

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

Date	Time	Venue
Friday, 25 January 2019	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM  
Clerk

### Membership

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

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

### Further Information

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

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

For further information, please either email [democratic-services@renfrewshire.gov.uk](mailto: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 the customer service centre 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.

- |           |  |                  |
|-----------|--|------------------|
| <b>1</b>  | <b>Minute</b>  | <b>5 - 12</b>    |
|           | Minute of meeting of the Integration Joint Board held on 23 November 2018.         |                  |
| <b>2</b>  | <b>Update on Capability Scotland Services - Whitehaugh and West Lane Gardens</b>   | <b>13 - 16</b>   |
|           | Report by Chief Officer.   |                  |
| <b>3</b>  | <b>Financial Report 1 April to 30 November 2018</b>                                | <b>17 - 50</b>   |
|           | Report by Chief Finance Officer.   |                  |
| <b>4</b>  | <b>Performance Management Report</b>   | <b>51 - 62</b>   |
|           | Report by Chief Officer.   |                  |
| <b>5</b>  | <b>Adult Health and Wellbeing Survey 2017/18</b>                                   | <b>63 - 72</b>   |
|           | Report by Chief Officer.   |                  |
| <b>6</b>  | <b>Non-financial Governance Arrangements</b>                                       | <b>73 - 84</b>   |
|           | Report by Chief Officer.   |                  |
| <b>7</b>  | <b>Change and Improvement Programme Update</b>                                     | <b>85 - 98</b>   |
|           | Report by Chief Officer.   |                  |
| <b>8</b>  | <b>NHSGGC Public Health Strategy 2018/22 - Turning the Tide Through Prevention</b> | <b>99 - 102</b>  |
|           | Report by Chief Officer.   |                  |
| <b>9</b>  | <b>Renfrewshire Alcohol and Drug Partnership Annual Report 2017/18</b>             | <b>103 - 116</b> |
|           | Report by Chief Officer.   |                  |
| <b>10</b> | <b>Integration Joint Board Records Management Plan</b>                             | <b>117 - 148</b> |
|           | Report by Chief Officer.   |                  |

## **11 Date of Next Meeting**

Note that the next meeting of the IJB will be held at 10.00 am on 22 March 2019 in the Abercorn Conference Centre.





## Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board\_

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

### Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor Scott Kerr (all Renfrewshire Council); Dr Donny Lyons, Morag Brown and Dr Linda de Caestecker (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Sinead McAree (proxy for Alex Thom (Registered Medical Practitioner (non-GP))); Louise McKenzie (Council staff member involved in service provision); David Wylie (Health Board staff member involved in service provision); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); Graham Capstick (Trade Union representative for Health Board); Dr Chris Johnstone (proxy for 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), John Trainer, Head of Childcare and Criminal Justice and Elaine Currie, Senior Committee Services Officer (all Renfrewshire Council); Jackie Dougall, Head of Health and Social Care (West Renfrewshire) and Jean Still, Head of Administration (both Renfrewshire Health and Social Care Partnership); and David McConnell, Assistant Director (Audit Scotland) (for items 1 and 2 only).

### Apologies

Dorothy McErlean (Greater Glasgow & Clyde Health Board); Alex Thom (Registered Medical Practitioner (non-GP)); Alan McNiven (third sector representative) and Dr Stuart Sutton (Registered Medical Practitioner (GP)).

## **Declaration of Interest**

Dr Lyons declared a non-financial interest in item 7 on the agenda as he was a member of the Mental Health Tribunal for Scotland. He intimated that it was his intention to remain in the meeting and take part in any discussion.

## **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 4 of the agenda after item 1 of the agenda.

Prior to the start of the meeting the Chair welcomed Fiona Milne and Louise McKenzie to their first meeting of the Integration Joint Board. The Chair welcomed Peter Macleod to the meeting following illness.

### **1 Minute**

The Minute of the meeting of the Integration Joint Board (IJB) held on 14 September 2018 was submitted.

With reference to item 6 of the Minute, it was proposed that the Minute be amended by the addition of the following sentence 'The engagement of carers was discussed.' This was agreed.

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

### **2 Renfrewshire Integration Joint Board Reserves Policy**

The Chief Finance Officer submitted a report relative to the proposed revision to the IJB's Reserves Policy.

The report intimated that the current IJB Reserves Policy had been agreed at the meeting of the IJB held on 24 November 2017. Audit Scotland, in their Renfrewshire Integration Joint Board Annual Audit Report 2017/18, had recommended that the IJB consider updating its Reserves Policy to set out a minimum as well as a maximum reserves level.

Section 6.2 of the IJB Reserves Policy had been updated to reflect this recommendation and a copy of the revised IJB Reserves Policy formed the appendix to the report.

It was proposed that the recommendation from Audit Scotland be not implemented at this time; that the recommendation from Audit Scotland be noted and kept under consideration and revisited in six months; and that the Chair raise this matter with integration colleagues in the Scottish Government to enable them to offer a view and guidance on this matter. This was agreed.

**DECIDED:**

(a) That the recommendation from Audit Scotland be not implemented at this time;

- (b) That the recommendation from Audit Scotland be noted and kept under consideration and revisited in six months; and
- (c) That the Chair raise this matter with integration colleagues in the Scottish Government to enable them to offer a view and guidance on this matter.

### **3 Update on Membership of the Integration Joint Board**

Under reference to item 4 of the Minute of the meeting of this IJB held on 29 June 2018 the Clerk submitted a report providing an update on membership of the IJB.

The report intimated that at the meeting of the IJB held on 29 June 2018 consideration had been given to the expiry of the period of membership for a number of IJB members. It had been agreed that those members whose appointments were due to expire later in 2018 be encouraged to ask the groups they represented to seek expressions of interest for future representatives of those groups on the IJB.

The report provided an update on the membership of the IJB following the conclusion of this process, as detailed in the schedule to the report, and sought approval for those appointments where this was required in terms of legislation.

#### **DECIDED:**

- (a) That the IJB approve the appointment or re-appointment of those non-voting members listed under category three in the schedule attached to the report; and
- (b) That otherwise the membership of the IJB in the other membership categories and the expiry dates for those memberships be noted.

### **4 Financial Report 1 April to 30 September 2018**

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 September 2018 and the projected year-end position for the year ended 31 March 2019, as detailed in appendices 1 and 2 to the report.

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

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

The report provided information on financial planning 2019/20 and beyond; the delegated adult social care budget settlement 2019/20 and the Living Wage increase for 2018/19.

It was proposed (a) that the current in-year position as at 30 September 2018 be noted; (b) that the projected year-end position for 2018/19 be noted; (c) that the proposal that the Chief Officer raise the issue of the impact of NHSGG&C revised procedures around recruitment and backfilling of vacancies in order to seek an early resolution that retained the good financial and operational controls already in place to ensure operational stability be approved; (d) that the Scottish Government's medium-term health and

social care financial framework and the potential implications for the IJB be noted; (e) that it be noted that the IJB at its meeting held on 26 January 2018 had agreed that as part of its consideration of the services provided by Capability Scotland '(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' and that this Minute be re-issued to members of the IJB; and (f) that a presentation be made to the next meeting of the IJB to be held on 25 January 2019 on the GGC Public Health Strategy which will include a focus on improvement and prevention measures aimed at achieving the target 1% reduction in demand for a number of health improvement initiatives. This was agreed.

Reference was made to the recent e-learning course developed by NHS Education for Scotland. It was proposed that information on this resource be issued to members and that a future development session be held for members relative to autism services. This was agreed.

**DECIDED:**

(a) That the current in-year position as at 30 September 2018 be noted;

(b) That the projected year-end position for 2018/19 be noted;

(c) That the proposal that the Chief Officer raise the issue of the impact of NHSGG&C revised procedures around recruitment and backfilling of vacancies in order to seek an early resolution that retained the good financial and operational controls already in place to ensure operational stability be approved;

(d) That the Scottish Government's medium-term health and social care financial framework and the potential implications for the IJB be noted;

(e) That it be noted that the IJB at its meeting held on 26 January 2018 had agreed that as part of its consideration of the services provided by Capability Scotland '(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' and that this Minute be re-issued to members of the IJB;

(f) That a presentation be made to the next meeting of the IJB to be held on 25 January 2019 on the GGC Public Health Strategy which will include a focus on improvement and prevention measures aimed at achieving the target 1% reduction in demand for a number of health improvement initiatives; and

(g) That information on the recent e-learning course developed by NHS Education for Scotland be issued to members and that a future development session be held for members relative to autism services.

## **5 Change and Improvement Programme Update**

Under reference to item 6 of the Minute of the meeting of the IJB held on 14 September 2018 the Chief Officer submitted a report providing an update on the HSCP's evolving Change and Improvement Programme including the service reviews underway.

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



strategic and financial plans.

Some members expressed concern regarding the number of external consultants appointed to lead the service reviews; whether in the future, the HSCP would be in a position to respond to situations in-house; and around the matter of rolling-out 'hospital at home type services' currently underway in Lothian and Edinburgh. The Chief Officer advised that the HSCP was currently looking at a number of options.

**DECIDED:** That the content of the report be noted.

## **6 Performance Management Mid-year Report 2018/19**

The Chief Officer submitted a report relative to the Performance Management Mid-year Report 2018/19 covering the period April to September 2018.

The performance dashboard which summarised progress formed Appendix 1 to the report and the full scorecard which updated all performance measures formed Appendix 2 to the report.

There were 64 performance indicators of which 40 had targets set against them. Performance status was assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target. The dashboard indicated that currently 24 performance measures were data only, 7 had red status, 12 had amber status and 21 had green status.

**DECIDED:** That the Performance Management Mid-year Report 2018/19 for Renfrewshire HSCP be approved.

## **Declaration of Interest**

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

## **7 Annual Report of the Chief Social Work Officer 2017/18**

The Chief Social Work Officer (CSWO) submitted a report relative to his annual report which he had submitted to the meeting of Renfrewshire Council held on 27 September 2018. The Public Bodies (Joint Working) Scotland Act 2014 established the CSWO as part of the HSCP governance structure in order to carry out those statutory duties in relation to social work services provided by those partnerships.

The annual reports of all CSWOs were submitted to the Office of the Chief Social Work Advisor at the Scottish Government in order that a national overview report could be produced.

The report provided a summary of activity relating to the role of the Chief Social Work Officer during 2017/18.

**DECIDED:**

(a) That the key activities outlined in the report be noted;

(b) That it be noted that the annual report would be submitted to the Office of the Chief Social Work Advisor at the Scottish Government; and

(c) That it be agreed that annual reports would continue to be provided to the IJB.

## **8 Climate Change Reporting**

The Chief Officer submitted a report relative to the climate change report submitted to the Scottish Government in line with recent legislation on compliance of the climate change duties.

The report intimated that the Climate Change (Scotland) Act 2009 and the subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 required significant public bodies, of which the IJB was one, to prepare a report on their compliance with climate change duties. IJBs were required to submit the report to the Scottish Government on or before 30 November 2018.

The report was a standard template and as a consequence related to the policies, procedures and services of the local authority and NHS Board rather than the IJB, and a copy of the climate change report was appended to the report.

**DECIDED:** That the content of the report be approved.

## **9 Renfrewshire HSCP Winter Plan 2018/19**

The Chief Officer submitted a report relative to the Renfrewshire HSCP Winter Plan 2018/19.

The report intimated that Health Boards and IJBs had received guidance from the Scottish Government to support planning and preparation for winter 2018/19. Health Boards required to be satisfied that potential disruption to NHS services, patients and carers was minimised. HSCPs in NHS GG&C had produced Winter Plans to support the NHS GG&C Board Winter Plan. The Winter Plan for Renfrewshire had been produced by the HSCP in collaboration with acute services and Renfrewshire Council. The final draft of the Winter Plan formed the appendix to the report.

Discussion took place concerning the key action 'Discharges at weekends and bank holidays' and the wording used in the response column in connection with nursing homes. It was proposed that the Chief Officer break this information down into three points of (i) numbers restricted by registration; (ii) the 'rate and pace' of admissions; and (iii) information around what to consider when choosing a nursing home and that the amended Renfrewshire HSCP Winter Assurance Framework be issued to members of the IJB. This was agreed.

**DECIDED:**

(a) That in relation to the key action 'Discharges at weekends and bank holidays' and the wording used in the response column in connection with nursing homes, the Chief Officer break this information down into three points of (i) numbers restricted by registration; (ii) the 'rate and pace' of admissions; and (iii) information around what to consider when choosing a nursing home and that the amended Renfrewshire HSCP Winter Plan be issued to members of the IJB;

(b) That the IJB approve Renfrewshire HSCP's draft Winter Plan 2018/19, as amended; and

(c) That the collaborative work carried out with NHS GG&C and the Winter Plan approved by the Board on 16 October 2018 be noted.

## **10 Date of Next Meeting**

**DECIDED:** That it be noted that the next meeting of the IJB would be held at 10.00 am on 25 January 2019 in the Abercorn Conference Centre, Renfrew Road, Paisley.



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**To: Renfrewshire Integration Joint Board**

**On: 25 January 2019**

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**Report by: Chief Officer**

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**Heading: Update on Capability Scotland Services – Whitehaugh & West Lane Gardens**

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**1. Summary**

- 1.1 This paper provides an update to the Integration Joint Board (IJB) of Capability Scotland Day Care Services for adults with learning disabilities in Renfrewshire.
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**2. Recommendation**

It is recommended that the IJB:

- Note that Capability Scotland have continued to operate this service, using the extended funding made available from Renfrewshire Council. They will cease to operate from April 2019;
  - Note that a number of service users have been supported to move on to alternative service provision;
  - Note the ongoing work supporting remaining service users and their families/carers in relation to future care requirements; and
  - Note the extension of our existing Community Networks Service into the Johnstone area.
- 

**3. Background**

- 3.1 Capability Scotland operates two Day Services in Renfrewshire for adults with a learning disability, located at Whitehaugh and West Lane Gardens. These are delivered on behalf of the Health and Social Care Partnership (HSCP).
- 3.2 In July 2017, Capability Scotland served formal notice to the HSCP Chief Officer on their intention to withdraw from their current contract on 20 October 2017, noting the current service model had accrued significant annual financial deficits and was no longer seen by Capability Scotland to be financially viable going forward.

3.3 Renfrewshire Council's 2018/19 Budget included an approved motion in relation Capability Scotland which stated:

"In addition, agree that the required draw is made in 2018/19 from the resources carried forward to support Adult Social Care as referred to in paragraph 1.10 of the Director's report, to fund the Health and Social Care Partnership for the provision of Day Care Services currently provided at West Lane Gardens (WLG) in Johnstone and Whitehaugh in Paisley until the end of 2018/19, providing greater time to support families to meet the choices being made by clients as to their care requirements."

This was approved by the IJB on 23<sup>rd</sup> March 2018. This was to provide a longer period to support service users and their families/carers to consider alternative service options and to make choices regarding their future care requirements.

Previously the IJB had noted a number of issues that should be addressed as part of the ongoing change to services. These included:

- That Renfrewshire HSCP staff 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;
- That we remain open to developing other service models;
- That we ensure effective communication in our work with service users, carers and families;
- That officers do all they can, as part of the transitional period, to ensure no diminution of service to service users.

3.5 Throughout this process, Renfrewshire HSCP has continued to work with service users, families and carers to identify alternative service provision. It is important that we continue to recognise the challenge that this change presents to service users and their family members and carers. We have sought to acknowledge the uncertainty that such change can bring and our approach has reflected this in the way we have engaged and supported service users to explore options and to visit alternative services. It has been from this that service users have been able to make informed choices about how their Self-Directed Support (SDS) budgets can be utilised.

3.6 At the beginning of this process there were a total of 47 service users attending across Whitehaugh and West Lane Gardens.

- All service users have been assessed and allocated individual SDS budgets;

- Almost half of these service users have moved on or are in transition to a positive destination in terms of future service provision;
- Through our work with service users and families a number of people expressed their interest in the Community Networks Service but only if it was made available in the Johnstone area;
- There are a small number of individuals who have not yet identified alternative service provision. The HSCP will continue to engage with these individuals to explore available options.

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#### **4. Extension of Community Networks**

- 4.1 Community Networks currently operates in the Paisley area. In response to the requests for this service to be available in the Johnstone area, the Community Networks Service is being extended. The HSCP are currently working with Renfrewshire Council to scope out the property options available for a Community Networks Hub in Johnstone. The building at West Lane Gardens is being considered, alongside other properties in the Johnstone area.
- 4.3 A range of options are being explored in relation to staffing of the future service, including working closely with Capability Scotland.

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#### **5. Next Steps**

- 5.1 The HSCP will continue to work with service users to support their transition to the range of alternative service provision available, including the newly extended Community Networks Service in Johnstone.
- 5.2 The HSCP will work with key stakeholders to take forward the Community Networks Service extension.

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#### **Implications of the Report**

1. **Financial** – the cost will be met within existing budget
2. **HR & Organisational Development** – Discussions ongoing with HR and Capability Scotland
3. **Community Planning** – Nil
4. **Legal** – discussions ongoing with HR and Capability Scotland
5. **Property/Assets** – work is underway to identify suitable property in the Johnstone area
6. **Information Technology** – Nil.

7. **Equality & Human Rights** – this report relates to social care services provided for one care group - Learning Disabilities service users and their carers
  8. **Health & Safety** – Nil
  9. **Procurement** – Nil
  10. **Risk** – as highlighted within the report.
  11. **Privacy Impact** – Nil
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**Author:** David Leese, Chief Officer

Any enquiries regarding this paper should be directed to Christine Lavery, Head of Mental Health, Addictions and Learning Disability Services ([Christine.Lavery@renfrewshire.gov.uk](mailto:Christine.Lavery@renfrewshire.gov.uk) / 0141 618 6012).



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**To: Renfrewshire Integration Joint Board**

**On: 25 January 2019**

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**Report by: Chief Finance Officer**

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**Heading: Financial Report 1 April 2018 to 30 November 2018**

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**1. Purpose**

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

- 2.1. It is recommended that the IJB:
- Note the in-year position at 30 November 2018;
  - Note the projected year-end position for 2018/19; and
  - Note the current position as regards the 2019/20 draft Scottish Budget.
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**3. Summary**

- 3.1. As detailed in the table below the IJB year to date position and projected outturn for 2018/19 is an underspend, prior to the transfer of balances to General Reserves at the financial year end.

Division	Year to Date Position	Year End Outturn
Social Work – Adult Services	Breakeven	Breakeven
Renfrewshire Health Services	Underspend £466k	Underspend £700k
<b>Total Renfrewshire HSCP</b>	<b>Underspend £466k</b>	<b>Underspend £700k</b>

- 3.2. The key pressures are highlighted in section 4.
- 3.3. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 6 and 7 provide a reconciliation of the main budget adjustments applied this current financial year.

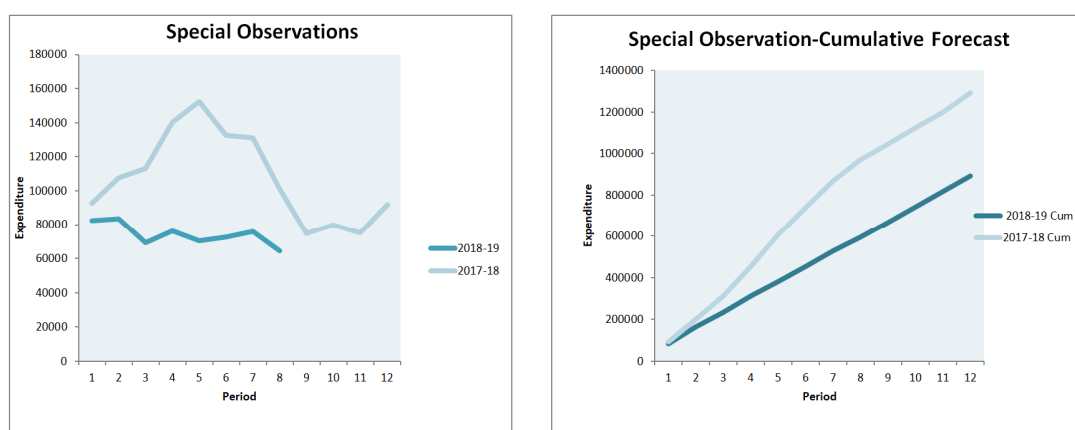
#### 4. **Year to Date and Projected Year End Outturn**

**Year to Date: Underspend £466k**

**Year End Outturn: Underspend £700k**

- 4.1. The overall net underspend for the HSPC at 30 November 2018 is an underspend of £466k, with an anticipated year-end underspend of £700k, assuming that the current trajectory of spend continues throughout this financial year. Members should however note that this projection assumes that both the Action 15, Health Visitors and, Primary Care Improvement Programme monies will be fully spent, with any remaining balances ring fenced and transferred to ear marked reserves to be drawn down in 2019/20.
- 4.2. The current and projected underspend includes the flexible use of the additional resources made available by the Council on a recurring basis to support the financial sustainability of services as well as a draw down from ear marked and general reserves as detailed below and in Appendices 3 and 8.
- 4.3. As detailed in Appendix 3 and 8, the current and projected underspend reflects:
- The drawdown of earmarked reserves to fund short term non-recurring restructuring costs of the Care at Home Service throughout the first quarter of 2018/19 as approved by the IJB at its meeting of 29 June 2018;
  - Proposed non-recurring budget virements from areas of underspend within services to temporarily fund areas of overspend
  - 'Anticipated' draw down of both recurring additional resources made available by the council, and non-recurring monies from the reserves built up over the past 2 years (the level of resource to be drawn down is monitored on a 4-weekly basis).
- 4.4. The main broad themes of the current and projected outturn remain in line with those previously reported and include:
- 4.4.1. ***Adults and Older People - Underspend £314k***
- *Care at Home:*
    - Continued pressures within the care at home service which, as previously highlighted to the IJB are subject to a number of strengthened financial governance arrangements put in place by the Chief Officer and Chief Finance Officer to ensure these pressures are proactively managed.
  - *Employee costs - Adult Social Care*
    - An underspend in employee costs (not including care at home) reflecting vacancies throughout all service areas these underspends are assisting in the funding of the pressures within the Care at Home service.
  - *Addictions (including ADP)*
    - An underspend reflecting the current planned hold on recruitment pending the implementation of the Addictions services review recommendations - these monies will be transferred to an ear marked reserve at the financial year end in order to be reinvested in full in 2019/20,
  - *Adult Community Services*
    - Underspend reflecting both turnover and recruitment issues across the Rehabilitation and District Nursing services

- 4.4.2. **Mental Health - Overspend £99k**
- An overspend in Mental Health Services reflecting pressures in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.
- 4.4.3. **Children's Services – Underspend £325k**
- Underspends within Children's Services reflecting vacancies within School Nursing and Health Visiting;
- 4.4.4. **Hosted – Underspend £330k**
- Underspend in Hosted Services reflecting vacant administrative posts in the Primary Care screening service, and a combination of staff turnover and maternity/unpaid leave within Podiatry along with vacancies in relation to the implementation of the new workforce plan;
- 4.5. *Enhanced Observations:*
- As at 30 November 2018 expenditure on enhanced observations is projected to be c£900k. As part of the 2018/19 Financial Plan a £900k budget was created for enhanced observation and a commitment was made by the management team to work towards reducing the cost in line with this budget.
- 4.6. The graphs below show that the spend for month 1-8 of 2018/19 is significantly lower than the same period in 2017/18 with a projected year end reduction in spend in comparison to 2017/18 of c£400k .



