initially then annually and requires to be collected from all carers services (HSCP, Local Authority (LA) and third sector) to ensure a full spectrum of support informs resource allocation and planning going forward.

12 Scottish Government Funding

- 12.1. At its meeting on 26 January 2018, the IJB agreed with the Chief Finance Officer's recommendation to ring-fence Renfrewshire's local allocation of the Scottish Government's £19.4m funding and Renfrewshire's provision under the Act will be met within this allocated funding.
- 12.2. The National Finance Advisory Group has identified a number of financial risks which are outlined in Section 14.

13 2017/18 Funding

- 13.1. Renfrewshire has been allocated £69.6k funding for 2017/18 by the Scottish Government to support implementation preparations for the commencement of the Act. This funding has been allocated equally between the Adult and Young Carers service areas.
- 13.2. As previously reported, Children's Services is using their one off funding allocation towards creating a dedicated Young Carer Resource Worker (YCRW) to work across Renfrewshire Children's Services as well as the Carers Centre.
- 13.3. As outlined above, the HSCP is establishing an Information and Advice Service which will be based at the Carers Centre and plan to use their funding allocation to support this service.

14 Risks

- 14.1. There are a number of risks which may impact on the successful implementation of the Carers Act. These are detailed in the table below with supporting mitigation activities identified by the Strategic Steering Group.

Risk	Identified mitigation
1 Delays in the issuing of regulations and in receiving final guidance could negatively impact on planning activity. In particular, there are a number of points which Renfrewshire require clarification i.e. where responsibility lies when a cared for person lives in Renfrewshire however the carer lives in another Local Authority	Renfrewshire has representation on national groups and has an early indication on direction of travel, in advance of regulations/ formal guidance being issued. Subject to outstanding national guidance being

<p>area; more detail on waiving of charges in relation to short breaks</p>	<p>made available as a priority, Renfrewshire HSCP and Renfrewshire Council are satisfied that all outstanding provisions will be in place in advance of the Act.</p>
<p>2 The development of local eligibility criteria could lead to inconsistency in support levels across Scotland, and even within the Greater Glasgow and Clyde area. There is also a risk that Carers who fall below the agreed eligibility threshold could be affected if a strategy is not in place to ensure appropriate prevention measures are in place.</p>	<p>Indications from partnerships across Scotland is that most will adopt the Scottish Government's Eligibility Criteria model and will also set their threshold at the Substantial/Critical level, the same as Renfrewshire. However, at least two partnerships have indicated they will take a deviate from this approach by either developing their own criteria or setting different thresholds.</p>
<p>3 The main financial risks, as identified by the national Financial Advisory Group, are:</p> <ul style="list-style-type: none"> • Insufficient funding as outlined in the Financial Memorandum to the Carers Bill to cover full costs of implementation, in particular for the earlier financial years; • Unit cost of providing an Adult Carer Support Plan / Young Carer Statement or duty to support (including replacement care) is higher than estimated in the Financial Memorandum (which is at 2013-14 prices); • Demand, for assessments and/or support, is significantly higher than outlined in Financial Memorandum; • Insufficient funding to cover full cost of Waiving of Charges as estimated at £16m per annum (nationally). 	<p>A new national Finance Group has been established to take forward outstanding issues relating to the financing of the Carers Act. This group's focus is on establishing, collecting and monitoring data, the identification and monitoring of key financial risks, and the formal process for addressing any significant financial gaps arising from the implementation of the Act.</p> <p>The Chief Finance Officer's recommendation, approved by the IJB on 26 February 2018, is that Renfrewshire's provision under the Act will be met within its local allocation of the Scottish Government's Carers Act funding</p>

<ul style="list-style-type: none"> • Insufficient funding to cover replacement care. 	
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15 Next Steps

- 15.1 A further update report will be brought to the IJB once the HSCP when all national guidance has been made available and Renfrewshire's local funding allocation has been agreed.

Implications of the Report










1. **Financial** – this report highlights a number of financial risks associated with the implementation of the Carers (Scotland) Act
2. **HR & Organisational Development** – additional staff training planned to support staff through change.
3. **Community Planning – Nil**
4. **Legal** – The Health Board and Renfrewshire Council have updated their Integration Scheme to reflect the new Carers (Scotland) Act. The IJB must meet its statutory requirements in relation to the provisions set out in the new Carers (Scotland) Act
5. **Property/Assets – Nil**
6. **Information Technology** – managing information and making information available may require ICT input.
7. **Equality & Human Rights** – Carers and Young Carers are recognised vulnerable groups with poorer health outcomes than the general population and actions to support Young Carers have been identified.
8. **Health & Safety – Nil**
9. **Procurement – Nil**
10. **Risk** – as highlighted within the report
11. **Privacy Impact – Nil**

