To:	**Renfrewshire Integration Joint Board**
On:	**23 June 2017**

Report by:	**Chief Officer**

Heading:	**Change and Improvement Programme Update**

1. Summary

1.1. This report provides an update on change and improvement activity across the HSCP, including:

- The successful conclusion of the HSCP's 2016/17 Change and Improvement Programme;
- An initial overview of the proposed 2017/18 Change and Improvement Programme for IJB review and approval (Appendix 2); and
- Arrangements for the effective approval, monitoring, and implementation of all significant change and improvement activity across the HSCP, ensuring alignment with the IJB's Strategic Plan and Financial Plan.

2. Recommendation

It is recommended that the IJB:

- Approve the closure of the 2016/17 Change and Improvement Programme (Appendix 1);
- Approve the initial draft of the proposed 2017/18 Change and Improvement Programme (Appendix 2);
- Note the proposed programme governance and delivery arrangements;
- Note the 2017/18 Change and Improvement Programme is subject to confirmation of the final 2017/18 IJB budget, and will be updated to reflect saving proposals and transformational programmes approved by the IJB throughout 2017/18
- Note that regular updates will be brought to the IJB to report on Programme progress and to seek approval for any new projects, including savings proposals to be included within the 2017/18 Programme.

3. 2016/17 Change and Improvement Programme

3.1. To support the delivery of Renfrewshire IJB's Strategic Plan and 2016/17 Financial Plan, the HSCP Chief Officer established an ambitious Change and Improvement Programme, to tackle the challenging budget position whilst ensuring the delivery of safe, sustainable and integrated services in line with the priorities set out in the draft Strategic Plan.

3.2. At its meeting on 24 June 2016, the IJB approved the HSCP's 2016/17 Change and Improvement Programme.

3.3. The 2016/17 Change and Improvement Programme was managed through two workstreams:

- Workstream 1: Delivery of 2016/17 Financial Plan (adult social care)
- Workstream 2: Optimising Integrated Working.

4. Workstream 1: Delivery of 2016/17 Financial Plan

4.1. This workstream framed the HSCP's delivery of social care savings, legislative requirements and service improvement work to assist the IJB to mitigate a number of the key demographic and financial pressures identified within adult social care. Some examples of the work undertaken in 2016/17 includes:

- Commencement of a three year transformation programme for Care at Home services which seeks to modernise and redesign the service, to enable it to respond to increasing needs both efficiently and effectively. This service is pivotal to our success in minimising hospital delays and in shifting the balance of care from long-term settings. As the older population increases, the service is expected to continue to experience growing demand, resulting in financial and operational pressures. In its first year, this programme has made good progress, including:
    - Attracted new recruits into the service through recruitment campaigns and a new employability scheme to increase service capacity and reduce reliance on temporary agency staff.
    - Developed a business case – for an electronic rostering and monitoring system which will reduce duplication of effort, error and inefficiency and support managing and planning within the service. This is now out for tender. Aligned the Service with locality teams and initiated work to explore opportunities to align services with GP, Community Nursing

and Rehabilitation & Enablement Service (RES) and for more joined up, integrated working.

- Our Care & Repair service has experienced a significant and continuing level of increase in demand pressures in recent years, with the service handling a higher level of demand than initially set in the original contract. Additional non-recurring resources from Renfrewshire Council in 2016/17 enabled an historic issue in relation to a growing waiting list to be cleared. As at May 2017 there was no waiting list for (Care and Repair). This figure is a substantial improvement from July 2016 figures, when 126 people were on the waiting list with the longest wait being from February 2015.

- New streamlined and controlled Self Directed Support (SDS) business processes (in line with Chartered Institute of Public Finance and Accountancy (CIPFA's) Self-directed Support Part I: Resource Implications of SDS: Overview, Part II: Management Considerations and Part III: Self-Evaluation Framework) have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the approved budget. The new processes have reduced the time required to approve an indicative budget for the service user's support plan from 16 days in 2014 to 4 days in 2016.

- Negotiations have been successfully concluded to bring all contracted providers currently delivering services in Renfrewshire in line with the Living Wage from 1 October 2016.

4.2. These prioritised areas reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care.

4.3. A full update of Workstream 1 projects delivered can be found in Appendix 1.

5. Workstream 2: Optimising Integrated Working

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

5.2. Over the last year, a number of projects and change activities have been progressed to help inform how the HSCP can best design an effective and dynamic approach to 'locality' and 'cluster' based working

and to build collaboration and joint working between services to better support the needs of local patients and service users.

Localities

5.3. In the context of health and social care integration, a locality is defined as a smaller area within the borders of the HSCP. Their purpose is to provide a mechanism of local leadership to inform service planning and delivery and to support greater service integration between primary and seconday care providers.