## 5. **Prescribing**

- 5.1. With the ending of the risk sharing arrangement across NHSGGC partnerships, prescribing costs represent the greatest financial risk to the HSCP, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.
- 5.2. The current projected year end position for prescribing is an overspend of £320k. This relates primarily to increased premiums for drugs that are on short supply. It is likely that short supply issues will continue for the remainder of the financial year, therefore, the projected year end position assumes that the current short supply issues will not be resolved and that no further drugs go on short supply. This position is however subject to change. Members should note that as Prescribing is an extremely volatile area, any drug going on short supply can have significant financial consequences.

5.3. There is an expectation that some funding will be recoverable from Community Pharmacists (CP) as the nationally set tariffs currently being paid for drugs are estimated to generate profit margins to CPs in excess of the minimum amount agreed. This is based on a survey of the first six months invoices paid by CPs. Should the estimate prove to be accurate and the excess amounts due to HSCPs recovered (both are not guaranteed) this could potentially cover the projected over-spend.

5.4. Work continues with the lead pharmacist for NHSGGC to deliver, the ambitious efficiency target of £11.1m for 2018/19 which comprises a number of initiatives including: programmes aimed at reducing waste and the promotion of efficient prescribing.

## **6. Set Aside Budget**

6.1. Work continues to be progressed in relation to the sum set aside for hospital services, however arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance.

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

## **7. Reserves**

7.1. As detailed in Appendix 8 the opening reserves position for 2018/19 was £3.442m. This figure comprises £930k of general reserves and £2.512m of earmarked reserves.

7.2. Consistent with the IJB's Reserves Policy at its meeting of 29 June 2018, the IJB approved the creation of ear marked reserves for draw down as required in 2018/19. As detailed in section 4 of this report, based on current projections for 2018/19 a total of £422k of ear marked reserves have been 'notionally' drawn down. Members are reminded that this planned draw down of reserves will fluctuate throughout this financial year depending on the trajectory of demand on services.

7.3. The table in Appendix 6 provides further details on the remaining balances held in the IJB reserves including an estimated projection of ear marked reserves to be created in respect of: Primary Care Transformation Fund; Health Visitor and Mental Health Action 15 monies. Members are reminded that this does not include the reserves carried forward by Renfrewshire Council on behalf of the IJB.

## **8. Financial Planning 2019/20**

### **Draft Scottish Government Budget 2019/20**

8.1. Following the announcement of the Scottish Government's Draft Budget for 2019-20 on 12 December, the Director of Health Finance, Corporate Governance and Value for the Scottish Government wrote to all NHS Chairs, NHS Directors of Finance, Integration Authority Chief Officers and Integration Authority Chief Finance Officers providing details of the funding settlement for Health Boards, which includes Integration Authorities (IJB's). A copy of the letter is attached in Appendix 9.

8.2. Members should note that included within the funding settlement for Health and Social Care Integration is an allocation of additional funding to IJBs. The letter specifically states the following:

- In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels and,
- In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:
  - £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and
  - £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

This funding is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

8.3. On the 12 December the Cabinet Secretary for Finance, Economy and Fair Work wrote to the Leaders of all Scottish Local Authorities (a copy of the letter is attached at Appendix 9), setting out the Scottish Government's draft spending and tax plans for 2019/20. Within this letter he confirms that in return for their 2019/20 settlement, Local Authorities will be expected to deliver certain specific commitments, including the commitment that the allocation to Integration Authorities must be £160 million greater than 2018-19 recurrent budgets.

8.4. The allocation of this additional funding to the IJB will form part of the overall Adult Social Care resource assessment currently being discussed with and subject to agreement with Renfrewshire Council as part of their 2019/20 budget setting process.

8.5. Notwithstanding the pass through arrangement of such resources between the Council and the IJB in line with the Scottish Government requirements referred to above, the Council at this stage have indicated that in line with previous years pass through arrangements for such funding, it is anticipated there will continue to be an efficiency and cost mitigation adjustment of approximately 3% forming part of the overall process of moving from 2018/19 to 2019/20. This will be subject to ongoing engagement and discussion with the Council and nationally with the Scottish Government and COSLA to secure full clarity in this regard.

8.6. However, it should be noted that outwith funding linked to new responsibilities covered by the Carers Act, free person care for under 65s and school mental health services, the IJB base budget under the approach currently outlined by the Council would still be subject to a real terms uplift moving from 2018/19 into 2019/20. In this context, addressing the remaining gap to fund emerging pressures for 2019/20 would be contingent upon the IJB delivering efficiency and cost mitigation savings from the current service reviews and ongoing

change programme. The IJB will be kept informed of progress in this regard, specifically the impact emerging from the current service reviews and ongoing change programme as well as the ongoing engagement process with the Council.

## **9. Living Wage Increase 2018/19**

9.1. As highlighted in previous reports to the IJB, implementation of the Living Wage rate of £8.75 for 2018/19 is well underway with the majority of our contracted providers having accepted the offered increase which includes the impact of on-costs.

9.2. The Living Wage for 2019/20 has been agreed at £9 per hour. As in the past 3 years the offer to providers will include the impact of on-costs. Work is already underway to have this in place for 1 May 2019.

### **9.3. *Implementing the Scottish Living Wage in adult social care: An evaluation of the experiences of social care partners, and usefulness of Joint Guidance***

Early in 2018 the Coalition of Care and Support Providers Scotland (CCPS) in response to the Scottish Government's policy (announced in February 2016), that front line workers employed in publicly funded social care services should be paid the living wage, commissioned a review of the implementation of the Scottish living wage in adult social care. The full report can be accessed through the following link:

<http://www.ccpscotland.org/wpcontent/uploads/2018/11/Univ-of-Strathclyde-Living-Wage-implementation-research-November-2018.pdf>

The purpose of the report was to review the experience of implementing the Scottish living wage in adult social care and make recommendations for future implementation. As part of the review the Strategic Procurement Manager for Renfrewshire Council and the IJB's CFO met with the authors of the report to provide an insight into the experience of implementing the Living Wage from a Renfrewshire perspective.

Our response to the recommendations within the report is detailed below:

*"Renfrewshire Council is committed to leading the way for fair pay and to tackling in-work poverty. The Council is a Living Wage accredited employer and works closely with all its providers of adult care and support services to help support them to pay the Living Wage to their care staff. The Council notes the content and recommendations of the joint report produced by the Coalition of Care and Support Providers Scotland and University of Strathclyde "Implementing the Scottish Living Wage in adult social care;" and confirms its ongoing commitment to supporting the Scottish Living Wage."*

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## **Implications of the Report**

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

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

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

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## Appendix 1

### HSCP Revenue Budget Position 1st April 2018 to 31st March 2019

Subjective Heading	Revised Annual Budget (reflecting adjustments to Annual Accounts) £'000	Projected to Year End (reflecting movements to Reserves) £'000	Variance		
			£'000s	%	
Employee Costs	75,422	74,082	1,340	1.8%	underspend
Property Costs	916	955	(39)	-4.3%	underspend
Supplies and Services	8,656	8,885	(229)	-2.6%	Overspend
Contractors	55,228	55,228	-	0.0%	Overspend
Purchase Of Healthcare	2,466	2,502	(36)	-1.5%	Overspend
Transport	804	804	-	0.0%	underspend
Family Health Services	81,779	82,115	(336)	-0.4%	Overspend
Administrative Costs	71	71	-	0.0%	Overspend
Payments to Other Bodies	2,933	2,933	-	0.0%	Overspend
Set Aside	30,468	30,468	-	0.0%	Breakeven
<b>Gross Expenditure</b>	<b>258,743</b>	<b>258,043</b>	<b>700</b>	<b>0.3%</b>	<b>underspend</b>
Income	(27,915)	(27,915)	1	0.0%	underspend
<b>NET EXPENDITURE</b>	<b>230,828</b>	<b>230,128</b>	<b>700</b>	<b>0.30%</b>	<b>underspend</b>

Care Group	Revised Annual Budget £'000	Projected to Year End (reflecting movements to Reserves) £'000	Revised Variance		
			£'000s	%	
Adults & Older People	63,472	63,158	314	0.5%	underspend
Mental Health	20,532	20,631	(99)	-0.5%	Overspend
Learning Disabilities	13,784	13,743	41	0.3%	underspend
Children's Services	5,403	5,078	325	6.0%	underspend
Prescribing	35,302	35,622	(320)	-0.9%	Overspend
Health Improvement & Inequalities	1,014	977	37	3.6%	underspend
FHS	44,224	44,224	(0)	0.0%	underspend
Resources	4,957	4,885	72	1.5%	underspend
Hosted Services	10,806	10,476	330	3.0%	underspend
Set Aside	30,468	30,468	-	0.0%	Breakeven
Delegated Services	866	866	-	0.0%	Breakeven
<b>NET EXPENDITURE</b>	<b>230,828</b>	<b>230,128</b>	<b>700</b>	<b>0.30%</b>	<b>underspend</b>



## Appendix 2

### Adult Social Care Revenue Budget Year to Date Position 1st April 2018 to 9th November 2018

Subjective Heading	Year to Date Budget £000's	Draw Down from Recurring Budget Allocation £000's	Revised Budget £000's	Actual to Date £000's	Variance £000's	Earmarked Reserves £000's	In-Year Non-recurring Budget Virement £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Adjusted Year to Date Actual £000's	Revised Variance		
										£000's	%	
Employee Costs	17,396	491	17,887	17,744	143	246	(389)	-	17,887	-	0%	breakeven
Property Costs	215	-	215	190	25	-	(25)	-	215	-	0%	breakeven
Supplies and Services	1,086	-	1,086	1,054	32	7	(39)	-	1,086	-	0%	breakeven
Contractors	33,211	775	33,986	34,732	(745)	-	479	266	33,986	-	0%	breakeven
Transport	492	-	492	462	30	-	(30)	-	492	-	0%	breakeven
Administrative Costs	43	-	43	46	(3)	-	3	-	43	-	0%	breakeven
Payments to Other Bodies	1,593	-	1,593	1,596	(3)	-	3	-	1,593	-	0%	breakeven
<b>Gross Expenditure</b>	<b>54,037</b>	<b>1,266</b>	<b>55,303</b>	<b>55,824</b>	<b>(521)</b>	<b>253</b>	<b>1</b>	<b>266</b>	<b>55,303</b>	<b>0</b>	<b>0%</b>	<b>breakeven</b>
			-									
<b>Income</b>	<b>(14,844)</b>		<b>(14,844)</b>	<b>(14,845)</b>	<b>1</b>	<b>-</b>	<b>(1)</b>	<b>-</b>	<b>(14,844)</b>	<b>-</b>	<b>0%</b>	<b>breakeven</b>
<b>NET EXPENDITURE</b>	<b>39,193</b>	<b>1,266</b>	<b>40,460</b>	<b>40,979</b>	<b>(519)</b>	<b>253</b>	<b>(0)</b>	<b>266</b>	<b>40,460</b>	<b>0</b>	<b>0%</b>	<b>breakeven</b>

Client Group	Year to Date Budget £000's	Draw Down from Recurring Budget Allocation £000's	Revised Budget £000's	Actual to Date £000's	Variance £000's	Earmarked Reserves	In-Year Non-recurring Budget Virement £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Adjusted Year to Date Actual £000's	Revised Variance		
										£000's	%	
Older People	26,065	990	27,054	27,663	(609)	246	97	266	27,054	-	0%	breakeven
Physical or Sensory Difficulties	4,099	138	4,238	4,197	41	-	(41)	-	4,238	-	0%	breakeven
Learning Difficulties	7,676	138	7,815	7,735	79	7	(87)	-	7,815	-	0%	breakeven
Mental Health Needs	936	-	936	984	(48)	-	48	-	936	-	0%	breakeven
Addiction Services	417	-	417	399	18	-	(18)	-	417	-	0%	breakeven
<b>NET EXPENDITURE</b>	<b>39,193</b>	<b>1,266</b>	<b>40,460</b>	<b>40,979</b>	<b>(519)</b>	<b>253</b>	<b>-</b>	<b>266</b>	<b>40,460</b>	<b>0</b>	<b>0%</b>	<b>breakeven</b>



## Appendix 3

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

Subjective Heading	Annual Budget £000's	Draw Down from Recurring Budget Allocation £000's	Revised Budget £000's	Projection to Year End £000's	Variance £000's	Earmarked Reserves £000's	In-Year Non- recurring Budget Virement £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Adjusted Year End Projection £000's	Revised Variance		
										£000's	%	
Employee Costs	28,269	798	29,067	28,834	233	399	(632)		29,067	-	0.0%	breakeven
Property Costs	350		350	309	41	-	(41)		350	-	0.0%	breakeven
Supplies and Services	1,764		1,764	1,712	52	12	(64)		1,764	-	0.0%	breakeven
Contractors	53,968	1,260	55,228	56,439	(1,211)	-	778	433	55,228	-	0.0%	breakeven
Transport	800		800	751	49	-	(49)		800	-	0.0%	breakeven
Administrative Costs	70		70	75	(5)	-	5		70	-	0.0%	breakeven
Payments to Other Bodies	2,589		2,589	2,594	(5)	-	5		2,589	-	0.0%	breakeven
<b>Gross Expenditure</b>	<b>87,810</b>	<b>2,058</b>	<b>89,868</b>	<b>90,714</b>	<b>(846)</b>	<b>411</b>	<b>2</b>	<b>433</b>	<b>89,868</b>	-	-	<b>breakeven</b>
<b>Income</b>	<b>(24,121)</b>		<b>(24,121)</b>	<b>(24,123)</b>	<b>2</b>	-	<b>(2)</b>	-	<b>(24,121)</b>	-	0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>63,689</b>	<b>2,058</b>	<b>65,747</b>	<b>66,591</b>	<b>(844)</b>	<b>411</b>	-	<b>433</b>	<b>65,747</b>	-	-	<b>breakeven</b>

Client Group	Annual Budget £000's	Draw Down from Recurring Budget Allocation £000's	Revised Budget £000's	Projection to Year End £000's	Variance £000's	Earmarked Reserves £000's	In-Year Non- recurring Budget Virement £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Adjusted Year End Projection £000's	Revised Variance		
										£000's	%	
Older People	42,355	1,608	43,963	44,953	(990)	399	158	433	43,963	-	0.0%	breakeven
Physical or Sensory Difficulties	6,661	225	6,886	6,820	66	-	(66)		6,886	-	0.0%	breakeven
Learning Difficulties	12,474	225	12,699	12,570	129	12	(141)		12,699	-	0.0%	breakeven
Mental Health Needs	1,521		1,521	1,599	(78)	-	78		1,521	-	0.0%	breakeven
Addiction Services	678		678	649	29	-	(29)		678	-	0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>63,689</b>	<b>2,058</b>	<b>65,747</b>	<b>66,591</b>	<b>(844)</b>	<b>411</b>	-	<b>433</b>	<b>65,747</b>	-	-	<b>breakeven</b>

Projected Year End Budget Position is a breakeven

Funding Available to be Drawn Down throughout 2018/19				
Funding Type:	Opening Balance 2018/19	Draw Down 2018/19	Estimated Draw Down 2018/19	Closing Balance 2018/19
Recurring Budget (held by Council)	£1,904,916	-£1,904,860		£56
Earmarked Reserves	£488,000		-£411,000	£77,000
Non-Recurring Reserves held on behalf of IJB	£1,655,916		-£433,478	£1,222,438
Ringfenced Carers Budget	£646,000	-£153,623		£492,377
	<b>£4,694,832</b>	<b>-£2,058,483</b>	<b>-£844,478</b>	<b>£1,791,871</b>



## Appendix 4

### Health Revenue Budget Position 1st April 2018 to 30th November 2018

Subjective Heading	Year to Date Budget £000's	Adjustment to Budget in line with Annual Accounts £'000's	In-year Adjustment to Budget £000's	Revised Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Adjustment to Reserves £000's	Adjusted Year to Date Actual £000's	Revised Variance		
									£000's	%	
Employee Costs	29,934	-	325	30,259	28,977	1,282	(387)	29,364	895	3.0%	underspend
Property Costs	5	-	5	11	37	(26)	-	37	(26)	-493.8%	overspend
Supplies and Services	13,416	(9,613)	926	4,729	4,806	(78)	(77)	4,883	(155)	-1.2%	overspend
Purchase Of Healthcare	1,644	-	-	1,644	1,668	(24)	-	1,668	(24)	-1.5%	overspend
Resource Transfer	11,248	(11,713)	465	(0)	-	(0)	-	-	(0)	0.0%	breakeven
Family Health Services	52,740	-	1,781	54,521	54,743	(222)	-	54,743	(222)	-0.4%	overspend
Set Aside	19,976	-	336	20,312	20,312	-	-	20,312	-	0.0%	breakeven
<b>Gross Expenditure</b>	<b>128,963</b>	<b>(21,326)</b>	<b>3,838</b>	<b>111,475</b>	<b>110,543</b>	<b>932</b>	<b>(464)</b>	<b>111,007</b>	<b>468</b>	<b>0.4%</b>	<b>underspend</b>
Income	(2,256)	-	(168)	(2,424)	(2,422)	(2)	-	(2,422)	(2)	0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>126,707</b>	<b>(21,326)</b>	<b>3,670</b>	<b>109,051</b>	<b>108,121</b>	<b>930</b>	<b>(464)</b>	<b>108,585</b>	<b>466</b>	<b>0.37%</b>	

Care Group	Year to Date Budget £000's	Adjustment to Budget in line with Annual Accounts £'000's	In-year Adjustment to Budget £000's	Revised Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Adjustment to Reserves £000's	Adjusted Year to Date Actual £000's	Revised Variance		
									£000's	%	
Addiction Services	1,790	-	13	1,803	1,535	268	-	1,535	268	15.0%	underspend
Adult Community Services	6,566	-	(405)	6,161	6,220	(59)	-	6,220	(59)	-0.9%	Overspend
Children's Services	3,491	-	111	3,602	3,300	302	-	3,300	302	8.7%	underspend
Learning Disabilities	721	-	2	723	696	27	(87)	783	(60)	-8.3%	Overspend
Mental Health	12,371	-	82	12,453	12,518	(65)	-	12,518	(65)	-0.5%	Overspend
Mental Health - Action 15	-	-	47	47	12	35	(35)	47	-	0.0%	Breakeven
Hosted Services	7,148	-	56	7,204	6,984	220	-	6,984	220	3.1%	underspend
Prescribing	23,535	-	-	23,535	23,746	(211)	-	23,746	(211)	-0.9%	Overspend
Gms	13,758	-	1,058	14,816	14,816	-	-	14,816	-	0.0%	Breakeven
Other	13,944	-	722	14,666	14,666	-	-	14,666	-	0.0%	Breakeven
Planning & Health Improvement	711	-	(35)	676	651	25	-	651	25	3.5%	underspend
Administration & Management	1,483	-	1,018	2,501	2,460	41	7	2,453	48	3.2%	underspend
Primary Care Improvement Prog	353	-	199	552	204	348	(349)	553	(1)	0.0%	Breakeven
Resource Transfer	12,577	(13,043)	465	(1)	-	(1)	-	-	(1)	0.0%	Breakeven
Veterans	114	(114)	-	-	-	-	-	-	-	0.0%	Breakeven
Social Care Fund	8,169	(8,169)	-	-	-	-	-	-	-	0.0%	Breakeven
Set Aside	19,976	-	337	20,313	20,313	-	-	20,313	-	0.0%	Breakeven
<b>NET EXPENDITURE</b>	<b>126,707</b>	<b>(21,326)</b>	<b>3,670</b>	<b>109,051</b>	<b>108,121</b>	<b>930</b>	<b>(464)</b>	<b>108,585</b>	<b>466</b>	<b>0.37%</b>	