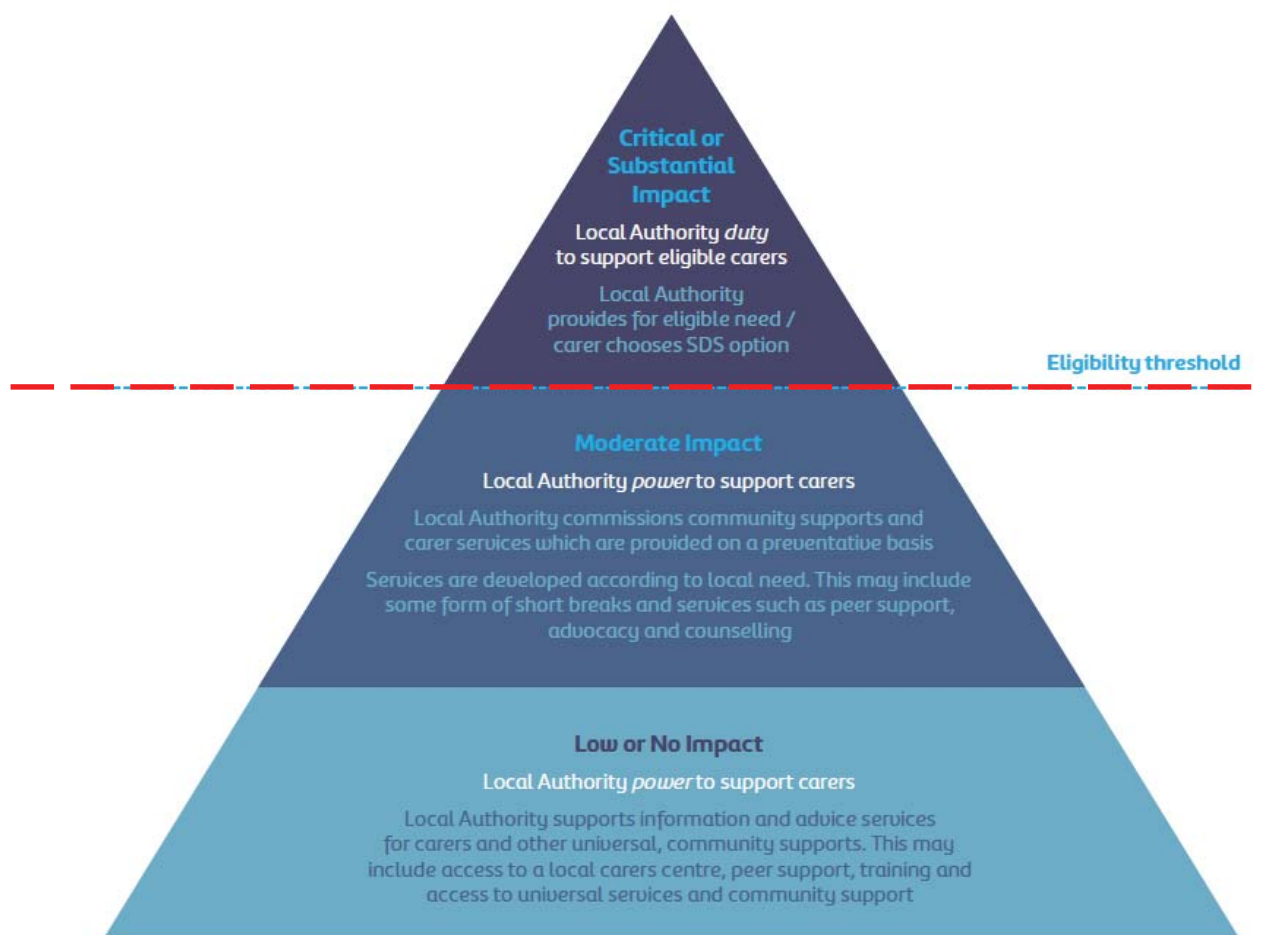
List of Background Papers: None.

Author: Frances Burns, Change and Improvement Manager

Carers Act Implementation Plan

Appendix 1

Date	Requirement	Status
Nov 2017	<ul style="list-style-type: none"> Publish draft Young Carers and Adult Carers eligibility criteria Consultation process underway Report on the implications of the Act for Renfrewshire Children's Services presented to the Education and Children's Policy Board 	
Dec 2017	<ul style="list-style-type: none"> Closure date for consultation responses Complete analysis of consultation responses and meetings 	
Jan 2018	<ul style="list-style-type: none"> Report to IJB and Council on consultation responses and proposed final Adult and Young Carers eligibility criteria IJB and Council agree the first Adult Carers and Young Carers eligibility criteria, taking into account consultation responses. 	
20 Feb 2018	NHS GGC approve updated Integration Scheme to include the new duties put in place by the Carers Act for delegation to IJBs	
01 Mar 2018	Renfrewshire Council approve updated Integration Scheme to include the new duties put in place by the Carers Act for delegation to IJBs	
Feb – Mar 2018	<p>Based on final national guidance, systems, paperwork, training and infrastructure to support implementation of the Act will be put in place:</p> <ul style="list-style-type: none"> Arrangements for Support Plans and Young Person Statements in place Deliver any required changes to information systems Operational Guidance Plan and deliver communications and training to staff Develop public information including FAQs Council agrees 2018-19 budget, including available IJB budget to support the implementation of the Act, and this will be agreed by NHS Board. 	
01 Apr 2018	Commence Act in line with eligibility criteria	
Dec 2018	Short breaks statement prepared and published	
April 2019	Carers Strategy approved by the IJB	