5.4. In Renfrewshire we have established two localities – Paisley and West Renfrewshire. Within our locality approach we have carried out a number of service review and redesign workstrands to maximise effective use of resources and improve the patient journey across Renfrewshire. Some examples of the work undertaken includes:

- Work within Mental Health & Addictions services to maximise effective use of resources and improve patient journey, ensuring systems for access to services are clear, open and responsive.

- Introduction of a Single Point of Access (SPoA) for District Nursing services to simplify both the referral and access process for those referring patients to the service and those who are being referred. The implementation also creates capacity for increased patient-facing time as well as a more flexible service.

5.5. Over 2016/17 there was a focus on building a structured approach to how we involve and engage General Practitioners (GPs) to ensure they are better connected to our wider team and service based working, and to align with new national policy and professional guidance. This is directly consistent with the recent changes to the national GP Contract and its related guidance on how GPs should be working in collaboration with each other and with HSCPs.

GP Clusters

5.6. In line with Scottish Government guidance, we have established six GP clusters in Renfrewshire. GP clusters are small groups of geographically connected practices that work collaboratively to improve outcomes, pathways and services for patients.

5.7. In addition, as required in the 2016/17 GP Contract, Practice Quality Leads (PQLs) and Cluster Quality Leads (CQLs) have been identified, to support these emerging integrated models of working. One named GP within each practice undertakes the role of the PQL. The Cluster Quality Lead role has dual accountability and is accountable to 'the cluster' for developing effective joint working, for developing and

delivering the cluster quality improvement programme (CQIP). The CQL is also accountable to the HSCP for these functions, and through these, will bring advice and real influence within the Partnership, to align the CQIP to the wider HSCP plans and responsibilities.

5.8. Some examples of joint work that the HSCP has progressed with our GPs over 2016/17 include:

- Realignment of the HSCPs Prescribing Support Pharmacists in order to release GP capacity, which is a recognised pressure amongst this area of the workforce.
- Shared caseloads between GP practices and HSCP services to improve how we support the patients/service users to provide a more seamless service experience e.g. sharing of list which identifies the current patients within Mental Health services that are registered with GP practices, identifying which clinicians the patient receives input from and sharing list of children on the child protection register with GP practices.
- Regular update of Anticipatory Care Plans (for patients) to ensure a dynamic patient record that details the preferred actions, interventions and responses that care providers should make following a clinical deterioration or during a crisis in the persons care.
- Improving direct access to a range of self-referral services to provide better direct access to a number of local services with self referral options and to reduce the need for GP referrals to these services.

<u>Partnership Working</u>

5.9. The HSCP cannot transform health and social care services in isolation. As part of this workstream we have worked actively with key stakeholders, our parent organisations, community planning partners, NHSGGC Acute Services, the third sector and providers to take forward a number of service improvement initiatives including:

Community Planning

- Contributing to the review of Community Planning arrangements in Renfrewshire. The new structure (approved by Renfrewshire Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care.

Acute Services

- Over 2016/17 the HSCP Senior Management Team and RAH Acute Senior Team have held regular meetings, and have committed to a regular schedule of meeting going forward, to adopt a more joined up approach to strategic planning and service delivery.

5.10. Some examples of the work currently being undertaken are:

- Diabetes interface improvement work to further develop joint working to improve outcomes for people with diabetes living in Renfrewshire.
- Winter Planning - representatives from Acute are involved in the HSCP annual planning for winter. Most of the actions identified within the plan are required all year round.
- Unscheduled Care Pilot (x4) GP Practices – Scottish Ambulance Service provide the services of what is termed a "Low acuity vehicle" between 9 and 12 Monday to Friday, for patients that require assessment at the Medical Assessment Unit, who have been assessed as being suitable to wait till the following morning.
- Commenced work to develop a set of Acute Commissioning Intentions for Unscheduled Care. These were approved by the IJB in March 2017 and work is now underway to develop a set of matrices and targets to support the commissioning intentions which will be progressed over 2017/18.

5.11. It is intended that this work will demonstrate how the HSCP can appropriately reduce demand on Acute Services, shift the balance of care and services and enable this by progressing an evidenced case for resource transfer.