## Appendix 5

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

							Projected				
Subjective Heading	Annual Budget £'000	Adjustment to Budget in line with Annual Accounts £'000's	In year Adjustments £000's	Revised Budget £'000	Projected to Year End £'000	Variance £'000	Adjustment to Reserves £'000	Adjusted Projection to Year End £'000	Revised Variance		
									£'000s	%	
Employee Costs	45,758		488	46,246	44,325	1,921	(581)	44,906	1,340	2.9%	underspend
Property Costs	8		8	16	55	(39)	-	55	(39)	-243.8%	Overspend
Supplies and Services	19,906	(14,419)	1,389	6,876	6,990	(114)	(115)	7,105	(229)	-3.3%	Overspend
Purchase Of Healthcare	2,466			2,466	2,502	(36)		2,502	(36)	-1.5%	Overspend
Resource Transfer	16,872	(17,570)	698	-	-	-	-	-	-	0.0%	Breakeven
Family Health Services	79,108		2,671	81,779	82,115	(336)		82,115	(336)	-0.4%	Overspend
Set Aside	29,964		504	30,468	30,468	-	-	30,468	-	0.0%	Breakeven
Gross Expenditure	194,082	(31,989)	5,758	167,851	166,455	1,396	(696)	167,151	700	0.4%	underspend
Income	(3,384)		(252)	(3,636)	(3,636)	-		(3,636)	1	0.0%	Breakeven
NET EXPENDITURE	190,698	(31,989)	5,506	164,215	162,819	1,396	(696)	163,515	700	0.37%	

Care Group	Annual Budget £'000	Adjustment to Budget in line with Annual Accounts £'000's	In year Adjustments £000's	Revised Budget £'000	Projected to Year End £'000	Variance £'000	Adjustment to Reserves £'000	Adjusted Projection to Year End £'000	Revised Variance		
									£'000s	%	
Addiction Services	2,684		20	2,704	2,301	403	-	2,301	403	14.9%	underspend
Adult Community Services	9,849		(608)	9,241	9,330	(89)	-	9,330	(89)	-1.0%	Overspend
Children's Services	5,236		167	5,403	4,947	456	(131)	5,078	325	6.0%	underspend
Learning Disabilities	1,082		3	1,085	1,044	41		1,044	41	3.8%	underspend
Mental Health	18,556		123	18,679	18,778	(99)	-	18,778	(99)	-0.5%	Overspend
Mental Health-Action 15	261		71	332	279	53	(53)	332	-	0.0%	Breakeven
Hosted Services	10,722		84	10,806	10,476	330	-	10,476	330	3.0%	underspend
Prescribing	35,302			35,302	35,622	(320)	-	35,622	(320)	-0.9%	Overspend
Gms	20,637		1,587	22,224	22,224	-	-	22,224	-	0.0%	Breakeven
Other	20,916		1,084	22,000	22,000	(0)	-	22,000	(0)	0.0%	Breakeven
Planning & Health Improvement	1,067		(53)	1,014	977	37	-	977	37	3.6%	underspend
Administration & Management	2,225		1,527	3,752	3,690	62	11	3,679	73	2.0%	underspend
Primary Care Improvement Prog	906		299	1,205	683	522	(523)	1,206	(1)	-0.1%	Overspend
Resource Transfer	18,866	(19,564)	698	(0)	-	(0)	-	-	(0)	0.0%	Breakeven
Veterans	171	(171)		0	-	0		-	0	100.0%	Breakeven
Social Care Fund	12,254	(12,254)		-	-	-	-	-	-	0.0%	Breakeven
Set Aside	29,964		504	30,468	30,468	-	-	30,468	-	0.0%	Breakeven
<b>NET EXPENDITURE</b>	<b>190,698</b>	<b>(31,989)</b>	<b>5,506</b>	<b>164,215</b>	<b>162,819</b>	<b>1,396</b>	<b>(696)</b>	<b>163,515</b>	<b>700</b>	<b>1</b>	

**Note 1:** Adjustments to budget to reflect year end accounting treatment whereby expenditure is incurred in Adult Social Budget: Social Care Fund £12.254m; Resource transfer £19.564m; Veterans Monies £0.171m

**Note 2:** Please refer to Budget Reconciliation for in year adjustments

#### For Information

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



**2018/19 Adult Social Care Financial Allocation to Renfrewshire HSCP**

	£k
2018/19 Renfrewshire HSCP Opening Budget:	63,690.0
	<b>63,690.0</b>
<b><u>Budget Adjustments Posted in Period 6</u></b>	
18/19 Vehicle Insurance Budget Realignment	-0.8
<b>Adult Social Care Budget as at P8</b>	<b>63,689.2</b>



<b>2018/19 Health Financial Allocation to Renfrewshire HSCP</b>	
	<b>£k</b>
2017/18 Renfrewshire HSCP Closing Budget:	165,010.6
Add: Set Aside	29,964.0
<b>less:</b> non recurring budgets (allocated annually)	-4,046.3
<b>less:</b> Budget Adjustments*	
SCF	-12,254.0
Veterans	-171.0
RT	-18,866.0
= base budget rolled over	<b>159,637.3</b>
<b>Additions:</b>	
1.5% Uplift	1,751.0
Children's Service Collaboration Fees - Fostering Reports	31.9
Podiatry Budgets from Inverclyde	123.5
GP Income Budgets to Facilities	370.0
	<b>2,276.4</b>
<b>Reductions:</b>	
Savings Legacy	-519.0
GMS ADJ 1819 (*GMS = costs associated with GP services in Renfrewshire)	-2,294.4
	<b>-2,813.4</b>
<b>Non-Recurring:</b>	
Consultant Arrears	34.5
Protection Cost - EMI HCA Displaced through redeployment	2.4
	<b>36.9</b>
<b>Budget allocated as per 2018/19 Financial Allocation 31st May 2018</b>	<b>159,137.2</b>
<b>Budget Adjustments posted in month 3</b>	
<b>Additions:</b>	
Income for building maintenance - Accommodation	2.3
	<b>2.3</b>
<b>Non-Recurring:</b>	
Primary Care Improvement Programme	904.6
MH Action 15	261.5
EMIS staff transfer PC Screening from Board	81.0
	<b>1,247.1</b>
<b>Health Budget as reported @ 30th June 18</b>	<b>160,386.5</b>
<b>Budget Adjustments posted in month 4</b>	
<b>Reductions:</b>	
Prescribing	-1,151.4
	<b>-1,151.4</b>
<b>Non-Recurring:</b>	
Veterans	171.4
	<b>171.4</b>
<b>Health Budget as reported @ 31st July 18</b>	<b>159,406.5</b>
<b>Budget Adjustments posted in month 5</b>	
<b>Non-Recurring:</b>	
ADP Funding	577.3
	<b>577.3</b>
<b>Health Budget as reported @ 31st August 18</b>	<b>159,983.8</b>
<b>Budget Adjustments posted in month 6</b>	
<b>Additions:</b>	
Additional Pay Award	640.2
GMS Adjustment	1,587.0
SESP Nurse: Pay award. Post transferred from board	3.2
	<b>2,230.4</b>
<b>Non-Recurring:</b>	
SESP Funding: Posts with Adult comm Care, Hosted services and PHI	338.8
Modern Apprentice	3.6
	<b>342.4</b>
<b>Health Budget as reported @ 30th September 18</b>	<b>162,556.6</b>
<b>Budget Adjustments posted in month 7</b>	
<b>Additions:</b>	
Adjustment to Set Aside Budget	504.0
	<b>504.0</b>
<b>Reductions:</b>	
Smoking Cessation transferred to the Board	-65.2
	<b>-65.2</b>
<b>Non-Recurring:</b>	
Funding for Syrian Refugees	8.1
Adjustment to GMS - Match to Expenditure	1,084.3
Transfer of SESP Budget for East Ren - Service provision ceased	20.2
	<b>1,112.6</b>
<b>Health Budget as reported @ 31st October 2018</b>	<b>164,108.1</b>
<b>Budget Adjustments posted in month 8</b>	
<b>Additions:</b>	
CAMCHP56 PC Medical - To support GP Subcommittees	35.0
	<b>35.0</b>
<b>Reductions:</b>	
Primary Care Support - Transfer of budget for Nurses -Rent of Rooms	-26.8
	<b>-26.8</b>
<b>Non-Recurring:</b>	
Transfer to Resource Transfer Budget - To fund inflationary Rise	-698.2
Primary Care Support - Transfer of budget for Nurses -Rent of Rooms	-2.3
PCIP Tranche 2 Funding	299.0
Action 15 - Mental Health	71.0
Mental Health Bundle Funding - CAMHS Innovation Fund	290.0
Funding for Syrian Refugees	7.2
Funding for September 2018 Health Visiting intake	131.0
	<b>97.7</b>
<b>Health Budget as reported @ 30th November 2018</b>	<b>164,214.0</b>



**Projected Movement in Reserves**

<b>Earmarked Reserves</b>	<b>Opening Position 2018/19 £000's</b>	<b>Amounts Drawn Down in 2018/19</b>	<b>Projected New Reserves</b>	<b>Closing Position 2018/19 £000's</b>	<b>Movement in Reserves in 2018/19</b>
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	438	-11	523	950	512
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	414			414	0
Primary Care Transformation Fund Monies	39			39	0
District Nurse 3 year Recruitment Programme	150			150	0
Prescribing	450			450	0
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings in 18/19	339			339	0
Health Visiting	181		131	312	131
Tannahill Diet and Diabetes Pilot Project	17			17	0
Mental Health Action 15			53	53	53
<b>TOTAL Delegated Health Ear Marked Reserves</b>	<b>2,028</b>	<b>-11</b>	<b>707</b>	<b>2,724</b>	<b>696</b>
Care @ Home Redesign/Locality Services Redesign Associated Costs	399	-399		0	-399
Costs Associated With Additional Set Up Costs For Specific Planned Placement	35			35	0
ICT Swift Update Costs	50	-12		38	-12
<b>TOTAL Adult Social Care Ear Marked Reserves</b>	<b>484</b>	<b>-411</b>	<b>0</b>	<b>73</b>	<b>-411</b>
<b>TOTAL EARMARKED RESERVES</b>	<b>2,512</b>	<b>-422</b>	<b>707</b>	<b>2,797</b>	<b>285</b>

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

<b>OVERALL RESERVES POSITION</b>	<b>3,442</b>	<b>-422</b>	<b>707</b>	<b>3,727</b>	<b>285</b>
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Chief Executives, NHS Scotland

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

***Issued via email***

Our Ref: A22950623

12 December 2018

Dear Chief Executives

**Budget 2019-20 – Indicative Allocation**

Following the announcement of the Scottish Government's Budget for 2019-20 by the Cabinet Secretary for Finance, Economy and Fair Work in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in the annex to this letter.

A central component of the Portfolio settlement and approach taken is that the Budget will support the delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, investment in mental health and delivering greater progress and pace in the integration of health and social care, as well as evidencing a further shift in the balance of spend to mental health and to primary, community and social care.

**Baseline Funding**

Territorial Boards will receive a minimum baseline uplift of 2.5%, which includes funding for the 2019-20 pay award. In addition to this, those Boards furthest from NRAC parity will receive a share of £23 million, which will continue to mean that no Board is further than 0.8% from NRAC parity in 2019-20.

The four patient facing National Boards, (Scottish Ambulance Service, NHS 24, Golden Jubilee Foundation and The State Hospital) will each receive a minimum uplift of 1.7%, including funding for the 2019-20 pay award. In addition, the Scottish Ambulance Service will receive a further £6 million to support the implementation of their strategy. NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland will receive funding for the 2019-20 pay award.

The National Board savings requirement of £15 million is reflected in opening budgets, with final amendments to be agreed before the start of the financial year.

## Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £392 million will be invested in reforming service delivery in 2019-20, as set out below:

Improving patient outcomes	2018-19 (£m)	2019-20 (£m)	Increase for 2019-20 (£m)
Primary Care	120	155	35
Waiting Times Improvement	56	146	90
Mental Health and CAMHS	47	61	14
Trauma Networks	10	18	8
Cancer	10	12	2
<b>TOTAL</b>	<b>243</b>	<b>392</b>	<b>149</b>

When combining the £149 million increase in investment in reform with an increase of £281 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £430 million (4.2 per cent) in 2019-20. Further detail is set out in the annex to this letter.

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

### Core Areas of Investment

#### Primary Care

Investment in the Primary Care Fund will increase to £155 million in 2019-20. This will support the transformation of primary care by enabling the expansion of multidisciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

#### Waiting Times Improvement Plan

Investment of £146 million will be provided to support delivery of the trajectories set out in the Waiting Times Improvement Plan. Up to £40 million will be accelerated into 2018-19 to allow Boards to support immediate priorities.

#### Mental Health and CAMHS

To support the mental health strategy, in 2019-20 a further £14 million will be invested which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the recent Programme for Government commitments on adult and children's mental health services. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2018-19 spending levels by NHS Boards and Integration Authorities. This means that funding for 2019-20 must be at least 1.8% greater than the recurrent budgeted allocations in 2018-19 plus £14 million. Directions regarding the use of £14 million will be issued in year.

#### Trauma Networks

This funding will increase by £8 million to £18 million, taking forward the implementation of the major trauma networks.

#### Cancer

This reflects continued investment in the £100 million cancer strategy.

## Health and Social Care Integration

In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels.

In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:

- £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and
- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

This funding is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice. This does not change the balance of risk and opportunity for this objective, which remains shared between Integration Authorities and Health Boards and can only be delivered in partnership, but it recognises the lead role of the Integration Authority in planning for the unscheduled care pathway set out in the legislation.

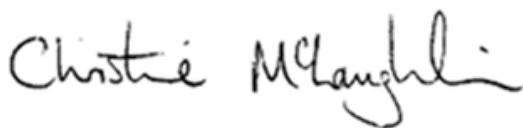
### Capital Funding

We will continue to prioritise funding for existing commitments and Boards should assume an unchanged initial capital formula allocation.

### 3 Year Financial Plan

We will shortly set out the requirements for the three year planning and performance cycle. This will set out a number of principles to be delivered in relation to finance and wider performance.

Yours sincerely



**CHRISTINE MCLAUGHLIN**

Director of Health Finance, Corporate Governance and Value  
Scottish Government



## Annex – Board Funding Uplifts

	Total 2018-19 Allocation £m	Baseline uplift £m	Uplift (exc 18-19 pay) £m	Uplift (exc 18-19 pay) %	NRAC & National Board adjs £m	2019-20 Total allocation £m	Total uplift (exc 18-19 pay) %
<b>NHS Territorial Boards</b>							
Ayrshire and Arran	695.3	24.1	17.8	2.6%	0.6	720.0	2.6%
Borders	200.7	7.0	5.1	2.6%	0.0	207.7	2.6%
Dumfries and Galloway	289.3	9.8	7.3	2.5%	0.0	299.1	2.5%
Fife	637.0	22.2	16.4	2.6%	2.2	661.4	2.9%
Forth Valley	507.1	17.7	13.1	2.6%	2.2	527.0	3.0%
Grampian	921.1	32.6	23.9	2.6%	4.2	957.9	3.1%
Greater Glasgow and Clyde	2,155.7	75.4	55.6	2.6%	0.0	2,231.2	2.6%
Highland	604.7	21.0	15.5	2.6%	1.8	627.5	2.9%
Lanarkshire	1,156.8	40.4	29.8	2.6%	2.2	1,199.3	2.8%
Lothian	1,385.1	48.7	35.8	2.6%	7.7	1,441.5	3.1%
Orkney	48.0	1.6	1.2	2.5%	0.0	49.6	2.5%
Shetland	49.0	1.6	1.2	2.5%	0.0	50.6	2.5%
Tayside	735.2	25.6	18.9	2.6%	2.1	762.9	2.8%
Western Isles	73.4	2.4	1.8	2.5%	0.0	75.7	2.5%
	<b>9,458.4</b>	<b>330.2</b>	<b>243.4</b>	<b>2.6%</b>	<b>22.9</b>	<b>9,811.4</b>	<b>2.8%</b>
<b>NHS National Boards</b>							
National Waiting Times Centre	54.0	2.3	1.3	2.5%	-2.1	54.2	-1.4%
Scottish Ambulance Service	241.0	9.2	4.4	1.8%	9.6	259.9	5.8%
The State Hospital	34.8	0.9	0.6	1.7%	-0.3	35.3	0.7%
NHS 24	66.4	2.4	1.5	2.2%	-0.2	68.6	1.8%
NHS Education for Scotland	423.4	6.5	0.5	0.1%	-4.0	425.9	-0.8%
NHS Health Scotland	18.3	0.4	0.2	1.1%	-0.4	18.3	-1.1%
NHS National Services Scotland	332.3	12.8	10.3	3.1%	-6.7	338.5	1.1%
Healthcare Improvement Scotland	24.7	0.4	0.2	0.8%	-0.3	24.9	-0.3%
	<b>1,194.9</b>	<b>35.1</b>	<b>19.1</b>	<b>1.6%</b>	<b>-4.5</b>	<b>1,225.6</b>	<b>1.2%</b>
<b>Total NHS Boards</b>	<b>10,653.3</b>	<b>365.3</b>	<b>262.5</b>	<b>2.5%</b>	<b>18.4</b>	<b>11,037.0</b>	<b>2.6%</b>
<b>Improving Patient Outcomes</b>	<b>243.0</b>	<b>149.0</b>	<b>149.0</b>	<b>-</b>	<b>-</b>	<b>392.0</b>	<b>-</b>
<b>Total Frontline NHS Boards*</b>	<b>10,097.5</b>	<b>494.0</b>	<b>400.2</b>	<b>3.9%</b>	<b>29.9</b>	<b>10,621.4</b>	<b>4.2%</b>

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





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Appendix 10

Councillor Alison Evison  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: The Leaders of all Scottish local  
authorities

12 December 2018

Today I set out the Scottish Government's draft spending and tax plans for 2019-20. Further to my announcement I write now to confirm the details of the local government finance settlement for 2019-20.

As agreed with COSLA, details of the indicative allocations to individual local authorities for 2019-20 will be formally published on 17 December in a Local Government Finance Circular.

This settlement takes into account the fact that the finances I have at my disposal are constrained by continuing UK Government policies that do not meet Scotland's needs. Even after the additional Health consequential and other non-Barnett allocations in 2019-20 announced as part of the 2018 UK Budget, Scotland's fiscal resource block grant is still almost £2.0 billion (6.9%) lower in real terms than it was in 2010-11.

If the consequential for investment in the NHS are excluded, this year's block grant would be £340 million or 1.3% less in real terms than it was last year.

Nobody should understate the real financial challenges that has posed and the tough and difficult decisions that means for us, both collectively and individually. Despite that, I am absolutely clear that the Budget plans I have announced are ambitious for Scotland and continue to be targeted at providing value for tax payers and support our vital public services.

The total revenue funding to be provided through the settlement for 2019-20 will be £9,987 million, which includes distributable non-domestic rates incomes of £2,853 million.

The core Capital funding is set at £759 million but with the inclusion of the continuing expansion of Early Years provision, the addition of an extra £50 million Town Centre Fund and the repayment of the reprofiled capital this increases the Capital funding within the settlement to £1,084 million.





The total funding which the Scottish Government will provide to local government in 2019-20 through the settlement is therefore £11,071 million. This includes;

- Baseline from 2019-20 of the full £170 million additional revenue investment announced earlier this year at Stage 1 of the Budget Bill for 2018-19;
- An additional £210 million revenue and £25 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £66 million baselined provision from 2018-19, a further £40 million is included to support expansion of Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and implementation of the Carers Act;
- £120 million to be transferred from the health portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services;
- The ongoing additional £88 million to maintain the pupil teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- An indicative allocation of £3.3 million for Barclay implementation costs;
- Repayment in full of the reprofiled £150 million capital funding; and
- A new £50 million Town Centre Fund to enable local authorities to stimulate and support place-based economic improvements and inclusive growth through a wide range of investments which contribute to the regeneration and sustainability of town centres.

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

For 2019-20, local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £80 million to support services.

The revenue allocation, including the additional resources to meet our commitments on the expansion of Early Years and support for social care and mental health, delivers a real terms increase for local government for 2019-20 compared to 2018-19. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £80 million next year) the total funding (revenue and capital) delivers a real-terms increase in the overall resources to support local government services of £289 million or 2.7%.

The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

In addition to this, the Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice.



We will also continue to take forward our ambitious programme of educational reform that will deliver an education system led by communities, schools and teachers. The Scottish Government, in partnership with local authorities, will empower schools to make key decisions over areas such as the curriculum, budgets and staffing. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme. We recognise that discussions on teachers' pay are on-going through the tri-partite Scottish Negotiating Committee for Teachers and any additional allocation to fund a negotiated agreement will require to be agreed.

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

The Scottish Government remains committed to a competitive non-domestic rates regime, underlined by the proposals outlined in this Scottish Budget. The poundage in Scotland has been capped below inflation at 49 pence, a 2.1 per cent increase, ensuring over 90 per cent of properties in Scotland pay a lower poundage than they would in other parts of the United Kingdom.