Appendix 3

Eligibility Criteria Level	Impact on Carer	What the Carers Act says	Who provides the support to the carer	How the support needs of carer are identified
Critical or Substantial	Caring has a critical impact on the carer Caring has a substantial impact on the carer	Local Authority <u>duty</u> to support carers	Local Authority / HSCP	Adult Carer Support Plan if carer accepts or requests Agreed between HSCP and carer
Dash line indicates the eligibility threshold at which Local Authority / HSCP has a duty to provide support				
Moderate	Caring has a moderate impact on the carer	Local Authority <u>power</u> to support carers	Local Authority / HSCP commissioned community supports such as the Carers Centre	Adult Carer Support Plan if carer accepts or requests Agreed between Carers Centre and carer
Low or No	Caring has low impact on the carer Caring has no impact on the carer	Local Authority <u>power</u> to support carers	Universal, community supports	Adult Carer Support Plan if carer accepts or requests Agreed between Carers Centre and carer
CASE STUDIES				
Eligibility Criteria Level	Critical or Substantial			
Indicator	Health and Wellbeing, Relationships, Life Balance/Time for Yourself, The Caring Role			
Case Study	<p>K cares for partner and is struggling to manage the caring role.</p> <p>The caring role is having a substantial impact on K's health and wellbeing. K has no support from family and feels isolated due to not having time to see friends.</p> <p>K feels that the caring role is no longer sustainable.</p> <p>K and the HSCP agree that K requires a break from the caring role. A period of respite is arranged for K's partner.</p>			
Eligibility Criteria Level	Moderate			
Indicators	Relationships, Life Balance/Time for Yourself, Finance			

Case Study	<p>F cares for father; however F's life is being impacted by the caring role.</p> <p>F has been on the housing list for a while, as moving out would give F more independence. F will seek accommodation close to father to remain the main carer. F believes this will also improve their relationship</p> <p>The Young Adult Carer (YAC) worker offered F information and advice on the areas F could move to. The worker provided emotional support and F and father made arrangements for the move. The YAC worker also provided financial advice by supporting F to apply for funding for essentials for the new home.</p> <p>As a result of this support, F's confidence increased and F felt more able to continue to provide care. F's relationship with father has also improved.</p>
Eligibility Criteria Level	Low
Indicator	Life Balance/Time for Yourself
Case Study	<p>C has just moved to Renfrewshire and cares for partner.</p> <p>C is managing the caring role fine and has good support from family; this allows C time to do other activities.</p> <p>C is a keen artist and would like to find out more information about local art groups in the area. C would also like to make new friends.</p> <p>The Adult Support Worker at the Carers Centre signposted C to Well in Renfrewshire (WiRe), to find information on art groups in C's local area.</p>

To: Renfrewshire Integration Joint Board

On: 23 March 2018

Report by: Chief Officer

Heading: Equality Outcomes and Mainstreaming Progress Update Report

1. Summary

- 1.1. Renfrewshire Integration Joint Board has a statutory duty to report on both progress in achieving its set equality outcomes and mainstreaming the general equality duty by April 2018. The report to be published on the Renfrewshire Health & Social Care Partnership website is attached. (Appendix 1).
-

2. Recommendations

It is recommended that the IJB:

- Note the progress documented within the attached report; and
 - Approve the publication of the attached report.
-

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 a report on progress it has made to mainstream the equality duty by the 30 April 2016 and report on progress every 2 years thereafter.
- 3.2. The report provides information on the progress on mainstreaming equality as well as progress against the Equality Outcomes agreed in 2016.

4. Highlights

- 4.1. Activity highlights from the report are detailed below:
- We continue to implement the health and homelessness standards. Actions from the most recent Homeless Service User Consultation (early 2017) have been completed and the Health, Homelessness and Housing Lead supported clients to register with a GP, access Primary Care Services and arranged appointments at the Royal Alexandra

Hospital Dental Facility. Further work is underway to provide Diabetes specialist input in the Housing Advice and Homeless Centre and the HSCP continues to support Third Sector Homelessness Support Services by offering access to various Training opportunities.

- Staff from the HSCP continue to support the Council and NHS to integrate the general duty across all services through representation on corporate equality working groups such as the Diversity and Equality Alliance in Renfrewshire group and staff disability equality network group.
- We continue to work collaboratively with NHSGGC and other stakeholders to address health inequalities. Consultation was undertaken with Renfrewshire Visually Impaired Forum to hear the issues/barriers that people with a sensory impairment experience when using health services. A DVD has now been produced for staff and aims to raise awareness of these issues in order that sensory impaired service users have a positive experience of health services.
- In November 2017 we hosted the NHSGGC Gender Based Violence Network. The HSCP's training process and follow up audit on outcomes was shared as a good practice model to assist other HSCPs to take forward training of staff in their areas. This proactive approach raises awareness of these forms of gender based violence, supports its identification and enhances the support provided to victims. In addition, the Renfrewshire Multi Agency Risk Assessment Conference (MARAC) was identified as a national model of good practice and its implementation has been replicated in other Local Authority areas.