Third Sector

5.12. The Community Connectors Programme, which the HSCP has funded through the Integrated Care Fund (ICF), provides person-centred support for individuals in local communities, employing a preventative approach to promoting health and well being. The programme is led by Third Sector organisations working in partnership: Recovery across Mental Health (RAMH), Linstone Housing Association, Active Communities and the Thistle Foundation. The pilots undertaken include:

- A GP Social Prescribing service ("Community Links") works with GP practices to refer people into social and wellbeing supports in

their own communities, reducing demand on GPs for non-medical support;

- Expansion of the 'Live Well Stay Well' initiative from 1 to 5 practices in Renfrewshire which provides a support programme for self management of long term conditions;
- Community Health Champions project recruits and supports local residents in designing and delivering health and well being activities in local communities; and
- Housing and health information hubs have been established to provide easy access to a range of housing and health information for local people.

NHS Greater Glasgow and Clyde Led Initaitives

5.13. In 2016/17 Renfrewshire HSCP has participated in a range of other NHSGGC system-wide initiatives, including reviews of Children and Adolescent Mental Health Service (CAMHs); Public Health and Mental Health Unscheduled Care and also the implementation of the Paediatric Framework.

5.14. This approach offers the Partnership a number of benefits:

- Avoids different Partnerships 'reinventing the wheel', allowing best use of our limited resources, offering greater consistency in clinical care standards and approach across the NHS Board area.
- Working collectively helps ensure that any action taken to address financial pressures and priorities does not have unintended consequences elsewhere in the system, which could have a negative impact on patient care and patient safety
- Economies of scale – offers opportunity to consider where a shared service or hosted approach could present financial savings whilst still offer the same level of care.
- Ensures a whole system and consistent approach to how our services work at the interface with GPs and Acute hospital based services.

5.15. Over the coming year the HSCP will continue to input to, and act upon the recommendations on, a number of other system-wide initiatives and changes, including:

- The transfer of responsibility to IJBs for hospice care - to agree the new arrangements, finance, operational issues and clinical governance.
- Conclude the review of NHS complex and continuing care and ensure appropriate transfer of responsibilities and resources.

- Further work on the recommendations of the system wide Acquired Brain Injuries services.

6. 2017/18 Programme Governance and Reporting Arrangements

6.1 In light of the challenging financial position the HSCP faces, a dedicated HSCP finance and planning forum has been established, jointly led by the Chief Finance Officer and Head of Strategic Planning, to ensure all change and improvement delivers on the vision and priorities set out in the IJB's Strategic Plan whilst delivering on a challenging Financial Plan.

6.2 The forum will seek to proactively transform our health and social care services and exploit the opportunities integrated working offers, with service redesign being informed by a strategic commissioning approach. It is hoped that this in turn will support the long term financial sustainability of the Partnership and deliver the savings required to address the IJB's medium term budget deficit.

6.3 This forum will agree the Strategic Plan action plan for year 2 (2017/18), setting out the HSCP's planned service developments, efficiency work and improvements for the coming year. This will be carried out in consultation with the HSCP's Operational Heads of Service and Professional Leads to assess any impact reduced resource may have on service delivery and performance, and the aspirations set out in the current Strategic Plan.

6.4 In addition to any proposed operational continuous improvement and efficiency activity, the action plan will include transformational projects and proposals to deliver financial savings. Similar to 2016/17, larger scale work will be monitored and implemented as part of the Change and Improvement Programme, and will be subject to IJB approval.

6.5 The 2017/18 Change and Improvement Programme is subject to confirmation of the final 2017/18 IJB budget, and will require to be updated continuously to reflect saving proposals and other transformational programmes of works as they are approved by the IJB throughout 2017/18.

Reporting

6.6 Regular updates will be brought to the IJB to report on progress delivering this work programme, and also to seek approval for any new projects, including savings proposals, to be included within the 2017/18 Programme.

Delivery and Support Model

6.7 This HSCP's Change and Improvement Team is responsible for managing the timely delivery of the Change and Improvement Programme, providing a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP.

6.8 The HSCP's Organisational Development (OD) and Learning and Education (LE) resources ensure staff and managers are supported through the change process, building greater capability for change, and ensuring staff are appropriately equipped to carry out the requirements of their job roles. This approach is fully shaped by the Organisational Development and Service Improvement Strategy. An annual report on the delivery of this Strategy is the subject of a separate paper to this meeting.

7. 2017/18 Change & Improvement Programme

7.1 It is proposed that the 2017/18 Change and Improvement Programme is delivered through 3 workstreams:

1. Delivery of the Financial Plan
2. Optimising Integrated Working and Shifting the Balance of Care
3. Statutory Requirements and National Policy

7.2 Appendix 2 provides an overview of the proposed workstreams and supporting projects which will be delivered by each.

7.3 As noted above, the 2017/18 Change and Improvement Plan is still a draft document, a further developed Programme will be presented to the IJB in September 2017, covering:

- Approval of the Year Two action plan for delivery of the draft Strategic Plan, which may identify additional transformational projects which require to be delivered over the coming year;
- Confirmation of the final 2017/18 IJB budget and the identification and approval (by the IJB) of supporting saving proposals to ensure the IJB delivers financial balance.