I believe that the outcome of the financial settlement for local government, presented in the measures set out in this letter, is the best that could be achieved in the circumstances and continues to provide a fair settlement to enable local authorities to meet our priorities of inclusive economic growth and investment in our vital health and social care and education services.



DEREK MACKAY



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**To: Renfrewshire Integration Joint Board**

**On: 25 January 2019**

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**Report by: Chief Officer**

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**Subject: Performance Management Report**

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## **1. Summary**

- 1.1 Performance information is presented at all Renfrewshire IJB meetings. This report covers Benchmarking analysis carried out in September and refreshed at Quarter 3, December 2018.
- 1.2 We measured Renfrewshire HSCP's performance against the other Health and Social Care Partnerships within the Greater Glasgow and Clyde area (East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde and West Dunbartonshire) and also within our 'Family Group', as determined by Health Improvement Scotland. Our Family Group consists of Stirling, Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, South Ayrshire, South Lanarkshire, Stirling and West Lothian. Councils are arranged in 'family groups' so the comparisons are similar in terms of the type of population (e.g. relative deprivation and affluence) and the type of area (e.g. urban, semi-rural, rural). The point of comparing like with like is more likely to lead to useful learning and improvement.
- 

## **2. Recommendation**

It is recommended the IJB:

- Note the Benchmarking Report 2018/19 for Renfrewshire HSCP.
- 

## **3. Benchmarking Performance in 2018/19**

- 3.1 We have used the most recent National Core Suite of Integration Indicators data (Appendices 1 and 2) and the most up to date data from the ScotPHO Health and Wellbeing Profiles (Appendices 3 and 4). These present a range of indicators to give an overview of health and its wider determinants at a local level and are updated quarterly, annually and bi-annually depending on the frequency of the data. Indicators 1-10 from the Core Suite of Integration Indicators come from the National Health and Care Experience Survey which is carried out every two years.

3.2 Results highlighted in pink are the same as the Scottish average; green is better than the Scottish average; orange is less than the Scottish average; while blue highlights the best Group result.

### 3.3 **National Core Integration Indicators – Family Group**

As at December 2018, Renfrewshire has the best Group result for four indicators:

- Readmission to hospital within 28 days
- Proportion of last six months of life spent at home or in a community setting
- Falls rate per 1,000 population aged 65+
- Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population.

Renfrewshire has better results than the Scottish average for three indicators:

- Percentage of people with positive experience of the care provided by their GP;
- Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
- Percentage of adults with intensive care needs receiving care at home.

### 3.4 **National Core Integration Indicators – Greater Glasgow & Clyde HSCPs**

As at December 2018, Renfrewshire has the best Group result for two indicators:

- Proportion of last six months of life spent at home or in a community setting
- Falls rate per 1,000 population aged 65+.

Renfrewshire is performing well against the Scottish average and better than the HSCP average for the following indicator:

- Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population.

Whilst above the Scottish rate, Renfrewshire is below the Greater Glasgow & Clyde HSCPs' average for two indicators:

- Emergency admission rate per 100,000 population rate for adults
- Emergency bed day rate per 100,000 population for adults

Best overall results are in East Dunbartonshire HSCP.

### 3.5 **Health and Wellbeing Profile Indicators – Family Group**

Renfrewshire's results are below the Scottish average in all but one indicator, deaths from suicide (rate per 100,000 population). Renfrewshire also has a number of indicators that are less favourable than the Family Group HSCP average e.g. Alcohol Related Hospital Stays. The best results for these indicators are in Stirling HSCP.

### 3.6 **Health and Wellbeing Profile Indicators – Greater Glasgow & Clyde HSCPs**

Renfrewshire's results are better than the Greater Glasgow & Clyde HSCPs' average for drug related hospital stays. Overall, the best results are in East Renfrewshire and East Dunbartonshire HSCPs.

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## **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

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**List of Background Papers** – None.

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**Author** Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Fiona MacKay, Head of Strategic Planning and Health Improvement ( <a href="mailto:Fiona.MacKay2@ggc.scot.nhs.uk">Fiona.MacKay2@ggc.scot.nhs.uk</a> / 0141 618 7656)
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## National Core Integration Indicators Benchmarking Exercise - December 2018 - HSCP Family Group

No.	INDICATOR	SCOTLAND	Renfrewshire	Stirling	Clack'shire	Dumfries & Galloway	South Ayrshire	South Lanarkshire	West Lothian	Fife	Falkirk
1	Percentage of adults able to look after their health very well or quite well	93	93	94	93	93	94	92	92	94	92
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81	79	84	77	85	82	81	80	82	83
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76	73	73	74	80	77	69	77	74	76
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74	71	76	77	83	85	74	76	75	72
5	Total % of adults receiving any care or support who rated it as excellent or good	80	76	79	75	85	85	78	84	81	81
6	Percentage of people with positive experience of the care provided by their GP practice	83	84	86	87	86	88	81	75	81	81
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80	79	81	76	86	87	82	82	80	78
8	Total combined % carers who feel supported to continue in their caring role	37	36	38	39	40	36	32	42	32	37
9	Percentage of adults supported at home who agreed they felt safe	83	81	88	83	87	85	82	85	84	84
10	Percentage of staff who say they would recommend their workplace as a good place to work	INDICATOR UNDER DEVELOPMENT									
11	Premature mortality rate per 100,000 persons; by calendar year	425	473	360	410	381	380	431	410	427	427
12	Emergency admission rate per 100,000 population for adults	12,176	12,529	10,045	11,900	13,100	17,692	14,072	11,643	13,431	12,335
13	Emergency bed day rate per 100,000 population for adults	122,595	131,458	106,374	123,928	134,201	174,305	124,817	105,206	125,674	139,171
14	Readmission to hospital within 28 days	102	89	102	112	94	119	97	104	123	120
15	Proportion of last 6 months of life spent at home or in a community setting	88%	89%	87%	87%	89%	86%	87%	89%	89%	87%
16	Falls rate per 1,000 population aged 65+	22	19	20	20	19	25	23	20	25	22
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85%	88%	95%	98%	87%	87%	81%	87%	89%	88%
18	Percentage of adults with intensive care needs receiving care at home	61	62	66	68	65	65	62	67	50	63
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	762	190	566	379	554	967	1,118	1,139	612	910
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24	25	21	23	24	31	24	23	27	25

Same as Scottish average  
 Better than Scottish average  
 Worse than Scottish average  
 Best result of Group







## National Core Integration Indicators Benchmarking Exercise - December 2018 - Greater Glasgow and Clyde HSCPs

No.	INDICATOR	SCOTLAND	Renfrewshire	Glasgow City	East Renfrewshire	East Dunbartonshire	West Dunbartonshire	Inverclyde
1	Percentage of adults able to look after their health very well or quite well	93	93	90	94	96	91	91
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81	79	82	74	84	81	80
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76	73	80	64	86	80	77
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74	71	77	60	84	79	79
5	Total % of adults receiving any care or support who rated it as excellent or good	80	76	79	77	84	81	83
6	Percentage of people with positive experience of the care provided by their GP practice	83	84	86	84	90	85	83
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80	79	80	76	83	79	77
8	Total combined % carers who feel supported to continue in their caring role	37	36	38	37	41	40	40
9	Percentage of adults supported at home who agreed they felt safe	83	81	85	82	87	89	84
10	Percentage of staff who say they would recommend their workplace as a good place to work	INDICATOR UNDER DEVELOPMENT						
11	Premature mortality rate per 100,000 persons; by calendar year	425	473	614	301	313	514	567
12	Emergency admission rate per 100,000 population for adults	12,176	12,529	12,865	10,478	11,152	13,578	15,024
13	Emergency bed day rate per 100,000 population for adults	122,595	131,458	139,627	117,170	115,657	135,856	159,112
14	Readmission to hospital within 28 days	102	89	95	79	77	89	91
15	Proportion of last 6 months of life spent at home or in a community setting	88%	89%	87%	85%	89%	89%	87%
16	Falls rate per 1,000 population aged 65+	22	19	31	22	23	24	25
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85%	88%	90%	88%	82%	92%	92%
18	Percentage of adults with intensive care needs receiving care at home	61	62	55	63	67	70	63
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	762	190	324	117	228	334	172
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24	25	25	23	22	23	25

Same as Scottish average  
 Better than Scottish average  
 Worse than Scottish average  
 Best result of Group





## Health and Wellbeing Profile Indicators Benchmarking Exercise - December 2018 - HSCP Family Group

No.	INDICATOR	SCOTLAND	Renfrewshire	Stirling	Clack'shire	Dumfries & Galloway	South Ayrshire	South Lanarkshire	West Lothian	Fife	Falkirk
1	Alcohol related hospital stays	680.8	944.3	388.1	502.8	410.2	708.5	703.2	662.5	631.2	492.1
2	Alcohol related mortality	20.2	23.3	16.5	19.7	11.8	14.1	21.9	18.4	17.3	16.4
3	Babies exclusively breastfed at 6-8 weeks	28.1	21.1	35.1	18.9	24.4	21.7	19.7	24.9	25.7	20.0
4	Child obesity in Primary 1	10.5	10.6	8.1	12.7	13.2	10.0	9.3	11.0	10.6	8.4
5	Deaths from suicide	13.3	13.2	10.5	21.7	12	10.9	11.6	11.5	14.8	16.9
6	Drug related hospital stays	146.9	162.6	119.8	116.8	138.7	192.2	118.5	142.1	188.7	100.8
7	Life expectancy females	81.1	80.2	82.3	80.6	81.8	80.8	80.7	80.8	81.2	80.6
8	Life expectancy males	77.1	76.4	78.7	76.7	77.8	77.5	76.8	78.3	77.6	77.3
9	Low birth weight (%)	2.0	2.7	1.3	3.0	2.1	1.4	1.8	1.9	2.1	2.3
10	Patients with emergency hospitalisations	7,601.0	8,504.2	6,415.6	7,004.4	7,482.7	9,451.2	8,423.3	8,118.5	7,407.5	7,389.3
11	Population prescribed drugs for depression/anxiety/psychosis	18.5	19.9	15.9	21.2	18.7	20.8	20.6	18.9	19.2	19.7

Same as Scottish average  
 Better than Scottish average  
 Worse than Scottish average  
 Best result of all areas





## Health and Wellbeing Profile Indicators Benchmarking Exercise - December 2018 - NHS Greater Glasgow &amp; Clyde HSCPs

No.	INDICATOR	SCOTLAND	GG&C	Renfrewshire	Glasgow City	East Renfrewshire	East Dunbartonshire	West Dunbartonshire	Inverclyde
1	Alcohol related hospital stays (rate per 100,000 population)	680.8	1,060.00	944.3	1,334.6	417.7	531.7	1,096.8	1,001.2
2	Alcohol related mortality (rate per 100,000 population)	20.2	27.6	23.3	34.9	12.9	11.9	27.4	31.1
3	Babies exclusively breastfed at 6-8 weeks (%)	28.1	25.4	21.1	26.3	37.5	34.3	15.8	14.3
4	Child obesity in Primary 1 (%)	10.5	10.3	10.6	11.5	5.4	N/A	7.7	11.6
5	Deaths from suicide (rate per 100,000 population)	13.3	13.0	13.2	14.0	9.6	10.4	13.4	14.5
6	Drug related hospital stays (rate per 100,000 population)	146.9	197.7	162.6	242.1	57.9	65.1	197.3	304.4
7	Life expectancy females	81.1	80.1	80.2	78.9	83.5	83.5	78.8	80.1
8	Life expectancy males	77.1	75.3	76.4	73.4	80.1	80.1	74.7	75.6
9	Low birth weight (%)	2.0	2.4	2.7	2.5	1.7	1.7	2.7	2.0
10	Patients with emergency hospitalisations (rate per 100,000 population)	7,601.0	8,594.5	8,504.2	9,404.2	6,762.1	7,212.1	8,499.6	8,753.0
11	Population prescribed drugs for depression/anxiety/psychosis (%)	18.5	19.9	19.9	20.4	16.2	17.5	21.8	22.0

Same as Scottish average  
 Better than Scottish average  
 Worse than Scottish average  
 Best result of all areas





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**To: Renfrewshire Integration Joint Board**

**On: 25 January 2019**

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**Report by: Chief Officer**

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**Subject: Adult Health and Wellbeing Survey 2017/18**

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## **1. Summary**

1.1 This report summarises the results from the NHS Greater Glasgow and Clyde 2017/18 Adult Health & Wellbeing Survey for Renfrewshire.

1.2 As this is the fourth Adult Survey carried out in Renfrewshire, we are able to compare some of the results with previous surveys carried out in 2008, 2011 and 2014. The Health and Wellbeing Survey is formed around a set of core questions to allow monitoring of trends over time where possible. However, in a few cases, core questions have been modified and therefore cannot be used for monitoring trends.

1.3 In Renfrewshire, 600 face-to-face, in-home interviews were conducted with adults (aged 16 and over). Adults were randomly selected within each sampled household using the last birthday technique.

1.4 The full survey report provides information on people's health behaviours and perceptions of their health and wellbeing. It also covers their views on the local environment including experiences of crime, feelings of safety and the quality of local services, as well as feelings of trust, local friendships, volunteering and social activism.

1.5 The Adult Health and Wellbeing Survey 2017/18 Renfrewshire Summary Report is attached as Appendix 1.

The full report is available online at:

<https://www.renfrewshire.hscp.scot/media/9026/NHS-GGC-HW-Survey-1718/pdf/..pdf?m=1546964774013>

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## **2. Recommendation**

It is recommended the IJB:

- Note the Adult Health & Wellbeing Survey 2017/18 for Renfrewshire HSCP and its implications for the Strategic Plan 2019-22.
-

### 3. Survey Results

- 3.1 The objectives of the survey are to examine trends in key indicators since 2008; monitor and compare changes amongst those living in the most deprived areas with other areas; and provide health and wellbeing information at HSCP level and determine change over time.
- 3.2 Some results show improvement over time. Examples include:
- Percentage of people smoking has reduced from 35% in 2008 to 15% in 2018
  - Percentage of people exposed to second hand smoke has reduced from 43% in 2008 to 28% in 2018
  - Percentage of people consuming 5 or more portions of fruit/vegetables per day has increased to 46% from 41% in 2014
- 3.3 The survey also shows that only 47% of people in Renfrewshire met the physical activity target to be active for at least 150 minutes per week. This is lower than the Greater Glasgow and Clyde average of 58%.
- 3.4 One in five (20%) of respondents said they had a long-term condition or illness that substantially interfered with their day to day activities. Those aged 65 and over were the most likely to have a limiting condition or illness and those in the most deprived areas were twice more likely than those in other areas to have a limiting long-term condition or illness.
- 3.5 The survey results will be presented to the Strategic Planning Group and shared with our partners and the wider community. We will also use the results to inform the Strategic Plan for 2019-22. In working to achieve our vision that Renfrewshire is a caring place where people are treated as individuals and are supported to live well, the Partnership will use the survey results to improve services and focus specifically on reducing inequalities.

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### Implications of the Report

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



contained in the report. The Survey results do however evidence that those living in the most deprived communities have far poorer health outcomes than those living in other areas of Renfrewshire.

- 8. **Health & Safety** – None
- 9. **Procurement** – None
- 10. **Risk** – None
- 11. **Privacy Impact** – None

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**List of Background Papers** – None.

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**Author** Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Fiona MacKay, Head of Strategic Planning and Health Improvement ( <a href="mailto:Fiona.MacKay2@ggc.scot.nhs.uk">Fiona.MacKay2@ggc.scot.nhs.uk</a> / 0141 618 7656)
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## Adult Health and Wellbeing Survey 2017/18 Renfrewshire Summary Report

### 1. Introduction

The Health and Wellbeing Survey was carried out in 2017/18 on behalf of NHS Greater Glasgow & Clyde and is the fourth study to be conducted in Renfrewshire.

### 2. Purpose

The 2017/18 survey provides an update for the Renfrewshire area on progress towards performance assessment targets and national health behaviour targets against 2008 baseline data. The Health and Wellbeing Survey is formed around a set of core questions to allow monitoring of trends over time where possible. However, in a few cases, core questions have been modified and therefore cannot be used for monitoring trends. The information helps build a picture of the public's health in Renfrewshire. Results can also be compared to the Greater Glasgow & Clyde average.

### 3. Summary of Methodology

In Renfrewshire, 600 face-to-face, in-home interviews were conducted with adults (aged 16 and over). Adults were randomly selected within each sampled household using the last birthday technique.

The 7,834 completed interviews across the NHS Greater Glasgow & Clyde area were weighted to account for under/over representation of groups within the sample to ensure the 2017/18 sample was as representative as possible of the adult population in the Greater Glasgow & Clyde NHS Board area.

#### Most Deprived 15% Datazones versus other Datazones

Base: All Renfrewshire (600)

Group	% in sample	Renfrewshire % of population (aged 16+)
Most deprived 15% datazones	19.8%	19.6%
Other datazones	80.2%	80.4%

#### Age and Gender Breakdown

Base: All Renfrewshire (587 weighted sample)

Age	% of Sample Male	% of Sample Female	Total % of Sample	Renfrewshire % of population (aged 16+)
16-24	6.5%	6.5%	13.0%	13.0%
25-34	7.5%	7.5%	15.0%	15.2%
35-44	6.8%	7.5%	14.3%	14.4%
45-54	8.9%	10.2%	19.1%	19.0%
55-64	7.8%	8.3%	16.1%	16.1%
65-74	5.8%	6.8%	12.6%	12.4%
75+	4.0%	6.0%	10.0%	8.0%
Total:	47.3%	52.8%	100.1%	98.1%

## 4. Findings

The survey covered many health and wellbeing issues and this summary report focuses on key findings in the following areas:

- Health Behaviours
- People's Perceptions of their Health and Wellbeing
- Social Health
- Social Capital

The survey report which includes the full analysis can be found at: <https://www.renfrewshire.hscp.scot/media/9026/NHS-GGC-HW-Survey-1718/pdf/..pdf?m=1546964774013>

## 5. Health Behaviours

### 5.1 Smoking

Indicator	% of sample in Renfrewshire 2017/18	% of sample in Renfrewshire 2014	% of sample in Renfrewshire 2011	% of sample in Renfrewshire 2008
Current smoker	15%	19%	24%	35%
Exposed to second hand smoke most or some of the time	28%	26%	44%	43%

The rate of smoking in 2017/18 of 15% is significantly less than the rate of 24% in 2011, and has more than halved from the rate of 35% in 2008.

The numbers of people exposed to second hand smoke has reduced from 43% in 2008 to 28% in 2017/18.

### 5.2 Drinking Alcohol

Respondents were asked how often they drank alcohol. Just under half (48%) said they never drank alcohol. One in ten (10%) drank alcohol at least twice per week. Questions about alcohol consumption differed to previous NHSGGC health and wellbeing surveys, so it is not possible to examine trends.

**Binge Drinking** - those who drank alcohol were asked how often they had 6 or more units if female, or 8 or more if male on a single occasion in the last year. In total, 47% of drinkers had drunk alcohol at this level in the last year – 1% had done so daily/almost daily, 12% weekly, 12% monthly, and 22% less than monthly.

Drinkers aged under 35 were the most likely to have binged in the last year and those aged 65 and over were the least likely. Drinkers in the most deprived areas were more likely to have binged.

**Attitudes to Alcohol** - respondents were asked the extent to which they agreed or disagreed with the statement 'getting drunk is a perfectly acceptable thing to do'. Two in five (39%) agreed with this (37% agreed and 2% strongly agreed), while 22% neither agreed nor disagreed and 39% disagreed/strongly disagreed (24% disagreed and 15% strongly disagreed).

### 5.3 Physical Activity

Respondents were asked on how many days in the last week had they taken a total of 30 minutes or more of physical activity which was enough to increase their heart rate, make them feel warmer and made them breathe a little faster. Fifteen percent said that they had not done this on any day in the last week, but one in four (26%) had done this on five or more days in the last week. The mean number of days was 3.1.

Subsequently, respondents who had been active for 30 minutes or more on one to four days were asked whether they had done this type of activity for at least a total of two and a half hours (150 minutes) over the course of the last week. Combining the responses to both questions, just under half (47%) met the target of at least 150 minutes of exercise per week (where at least one day included 30 minutes or more).

A different measurement was used for the 2014 survey therefore the results cannot be compared.

Indicator	% of sample in Renfrewshire 2017/18	% of sample in NHSGGC 2017/18
Takes at least 150 minutes of moderate exercise per week	47%	58%

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Renfrewshire were less likely to meet the target of 150 minutes or more of physical activity per week. Those aged under 35 were the most likely to meet the target for physical activity, and men were more likely than women to meet the target.

### 5.4 Fruit and Vegetable Consumption

The national target for fruit and vegetable consumption is to have at least five portions of fruit and/or vegetables per day. Respondents were asked how many portions of fruit and how many portions of vegetables they had consumed on the previous day. Just under half (46%) met the target of five portions; an increase from 41% in 2014. One in thirteen (8%) had consumed no fruit or vegetables in the previous day.

Men were less likely than women to meet the target for fruit/vegetable consumption (39% male; 52% female). Those in the most deprived areas were less likely to meet the target of consuming five or more portions of fruit/vegetables per day (34% most deprived; 49% other areas).