Implications of the Report

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

Authors:

- Heather Cunningham, Health Improvement & Inequalities Manager
- Bernadette Reilly, Senior Community Link Officer

DRAFT

Equality Outcomes and Mainstreaming Progress Report 2018

March 2018

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1.0 Introduction

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

2.0 Background

Renfrewshire Health and Social Care Partnership was formally established in April 2016. We are responsible for Adult Social Work and all Health services within the community, including Health and Community Care, Learning Disability, Mental Health and Addiction, and all health related Children's services. Our partner organisations include: Renfrewshire Council, NHS Greater Glasgow & Clyde, The Third Sector Interface (TSI) Engage and the Independent Sector.

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 2016-19 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.

3.0 Legal requirements

3.1 The General Equality Duty

As a public body the Renfrewshire HSCP has a legal requirement under the Public Sector Equality Duty, referred to as the general equality duty, and 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;
- 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). Renfrewshire Health and Social Care Partnership 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;
- 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 need 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 should 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
- 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 is required to take 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;
- Listening to patients and using service users' feedback to improve services.

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

The Renfrewshire HSCP is fully committed to ensure that equality is at the heart of everything we do to achieve better outcomes for everyone. This includes actively embedding equality across all functions and decision making processes, ensuring that equality becomes part of our structure, behaviour and culture. The Chief Officer plays a lead role in promoting the ethos of working collectively and efficiently to ensure that equality is considered as a key component across the partnership functions. This involves a range of senior management and staff to ensure that a common and consistent approach is taken to integrate equality into policies 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 mainstreamed equality into our activities and cover what we do through equipping our staff, working with others and tackling health inequalities.

4.1 Equipping our Staff - Staff Development

The Social Work Professional Training team offers a wide range of training courses and development opportunities for partnership staff. Many courses cover guidance and awareness training when working with vulnerable people who may be covered by protected characteristics. Some examples of our staff training courses include:

- Financial Harm Awareness and the links to Adult Support and Protection;
- Technology Enabled Care Service (TECS) Awareness Training;
- Autism Awareness/ Learning Disability/ Dementia ;
- Person Centred Planning;
- Anti Stigma training (Renfrewshire):Understanding Mental Health;
- Anti- Racist Practice in Social Work;
- Domestic abuse;
- Various Welfare rights and benefits courses.

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 and staff disability equality network group.

In November 2017 we hosted the NHSGGC Gender Based Violence Network. Renfrewshire HSCP's training process and follow up audit on outcomes was shared as a good practice model to assist other HSCPs take forward training of staff in their areas. This proactive approach raises awareness of these forms of gender based violence, supports its identification and enhances the support provided to victims. In addition, the Renfrewshire Multi Agency Risk Assessment Conference (MARAC) was identified as a national model of good practice and its implementation has been replicated in other Local Authority areas.

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 implement the health and homelessness standards. Actions from the most recent Homeless Service User Consultation (early 2017) have been completed and the Health, Homelessness and Housing Lead supported clients to register with a GP, access Primary Care Services and arranged appointments at the Royal Alexandra Hospital Dental Facility. Renfrewshire HSCP continues to support Third Sector Homelessness Support Services by offering access to various training opportunities and further work is underway to provide Diabetes specialist input in the Housing Advice and Homeless Centre which will be reported in due course.

Our activities through Community Planning arrangements include our leadership of initiatives funded through the Council's tackling Poverty Programme and include:

- The promotion of mental health and resilience through school counselling in all 11 secondary schools across Renfrewshire. To date they have supported over 418 young people, with anxiety/stress, bereavement/loss and family issues the most frequently presented issues. Initial evaluation of the service has demonstrated an increase in the overall health and wellbeing of pupils attending the counselling service.
- Peer education, run in conjunction with Active Communities, have now trained 274 pupils from S3-S6 as peer educators. Topics within the programme include mental health, physical activity, drugs and alcohol, sexual health and self esteem and young people report increased knowledge of health inequalities

- The embedding of a financial inclusion service for new mums and their families providing associated outcomes such as reduced stress for families and improved budgeting.

We use websites, social media, Twitter (@RHSCP) and Facebook to deliver messaging, engage with online communities of interest, both nationally and locally. Our services 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.

4.3 Health Inequalities

Significant inequalities exist across Renfrewshire's communities. The economic challenges of the past have had a long term impact on the life chances of local people with a widening gap evident in terms of educational attainment, employment, health and wellbeing and poverty. Our work to reduce health inequalities has focused on primary care, the local community and our own staff. Early intervention and prevention are vital and our work has included the following:

Financial - Staff from our Mental Health and Addiction Services are able to refer their patients to a specialist financial inclusion/welfare advice service which aims to support patients from both Mental Health and Addictions services access specialist support for financial or welfare advice to help mitigate the impacts of welfare reform.

Falls Prevention - Our work with Roar Connections for Life a third sector organisation supports the intervention work on falls and we also promote a similar falls prevention approach in our work with nursing homes.