Implications of the Report

1. **Financial –** the Change and Improvement Programme will support the delivery of the 2017/18 Financial Plan
2. **HR & Organisational Development** – HR and OD resources will be aligned to the new Change and Improvement Team

3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
4. **Legal –** supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets –** property remains in the ownership of the parent bodies.
6. **Information Technology –** technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.
8. **Health & Safety –** health and safety processes and procedures are being reviewed in order to support safe and effective joint working.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk –** None.
11. **Privacy Impact** – n/a.

List of Background Papers – None.

Author: Frances Burns, Change and Improvement Manager

Appendix 1: 2016/17 Change and Improvement Programme

The 2016/17 Change and Improvement Programme is managed in two workstreams:

- Workstream 1: Delivery of 2016/17 Financial Plan
- Workstream 2: Optimising Integrated Working

Key:		Complete		On target		Risk of delay		Significant Issues

1. Workstream 1: Delivery of 2016/17 Financial Plan and ICF

This workstream framed the delivery of social care savings and service improvement work.

Project	Objective(s)	Progress to date
1. Implementation of Living Wage 	Ensure all the HSCP's contracted care providers in Renfrewshire are paying their care staff the Living Wage by 1 October 2016, in line with Scottish Government guidance and Renfrewshire Council's commitment to the Living Wage.	Negotiations have been successfully concluded to bring all providers currently delivering services to Renfrewshire clients in line with the Living Wage of £8.25 per hour from 1 October 2016. Negotiations are now underway with providers to agree rates to enable payment of the current Living Wage of £8.45 per hour to care staff from 1 May 2017. • Care at Home – all 7 providers have agreed to uplift, new rate implemented on 1st May 2017; • Supported Living - 6 providers have accepted the offered uplift; 3 have noted that as they work across multiple authorities, they cannot agree to implement the new pay scales until all of the councils they work with have concluded negotiations; one provider has asked for more time to allow them to discuss the offer with their board, and one has yet to respond. • Out of Area negotiations are ongoing, agreement will be backdated to 1st May 2017.

2. Care at Home Improvement Plan (Home Care) 	I. Attract new recruits into the service through sustained recruitment campaigns to increase service capacity and reduce reliance on temporary agency staff.	• A number of recruitment campaigns have been undertaken throughout 2016 and 2017 with further campaigns planned; • An Employability programme has been established with West College which has led to the recruitment of 18 candidates; • An Employability programme has been established with Invest in Renfrewshire, with the first cohort currently being interviewed for posts. • Staff induction programme reviewed with a new 4 week induction programme implemented; • Inductions taking place: 22 May, 12 June and 28 August 2017.
	II. Review staffing structures to ensure appropriate infrastructure exists to enable the service to undertake its functions.	The following structural developments within the service have been agreed, with the following teams now established: • Temporary appointment of 2 Service Co-ordinators to support operational demand within the Care at Home Service. • The establishment of a Service Development Team to lead a change programme within the service. • Temporary appointment of 6 Adult Service Co-ordinators to support the assessment and review function within the Care at Home service • Establishment of a dedicated Out of Hours service to support staff management and service delivery. Recruitment challenges have resulted in delays and further adverts are being issued (projected start date is August 2018). • Establishment of a Project Implementation team to lead and support the implementation of the scheduling and monitoring system that will be procured. (Projected start date is August 2018). A wider review of staffing structures is scheduled to take place between May 2017 and July 2018 as part Year 2 activities.

	III. Develop a business case for a Care at Home Management, Rostering and Monitoring System – to reduce duplication of effort, error and inefficiency and support managing and planning within the service.	Following approval of the business case, a service specification and procurement documentation were developed. This is currently out to open tender and it is anticipated that a contract will be awarded to the successful supplier in August 2017. The phased implementation of the rostering and monitoring system is scheduled to commence February 2018 and will continue through Years 2 and 3 of the Transformation Programme. A project implementation team is currently being established to support the implementation, with recruitment in its final stages.
	IV. Review of business processes and service pathways to improve service provision	A Business Analyst has been appointed and work is underway to review business process and service pathways and to support redesign in preparation for the introduction of an electronic scheduling and monitoring system. This work will continue into Year 2 of the Transformation Programme.
	V. Review of supervision and management capacity to ensure that appropriate infrastructure is in place to manage and supervise staff.	A new staff observation process has been agreed and is scheduled for introduction in August 2017. Additional investment has supported an increase in infrastructural capacity with recruitment ongoing. A wider review of staffing structures is scheduled to take place between May and July 2018 as part of Year 2.
	VI. Align services with new geographic boundaries and consider opportunities for streamlining and integrating service delivery	Care at Home services are now aligned with locality teams. Work also has been initiated to explore opportunities to align services with GP Clusters, Community Nursing and RES and for more integrated working. The HSCP has invested in additional assessment and review capacity with the recruitment of six Adult Service Co-ordinators. As a result, a programme of reviews are being undertaken across the service to ensure that services correctly meet the needs of service users.