Indicator	% of sample in Renfrewshire 2017/18	% of sample in Renfrewshire 2014
Consumes 5 or more portions of fruit/vegetables per day (national target)	46%	41%

## **6. Health and Wellbeing**

### **6.1 General Health**

Respondents were asked to describe their general health over the last year on a five point scale (very good, good, fair, bad or very bad). Overall, four in five (80%) gave a positive view of their health, with 23% saying their health was very good and 57% saying their health was good. However, 20% gave a negative view of their health, with 13% saying their health was fair, 7% saying it was bad and 1% saying it was very bad.

Those in Renfrewshire were more likely to have a positive view of their general health than the NHSGGC average (80% Renfrewshire; 75% NHSGGC).

### **6.2 Long Term Conditions or Illness**

One in five (20%) said they had a long-term condition or illness that substantially interfered with their day to day activities. Of these:

- 61% had a physical disability
- 18% had a mental or emotional health problem
- 63% had a long-term illness

Those aged 65 and over were the most likely to have a limiting condition or illness while those in the most deprived areas were twice more likely than those in other areas to have a limiting long-term condition or illness.

## **7. Social Health**

### **7.1 Isolation**

One in fourteen (7%) said that they felt isolated from family and friends. Those in Renfrewshire were less likely to feel isolated than the NHSGGC average (7% Renfrewshire; 12% NHSGGC).

Those in the most deprived areas were much more likely to feel isolated (15% most deprived; 5% other areas).

### **7.2 Loneliness**

Respondents were asked how often they had felt lonely in the past two weeks. Two percent said that had felt lonely all the time, 4% said often, 11% said some of the time, 31% said rarely and 52% said never.

Those in the most deprived areas were more likely to feel lonely at least some of the time (24% most deprived; 16% other areas).

### **7.3 Caring Responsibilities**

One in six (16%) said that they looked after, or gave regular help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems relating to old age. Those aged under 35 were less likely to have caring responsibilities.

#### **7.4 Belonging to the Local Area**

Respondents were also asked to indicate the extent to which they agreed or disagreed with the statement “I feel I belong to this local area”. In total, 88% agreed with this (22% strongly agreed and 66% agreed), while 6% neither agreed nor disagreed and 6% disagreed (5% disagreed and 1% strongly disagreed).

#### **8. Social Capital**

In Renfrewshire 85% of respondents agreed that they lived in a ‘neighbourhood where neighbours look out for each other’. 85% also had a positive view of trust in their area. Those aged under 65 were less likely than older respondents to have positive views of reciprocity or trust.

80% of respondents valued local friendships and 88% had a positive view of social support. 17% belonged to clubs, associations or groups and one in 10 volunteered although volunteering is less common in the most deprived areas.

#### **9. Next Steps**

The survey results will be presented to the Strategic Planning Group and shared with our partners and the wider community. We will also use the results to inform the Strategic Plan for 2019-22. In working to achieve our vision that Renfrewshire is a caring place where people are treated as individuals and are supported to live well, the Partnership will use the survey results to improve services and focus specifically on reducing inequalities.

#### **10. Contact Details**

If you require more information on the Health and Wellbeing Survey, please contact:

Planning and Health Improvement Team  
Renfrewshire Health and Social Care Partnership  
3<sup>rd</sup> Floor  
Renfrewshire House  
Cotton Street  
Paisley  
PA1 1AL  
Telephone: 0141 618 7629  
Email: [renfrewshire.hscp@ggc.scot.nhs.uk](mailto:renfrewshire.hscp@ggc.scot.nhs.uk)








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**To: Renfrewshire Integration Joint Board**

**On: 25 January 2019**

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**Report by: Chief Officer**

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**Heading: Non-financial Governance Arrangements**

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## **1. Summary**

- 1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place. The report also provides performance information regarding Freedom of Information (Fol) and Complaints. This report covers the 6 month period 1 April to 30 September 2018.
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## **2. Recommendation**

It is recommended that the IJB:

- Note the content of this Report, specially around:
    - Freedom of Information (Fol) and Publication Scheme
    - Health and Safety
    - Complaints
    - Civil Contingencies and Business Continuity
    - Insurance and Claims
    - Risk Management
    - General Data Protection Regulations
- 

## **3. Freedom of Information**

### Background

- 3.1. The Freedom of Information (Scotland) Act 2002 (FoISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FoISA as a public authority within its own right. Although the IJB will only hold a very limited amount of information, it must respond to Freedom of Information requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme.

- 3.2. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016 and approved on 11 November 2016. A link to the IJB Publication Scheme is noted below.

[http://www.renfrewshire.gov.uk/media/3233/Renfrewshire-IJBPublication-Scheme/pdf/Renfrewshire\\_IJB\\_Publication\\_Scheme.pdf](http://www.renfrewshire.gov.uk/media/3233/Renfrewshire-IJBPublication-Scheme/pdf/Renfrewshire_IJB_Publication_Scheme.pdf)

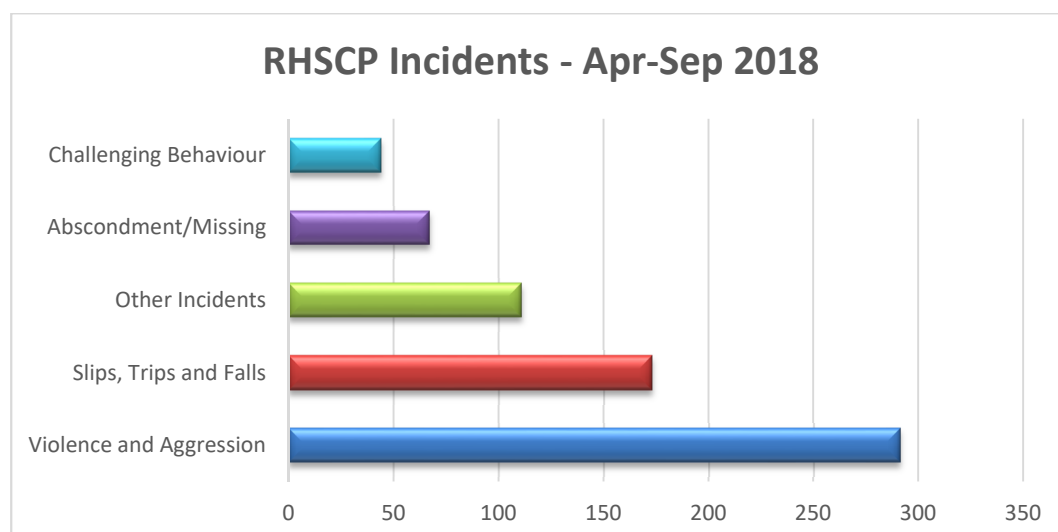
#### Requests Received

- 3.3 During the period 1 April to 30 September 2018, the IJB received one request for information. Statistical information regarding IJB Fols continues to be uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis, including nil returns.
- 3.4 It was agreed that any FoI relating to the operational delivery of health and adult social care serviced received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.
- 3.5 During the specified timeframe, Renfrewshire Council received 60 FoI requests specifically regarding adult social care. The main issues and themes raised included:
- Community Meals
  - Mental Health Services
  - Carers
  - Care Homes / Day Centres
  - Community Alarms
  - Funding
- 3.6 During the specified timeframe, no FOI requests were received specifically for information regarding health services within Renfrewshire. However, Renfrewshire contributed to 3 NHS Greater Glasgow & Clyde board wide requests in relation to:
- Public Participation
  - Obesity Crisis
  - Staff / Agency Spend

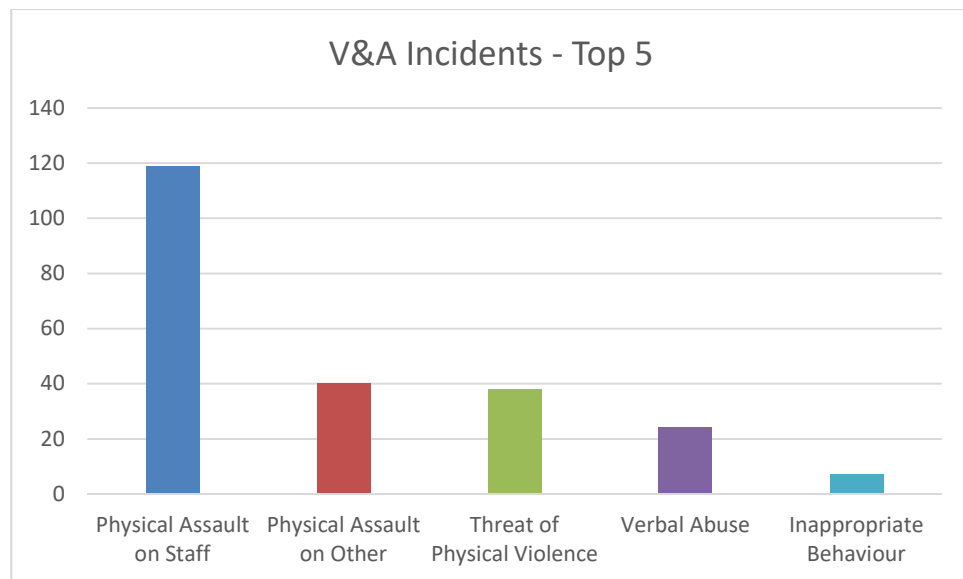
## 4. Health & Safety

### Background

- 4.1. The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council. As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.
- 4.2. The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and Area Partnership Forum (APF).
- 4.3. The Health & Safety arrangements within Renfrewshire Council are governed by the corporate Health and Safety section which inform the Chief Executive and Directors. This is further enhanced with the application of a health and safety management system which is certified to BS OHSAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 4.4. The HSCP Health & Safety Committee meets on a quarterly basis and has service representation from health, council staff and partnership representation. The Terms of Reference have been updated.
- 4.5. The Health & Safety Committee's role within the Partnership is to co-ordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.
- 4.6. The table below provides an NHS snapshot view of health and safety category percentages over the six month period 1 April 2018 to 30 September 2018.



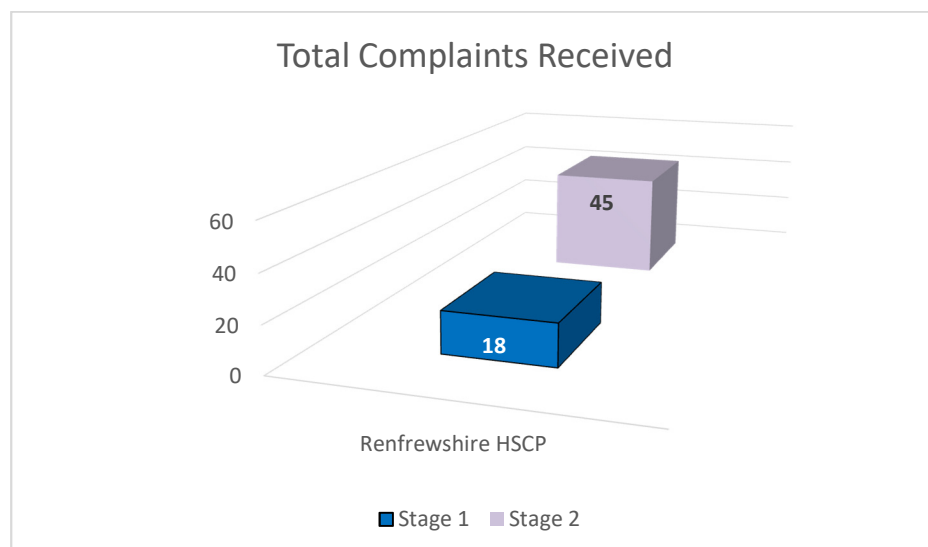
- 4.7. The table below now provides a further breakdown of the highest category, Violence and Aggression Incidents, by sub-category over the twelve month period 1 April 2018 to 30 September 2018.



## 5. Complaints

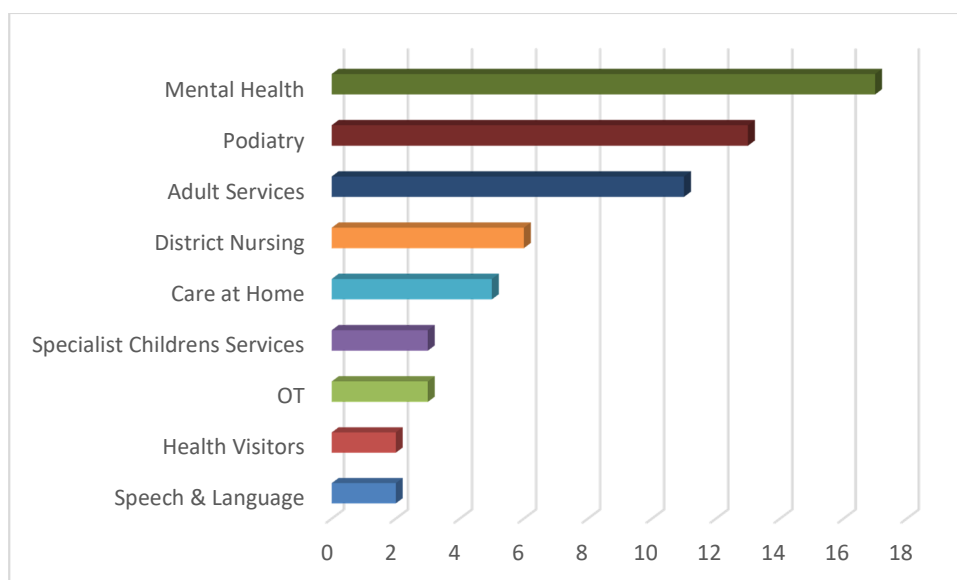
- 5.1. This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2018 to 30 September 2018. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

- 5.2. The graph below provides an overview of the number of complaints received by Renfrewshire HSCP from 1 April 2018 to 30 September 2018. One complaint was withdrawn at Stage 2 at the complainant's request.

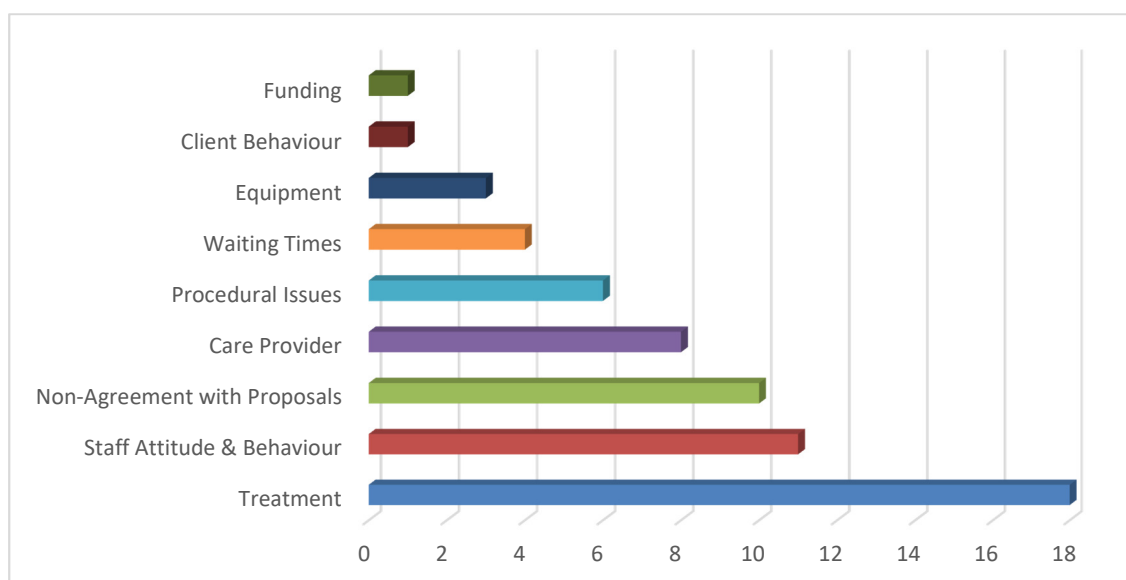


5.3. During the period 1 April 2018 to 30 September 2018 the HSCP received **94** enquiries from Councillors, MPs, MSPs, members of the public and other third party organisations.

5.4. The graph below shows the breakdown of complaints by service area for the period 1 April 2018 to 30 September 2018.



5.5. The issues and themes identified from health and social work complaints are shown in the table below. The treatment numbers relate to service changes, including the Podiatry service.



5.6. Where a complainant remains dissatisfied with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). There is **1** complaint currently being investigated by the SPSO.

### Service Improvements

- 5.7. One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.
- 5.8. Following the completion of a complaint, where appropriate, an action plan is prepared by Service Managers and these are reviewed at locality governance meetings. Treatment/Quality of Care and Staff Attitude & Behaviour are key issues for complaints and steps are being taken by services to improve these.
- 5.9. During the summer, due to the number of complaints received that were of a more complex nature, it was agreed to progress all health and social work complaints under the same process, which has seen a more stringent approach in receiving responses. The September 2018 Performance Report noted the percentage of complaints responded to within 20 days had been shown as a decrease to 53%. However, we can now report that due to this change in process, the HSCP performance level, as at 31 December 2018, has increased to 76%, which is above the 70% standard target.

### Policies & Procedures

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

## Compliments

- 5.15. We have started to collate compliments received across the HSCP and some examples of the compliments received are:

### **OT**

- *Thank you for making my life easier with the equipment you have provided to me*

### **District Nursing**

- *Thank you for the wonderful care given to our mother and making life easier for her (and me)*
- *Thank you so much for your care and attention – I am so very grateful*
- *I know you will say you are just doing your job, but thank you for your kindness with Mr X's illness – you have carried it out with so much care.*

### **Social Care**

- *Thank you to (staff member) who has shown great passion and care in how she undertakes her role – her caring attitude just shines through*

### **Podiatry**

- *I cannot express how much of a credit (staff member) is to the Podiatry Team and NHS. He put me at ease throughout my visit and was clearly very knowledgeable in his field. As I hear a lot of negative feedback around the accessibility of NHS services, I would love to spread some positivity where due.*

### **West Ren Locality**

- *Could you pass on our thanks to the two colleagues who visited my father. Their time, patience and expertise was certainly welcomed and have left my sister and I with a far clearer view of what can be done in the future.*

### **Complaints Headquarters**

- *I would like to thank you for your prompt response and assistance when receiving my complaint. Thank you for meeting with me, even though the building was closed over the festive period, it certainly helped to lower my stress levels.*

## **6. Civil Contingencies and Business Continuity**

- 6.1 The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (CCA) and accompanying non-legislative measures came into force on 14 November 2005. The aim of the Act is to deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts
- Local Arrangements for Civil Protection (Part 1)
  - Emergency Powers (Part 2)
- 6.2. The Act lists the NHS and Local Authorities as Category 1 responders and, as such, places duties as follows:
- Assess the risk of emergencies occurring and use this to inform contingency planning.
  - Put in place emergency plans.
  - Put in place business continuity management arrangements.
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- 6.3 Renfrewshire Council and NHS Greater Glasgow & Clyde are supported by their respective Civil Contingencies/Protection Teams in fulfilling the duties placed upon them as Category 1 responders.
- The Civil Protection Steering Committee and the Health & Social Care Resilience Group are the coordinating groups for each organisation. The remit of these groups include:
  - Sharing information across the internal services
  - Coordinating the plans and procedures to be adopted across the organisation
  - Identifying training and exercise requirements and delivery method
  - Develop a work plan to deliver the resilience agenda
  - Share best practice and lessons identified.
- 6.4. At strategic levels, the Renfrewshire Health & Social Care Partnership Chief Officer sits on both NHS Greater Glasgow & Clyde's and Renfrewshire Council's Corporate Management Teams.
- 6.5. It is proposed that a Renfrewshire Health & Social Care Partnership Resilience Group is created with appropriate representation from within the Partnership, which will meet quarterly to cover the resilience agenda. A joint Business Continuity Plan is in place and a Business Continuity Planning event was held on 11 December 2018.
- 6.6. In addition to reporting to the Integration Joint Board, this Group will link to the Renfrewshire Civil Contingencies Service and NHS Greater Glasgow and Clyde Civil Contingencies Unit.
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## **7. Insurance & Claims**

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

- 8.1 The purpose of this report is to remind the IJB of the arrangements in place for the management of risk within the HSCP.
- 8.2. Members previously approved the risk management arrangements and have received update reports. It was also agreed that the Senior Management Team monitor the Risk Register on a monthly basis.
- 8.3. The Risk Registers for the IJB and HSCP are maintained, updated and reported in line with the risk management policies of NHS Greater Glasgow & Clyde and Renfrewshire Council.
- 8.4 Risk owners are identified for each risk and are responsible for the ongoing monitoring and updating of their respective risks.
- 8.5. In November 2015, IJB members approved the establishment of an Audit Committee from 1 April 2016 and also agreed its Terms of Reference and Standing Orders.
- 8.6. The Audit Committee is a key component of the IJB's governance framework. One of its core functions is to provide the IJB with independent assurance on the adequacy of its risk management arrangements.
- 8.7. As such, this update is to provide assurance to IJB members that the Audit Committee have reviewed the effectiveness of the risk

management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate the identified risks. This was discussed when the Audit Committee met on 24 November 2017.

- 8.8. The Risk Management Policy and Strategy has been updated to reflect these changes.

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## 9. General Data Protection Regulations

- 9.1. Data Protection laws changed on 25 May 2018. EU General Data Protection Regulations (GDPR) came into force on that date.
- 9.2. The legislation introduced new rules on how personal data is collected and processed to ensure individuals have greater control and privacy rights for their information we hold. It shortens timescales for certain processes and significantly increases penalties for failure to comply.
- 9.3. There is a need for greater transparency. Formal notifications of the nature of, reason for and parties involved in data processing and data sharing are mandatory. These are referred to as Privacy notices.
- 9.4. As the IJB is a statutory authority, it is subject to the new regulations. However, the IJB in practice handles very little personal data and the impact on the IJB specifically, as opposed to the partner organisations, is anticipated to be limited.
- 9.5. There are a wide range of activities across Renfrewshire Council and NHS Greater Glasgow & Clyde aimed at operating suitable arrangements for these changes.