Cancer screening - We collaborate with Cancer Research UK and NHS GGC to target specific Cancer screening interventions appropriately which aim to educate and highlight the importance of screening in areas where screening rates are particularly poor and also increase uptake of these services.

Mental Health - Addressing Stigma and Discrimination - We lead the Renfrewshire Anti Stigma Alliance Group (RASA), providing an opportunity for agencies to come together in response to the stigma, injustice and discrimination barriers faced by residents who live in Renfrewshire. In 2017 RASA organised a Walk a Mile event – over 1000 participants took part. The event increased awareness of stigma and discrimination and provided an opportunity to encourage open discussion about mental health issues, targeting the general population as well as specific groups such as young and older people.

We continue to work collaboratively with NHS GGC and other stakeholders to address health inequalities. Consultation was undertaken with Renfrewshire Visually Impaired Forum to hear the issues/barriers that people with a sensory impairment experience when using health services. A DVD has now been produced for staff and aims to raise awareness of these issues in order that sensory impaired service users have a positive experience of health services.

5.0 Our Equality Outcomes

In order to meet our legal requirements we consulted with stakeholders, including the Strategic Planning Group, which helped us to shape and finalise a 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.

The agreed Equality Outcomes are as follows:

- Our work with partners and stakeholders promotes health 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 partners protects and supports people who may be at risk from harm;
- 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;
- People have a positive experience of health and social care services.

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 2.

Appendix 2 – 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 contribute to tackling inequalities.

Agreed Action	Progress to date	Protected Characteristics
<p>Target our interventions and resources to narrow inequalities and to build strong resilient communities.</p> <p>Why-There are marked differences between health in different localities in Renfrewshire.</p>	<p>Activity</p> <p>Tackling Poverty</p> <p>Piloted an Enhanced Pharmacy Service, a venture set up between Community Smokefree Services and Smokefree Pharmacy Services. This is a targeted service based on high footfall / low quit rates and in pharmacies within SIMD 1&2 (in 40% most deprived data zones). To date 205 people have been supported to quit smoking for 12 weeks. This evidence has allowed the service to be sustained in the Paisley and Linwood areas and contributes to reducing the percentage of adults who smoke.</p> <p>Provided drop in and group support stop smoking services (eg: Charleston Centre, Renfrew Health and Social Work Centre and Johnstone Health Centre) Home visits provided for housebound clients.</p> <p>Worked with Cancer Research UK and NHS G&C to target specific Cancer screening interventions appropriately which aim to educate and highlight the importance of screening in areas where screening rates are particularly poor and also increase uptake of these services.</p>	All
<p>Increase referrals to financial inclusion and employability services.</p>	<p>Activity</p> <p>Four financial inclusion sessions have been delivered to Mental health staff on the impact of Welfare Reform. A total of 41 attendees including Mental Health Team Leads, Res Teams and Family Nurse Partnership staff have been involved.</p>	

<p>Work with Third Sector partners to build community capacity and to increase local opportunities available to our population.</p> <p>Why - To support the planned reduction of future demand on statutory services through the provision of preventative supports in local communities.</p>	<p>Next Steps</p> <p>Going forward, 2 social media campaigns will be developed.</p>	
<p>Activity</p> <p>Primary Care</p> <p>Developed a GP Social Prescribing Project as a consequence of shared awareness from General Practitioners (GPs) of a significant cohort of patients who sought recurring and regular support for social issues.</p> <p>Community Connectors (Renfrewshire) is an innovative third sector collaboration, the project encompasses 3 sub projects, these are;</p> <ul style="list-style-type: none"> • GP Social Prescribing - Recovery Across Mental Health, (RAMH) • Community Health Champions Programme – Active Communities • Housing and Health Information Access Points (Linstone Housing Association) <p>To Date:</p> <ul style="list-style-type: none"> • more than 600 people have been seen by the Community Link Workers. • 163 people have received support from Linstone Housing Association • 15 community health champions have been trained and are delivering activities in their local areas and • 2276 hours of volunteering have been carried out by them. <p>Next Steps</p> <p>The initial evaluation has indicated that patients benefit from non-medical interventions that provide a sustainable improvement in their health. GP's have benefitted by having time to focus on the patient's medical needs rather than social issues. The project will be offered to a further cohort of GP practices and a full strategic evaluation will be undertaken.</p>	<p>All</p>	