	VII. Review the balance of internal and external provision to explore the potential to increase the capacity within the external market and review the balance that exists between the internal and external markets.	New rate has been negotiated with Care at Home Framework providers from October 2016. The Care at Home Framework is scheduled for retender in 2017 and work is underway to develop the specification for the procurement process. This will see a new contract commencing in February 2018.
3. Occupational Therapy (OT) Service, equipment and housing adaptations review 	I. Develop OT referral pathways to improve levels of personalisation in service provision and minimise delays in service provision	On behalf of the Project Board, the Professional OT Lead coordinated work with the Renfrewshire Integrated OT group (RIOT group) and the OT network to investigate and analyse issues around service user pathways and OT skills, roles and responsibilities Particular outputs re the brief from the Project Board to date/in progress are: • Staff survey results on pathways for OT patients and key work activities in the day of OT staff • Development of the core OT role for qualified OT staff • Definition of specialist OT skills and knowledge • Definition of the balance of MDT and OT tasks for OTs The Project Board agreed that the follow up work on OT Pathways will be referred into the Localities Workstream, the Workforce Development workstream or the Professional Executive Group as appropriate.
	II. Reduce to a minimum and stabilise the waiting list for OT assessments	Significant improvements have been made in this area of work. The target for the waiting list is 350 and current performance stands at 340, exceeding the target as a result of recent improvement activity.
	III. Ensure that practices, operating procedures, communications,	The RIOT group and OT network continue to contribute to this work via the Localities Workstream, the Workforce Development workstream or the

	shared understandings and definitions/ terminology are in line with good practice	Professional Executive Group as appropriate.
	IV. Deliver a programme of workforce development and staff supervision and support	
	V. Reduce current waiting list for Care and Repair Adaptations	This objective has been achieved through the additional resources allocated to the Care and Repair service. There is currently no waiting list for this service. The tender for a new Care and Repair service will include revised targets as part of the strategic approach to maintaining a "no" or "low" waiting list in future service delivery as demand rises due to demographic and needs pressures.
	VI. Review contractual/SLA relationships with internal and external partners to ensure optimal arrangements are in place and effective working relationships maintained	The HSCP is working with Renfrewshire Council's Housing Service and Procurement service to tender a new contract for Care and Repair services. The new service to be implemented from 1 November 2017. The HSCP use of the Equipu service has been reviewed as part of the review of the equipment service and findings have been reported to the Senior Management Team to be incorporated into service improvement activity in 2017/18.
4. Self Directed Support (SDS) review 	I. Ensure equity across localities and reduce bureaucracy and time taken to deliver agreed care plan	New streamlined and controlled business processes have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the agreed finance rules. The new processes have reduced the time required to agree indicative budgets for the service user's Support Plan from 16 days in 2014 to 3 days in 2017. The streamlined process has also been significant in the improvement to

		the overall increase in indicative budgets applications: Year RITs Rec'd 2014 213 2015 846 2016 1,091 2017 492 (2017 full year projection 1421)
	II. Improve 'workers' knowledge and understanding of the SDS processes and promote greater ownership of the process	A new business process diagram published service wide during 2016/17 is fully embedded within operational activity. The HSCP continues to provide dedicated resource delivering a training programme, drop in sessions and educational workshops with teams. Additional support is provided from HSCP finance team to ensure frontline staff remain supported in delivering SDS and finance processes.
	III. Ensure, where possible, that packages are managed within the RAS (Resource Allocation System) allocation and agreed tolerance levels	As part of the new business processes, all care package commitments approved under Self Directed Support (SDS) are now scrutinised to ensure these are suitable and within the resources calculated by resource allocation systems, prior to approval by budget-holder. This process has enabled greater consistency in the application of SDS and service user's budgets now reflect the impact of the Living Wage.
5. Integrated Care Fund (ICF) 	Maximise the use of the Fund to explore and test innovative new ideas and wider service change, where available adopting evidence based approaches, to shift the balance of care rather than to maintain historic arrangements and relationships.	On 16 September 2016, the IJB approved that the Integrated Care Fund would be managed in line with all other HSCP funding streams, using the same governance and scrutiny mechanisms. This approach aligns with recent national guidance which recommends that "planning and reporting arrangements for the ICF should be congruent with the broader requirements on Health and Social Care Partnerships".