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## Implications of the Report

1. **Financial** – Sound financial governance arrangements are being put in place to support the work of the Partnership.
2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper
3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
4. **Legal** – The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

5. **Property/Assets** - There are no property/asset implications arising from the submission of this paper.
6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
7. **Equality and Human Rights** -The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
9. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
10. **Risk** – none.
11. **Risk Implications** – As per the subject content of the risk section of this paper.

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**List of Background Papers – None.**

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**To:** Renfrewshire Integration Joint Board

**On:** 25 January 2019

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**Report by:** Chief Officer

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**Heading:** Change and Improvement Programme Update

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**1. Summary**

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

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**2. Recommendation**

It is recommended that the IJB:

- Note the content of the report;
  - Approve the Carers Short Breaks Services Statement attached at Appendix 1; and
  - Agree to review the Carers Short Breaks Services Statement on 1st April 2020 and annually thereafter.
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**3. Background**

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

3.2. This programme is being delivered through 3 workstreams:

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

#### 4. **Workstream 1: Optimising Joint and Integrated Working**

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

4.2. A number of service improvements/developments are ongoing:

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

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

5.1 The HSCP's Change and Improvement Team work closely with the SMT, Professional Leads and Service Managers to ensure the HSCP comply with new statutory duties, national policy and adhere to any external compliance requirements. Current work programme includes: the GP Contract; the introduction of the Carers Act; the requirement to upgrade telecare equipment from analogue to digital; embedding Self-Directed Support (SDS); delivery of the new Dementia Strategy; the planned introduction of Free Personal Care for Under 65s; and the replacement of the Council's Social Care Case Management system.

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

5.2.1 **GP Contract - Renfrewshire HSCP's Primary Care Improvement Plan (PCIP):** In September 2018 the IJB approved the PCIP for Renfrewshire, noting that the purpose of the plan was to deliver on commitments associated with the introduction of a new GP Contract by putting in place additional services to divert appropriate workload away from GPs over the next three years. This will involve the creation of a number of new roles and posts working within primary care, employed by the NHS.

Implementation of the PCIP has been steady with the undernoted progress being made:

- A link worker employed by Recovery Across Mental Health (RAMH) is now based in each GP Practice, offering 40 minute appointments to support patients link with activities and resources in the community, including advice on money, benefits, housing, mental health and wellbeing, carers, volunteering and employability.
- An initial 1.5wte Advanced Practitioner Physiotherapists resource has been recruited to provide Musculoskeletal (MSK) advice support and triaging for patients who present with MSK issues. This resource has been aligned to four GP Practices.

- An initial 0.5wte Advanced Nurse Practitioner resource has been recruited to and is now actively working within one of our Paisley GP Practices. An additional 1.0wte commenced employment in January 2019 which we are actively working with two GP Practices to align this resource.

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

In parallel, the HSCP is developing a local Dementia Strategy. An engagement process is currently underway, with two large events held during December 2018, and a number of focus groups which will target the public, services, organisations, 3rd Sector, Council and staff. These will run until the end of January 2019. A questionnaire is also being used to capture the views of those who cannot make the events/focus groups.

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

**5.2.3 Carers Short Breaks Services Statement:** The Carers (Scotland) Act 2016<sup>1</sup> came into force on 1st April 2018 and placed a number of new legislative requirements on Local Authorities, including powers and duties to be implemented through Integration Joint Boards (IJB). To date, the IJB has received regular updates on the work undertaken before 1 April 2018 to ensure the relevant requirements and duties in the Carers Act had been implemented.

Section 35 of the Act sets out the requirement to publish a statement which provides information for carers about short breaks, including what services are available for carers to support their caring relationships and to promote the health and well-being of the carer.

Section 25 of the Act requires responsible local authorities to consider whether support to meet the identified needs of a carer should take the form of, or include a break from, caring. Local authorities have a duty to consider breaks from caring to support carers based on an assessment of their eligible needs and through the application of Renfrewshire HSCP's Eligibility Criteria for Adult Carers<sup>2</sup>.

The Statement, attached at Appendix 1, sets out the HSCP's policy on providing short breaks to carers as well as information on how carers can access a short break. Renfrewshire HSCP has adopted the Shared Care Scotland description<sup>3</sup> of what constitutes a short break:

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

<sup>2</sup> <http://www.renfrewshire.hscp.scot/article/7503/Carers-Act>

<sup>3</sup> <https://www.sharedcarescotland.org.uk/wp-content/uploads/2018/06/Making-a-Statement-FINAL.pdf>

**Definition:** A short break is any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities.

**Purpose:** The purpose is to support the caring relationship and promote the health and well-being of the carer, the supported person, and other family members affected by the caring situation.

Carers will be supported to identify the need for and potential benefit of their short break; this will be recorded in the Adult Carer's Support Plan (ACSP). The HSCPs Eligibility Criteria for Adult Carers will be used to determine a carer's eligibility for a short break. It should be noted that short breaks and other support which is agreed through an ACSP may be eligible for waiving of charges (as detailed in the Carers Act guidance<sup>4</sup>).

The HSCP already works in close partnership with Renfrewshire Carers Centre who were involved in the development of the Statement. The HSCP and Carers Centre will collaborate to develop information materials to support the Short Breaks Service Statement, including general information about the Statement as well as information on specific breaks that carers can access.

**5.2.4 Transition from Analogue to Digital Telecare Services** – As previously reported to the IJB, all current analogue system requires to be upgraded as the current system is no longer fit for purpose, and the expertise and replacement parts are no longer available to support this aging system. The upgrade will require all analogue telephone lines being switched off and replaced with a fully digital infrastructure.

BT (as the largest provider) anticipates completing the switchover by 2025, with most of the smaller suppliers expecting to have switched over before then. Virgin is currently working to the timescale of 2020. In Renfrewshire over 3000 alarms will require to be replaced and 1273 peripherals based on a like for like replacement audit (based on figures at January 2019).

The new system will offer a number of benefits including:

- calls being answered quicker with crystal clear clarity and you will no longer hear tones whilst connecting;
- the digital alarms will have a SIM card embedded in the alarm unit which will connect to the network with the best signal strength depending on the location of the alarm. Currently alarms are subject to the service user having a broadband connection that the alarm can connect to;
- greater resilience, with a 'heart beat' that will inform the alarm receiving centre if it loses connectivity to the network or is going into power failure. Alarms will come with a power cable only; and
- as the SIM card cost will be included in the initial purchase price of the alarm unit so there will no longer be a need for a call cost on activation being paid for by the service user. It is estimated that the initial SIM card yearly cost will be £5 per month.

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<sup>4</sup> <https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/>



The purchase of digital alarms is supported by Scotland Excel's new Technology Enabled Care Framework which commenced on 1 January 2019.

Work is underway locally to plan a phased upgrade programme over the next three years, and to secure the additional budget required to purchase the new digital equipment. It is anticipated that significant one off and recurring investment will be required. In previous years Renfrewshire's Technology Enabled Care (TEC) Service has benefitted from national funding and grants, however no national funding is anticipated to support Local Authorities transition from analogue to digital.

- 5.2.5 **Replacement of Social Care Case Management System:** the contract for SWIFT, the Social Care Case Management system used by the HSCP and Renfrewshire Council's Children's Services, is due to expire in March 2021. Work is currently underway to ensure there is a replacement system in place. This will be a large-scale change programme which will require substantial resources to support its successful implementation.

As IJB require the parent organisations to commission and contract ICT suppliers on their behalf, in line with the Public Bodies (Joint Working) (Scotland) Act 2014. A proposal to award contract for the replacement of Swift to OLM system was considered and approved by Renfrewshire Council Finance, Resources and Customer Services Policy Board on 14th November 2018. The contract cost is circa £430k for the initial 2-year period with an option for a 1 year + 1-year extension (circa £750k over 4 years).

Subject to final contract negotiations and sign off, the ICT system which will replace Swift is OLM systems - Eclipse Social Care Case Management System. It is anticipated that Eclipse will enable more efficient ways of working and for an improved service to be delivered to our citizens.

Given the scale of the change, the programme will begin in early 2019, with the initial focus being on data cleansing, migration system build and process redesign. A phased approach to rollout will be developed in partnership with the supplier and Children's Services. This will be shared in further updates to the IJB. We would expect key areas to have functionality by 2021.

## 6. **Workstream 3: Service Reviews**

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

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

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

*To ensure Services are modern; flexible; outcomes focused; financially efficient and 'fit for the future' and taking account of changing trends; demographics; demands;*

*local and national policy drivers; changing needs; inequalities; good practice and service user and carer views.*

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

6.4 The HSCP will provide an update on the outcomes of the Reviews to the IJB in March 2019.

### **Learning Disabilities**

6.5 Since the last IJB meeting, the Learning Disabilities Review led by the Head of Mental Health, Addictions and Learning Disability Services, supported by Paradigm has made steady progress.

6.6 In December 2018, on concluding an extensive consultation and engagement exercise, Paradigm shared their initial observations and the Review's emerging themes with the HSCP. Both Paradigm and the HSCP recognise the value of the coproduction approach taken and believe this will ensure that the Review's outcomes reflect the depth and breadth of stakeholder views across Renfrewshire's Learning Disabilities community.

6.7 Supported by the HSCP, Paradigm are now concluding their input to the Review and plan to formally submit key outcomes by March 2019 for the HSCPs consideration and further consultation.

### **Older People's Services**

6.8 The Older People's Review, led by the Interim Head of Health and Social Care (Paisley) and external support from Mybackpages Consulting Ltd and Journey Associates.

6.9 As detailed in our November IJB Update, the HSCP appointed Journey Associates to lead additional engagement work with our key stakeholder groups. Due to the diversity of the stakeholders we are looking to engage with, and the importance of their views being captured, the timeline for engagement has extended past the original review findings date.

6.10 To date, 3 sessions led by Journey Associates have taken place which have included 21 older people, 3 carers and 7 front line staff. A further session is scheduled for February 2019. These sessions have provided real value through additional insights to the review, in particular those of older people, those who care for them and staff. As such, the HSCP has agreed to an extension with initial outcomes paper to be presented in Spring 2019 and follow up papers thereafter throughout 2019.

6.11 Through a process of active participation and skilled facilitation, these sessions have created a safe space for stakeholders to share their views, voice their needs, generate insights and ideas on the future of services for Older People.

- 6.12 We asked people to work in groups to discuss the needs of older people and the existing services that they use or are aware of. Thereafter, groups were asked to discuss ideas they have to improve existing services or to develop new services. We then worked across the groups and shared our learning, insights and ideas and mapped these for everyone to see, discuss, build on, and agree
- 6.13 On concluding Journey Associates work, a final session with the Older People's Short Life Working Group will bring together all of the engagement and review outputs to date and together with the Lead Reviewer the HSCP will present the key areas which will form the basis of the paper to the IJB in March 2019.

### **Charging**

- 6.14 The Chief Finance Officer, with external support from Rocket Science Consulting, has recently concluded a review of social care charging on behalf of Renfrewshire Council.
- 6.15 The HSCP and Rocket Science are now drafting the outcome of this Review, modelling a range of potential changes and improvements to current policy and the wider impact these changes would mean for service users, staff, providers, the HSCP and Council.
- 6.16 An initial draft of the Review findings will be presented to the Charging Planning Group for their consideration and comment in early 2019. This Group has representation from HSCP and Renfrewshire Council officers, including legal, finance, procurement and policy experts. Following this, a final draft will be presented to the IJB in March 2019.
- 6.17 Any recommended changes to the current Charging Policy will be subject to Council approval and subject to an Equality Impact Assessment.

### **Addictions**

- 6.18 Since the last IJB meeting, the Head of Mental Health, Addictions and Learning Disability Services has commenced work to develop a future service model based on the direction of travel set out in the findings of the recent Whole System Review
- 6.19 An update was provided to the Strategic Planning Group in December 2018, where the main findings from the Review were well received, these included:
- Introduction of a fully integrated Alcohol and Drug Service in Renfrewshire;
  - Establishment of a single point of access team for all Alcohol and Drug referrals;
  - Future model needs to include more community-based provision and assertive outreach;
  - Extend the model of care in relation to Alcohol to include Alcohol Home Detoxification;
  - Development of an Integrated Community Rehabilitation facility to enhance the model of provision presently on offer;
  - Develop recovery opportunities in Renfrewshire, building on the success of the Sunshine Recovery Café; and
  - Establish a specialist dedicated team to provide support to the GP Shared Care.

- 6.20 The Alcohol & Drugs Partnership (ADP) continue to have oversight and receive regular briefing on the future direction and an implementation plan as it emerges. There is also continued dialogue with HR and Trade Unions to ensure they are kept appropriately briefed and consulted.
- 6.21 The current priority of the Addictions Review is the development of the “To Be” Service model, which will detail the Renfrewshire’s response to the recommendations above. The Head of Service chairs the Implementation Steering Group, which bring back together key stakeholders involved in the Review from across the HSCP to progress the implementation of the new model. The IJB will receive an update paper in March 2019 which will include the proposed outline service model, and regular updates will be provided throughout 2019/20.

### **System-wide initiatives: NHSGGC Mental Health Strategy**

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

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### **Implications of the Report**

1. **Financial** – the Change and Improvement Programme supports the delivery of the 2018/19 Financial Plan.
2. **HR & Organisational Development** – HR and OD teams will work in close liaison with the Change and Improvement Programme Leads.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider Community Planning process
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights** – all proposals will place due regard on equality requirements.
8. **Health & Safety** – health and safety processes and procedures are being reviewed in order to support safe and effective joint working.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – where risks are identified, mitigation will be sought where possible.
11. **Privacy Impact** – n/a.

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### **List of Background Papers – None.**

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**Author:** Frances Burns, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Frances Burns, Change and Improvement Manager ( <a href="mailto:Frances.Burns@renfrewshire.gov.uk">Frances.Burns@renfrewshire.gov.uk</a> / 0141 618 7621)
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## **Renfrewshire Health and Social Care Partnership**

### **Short Breaks Services Statement for Adult Carers**

## 1 Background

The Carers (Scotland) Act 2016 came into force on the 1st April 2018, placing new legislative requirements on the Renfrewshire Integration Joint Board and the Renfrewshire Health and Social Care Partnership (HSCP). Section 35 of the Act<sup>5</sup> sets out the requirement to publish a statement containing information about the short breaks services available to carers.

## 2 What is a Short Breaks Services Statement?

The Carers Act requires Local Authority/Health and Social Care Partnerships to publish a 'Short Breaks Services Statement' to help carers understand what short breaks are available, how they can be accessed and any eligibility criteria that apply.

A Short Break Services Statement is intended to help carers to be better informed about the assistance available to support them achieve a break from caring.

This Short Breaks Services Statement provides information about Renfrewshire HSCP's approach to short breaks for carers.

## 3 Definition of Carer

The Carers Act introduced a new definition of a carer. A carer is:

*an individual who provides or intends to provide care for another individual (the "cared-for person")*<sup>6</sup>

## 4 What is a Short Break?

Renfrewshire HSCP has adopted the Shared Care Scotland description<sup>7</sup> of what constitutes a short break:

### Definition

*A short break is any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities.*

### Purpose

*The purpose is to support the caring relationship and promote the health and well-being of the carer, the supported person, and other family members affected by the caring situation.*

The term '*respite*' is sometimes used to describe a break from caring. In general, '*respite*' is more often associated with breaks in institutional settings or emergency situations. The term '*short breaks*' is considered a more positive term and more in line with the flexibility and creativity that carers have said they require.

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<sup>5</sup> <http://www.legislation.gov.uk/asp/2016/9/contents/enacted>

<sup>6</sup> <http://www.legislation.gov.uk/asp/2016/9/contents/enacted>

<sup>7</sup> <https://www.sharedcarescotland.org.uk/wp-content/uploads/2018/06/Making-a-Statement-FINAL.pdf>

## 5 Renfrewshire's Carers

Renfrewshire HSCP acknowledges the significant role carers play in supporting the people they care for and recognises carers as partners in the delivery of care.

The 2011 Census<sup>8</sup> found that 10% of the population of Renfrewshire was providing unpaid care, and that

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

There is recognition that the number of carers is under reported with a more recent report suggesting that an estimated 17% of the population of Scotland are carers<sup>9</sup>.

The 2017/18 Health and Care Experience Survey<sup>10</sup> found that

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

## 6 Types of Short Breaks

There are many ways a carer can have a short break from their caring role. The type and length of a break will be proportionate to every situation and will require the completion of an Adult Carer Support Plan (ACSP) and the application of eligibility criteria for carers. More information on the HSCP's eligibility criteria for carers can be found here: <http://www.renfrewshire.hscp.scot/article/7503/Carers-Act>.

Short breaks can take any number of forms and can be for short or extended periods. Short breaks should be personalised to meet carer's needs and be planned around what matters to them. Examples of short breaks can include:

- traditional holiday type short breaks, often overnight away from caring situation
- receiving services e.g. massage, alternative therapies
- requiring equipment e.g. computers/ tablets
- receiving space
- receiving time e.g. driving lessons to shorten time to the caring role.

<sup>8</sup> <http://www.scotlandscensus.gov.uk/en/censusresults/bulletin.html>

<sup>9</sup> <http://www.gov.scot/Publications/2015/03/1081>

<sup>10</sup> <http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/Detailed-Experience-Ratings.asp>

## **7 Intended Outcomes for Carers**

Carers will be supported to identify the need for and potential benefit of their short break; this will be recorded in the carer's ACSP. The outcomes of a break will be personal to each carer, but may include:

- Carer will have improved wellbeing;
- Carer will have more opportunities to enjoy life outside of their caring role;
- Carer will feel better supported to continue in their caring role.

## **8 How do carers access Short Breaks?**

To access a short break a carer must complete an ACSP; the plan will identify the carer's needs and intended outcomes. Renfrewshire Carers Centre is the point of contact for carers who would like an ACSP or discuss anything about their caring role.

If the carer's needs meet the eligibility threshold, the Carers Centre will refer the carer on to Renfrewshire Health and Social Work Partnership (RHSCP) where a worker will complete an ACSP alongside the carer.

If the carer's needs do not meet the eligibility threshold, other forms of support will be agreed when the carer completes an ACSP with the Carers Centre.

More information on all the support carers can access is available on the Carers Centre's website <http://www.renfrewshirecarers.co.uk/>, you can also contact the Carers Centre on 0141 887 3643 or [enquiries@renfrewshirecarers.org.uk](mailto:enquiries@renfrewshirecarers.org.uk).

Information on short breaks available across Scotland is available on Shared Care Scotland's website <https://www.sharedcarescotland.org.uk/>.

## **9 Costs to Carer**

Short breaks and other support which is agreed through an ACSP may be eligible for waiving of charges (as detailed in the Carers Act guidance).

## **10 Review of Short Breaks Services Statement**

Scottish Government guidance on the preparation of a statement sets out that a statement should be reviewed *"as and when required, whilst giving regard to changes such as new short breaks services becoming available locally or nationally; or short breaks services that are no longer available."*<sup>11</sup>

The HSCP will review its Short Breaks Services Statement annually.

## **11 Feedback and further information**

If you have any questions about the Short Breaks Services Statement, please contact Renfrewshire HSCP at:

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<sup>11</sup> <https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/>



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**To:** Renfrewshire Integration Joint Board

**On:** 25 January 2019

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**Report by:** Chief Officer

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**Heading:** NHSGGC Public Health Strategy 2018–22 - Turning the Tide through Prevention

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## 1. Summary

The purpose of this paper is to accompany a presentation which will inform the IJB of the ten-year NHSGGC Public Health Strategy and Renfrewshire HSCP's early actions in response.

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## 2. Recommendation

It is recommended the IJB:

- Note the strategic direction for public health over the next 10 years.
- 

## 3. Background

### 3.1 NHSGGC Public Health Strategy

The NHSGGC Public Health Strategy: Turning the tide through prevention<sup>1</sup> was published in August 2018. The strategy, led by the Director of Public Health, sets out the strategic direction for public health across the Health Board area with a specific focus on prevention. It reflects the national ambition of whole system working, creating an impetus for change. Turning the tide through prevention is expected to inform Community Plans and HSCP Strategic Plans. The strategy sets out a clear focus on prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. There is a drive to become an exemplar public health system to create a culture focused on improving and protecting population health.

### 3.2 The strategic objectives of the strategy are to:

- Reduce the burden of disease through health improvement programmes and a measurable shift to prevention.

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<sup>1</sup> <https://www.stor.scot.nhs.uk/bitstream/handle/11289/579831/Public+Health+Strategy+2018+-+2028+A4+-+Landscape+-+10-08-18-01.pdf;jsessionid=46D8BB7203B58402BFDBF861FB32FFA6?sequence=1>

- Reduce health inequalities through advocacy and community planning.
- Ensure the best start for children with a focus on early years to prevent ill-health in later life.
- Promote good mental health and wellbeing at all ages.
- Use data better to inform service planning and public health interventions.
- Strengthen the Board and the Scottish Government's ability to be Public Health Leaders.