	<p>Activity</p> <p>Alcohol & Drug Partnership</p> <p>Renfrewshire Alcohol and Drug Partnership (ADP) is working with the Network Service, Department of Work and Pensions and RAMH with the key aim of building capacity for individuals who are in recovery from addictions to become qualified Peers Support workers. Once qualified, the Peer Support Workers will provide recovery focussed interventions, role modelling and motivation towards recovery and employment for individuals accessing both addiction and employability services.</p> <p>Thirteen individuals were part of the first cohort with 11 completing the programme. Participants have reported significant improvements in self esteem and enhancement of their own recovery journey.</p> <p>Next Steps</p> <p>Informal feedback from workplaces, mentors and individuals using local services including Job Centres has been positive. It is hoped this service will be rolled out in 2018/19.</p> <p>Activity</p> <p>Stigma and Discrimination</p> <p>Provided an opportunity for agencies to come together in response to the stigma, injustice and discrimination barriers faced by residents who live in Renfrewshire. In 2017 we organised a Walk a Mile event – over 1000 participants took part. The event increased awareness of stigma and discrimination and provided an opportunity to encourage open discussion about mental health issues, targeting the general population as well as specific groups such as young and older people. Our 2018 walk is planned for May.</p>	
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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	Progress to date	Protected Characteristics
<p>Provide guidance and training to managers and all relevant staff in relation to equality impact assessments to ensure that Equality and Human Right Impact Assessments are integrated into policies, plans and budget decisions.</p> <p>Why - To achieve a greater level of consistency in equality impact assessments across the organisation and increase</p>	<p>Activity</p> <p>In 2016, Renfrewshire HSCP Integrated Joint Board agreed to use the NHSGGC EQIA toolkit for completing EQIA's. To-date 47 staff completed Equality Lead Reviewer training and some of the staff have used this training to support them when developing policies, plans and budget decisions. Over the last two years the Partnership has undertaken 11 full Equality Impact Assessments.</p> <p>In addition, we have put in place a financial planning process which includes the completion of Equality Impact Screening forms (rapid assessment) at the development stage of any new policy or service proposal.</p> <p>These approaches help to embed various aspects of equality at the earliest stages of policy/service development.</p> <p>Next Steps</p> <p>We will continue to encourage and support staff to attend Equality Impact Assessment training provided by the Equality & Human Rights Team, NHSGG&C.</p>	ALL

awareness.		
<p>Our communication and engagement plans will be developed to promote accessibility.</p>	<p>Activity</p> <p>IJB approved the Participation, Engagement and Communication Strategy (PEC) in 2015 and implementation plan in March 2016.</p> <p>PEC group established to lead and implement this work. Key achievements to increase and improve accessibility include:</p> <ul style="list-style-type: none"> • December 2016, the HSCP logo and branding was launched • Renfrewshire HSCP now uses social media effectively, in particular Facebook and Twitter. We have established protocols for use and now have 743 followers on Twitter and 382 followers on Facebook. • We used social media to promote working in our Care at Home services and reached 4,800 people. • Our first external facing newsletter, Brighter Futures, was published in Spring/Summer 2017 and was widely circulated. The Autumn/Winter newsletter was circulated at a Public Event in November 2017. <p>Renfrewshire HSCP website www.renfrewshire.hscp.scot is now set up and populated with information about our services, where to find them and how to access them. The site was tested with service users and continues to improve as information is added. A translation tab has been incorporated.</p> <p>The activities above are now incorporated into our regular working practice.</p> <p>Next Steps</p> <p>Priorities going forward include:</p> <ul style="list-style-type: none"> • Exploring the development of an intranet function as part of our website. • Creating a web management group to lead the operational work in developing the 	All

	<p>website.</p> <ul style="list-style-type: none"> • Developing a communications/events calendar. • Creating a local photo library. 	
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Equality Outcome 3: People who use our services are empowered to contribute and participate fully in their community

Agreed Action	Progress to date	Protected Characteristics
<p>Provide support for service users and carers to promote inclusion and participation in all aspects of planning and provision of services.</p> <p>Why - Evidence from community planning events indicate that harder to reach groups are less engaged in the planning and shaping of services.</p>	<p>Activity</p> <p>To increase engagement Renfrewshire HSCP actively supports a number of carers groups; that not only provide a forum for carers to support one another, but also allow them to contribute positively to policy and practice development. The positive working relationship with Renfrewshire Carers Centre has been an important factor in this. They are actively involved in the Strategic Planning Group and work is ongoing with Children's Services to define a clear supported pathway which meets the Carers' Act legislation and the needs of young carers. A Formal Consultation process on the draft eligibility criteria for Young Carers and Adult Carers has been carried out and adult support plans and young carers' statements are being developed in consultation with adult and young carers.</p> <p>Next Steps</p> <p>Training awareness sessions are being rolled out to Renfrewshire HSCP staff to increase awareness, knowledge and understanding of the Carers Act. Renfrewshire HSCP staff are also being encouraged to complete NHS Education for Scotland's Equal Partners in Care (EPIc) e learning modules. EPIc offers the opportunity to explore the core principles of supporting carers: Carer Aware; Caring Together; and Planning with Carers as Equal Partners.</p>	All