Workstream 2: Optimising Integrated Working

This workstream has supported the establishment of a health and social care service which is managed and delivered through a single organisational model to optimise the benefits which can be derived from integration.

Project	Objective(s)	Progress to date
1. Developing Clusters and team working 	I. Design an effective and dynamic approach to 'locality' and 'cluster' based working and to build collaboration and joint working between services - bringing together GP's, Social Work, District Nurse, Rehabilitation Service, Mental Health and other staff to better support the needs of local patients and service users.	In the context of health and social care integration, a locality is defined as a smaller area within the borders of the HSCP. Their purpose is to provide a mechanism of local leadership for service planning as well as supporting greater clinical integration between primary and seconday care providers. Renfrewshire HSCP have established two locality areas – Paisley and West Renfrewshire. Within our locality structures we have carried out a number of service review and redesign workstrands to maximise effective use of resources and improve the patient journey across Renfrewshire. Some examples of the work undertaken includes: • Work within Mental Health & Addictions services to maximise effective use of resources and improve patient journey, ensuring systems for access to services are clear, open and responsive. • Introducing a Single Point of Access (SPoA) for District Nursing services. This will simplify both the referral and access process for those referring patients to the service and those who are being referred. The implementation of this will also create capacity for increased patient-facing time as well as a more flexible service. During 2016/17 there has been a focus on building a structured approach to how we involve and engage General Practitioners (GPs) to ensure they are included as part of our wider team and service based working, and to align with new national policy and professional guidance. **Cluster based working** Within Renfrewshire there has been considerable engagement with the GP

		community both at a practice and a cluster level to consider how the HSCP can work effectively with GPs under the new cluster model to deliver improved outcomes and manage demand. Initial focus was on building dialogue with GPs/GPs Forum, establishing improvements from first stage Cluster Development Seminars using 30/60/90 day improvement approach and connecting community staff, services and GP practices to build trust, understanding and engagement. Some examples of joint work that the HSCP has progressed with our GPs include: • Realignment of the HSCPs Prescribing Support Pharmacists in order to release GP capacity, which is a recognised pressure amongst this area of the workforce. • Shared caseloads between GP practices and HSCP services to improve how we support the patients/service users to provide a more seamless service experience e.g sharing of list which identifies the current patients within Mental Health services that are registered with GP practices, identifying which clinicians the patient receives input from and sharing list of children on the child protection register with GP practices. • Regular update of Anticipatory Care Plans (for patients) to ensure a dynamic patient record that details the preferred actions, interventions and responses that care providers should make following a clinical deterioration or during a crisis in the persons care. • Direct access to a range of self-referral services to provide better direct access to a number of local services with self referral options and to reduce the need for GP referrals to these services. • Expansion of the 'Live Well Stay Well' initiative from 1 to 5 practices in Renfrewshire which provides a support programme for self management of long term conditions

	II. Build a structured approach to how we involve and engage General Practitioners to ensure they are meaningfully part of our wider team and service based working, in line with Scottish Government Locality guidance	Nominated registered medical practitioners continue to represent GPs on a number of forums across the HSCP, Acute and NHSGGC including • Integrated Joint Board • Strategic Planning Group • HSCP Senior Management Team • Adult & Children Protection Committees • HSCP Executive Governance Group • HSCP Professional Executive Group • HSCP Quality Care & Professional Governance Locality Group • Health Board Governance Group • Medicines Management Group • Acute Interface Group • Diabetes Interface Group • Unscheduled Care
2. New GP Contract 	I. Establish Practice Quality Lead/ Cluster Quality Leads, in line with the 2016/17 Contract, to support emerging integrated models of working	In line with Scottish Government guidance, Renfrewshire HSCP have established six GP clusters in Renfrewshire. GP clusters are small groups of geographically connected practices, that work collaboratively to improve outcomes, pathways and services for patients. In addition, as required in the 2016/17 GP Contract, Practice Quality Leads (PQLs) and Cluster Quality Leads (CQLs) have been identified, to support these emerging integrated models of working. One named GP within each practice will undertake the role of the PQL. The Cluster Quality Lead role will have dual accountability. It will be accountable to 'the cluster' for developing effective joint working, for developing and delivering the cluster quality improvement programme (CQIP). The CQL will also be accountable to the HSCP for these functions and through these will bring advice and real influence within the partnership that connects the CQIP to the wider partnership plans and responsibilities.