#### **4. Renfrewshire HSCP Actions**

4.1 In Renfrewshire we have a strong track record of partnership working across the public and third sector to promote health and wellbeing,

In terms of our response to the Public Health strategy we have set priorities for health and well being in our 3 year strategic plan, particularly in the following areas:

- Work collaboratively with our Community Planning partners to support local action on Scotland's delivery plans for physical activity and diet and healthy weight
- Promote mental health and well being across the life courses from perinatal period to older age
- Promote positive sexual health and access to local services
- Focus on children and early years in the following areas; breast feeding, ACES, GBV, oral health and early protective messages
- Contribute to reduction in child poverty by supporting activities which promote financial inclusion.

4.2 In terms of early actions to promote health and wellbeing, we are supporting 'Paisley Our Journey Continues' cultural plan vision to 'lift communities out of poverty'.

4.3 Through a 'Call to Action', led by the HSCP, we have agreed with our Community Planning partners a range of actions to support Scotland's delivery plans for physical activity and diet and healthy weight. Examples include taking part in the daily mile, signing up to Breastfeeding Welcome Award and promoting 'Eat Better, Feel Better' cooking classes.

4.4 We plan to host a Public Health summit in Renfrewshire in 2019 to create an opportunity for our partners to be part of local action.

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#### **Implications of the Report**

- 1. Financial - None**
- 2. HR & Organisational Development – None**
- 3. Community Planning – None**
- 4. Legal – None**
- 5. Property/Assets – None**

**6. Information Technology – None**

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

**8. Health & Safety – None**

**9. Procurement – None**

**10. Risk – None**

**11. Privacy Impact – None.**

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**List of Background Papers – None.**

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

Any enquiries regarding this paper should be directed to Fiona MacKay, Head of Strategic Planning and Health Improvement ( <a href="mailto:Fiona.MacKay2@ggc.scot.nhs.uk">Fiona.MacKay2@ggc.scot.nhs.uk</a> / 0141 618 7656)
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**To:** Renfrewshire Integration Joint Board

**On:** 25 January 2019

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**Report by:** Chief Officer

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**Subject:** Renfrewshire Alcohol & Drug Partnership (ADP) Annual Report 2017/18

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## **1. Summary**

- 1.1 Renfrewshire Alcohol and Drug Partnership (ADP) has key responsibility for implementing the National Policy Framework and driving forward local action to reduce the impact of alcohol and drugs.
- 1.2 In accordance with governance and accountability arrangements all ADPs in Scotland are expected to produce an Annual Report and submit to Scottish Government. To ensure consistency the Scottish Government has developed a standard template to aid this process. It was designed to allow consistent reporting on how ADPs are meeting national and local priorities.
- 1.3 The ADP Annual Report (Appendix One) sets out the Financial Framework which is used to deliver our local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which are recovery and outcome focused. The Report also reflects on progress achieved against the Ministerial priorities, outlining improvement goals.
- 1.4 The national frameworks for both drugs and alcohol have recently been refreshed and launched at the end of last year. In light of these new frameworks it is envisaged that there will be new reporting procedures in place by the Scottish Government from 2019.
- 

## **2. Recommendations**

It is recommended that the IJB:

- Note the contents of this report.
- 

## **3. Background**

- 3.1 The ADP is tasked with the implementation and delivery of the Scottish Government's Strategic Framework. 'Changing Scotland's Relationship with Alcohol: A Framework for Action (March 2008)' was developed to address the harm alcohol can have on communities, families, public services, the wider economy and individual's health. The Strategy

advocates for a whole population approach targeting four key areas and a number of actions to reduce consumption; supporting families and communities, promoting positive attitudes and positive choices and improved treatment and support services. The 'Road to Recovery (2008)' set out a new strategic direction for Scotland to tackle problem drug use, based on treatment services promoting recovery. The Strategy set out Scotland's key aims in tackling drug misuse and the action required to address the following four themes:

- Preventing Drug Use
- Promoting Recovery
- Law Enforcement
- Children Affected by Parental Alcohol and Drug Use

3.2 The ADP Delivery Plan (2015/18) sets out how the ADP will achieve their vision by identifying core and local outcomes which will be achieved over the three year period. Key priority actions have also been identified together with our Performance Framework aligned to the seven national outcomes.

### **ADP Annual Report 2017/18**

3.3 The ADP Annual Report sets out the Financial Framework which is used to deliver our local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which are recovery and outcome focused. The Report also reflects on progress achieved against the Ministerial priorities, outlining improvement goals.

Key areas of progress include:-

- **Preparing local systems to comply with the new Drug and Alcohol Information System (DAISy)** – To ensure a smooth transition from current recording systems towards implementation of DAISy a structure has been set up in Renfrewshire. Local systems are not compatible with DAISy, as is the case for most areas in Scotland, therefore data will be provided by manual upload. Legacy data will also be transferred across which will have an impact on local services. Information and Statistics Division (ISD) will deliver training on the new system and the ADP currently awaits a timetable of proposed dates.
- **Tackling drug and alcohol related deaths** – Renfrewshire ADP has updated their drug deaths action plan which outlines key priorities for preventing deaths. Key areas include investigating all drug related deaths and trends and reviewing (any) areas for intervention. There were 38 drug related deaths in Renfrewshire in 2017. This represents a 9.5% decrease compared with 2015, although the overall 5 year average rose by 7.7% from 26 to 28 and continues the rising trend witnessed since 2013. The rate of alcohol related deaths has remained the same in 2016 and 2017 (32.6 per 100,000 population) but is a slight increase compared to 2015 which was 31.5 per 100,000 population.



- **Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated throughcare arrangements** – where individuals are released from custody, subject to a statutory post release supervision, or engage in voluntary supervision, they are referred/supported by criminal justice to engage with local addiction services for assessment and appropriate intervention. HMP Lowmoss have a number of programmes in place ranging from substance misuse modules to accessing SMART recovery sessions.
- **Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the Quality Principles** – service user questionnaires continue to be disseminated within alcohol and drug services and findings inform our Improvement Action Plan; a cohort of individuals with lived experience were given the opportunity to train to become peer support workers – this resulted in a number of individuals gaining paid employment. The award winning Sunshine Recovery Cafe continues to be supported by the ADP, HSCP and Renfrewshire Council which offers an alcohol and drug free space and provides access to various groups to enhance recovery.

- 3.5 The ADP Annual Report was developed in partnership with Renfrewshire Health and Social Care Partnership, Renfrewshire Council, Police Scotland, Scottish Fire and Rescue, Scottish Prison Service and the third sector.
- 3.6 The Report was approved at the last meeting of the ADP held in October 2018.

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**Author:**

- Donna Reid, Lead Officer, Renfrewshire ADP
- ADP Chair: David Leese

Any enquiries regarding this paper should be directed to Christine Lavery, Head of Mental Health, Addictions and Learning Disability Services ([Christine.Lavery@renfrewshire.gov.uk](mailto:Christine.Lavery@renfrewshire.gov.uk) / 0141 618 6820)



Document Details:

**ADP Reporting Requirements 2017-18**

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **26 September 2018** for the attention of Amanda Adams to:  
[alcoholanddrugdelivery@gov.scot](mailto:alcoholanddrugdelivery@gov.scot)

June 2018

## 1. FINANCIAL FRAMEWORK - 2017-18

Your report should identify all sources of income that the ADP has received (via your local NHS Board and Integration Authority), alongside the monies that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.

Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template

### **a) Total Income from all sources**

	<b>Problem Substance Use (Alcohol and Drugs)</b>
Earmarked funding from Scottish Government through NHS Board Baseline *	£1,879,194
Funding from Integrated Authorities	
Funding from Local Authority – if appropriate	£1,000,545
Funding from NHS (excluding funding earmarked from Scottish Government) – if appropriate	£788,485
Total Funding from other sources – as appropriate	
Carry forwards	
<b>Total (A)</b>	<b>£3,668,224</b>

### **b) Total Expenditure from sources**

	<b>Problem Substance Use (Alcohol and Drugs)</b>
<b>Prevention</b> (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£334,312
<b>Treatment &amp; Support Services</b> (include interventions focussed around treatment for alcohol and drug dependence)	£2,653,941
<b>Recovery</b>	£679,971
<b>Dealing with consequences of problem alcohol and drug use in ADP locality</b>	
<b>Total (B)</b>	<b>£3,668,224</b>

**c) 2017-18 Total Underspend from all sources: (A-B)**

Income (A)	Expenditure (B)	Under/Overspend
£3,668,224	£3,668,224	

**d) 2017-18 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)**

	Income £	Expenditure £	End Year Balance £
Problem Substance Use *			
Carry-forward of Scottish Government investment from previous year (s)			

Note: \* The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

## 2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2017-18 outlined a range of Ministerial priorities. Please describe in this ADP Report your local Improvement goals and measures for delivery in the following areas during 2017-18 below.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<p>Process has been agreed to ensure all services are DAISy ready</p> <p>Staff have been identified to attend training and are prepared to cascade the content across services.</p>	<ul style="list-style-type: none"> <li>Local implementation group in place and awaiting further guidance from Information and Statistics Division.</li> <li>Data will be provided by manual upload only as current IT systems are not compatible. The volume of legacy data will also have an impact on services when transferring to the DAISy system. This will require additional resources to ensure effective implementation.</li> <li>Relevant staff have been identified; the ADP is currently waiting on a clear timetable from ISD of proposed dates/venues to take this forward.</li> </ul>	
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued	<p>Reduction in the number of drug and alcohol related deaths</p> <p>Recommended minimum annual supply of Naloxone kits: 330 by March 2019 (current performance: 255)</p> <p>Reduce Drug Related Hospital Stays Target: 170 (per 100,000 population</p>	<ul style="list-style-type: none"> <li>Drug Deaths Action Plan continues to be implemented with a number of actions underway including an evening fixed site needle exchange pilot which began at the beginning of the year and new clients, particularly those who are identified as injectors will continue to be prioritised and offered rapid start and titration of Opiate Replacement Therapy (ORT). Rapid start</li> </ul>	

<p>development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>(current performance 180.9)</p> <p>Alcohol Related Hospital Stays Target: 8.9 (current performance 8.9)</p>	<p>involves access to ORT within 1-3 working days from completion of initial assessment for high risk cases. There were 38 drug related deaths in Renfrewshire in 2017. This represents a 9.5% decrease compared with 2015, although the overall 5 year average rose by 7.7% from 26 to 28 and continues the rising trend witnessed since 2013.</p> <ul style="list-style-type: none"> <li>Alcohol Related Deaths Audit carried out with clear recommendations identified which include all patients who attend acute i.e. A+E should have information recorded relating to levels of alcohol consumption, individuals drinking more than the recommended daily units should be offered an alcohol brief intervention ABI and if alcohol is considered a factor in presentation offered referral to Addiction Liaison Service; nearly 70% of individuals were involved with Police Scotland in three years prior to their death; 16% were involved with Fire and Rescue Service and almost all attended advice works. Strengthen links and referral pathways across Police Scotland, Fire Scotland colleagues and Advice Works to continue. This has included joint training. The rate of alcohol related deaths have remained the same in 2016 and 2017 - 32.6 per 100,000 population but is a slight increase compared to 2015 which was 31.5 per 100,000 population.</li> <li>Naloxone continues to be offered to all individuals who attend for assessment; 255</li> </ul>	
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		<p>actual number of kits supplied in 2017/18.</p> <ul style="list-style-type: none"> <li>• Refresher training is offered and training is provided for family members to administer;</li> <li>• Prison throughcare arrangements in place</li> <li>• Whole Systems Review carried out and recommendations will be taken forward as detailed in the Implementation Plan.</li> <li>• Health Improvement Lead for Alcohol Licensing is in post. The post is currently focusing on increasing the evidence of alcohol harms in statutory responses to applications and working with community structures to increase awareness of how they can be involved in the licensing process.</li> </ul>	
3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women		<p>Where individuals are released from custody subject to statutory post release supervision, or engage in voluntary supervision, they are referred/supported by criminal justice social work staff to engage with local addiction services for assessment and appropriate intervention.</p> <p>Within HMP Low Moss there are a number of offender behaviour programmes/initiatives which target alcohol and drug use linked to offending:-</p> <ul style="list-style-type: none"> <li>• Short term prisoners – all short term prisoners can refer to Short term Intervention programme (STIP) which includes a substance misuse module This module examines behaviour and encourages individuals to apply coping strategies to deal with their alcohol use in the future; Alcohol Related Violence</li> </ul>	



		<p>module where individuals are encouraged to review the impact alcohol has on themselves and others and how it relates to their violent behaviour.</p> <ul style="list-style-type: none"> <li>• Long term prisoners are referred to a substance misuse related offending behaviour programme which gives them the opportunity to explore their own behaviour and to make positive changes.</li> <li>• Addiction services. NHS provide this service to those who wish to engage and those currently on a methadone or subutex prescription</li> <li>• Naloxone training is provided to all admission into Low Moss and packs provided for liberation. Peer supporters are being trained to assist with this process.</li> <li>• NPS Awareness Sessions for all admissions and Harm Reduction sessions are offered to those who have recently been found to be under the influence</li> <li>• Smoking Cessation – to achieve Smoke Free Prisons, staff have been trained in the role of cessation facilitators to ensure increased support is provided to those prisoners who wish to stop smoking</li> <li>• Through care provided by the Prisoner Support Pathways (in partnership with Turning Point Scotland). Collaborative working with Substance use services to support individuals to achieve successful and sustained community integration ultimately reducing reconviction rates for short term prisoners.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Quality improvement processes in place which are regularly monitored</li> <li>• SMART recovery sessions take place twice weekly which are facilitated by peer mentors.</li> <li>• Recovery Café is in the planning and will hopefully be running within HMP Low Moss very soon.</li> </ul>	
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i> .	Service and Strategic Quality Improvement Action Plan developed and implemented	<ul style="list-style-type: none"> <li>• Service user questionnaires continue to be disseminated within alcohol and drug services and findings inform the Improvement Action Plan</li> <li>• Action Plan is monitored on a quarterly basis.</li> <li>• A cohort of individuals with lived experience were given the opportunity to train to become peer support worker which included university placements and paid work placements within the NHS and the third sector. As a consequence the HSCP has recruited a full time paid peer worker to support individuals accessing alcohol and drug services.</li> <li>• Services continue to sign-post individuals to Mutual Aid Groups.</li> <li>• The Recovery Cafe continues to be supported by the ADP, HSCP and Renfrewshire Council which provides an alcohol and drug free space for individuals to access a variety of groups including the Share Group, Guitar Group and Arts. A hot lunch can also be bought at a reduced cost.</li> </ul>	

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\* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

### 3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes.	<p>The ADP reports directly the Renfrewshire Integration Joint Board and will continue to have strong links with Renfrewshire Community Planning Partnership, the Chief Officer's Group for Public Protection, Member Officer's Group for Public Protection, Child Protection Committee, Adult Protection Committee and Community Justice Steering Group. The Chair of the ADP is also the Chief Officer for Renfrewshire HSCP.</p> <p>The ADP Delivery Plan/Annual Reports and other relevant plans including performance are circulated via the new accountability route, as detailed above.</p>
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**In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.**

#### APPENDIX 1:

**1. Please provide any feedback you have on this reporting template.**

The ADP values the opportunity to highlight activities carried out in Renfrewshire to meet the Ministerial Priorities.



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**To: Renfrewshire Integration Joint Board**

**On: 25 January 2019**

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**Report by: Chief Officer**

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**Heading: IJB Records Management Plan**

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## **1. Summary**

- 1.1. The purpose of this report is to provide the IJB with a Records Management Plan (RMP) which it is required to submit to the Keeper of the Records of Scotland by 1 February 2019. The RMP sets out how the IJB records will be created and managed in line with national policy. This is a responsibility that all public bodies must fulfil.

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## **2. Recommendation**

It is recommended that the IJB:

- Approve the content of the Records Management Plan and give approval that this can now be formally submitted to the Keeper of the Records of Scotland for agreement by 1 February 2019 and will be reviewed as required.

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## **3. Background**

### **3.1. Legislation**

The IJB is obliged to submit and maintain a Records Management Plan (RMP) as defined in and in accordance with Part 1 of the Public Records (Scotland) Act 2011. The Act requires public authorities to submit a RMP to be agreed by the Keeper of the Records of Scotland.

Every authority to which this Part applies must:

- prepare a plan (a "Records Management Plan") setting out proper arrangements for the management of the authority's public records;
- submit the plan to the Keeper for agreement;
- ensure that its public records are managed in accordance with the plan as agreed with the Keeper.

An authority's records management plan must:

- identify the individual who is responsible for management of the authority's public records, and

- (if different) identify the individual who is responsible for ensuring compliance with the plan;
- include provision about the procedures to be followed in managing the authority's public records, maintaining the security of information contained in the authority's public records and the archiving and destruction or other disposal of the authority's public records.

### 3.2. Content of the Records Management Plan

NHS Greater Glasgow & Clyde and Renfrewshire Council already have agreed RMPs in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.

Formal notification was received in September 2018 from National Records Scotland that the Keeper was inviting Renfrewshire IJB to submit its RMP by 1 February 2019.

The attached RMP sets out the arrangements for the management of the IJB's records and the relationship with NHS Greater Glasgow & Clyde and Renfrewshire Council's respective RMPs.

As the IJB does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB Committees (Integration Joint Board, Audit Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB's pages on Renfrewshire HSCP's website:  
<http://www.renfrewshire.hscp.scot/>

<http://www.renfrewshire.hscp.scot/article/5230/Integration-Joint-Board>

Renfrewshire Council's Business Classification Scheme (BCS) is used to organise the IJB's records, as IJB records are currently managed and stored by them. In terms of evidence that the IJB meets the requirements of each element of the RMP, links to NHS Greater Glasgow & Clyde's and Renfrewshire Council's RMPs are used where appropriate. This follows the advice given by National Records of Scotland, who provided guidance and support throughout the drafting of the RMP.

Renfrewshire IJB's records are organised internally via utilising BCS, as well as ensuring they are readily available externally via the IJB's pages on Renfrewshire Council's website.

The RMP will be submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011 and will be reviewed as required.

#### 4. Policy Implications

- 4.1 Information underpins the IJB's over-arching strategic objectives and helps it meet its strategic outcomes.
- 4.2 Its information supports it to:
- Demonstrate accountability
  - Provide evidence of actions and decisions
  - Assist with the smooth running of business
  - Help build organisational knowledge
- 4.3 Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will assist the IJB with:
- Better decisions based on complete information
  - Smarter and smoother work practices
  - Consistent and collaborative workgroup practices
  - Better resource management
  - Support for research and development
  - Preservation of vital and historical records
- 4.4 In relation to 4.3 above, we had been requested by NHS Greater Glasgow & Clyde to create an Information Asset Register to ensure that Renfrewshire Health & Social Care Partnership meets the compliance of the requirements of the Public Records (Scotland) Act 2011. This register will provide a framework in which the HSCP can manage its health information assets and ensure that any data, information and knowledge is useable, accessible and reliable.

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#### Implications of the Report

1. **Financial** – Sound financial governance arrangements are being put in place to support the work of the Partnership.
2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper
3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
4. **Legal** – The IJB must comply with the Public Records (Scotland) Act 2011 as any breach of this could incur penalties.
5. **Property/Assets** - There are no property/asset implications arising from the submission of this paper.
6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
7. **Equality and Human Rights** - The main issue in relation to equalities is ensuring that the RMP is accessible.
8. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.

- 9. Privacy Impact** - There are no privacy implications arising from the submission of this paper.
- 10. Risk** – Statutory Agencies are more accountable to the public than ever before through increased awareness of openness and transparency. Knowledge and information management is now formally recognised as a function of governance similar to finance, IT and communications. It is expected that the IJB is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally. Breach of this could incur penalties.
- 11. Risk Implications** – As per the subject content of the risk section of this paper.

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**List of Background Papers – None.**

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# Renfrewshire Integration Joint Board

## Records Management Plan

**Submitted in accordance with the Public Records (Scotland) Act 2011**

This plan is fully endorsed by the Chief Officer of Renfrewshire Integration Joint Board who will ensure compliance with the Public Records (Scotland) Act 2011 through the corporate implementation of this Records Management Plan.

Signed by:

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David Leese, Chief Officer, Renfrewshire Integration Joint Board

## Document Control Information

Revision	Date	Revision Description
1.0	25/01/2019	Draft version submitted to IJB for approval
	01/02/2019	Final version submitted to Keeper of Records of Scotland

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## **Records Management Plan**

### **Summary**

This Records Management Plan (RMP) conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011. This RMP covers Renfrewshire Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management and disposal of the public records it creates and uses in pursuance of its statutory functions.

### **In line with the model plan, the IJB's RMP addresses 14 elements:**

Element 1: Senior management responsibility

Element 2: Records manager responsibility

Element 3: Records management policy statement

Element 4: Business classification

Element 5: Retention schedule

Element 6: Destruction arrangements

Element 7: Archiving and transfer arrangements

Element 8: Information security

Element 9: Data protection

Element 10: Business continuity and vital records

Element 11: Audit trail

Element 12: Competency framework for records management staff

Element 13: Assessment and review

Element 14: Shared Information

The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2014 which came into force on 1 January 2016. The IJB will therefore follow procedures that aim to ensure that all officers and employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.

## **About the Public Records (Scotland) Act 2011**

The Public Records (Scotland) Act 2011 (the act) came fully into force in January 2013. The Act requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of Renfrewshire Integration Joint Board.

This RMP sets out and evidences proper arrangements for the management of the IJB's public records and is submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011. It will be reviewed annually.