<p>Build capacity and empower under-represented groups and those with protected characteristics to access funding opportunities to enable them to contribute and participate fully in their community.</p> <p>Support local forums, and voluntary and community based groups to develop opportunities for people to have a voice and express their views.</p>	<p>Activity</p> <p>Supported the work of the Carers Centre and Roar Connections for Life (Low Level, Preventative, Health & Wellbeing Services for Older Adults in Renfrewshire). These organisations have now been successful in securing contracts with Renfrewshire Council on behalf of Renfrewshire HSCP to deliver services which dovetail to our Strategic Priorities. Securing funding has enabled the organisations' to access over £500K of external funding into the Renfrewshire area .This has supported the organisations' visions and complements and enhances Renfrewshire HSCP strategic planning objectives - for example falls strategy.</p> <p>Next Steps</p> <p>In the next year we will progress and expand work already planned including :</p> <p>Setting up an integration network with the support of local Black, Minority, Ethnic (BAME) led community groups and the Diversity and Equality Alliance in Renfrewshire (DEAR) group. This will help ensure partner agencies work together to reduce inequalities for BAME communities and will promote equitable access to services and opportunities and develop innovative approached for tackling social isolation across all groups in society.</p> <p>In collaboration with NHSGG&C and other stakeholders consulted with Renfrewshire Visually Impaired Forum to hear the issues/barriers that people with a sensory impairment experience when using health services. A DVD has been produced for staff and aims to raise awareness of these issues in order that sensory impaired service users have a positive experience of health services.</p>	<p>Age, Disability, Race</p>
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Equality Outcome 4: Our work with our partners protects and supports people who may be at risk from harm.

<p>Promote Gender Based Violence (GBV) training</p>	<p>Activity</p> <p>Renfrewshire HSCP is a key partner in Renfrewshire Gender Based Violence Strategy Group's</p>	<p>Sex</p>
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<p>plan to all staff across partner organisations and develop GBV strategy.</p> <p>Why - Gender based violence is a function of gender inequality and abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children. It is perpetrated predominantly by men and experienced disproportionately by women. It transcends society and Renfrewshire HSCP is committed to building a workforce with the skills to identify</p>	<p>multi-agency training consortium. The consortium is led by the Women and Children First Coordinator and delivers GBV training to staff across Renfrewshire. In 2016/17 80 HSCP staff accessed this training.</p> <p>Renfrewshire HSCP has implemented Sensitive Routine Enquiry (SRE) in key priority setting as outlined in CEL_41. A specific training programme is in place to ensure staff are trained to deliver SRE. In 2017/2018 23 staff from Children and Families team attended training.</p> <p>Records of the Community Mental Health Teams (CMHT) and Children and Families Team are audited twice per year to establish the percentage of service users who have been asked about their experience of domestic abuse and childhood sexual abuse. The audit results of the CMHT records in August 2017 showed SRE taking place in 75% of cases, in the Children and Families Team it was 50%. In 2017/2018, 26 staff from the Children and Families Team attended Risk Identification Checklist (RIC) Training.</p> <p>Next Steps</p> <p>In line with Renfrewshire HSCP GBV Training Plan, SRE and RIC training will be delivered to staff within the CHMTs, Older Adult Mental Health Services, Mental Health Inpatient Services and Addiction Services.</p> <p>The Gender Based Violence Strategy Group will publish its local strategy outlining the priorities for a multi-agency approach to tackling Gender Based Violence in Renfrewshire.</p> <p>The bi-annual audits of CMHT and Children and Families Team records will continue and Addiction Services will be added to the audit cycle towards the end of 2018.</p>	
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and support women and children who are affected.	
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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	Progress to date	Protected Characteristics
<p>Implementation of the Right to Speak Strategy for the provision of communication support equipment for people with physical disabilities, communication impairments and sensory loss.</p>	<p>Activity</p> <p>Training has been delivered to over 80 staff across Renfrewshire HSCP on The Talking Mats communication symbols tool which uses unique, specially designed picture communication symbols that are attractive to all ages and communications abilities. It can help people with communication difficulties to:</p> <ul style="list-style-type: none"> • understand and consider issues discussed with them • express their opinions effectively • be included in decision making <p>The Talking Mats communication symbols tool are used within our day centres and make it easier both for people with dementia to keep to topic and for the listener to follow the track of the conversation. It also supports people with communication difficulties to express negative as well as positive views.</p>	<p>Disability/Age</p>
<p>Deliver health checks to clients with Learning Disabilities.</p>	<p>Activity</p> <p>Renfrewshire Learning Disability Service Nurses have been trained to deliver oral health awareness sessions to service users within day services and approximately 240 service users have been included in these sessions.</p>	<p>Disability</p>

	<p>In addition 45 staff have been trained across the services as part of a rolling programme provided by the Oral Health team.</p> <p>Next Steps</p> <p>There will be opportunities to continue training for all new staff.</p>	
<p>Support the development and implementation of an information portal to ensure that care needs, independence, emotional well being and dignity of users is met.</p>	<p>Activity</p> <p>An information portal is currently being developed to enable service users and professionals identify and access local services as part of our approach to optimise how Self Directed Support works and also the wider health and wellbeing agenda.</p> <p>Next Steps</p> <p>Continue to promote and update information on the portal.</p>	ALL

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

Agreed Action	Progress to date	Protected Characteristics
<p>Support young people with learning disabilities and autism in the transition from children and young people services to</p>	<p>Activity</p> <p>To support and enable the transition process, we have established links with the schools. Time is spent collating information on the young people the year before they are due to leave school and My Plans are prepared before the transition takes place. A period of familiarisation/orientation is undertaken during the last months of school and over the summer prior to the placement commencing.</p>	Disability