		The Scottish Government has made additional funding available to ensure every practice quality lead has dedicated protected time to participate in cluster working. Funding was intended to enable PQLs to spend approximately one session per month on their quality role in 2016, rising to approximately two sessions per month in 2017. The HSCP have funded an additional 2 sessions per month for the CQL role, with initial appointments made until March 2018.
	II. Promote and support practices to work more closely together for the benefit of patients, practices and the wider health and social care system, in line with Scottish Government's Localities Guidance, the British Medical Association's (BMA) Scottish GP Committee Vision and UK Royal College of General Practitioners (RCGP) 2022 Vision.	Renfrewshire HSCP has continued to support practices to hold regular cluster meetings and the Heads of Health & Social Care and Head of Mental Health, Addiction and Learning Disability Services have attended individual practice meetings. This approach has helped to build understanding of issues/areas for improvement within practices, cluster, across HSCP and beyond. Going forward cluster meetings will be chaired by the Cluster Quality Leads and will be attended by the Practice Quality Leads from each practice. Clusters will review practice level quality in a peer based manner on quality improvement issues of mutual interest. The role of the clusters is expected to develop and gain influence with time. Each cluster will develop a Cluster Quality Improvement Plan for 2017/18 by June 2017.
3. Primary Care Transformation Fund (PCTF) 	I. Develop proposals consistent with the PCTF process within/across NHSGGC	In 2017 each GP Cluster will be allocated £5,000 to fund a test of change project as part of their cluster plan.
	II. Deliver on our local GP practice prescribing improvement pilots and ensure lessons are learned and shared	The Community Connectors Programme, funded through ICF, focuses on providing a person-centred approach to support for individuals in local communities in a preventative approach to promoting health and well being. Its work is led by Third Sector organisations working in partnership: RAMH (Recovery across Mental Health), Linstone Housing Association, Active Communities and the Thistle Foundation.

		One of the four Community Connectors projects is the GP Social Prescribing (Community Links) projects which are being piloted in Linwood, Johnstone and Bishopton. This initiative developed as a consequence of shared awareness between the partners and Renfrewshire HSCP, of the impact on Primary Care specifically General Practice, of a significant cohort of 'patients' who sought recurring and regular support from GP's, for what were often issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and poverty). The Community Links workers managed by RAMH deliver the GP social (non-medical) prescribing service in three GP practices as a pilot service in Linstone, Johnstone and Bishopton. The programme is showing early signs of significant success, delivering non-medical services which are supporting GP practices in helping patients deal with a wide range of issues and engaging local residents in volunteering in health and wellbeing activities. A newsletter was issued in September 2016 to share learning across Renfrewshire GP Practices. The total number of referrals to the Community Links (GP Social Prescribing) workers based in GP practices overall to the service since October 2015 is 318. Another pilot in the Community Connectors programme is The 'Live Well Stay Well' (support programme for self-management of long term conditions) service in Renfrew and Paisley practices, which started at a later date, has had 58 referrals into the programme. 76% (44 people) engaged having an average of 2 appointments each. This pilot is managed by the Thistle Foundation.

4. Interface with Acute Services 	Introduce structured ways of working with the Clyde Acute Senior Team with a view to continuing to address and improve: • Management of older people and chronic diseases throughout improved systems and services • Management of Palliative care • Response to service pressures and demands • Issues/service changes arising from the CSR programme	Over 2016/17 the HSCP Senior Management Team and RAH Acute Senior Team have held regular meetings, and have committed to a regular schedule of meeting going forward, to adopt a more joined up approach to strategic planning and service delivery. Some examples of the work currently being undertaken are: • Diabetes interface improvement work to further develop joint working to improve outcomes for people with diabetes living in Renfrewshire • Winter Planning - representatives from Acute are involved in the HSCP annual planning for winter. Most of the actions identified within the plan are required all year round. • Unscheduled Care Pilot (x4) GP Practices – Scottish Ambulance Service provide the services of what is termed a " Low acuity vehicle" between 9 and 12 Monday to Friday, for patients that require assessment at the Medical Assessment Unit, who have been assessed as being suitable to wait till the following morning. • Commenced work to develop a set of Acute Commissioning Intentions for Unscheduled Care. These were approved by the IJB in March 2017 and work is now underway to develop a set of matrices and targets to support the commissioning intentions which will be progressed over 2017/18.
5. Community Planning 	Develop clear links into the community planning process	The HSCP has contributed to the review of Community Planning arrangements in Renfrewshire, and the new structure (approved by Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care. The current Community Care, Health and Wellbeing Thematic Board will cease, and the HSCP is supportive of this.