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/22476.aspx>

## **About Integration Joint Boards**

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

## **About Renfrewshire Integration Joint Board**

Renfrewshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014. The Renfrewshire Integration Scheme received Royal Assent on 27 June 2015 and the IJB was formally established on 18 September 2015.

From 1 April 2016 Renfrewshire IJB became responsible for the planning and oversight of delivery of health and social care functions delegated to it by NHS Greater Glasgow & Clyde and Renfrewshire Council.

These include adult social care services, mental health and learning disability, district nursing, children's health services, podiatry and health improvement, including some hospital services. The area covered by Renfrewshire IJB is coterminous with Renfrewshire Council.

The IJB operates as a body corporate (a separate legal entity), acting independently of NHS Greater Glasgow & Clyde and Renfrewshire Council. The IJB consists of eight voting members appointed in equal number by NHS Greater Glasgow & Clyde and Renfrewshire Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Chief Financial Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

The IJB's key functions are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership

Information underpins the IJB's over-arching strategic objective and helps it meet its strategic outcomes. The information supports it to:

- Demonstrate accountability
- Provide evidence of actions and decisions
- Assist with the smooth running of business
- Help build organisational knowledge

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information
- Smarter and smoother work practices
- Better resource management
- Preservation of vital and historical records

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the IJB is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

## **Review**

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

## **RMP Principles**

### **What does the Records Management Plan cover?**

Records management covers records of all formats and media. This includes paper and computer records; cassette, video and CD records. Records management is needed throughout the lifecycle of a record, and the process begins when the decision to create the record is taken.

### **Why is records management important?**

Records are vital for the effective functioning of the IJB: they support decision-making; document its aims and objectives, activities and ensure that legal, administrative and audit requirements are met.

The records management practices evidenced in this RMP and subsequent action plan are essentially a matter of good business administration. Information required for any purpose will only be as good as the quality of the records from which it is taken. If reliable records are not created in the first place, if they cannot be found when needed, or if the arrangements for their eventual archiving or destruction are inadequate, then information may not be adequate or even available for any purpose.

For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records and procedures for retention of records.

### **Records management principles**

Security – Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.

Accountability – Adequate records are maintained to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions.
- To facilitate audit or examination.
- To provide credible and authoritative evidence.

Quality – Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.

Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

Retention and disposal – There are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records.



Training – That all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary.

## **Renfrewshire IJB Records Management Plan**

The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed by Renfrewshire Council and NHS Greater Glasgow & Clyde and, as such, will be covered by their respective Record Management Plans.

As such, this RMP relates to the IJB Committees (Integration Joint Board, Audit Committee and Strategic Planning Group) and plans such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB's pages on Renfrewshire Council and Renfrewshire Health & Social Care Partnership websites.

[Renfrewshire Health and Social Care Partnership - Integration Joint Board](#)

[Renfrewshire Health & Social Care – Integration Joint Board](#)

It has been agreed with Renfrewshire Council that all of the IJB's records will be managed by Renfrewshire Council.

The Renfrewshire IJB Records Management Plan (RMP) is effective from 1 February 2019. The plan will be appropriately reviewed and updated. Reports will be submitted annually to the newly established Information Governance Group, before formal ratification by the Integration Joint Board.



RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 1: Senior management responsibility:</b></p> <p>Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p>	<p>The Chief Officer, David Leese, has senior responsibility for all aspects of the IJB's Records Management, and is the corporate owner of this document.</p> <p>The Chief Officer is also the IJB's Senior Information Risk Owner (SIRO).</p> <p>The Chief Officer Chairs the Senior Management Team, which has strategic responsibility for the Health and Social Care Partnership.</p>	<p>Letter of adoption of RMP and objectives of Chief Officer (<i>see Appendix 1</i>)</p> <p>Roles and responsibilities of the SIRO</p>	<p>IJB Records Management Procedure, which identifies roles and responsibilities, will be produced once the RMP has been approved.</p>

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 2: Records manager responsibility:</b></p> <p>Section 1(2) (a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues. It is essential that an individual has overall day-to-day responsibility for the implementation of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with Element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority. It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this Element. The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p>	<p>The Operational Officer responsible for records management is:</p> <p>Renfrewshire Council – Mr Andrew Connor, Records Manager</p> <p>Mr Connor is able to access and manage IJB records on a daily basis</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> <li>• Managing the IJB's records;</li> <li>• Reviewing and implementing operational policies and procedures in line with the RMP;</li> <li>• Ensure any relevant records management training is brought to the attention of health and social care staff</li> </ul>	<p>Renfrewshire Council will have lead operational responsibility, with the Head of Administration having day-to-day responsibility for the implementation of the RMP.</p> <p>The Job description for Renfrewshire Council role is included as evidence to demonstrate that the named individual has the skills required and can access all IJB records (see <i>Appendix 2</i>).</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 3: Records management policy statement:</b></p> <p>The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller authority. The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and gives an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained. It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval submitted to the Keeper. The other elements in the RMP listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.</p>	<p>Renfrewshire Council and NHS Greater Glasgow &amp; Clyde work in partnership with the Integration Joint Board (IJB).</p> <p>Renfrewshire IJB is responsible for planning health and care services for the Renfrewshire population.</p> <p>The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the partner organisations, i.e. Renfrewshire Council and NHS Greater Glasgow &amp; Clyde and as such will be covered by their respective Record Management Plans.</p> <p>The records covered by this plan constitute IJB business in terms of:</p> <ul style="list-style-type: none"> <li>• IJB Meetings- agendas and papers</li> <li>• IJB Strategies including the Annual Performance Report and the Strategic Plan</li> </ul> <p>All of this information is already in the public domain via the IJB's pages on Renfrewshire Health &amp; Social Care website:  <a href="#">Renfrewshire Health and Social Care Partnership - Integration Joint Board</a></p>	<p><b>NHS Greater Glasgow &amp; Clyde:</b></p> <p><a href="#">NHSGGC : NHSGGC Records Management Plan</a></p> <p><b>Renfrewshire Council:</b></p> <p><a href="#">Records Management - Renfrewshire Website</a></p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 4: Business classification</b></p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.</p> <p>A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p> <p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records. An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p>	<p>As the IJB has only been in operation since 1 April 2016, the type and volume of recordkeeping specific to the IJB is evolving.</p> <p>The IJB will follow the corporate Business Classification Scheme (BCS) adopted by Renfrewshire Council which identifies its high-level functions and activities. These functions cut across the divisional structures of the Council, enabling the BCS to remain relevant in the event of structural changes to the organisation. Renfrewshire Council's BCS has been updated and will include IJB records.</p> <p>The BCS is a localised version of the model BCS published by the Scottish Council on Archives for use by all Scottish Local Authorities.</p> <p>IJB records are part of the Committee Management System and as such have permanent retention status.</p>	<p>The link to Renfrewshire Council's BCS Policy Document is on page 7 of its Record Management Plan.: <a href="http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_2016_0323.pdf">http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_2016_0323.pdf</a></p>	

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 5: Retention schedules</b></p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see Element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (see Element 7).</p> <p>The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> <li>to ensure records are kept for as long as they are needed and then disposed of appropriately;</li> <li>to ensure all legitimate considerations and future uses are considered in reaching the final decision;</li> <li>to provide clarity as to which records are still held by an authority and which have been deliberately destroyed.</li> </ul> <p>"Disposal" in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see Element 1). This might be done as part of the policy document (Element 3). It should also be made clear that the authority has a retention schedule in development.</p> <p>An authority's RMP <u>must</u> demonstrate the principle that retention rules are consistently applied across all of an authority's record systems.</p>	<p>A retention schedule is a list of records for which pre-determined disposal dates have been established.</p> <p>The IJB must, however, be able to demonstrate it remains responsible for its records under the partner body schedule. It must be able to demonstrate that disposal periods set against its records under the partner schedule were taken by the Board, in collaboration with the partner body. The partner body's retention policies and procedures (and records manager(s)) will assist the IJB in making business-based disposal decisions against its records. These must take into consideration the IJB's statutory obligations.</p> <p>The corporate records including formal IJB reports and minutes will be managed in accordance with the Council Servicing Committee Protocol.</p> <p>As the records will be created and managed by NHS Greater Glasgow &amp; Clyde and Renfrewshire Council, the IJB will follow what is agreed and in place within each Partner Body</p> <p>The Business Classification Scheme used by Renfrewshire Council determines how long documents should be retained. IJB records are part of the Committee Management System and as such have permanent retention status (see Element 4).</p>	<p><b>NHS Greater Glasgow &amp; Clyde</b></p> <p>NHS Greater Glasgow &amp; Clyde's Record Management Plan includes Retention and Destruction of Records Policy. See page 11</p> <p><a href="http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf">http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf</a></p> <p><b>Renfrewshire Council:</b></p> <p>See page 8:</p> <p><a href="http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf">http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf</a></p> <p><b>Renfrewshire Council's Corporate Retention Schedule:</b></p> <p><a href="http://www.renfrewshire.gov.uk/media/4584/Records-Retention-Schedule/pdf/RenfrewshireCouncilRetentionSchedule.pdf">http://www.renfrewshire.gov.uk/media/4584/Records-Retention-Schedule/pdf/RenfrewshireCouncilRetentionSchedule.pdf</a></p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 6: Destruction arrangements</b></p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p>	<p>It is not always cost-effective or practical for an authority to securely destroy records in-house. Many authorities engage a contractor to destroy records and ensure the process is supervised and documented.</p> <p>As such, the destruction of IJB records, in all formats, will be undertaken by Renfrewshire Council.</p> <p>All IJB records will be held electronically on Renfrewshire Council's system so no hard copies will require destruction.</p> <p>Electronic destruction policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p>	<p><b>NHS Greater Glasgow &amp; Clyde</b></p> <p>NHS Greater Glasgow &amp; Clyde's Record Management Plan includes Retention and Destruction of Records Policy</p> <p><a href="http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf">http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf</a></p> <p><b>Renfrewshire Council:</b></p> <p><a href="http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf">http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf</a></p> <p><b>Renfrewshire Council's Corporate Retention Schedule:</b></p> <p><a href="http://www.renfrewshire.gov.uk/media/4584/Records-Retention-Schedule/pdf/RenfrewshireCouncilRetentionSchedule.pdf">http://www.renfrewshire.gov.uk/media/4584/Records-Retention-Schedule/pdf/RenfrewshireCouncilRetentionSchedule.pdf</a></p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance</p>



RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 7: Archiving and transfer arrangements</b></p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which <u>must</u> be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP <u>must</u> show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value. An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule. The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p>	<p>All IJB Records will be held electronically on Renfrewshire Council's system so no hard copies will be archived.</p> <p>Electronic archiving policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p> <p>In terms of a procedure, the IJB will follow Renfrewshire Council's RMP, Progress Update Review Final Report dated 10 October 2018.</p> <p>Digital preservation is not in place and as such, Renfrewshire Council has committed to pursue an Archives Service.</p>	<p>The agreed arrangement between the IJB and Renfrewshire Council for IJB records to be included in the archiving and transferring arrangements established by Renfrewshire Council.</p>	<p>Improvement Plan over the next five years to address this gap.</p>

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 8: Information Security</b></p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> make provision for the property levels of security for its public records.</p> <p>All public authorities produce records that are sensitive. An authority's RMP <u>must</u> therefore include evidence that the authority has procedures in place to adequately protect its records information, security procedures would normally acknowledge Data Protection and Freedom of Information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures must put in place adequate controls to prevent unauthorised access destruction alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p>	<p>Information security is the process by which an authority protects its records and ensures they remain available. It is the means by which an authority guards against unauthorised access and provides for the integrity of the records. Robust information security measures are an acknowledgement that records represent a risk as well as an asset. A public authority should have procedures in place to assess and contain that risk.</p> <p>The IJB will rely on NHS Greater Glasgow &amp; Clyde and Renfrewshire Council arrangements in terms of systems, devices, information sharing platforms etc.</p> <p>All staff will remain employees of either NHS Greater Glasgow &amp; Clyde or Renfrewshire Council. As such they will be subject to the policies and procedures of their employer, i.e. NHS Greater Glasgow &amp; Clyde Information Security Policy or Renfrewshire Council Information Security policies.</p>	<p><b>NHS Greater Glasgow &amp; Clyde Information Security Policy</b></p> <p><b>Renfrewshire Council Information Promise</b></p> <p><a href="http://www.renfrewshire.gov.uk/article/2063/Information-Promise">http://www.renfrewshire.gov.uk/article/2063/Information-Promise</a></p>	

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 9: Data protection</b></p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act 2018, an authority must only collect information needed for a specific business purpose, it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p>	<p>The Information Commissioner has confirmed that the IJB can be a data controller albeit that it will not hold any personal records of service users/patients.</p> <p>The IJB is registered as a public authority which will be subject to Freedom of Information legislation. Most requests will be addressed directly by partner bodies. Any requests specifically for the IJB will be managed in line with NHS GGC FoI guidance.</p> <p>Legislation changed on 25 May 2018 which will increase rights of individuals and increase fines for data breaches.</p> <p>IJB Complaints - first point of contact is Jean Still, Head of Administration.</p> <p>IJB records are properly managed for the</p>	<p>ICO Registration details</p> <p>Renfrewshire IJB is not registered as a Data Controller on the ICO website.</p> <p>IJB data controller/data processor policies and procedures- FOI, complaints, subject access requests</p> <p>Renfrewshire Council's Privacy Policy is made available to all staff via the Council's Intranet.</p> <p>NHS Greater Glasgow &amp; Clyde:</p> <p><a href="http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/">http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/</a></p> <p>Staff training - Data protection/information governance</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance</p>

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 10: Business continuity and vital records</b></p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p>	<p>A business continuity plan serves as the main resource for the preparation for, response to, and recovery from, an emergency that might affect any number of crucial functions in an authority.</p> <p>The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.</p> <p>The IJB's records are managed in accordance with Renfrewshire Council's Business Continuity and vital records arrangements.</p> <p>All services will continue to be provided or commissioned directly by NHS Greater Glasgow &amp; Clyde or Renfrewshire Council. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.</p> <p>Both NHS Greater Glasgow &amp; Clyde and Renfrewshire Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.</p>	<p><b>NHS Greater Glasgow &amp; Clyde</b></p> <p><a href="http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf">http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf</a></p> <p><b>Renfrewshire Council:</b></p> <p><a href="http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf">http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf</a></p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance</p>

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 11: Audit trail</b></p> <p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p> <p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p>	<p>An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities by individuals, systems or other entities.</p> <p>The IJB's records are created by NHS Greater Glasgow &amp; Clyde and Renfrewshire Council and are managed via Renfrewshire Council.</p> <p>SEEMIS system in the Council gives full version control and ensures that the IJB's records are available at all times and that when accessed for business purposes, that these are the most up to date and current versions.</p> <p>Personal records, policies and procedures and all other corporate records will be accessed by employees through the information systems of NHS Greater Glasgow &amp; Clyde and Renfrewshire Council..</p>	<p>The audit trail arrangements are as follows:</p> <p><b>NHS Greater Glasgow &amp; Clyde</b></p> <p><a href="http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf">http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf</a></p> <p><b>Renfrewshire Council:</b></p> <p><a href="http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf">http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf</a></p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance</p>

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 12: Competency framework for records management staff</b></p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non-records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p>	<p>A competency framework lists the core competencies and the key knowledge and skills required by a records manager. It can be used as a basis for developing job specifications, identifying training needs, and assessing performance.</p> <p>The IJB will rely upon the Records Manager of Renfrewshire Council for compliance under this element.</p> <p>Training for records management staff will remain the responsibility of the employing bodies, NHS Greater Glasgow &amp; Clyde and Renfrewshire Council.</p> <p>Staff who are managing IJB records are employed by Renfrewshire Council.</p>	<p>The Board's plan must refer to the Competency framework arrangements and evidence under the agreed partner body plan.</p> <p><b>NHS Greater Glasgow &amp; Clyde</b> NHS-wide training available:</p> <p><a href="http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf">http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf</a></p> <p><b>Renfrewshire Council:</b> Council-wide training available:</p> <p><a href="http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf">http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf</a></p>	

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 13: Assessment and review</b></p> <p>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management process.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p>	<p>The IJB relies on the partner authority to ensure that the systems, policies and procedures that govern its records are being regularly assessed.</p> <p>This Record Management Plan will be reviewed and updated by the Records Manager and the Head of Administration. During the first year any gaps in this plan will be identified as issues arise and solutions agreed.</p>	<p><b>NHS Greater Glasgow &amp; Clyde</b></p> <p><a href="http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf">http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf</a></p> <p><b>Renfrewshire Council:</b></p> <p><a href="http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf">http://www.renfrewshire.gov.uk/media/2762/Records-Management-Plan/pdf/0Renfrewshire_Council_and_Renfrewshire_Licensing_Board_Records_Management_Plan_v1.0_20160323.pdf</a></p>	

RMP Element Description	Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 14: Shared Information</b></p> <p>The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p>	<p>Under certain conditions, information given in confidence may be shared. Most commonly this relates to personal information, but it can also happen with confidential corporate records.</p> <p>The IJB may well be sharing data or information with its partner bodies that must be managed in accordance with the guidance issued by the Information Commissioner under the Data Protection Act 2018.</p> <p>The Act regards records created by a third party, under contract to a public body, to deliver a statutory function of that authority as public for the purposes of the Act. This means that authorities in such a relationship must be satisfied that public records being created on its behalf are managed in line with its RMP. It must be satisfied that the third party provider has robust records management arrangements in place. However, it is unlikely that this is relevant to the IJB.</p>	<p>An information sharing protocol has been agreed between NHS Greater Glasgow &amp; Clyde, Renfrewshire Council, the National Information Services Division and Renfrewshire IJB to enable the safe and effective sharing of information.</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance</p>



Date: November 2018  
Our Ref:  
Your Ref:  
Enquiries: David Leese  
Tel: 0141 618 7629

To Whom It May Concern

### **Renfrewshire Integration Joint Board Records Management Plan**

I, David Leese, Chief Officer of Renfrewshire Integration Joint Board agree to oversee the adoption of the Integration Joint Board (IJB) Records Management Plan.

As the IJB's Senior Information Risk Owner I accept responsibility for all aspects of the IJB's records management programme and will be the corporate owner of this document, as per the attached Records Management Plan.

I have identified that Renfrewshire Health & Social Care Management Team will have the continuing responsibility for the practical implementation of the Records Management Plan.

**David Leese**  
**Chief Officer**  
**Renfrewshire Health and Social Care Partnership**

**David Leese**

**Renfrewshire HSCP Chief Officer**

**EXTRACT from Objectives 2018/19**

**Better Workplace**

Ensure, as the IJB Senior Information Risk Owner (SIRO), that all aspects of the Integration Joint Board's Records Management Plan is supported by the Senior Management Team.

**Better Health and Care**

**Better Value**

**RENFREWSHIRE COUNCIL**  
**FINANCE AND RESOURCES**  
**JOB OUTLINE**

<b>SERVICE:</b>	Finance & Resources	<b>SECTION:</b>	Legal & Democratic Services
<b>POST TITLE:</b>	Records Manager	<b>POST ID:</b>	
<b>GRADE:</b>		<b>LOCATION:</b>	Renfrewshire House, Cotton Street, Paisley
<b>REPORTING TO:</b>	Managing Solicitor, Information Governance, Legal & Democratic Services		

**PRINCIPAL ROLE:**

To oversee Renfrewshire Council's compliance with regulatory and statutory provisions insofar as they apply to records management.

To lead on the implementation of the Council's Records Management Plan.

To oversee the co-ordination of Council responses to information requests and ensure compliance with freedom of information, data protection and associated legislation, as appropriate.

**Key tasks for which the post holder will be responsible:**

1. To maintain, review and implement the Council's Records Management Plan and guidance, policies and procedures in relation to records management and assist Council Services with the ongoing implementation and monitoring of those.
2. To advise Council Services and provide guidance on all aspects of records management, including the introduction of effective and appropriate management of electronic records.
3. To promote good records management and raise awareness of records management issues.
4. To develop and deliver training in records management.
5. To advise Services on retention and disposal periods and have oversight of Services' retention and disposal schedules.
6. To manage the Council's corporate records store.
7. To advise on electronic document and record management projects and initiatives, ensuring that records are managed to agreed standards and that current records management policies and procedures are adhered to.

8. To discharge a co-ordinating role in relation to subject access, freedom of information and environmental information requests.
9. To chair the Council's Freedom of Information, Data Protection and Records Management Working Groups.
10. To contribute to and provide subject matter expertise to corporate working groups.
11. To liaise with the Council's ICT Services, who have responsibility for information management issues, as appropriate.
12. To liaise with Renfrewshire Leisure Limited regarding the selection and cataloguing of records worthy of permanent preservation to international standards.
13. To liaise with external stakeholders, such as the Keeper of the Records of Scotland, the Information Commissioner, the Scottish Information Commissioner and the Scottish Government, as appropriate.
14. Develop and promote equal opportunities both in terms of service delivery and employment practices in all aspects of Council activities.
15. Represent the Council at the Archivists of Scottish Local Authorities' Working Group.
16. Adhere to the Council's commitment to health and safety, supporting attendance, equal opportunities and compliance with all relevant policies.
17. Whilst this description is indicative of the nature and level of responsibilities associated with this job, it should not be considered as exhaustive. The post holder will be required to undertake other duties and responsibilities commensurate with the grade.