<p>adult services. Why – National and local strategies identify gaps in services, support and access to information and services.</p>	<p>This has proved successful with increased access to information and services in the transition process appropriate to individual needs.</p>	
<p>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. Why – As above.</p>	<p>Activity</p> <p>Training sessions have taken place with the Community Mental Health Team and Housing Team, with 50 staff attending autism awareness training provided by the Autism Connections Team. To date 80% of staff across our day services have completed autism awareness training and up to 40% within the Respite service. All staff are supported to complete the ILearn Autism Awareness module. This has increased awareness and assisted staff to build their confidence, providing outcome focused support for adults at key transitions and change.</p> <p>Next Steps</p> <p>Future training dates will be planned on request and the Autism Strategy Working Group has secured through NHS Education for Scotland (NES) 15 free licences for an on line modular training course. Feedback from participants will form part of a national evaluation of the modules being undertaken by NES.</p>	<p>Disability</p>

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	Progress to date	Protected Characteristics
<p>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.</p>	<p>Activity</p> <p>All Clients within services including: supported accommodation, residential care, day care and respite services have a Care Plan. The Intensive Care Management Team ensure that regular care plan reviews for adults in supported living, link with providers to embed and support an outcome approach for clients.</p> <p>In addition Renfrewshire HSCP provides extensive support to carers across a range of client groups. In learning disabilities, for example, there is a 10 bedded, purpose-built respite centre, and day services allow carers to benefit from a regular break. Care at home and day services for older people are designed to offer respite for carers, and our dedicated respite units within HSCP residential care homes enable carers to go on holiday safe in the knowledge that their relative is being well cared for.</p> <p>Next Steps</p> <p>The team will work closely with the Review and Commissioning team in the design of current and future care plans.</p>	<p>Disability</p>
<p>RHSCP services will listen to the views of patients, service users and carers to capture experience and improve our services.</p>	<p>Activity</p> <p>Renfrewshire HSCP services have been working with a local volunteer to gain valuable insight into patient and carer experience in the areas of District Nursing, Rehabilitation & Enablement and Podiatry. The initiative draws on Healthcare Improvement Scotland's Person-Centred Health and Care Programme to facilitate conversations, focusing on the 5 'Must Do With Me' elements of care.</p>	<p>ALL</p>

	<p>This has been found to be an effective way of engaging with patients and carers to get their views, independently of the care or service provider, and to then give feedback to the service in a constructive way.</p> <p>The output reports from conversations provide an analysis of the findings of the experience of service users and carers which has been helpful in improving experience by creating improvement plans for implementation by the services.</p> <p>Next Steps</p> <p>To expand this opportunity to other services within Renfrewshire HSCP we will:</p> <ul style="list-style-type: none"> • Allocate a member of staff to be responsible for overseeing the initiative • Plan a programme of recruitment for volunteers • Arrange volunteer training and agree support, in developing the initiative • Develop a timetable of services who would potentially make use of the initiative over a 12 month period 	
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APPENDIX 3 - General Equality Duty and Protected Characteristics

General Equality 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 Act 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	Marriage is defined as a union between two people of different or of same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognised as 'civil partnerships'. This category aims to eliminate unlawful discrimination in employment.

To: Renfrewshire Integration Joint Board

On: 23 March 2018

Report by: Clerk

Heading: Proposed Dates of Meetings of the Joint Board 2018/19

1. Summary

1.1 At the meeting of the Joint Board held on 15 September 2017 the IJB approved its timetable of future meetings to June 2018. It is proposed that the IJB consider its timetable of meeting dates in 2018/19 based on five meetings per annum.

1.2 Arrangements for ordinary meetings of the IJB are governed by the provisions of Standing Order 5.1 of the IJB's Procedural Standing Orders which state that:-

5.1 The IJB shall meet at such place and such frequency as may be agreed by the IJB, but not less than five times within each financial year. The IJB will annually approve a forward schedule of meetings.

1.3 The next meeting of the IJB is scheduled to be held at 10.00 am on 29 June 2018 in the Abercorn Conference Centre.

1.4 The suggested dates and times for future meetings are set out below, with meetings being held on Fridays at 10.00 am:

14 September 2018
23 November 2018
25 January 2019
22 March 2019
28 June 2019

1.5 It is proposed that meetings of the IJB are 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.

1.6 A further report will be presented to the IJB in due course to agree meetings post June 2019.

2. Recommendations

- 2.1 That it be noted that the next meeting of the IJB will be held at 10.00 am on 29 June 2018 in the Abercorn Conference Centre.
- 2.2 That the IJB approve the dates and times of meetings for 2018/19 as detailed in section 1.4 of the report; and
- 2.3 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.

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 website.
- 8. **Health & Safety** - none.
- 9. **Procurement** - none.
- 10. **Risk** - none.
- 11. **Privacy Impact** - none.

List of Background Papers – none.

Author: Elaine Currie, Senior Committee Services Officer
elaine.currie@renfrewshire.gov.uk
0141 618 7111