Appendix 2: 2017/18 Change and Improvement Programme

It is recommended the 2017/18 Change and Improvement Programme is managed in 3 workstreams:

1. Delivery of the Financial Plan
2. Optimising Integrated Working and shifting the balance of care
3. Statutory Requirements and National Policy

Workstream	Driver	Proposed projects
1. Delivery of the Financial Plan	Financial	**1.1. 2017/18 Financial Plan** The HSCP's proposals to address the IJB's savings gap are the subject of separate paper to this meeting. Subject to IJB approval, the delivery of these savings plans, and any further savings approved the IJB throughout 2017/18, will be monitored and implemented as part of the HSCP's Change and Improvement Programme. **1.2. 2018/19 Financial Plan** A draft 2018/19 Financial Plan has been developed. This will be further updated once the NHS GGC budget allocation has been agreed for 2017/18. Saving proposals will be brought to the IJB for approval throughout 2017/18 to allow early implementation.
2. Optimising Integrated Working and shifting the balance of care	Effective use of resources / Demand mitigation / Financial	**2.1. Primary Care (inc GPs)** Work programme for this year is still being finalised and will include: • Development of Cluster Quality Improvement Plans to improve outcomes, pathways and services for patients, each GP Cluster will be allocated £5,000 to fund a test of change project as part of their cluster plan.

		• Workforce planning to explore possible solutions and support for primary care capacity challenges. • Work along with Acute Services colleagues, as part of the wider Unscheduled Care Programme to: - Develop a sustained communication plan, and supporting / accessible information to raise awareness of the alternatives to hospital admission available to GPs into a single website - Increase access to consultant advice to GPs • Work with Children's Services childhood immunisations and develop children's clinics with the Health Visitor team • Test of change to improve efficiency in the uptake and delivery of flu vaccines in the housebound. • Agree and establish a more structured joint working approach between optometrists and GPs and acute to improve communication and ways of working.
		2.2. Localities Work programme for this year is still being scoped and will include: • Scoping work with Specialist Nurses and the potential to maximise safe, effective and person centred care, including scoping feasibility of creating Advance Nurse Practitioners (ANPs) roles. • Enhancing leadership and succession planning within District Nursing. • Review of Community Nursing Information System (CNIS) reports to target areas where service could be more efficient i.e. diabetic patients/care home residents/phlebotomy/immunisation. Work will continue to develop around: • Introduction of a Single Point of Access (SPoA) for District Nursing Services to simplify both the referral and access process for those referring patients to the services and those who are being referred.

		2.3. Care at Home Transformation Programme (Year 2) The Plan for the coming year is currently being scoped, and will include: • A wider review of staffing structures in line with new ways of working and service redesign; • Further recruitment campaigns and cohorts of the new Employability Programme; • To award a contract for a new Rostering and Scheduling System by August 2017. A phased implementation programme is scheduled to commence February 2018 and continue through Years 2 and 3 of the Transformation Programme. Phase 1 will roll out of the system for internal staff use. • Retender of the Care at Home Framework.
		2.4. Unscheduled Care (Acute) During 2016/17, work commenced with the Acute sector and colleagues from other NHS Greater Glasgow and Clyde HSCPs to develop a set of Acute Commissioning Intentions for Unscheduled Care. These were approved by the IJB in March 2017 and work is now underway to develop a set of matrices and targets to support the commissioning intentions which will be progressed over 2017/18. A workshop with RAH Acute Services has been scheduled for June 2017 to scope this work further. It is intended that this work will demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.
3. Statutory Requirements and National Policy	Compliance	**3.1. Implementation of the Carers Act** The Carers (Scotland) Act will commence on 1 April, 2018. The Act will introduce a package of provisions in the Act is designed to support carers' health and wellbeing. This legislation will place new demands on our adult care services through the requirement to produce Adult Carer Support Plans and Young Carer Statements. Additional resources will be required to complete assessments on carers and also through the waiving of charges to carers receiving short breaks.

		Full implementation of the Carers Act will not be until April 2018 however there will be a requirement to produce a Local Carers Strategy and to agree local eligibility criteria prior to implementation. There is a requirement that Carers and Carers organisation are directly involved in consultation. The new processes involved in preparing and implementing the new Act will incur significant costs, yet to be fully quantified.
		3.2. Joint Inspection of Adult Services The Care Inspectorate and Healthcare Improvement Scotland advised in January 2017 that a Joint Inspection of Adult Services within Renfrewshire Health and Social Care Partnership will take place during 2017/18. Based on the information the Partnership has received to date, a Core Steering Group (CSG) has been established to oversee and coordinate the preparatory work for the joint inspection, and a supporting Action Plan has been developed. An update on the planned Joint Inspection of Adult Services is the subject of a separate paper to this meeting.