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**To: Renfrewshire Integration Joint Board**

**On: 23 March 2018**

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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 and attached appendix seeks IJB member support for Renfrewshire Health and Social Care Partnership's (HSCP) evolving Change and Improvement Programme, and the approval of a number of budget reinvestment proposals in line with the IJB's Financial and Strategic Plans.
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## **2. Recommendation**

It is recommended that the IJB:

- Note the content of the report;
  - Approve the budget proposals set out in Section 5 which will support mitigate the risks outlined in 5.1; and
  - Note that regular updates will continue to be brought to the IJB to report on progress and to seek approval for any new change and improvement work, including further savings proposals, to be included within this evolving programme.
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## **3. Background**

- 3.1. The HSCP Change and Improvement Programme is focussed 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 in turn is supporting the financial planning and sustainability of the Partnership, creating efficiencies to address the IJB's financial pressures through generating savings and capacity to reallocate resources in line with our Strategic and Financial Plans.

- 3.2. This programme is being delivered through 3 Workstreams:

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

3.3. Appendix 1: 2017/18 Change and Improvement Programme March 2018 Update provides an overview of the supporting projects which are being delivered by each of these workstreams and their progress to date.

#### **4. Workstream 1: Optimising Joint and Integrated Working and Shifting the Balance of Care**

4.1. A range of service reviews and programmes are supporting the HSCP to tackle its challenging budget position whilst ensuring the delivery of safe, sustainable and integrated services in line with national direction and the priorities set out in the our Strategic Plan. This work includes:

4.1.1. Development and delivery of a comprehensive Primary Care Programme for 2018/2021 which will develop services in line with the new GP Contract; bring together groups of GP practices/clusters with a focus on quality improvement; provide support to promote extended multi-disciplinary team working, the development of clinical governance and service re-design across care groups;

4.1.2. Developing locality working in line with the national direction and to proactively develop our health and social care services through exploiting the opportunities joint and integrated working offers;

4.1.3. An objective, focused review to identify service pressures and to determine root causes of the drivers and challenges which impact on delivery of Care at Home Services;

4.1.4. Implementation of NHSGGC's 5-year Mental Health Strategy, alongside Renfrewshire's own Mental Health change and improvement activity to address local pressures;

4.1.5. An independent review of Addictions Services which will help inform a change programme over the next three years which shapes our service model to be person-centred, and recovery and outcome focused when meeting future care needs; and

4.1.6. Progressing our joint unscheduled Care action plan with colleagues in the RAH, as part of the wider NHSGGC Unscheduled Care Programme. It is intended that this work will demonstrate how the HSCP can reduce unscheduled bed day

demand on acute services and create a compelling case for resource transfer.

4.2. Appendix 1 provides a more detailed update on the progress of this work.

## **5. Workstream 2: Delivering the Financial Plan**

5.1. As part of the ongoing financial planning process, the HSCP Senior Management Team (SMT) have been working with the Chief Finance Officer (CFO) to mitigate a number of financial risks facing the IJB, namely:

- The impact of an increased cost pressure on prescribing budgets due to the impact of short supply and the rising cost of medicines;
- The requirement to proactively manage the funding of Mental Health Special Observations. The IJB inherited a significant financial pressure as, prior to the Partnership being established, no budget was in place or allocated to meet these costs thereby creating an overspend in mental health budgets. Over 2017/18 the CFO forecasts an unfunded spend on special observations of circa £1.35m even with management action to mitigate the costs associated with this; and
- Renfrewshire Council Children's Services decision to revise its current Speech and Language Therapy funding allocation to the HSCP by £100k as of 1 April 2018.

### ***Prescribing***

5.2. A number of plans to address cost pressures in 2018/19 are being considered and progressed both locally (across NHSGG&C) and nationally by the national 'Prescribing Efficiency Group', consisting of representation across HSCPs, GP practices and the NHS Board's Lead Pharmacists. The overarching theme being to appropriately manage volumes and costs and influence current prescribing practice across both Acute and Community.

5.3. NHSGGC and its HSCPs have maintained excellent progress made over the last 10 years or so to balance prescribing efficacy and best practice with managed controls on costs and volumes. NHSGGC is now, using the measure of average weighted cost per patient per annum, one of the most cost efficient Health Board areas in Scotland.

5.4. As this work has progressed over recent years, it has proven ever more difficult to deliver financial balance across the HSCP prescribing budgets given the reducing scope for appropriate efficiencies. This has recently become challenged further by the cost hike we face due to the increased costs of drugs that have a short supply. In 2017/18 the cost impact of

short supply drugs across the NHSGGC area is estimated to be in the region of £7m.

- 5.5. Given the essential nature of these drugs, it is impossible to bring about cost controls to limit the impact on our financial position. The concern is now that the cost impact of short supply drugs in 2018/19 will increase further without any reasonable chance that we can deliver an equal level of cost efficiencies from elsewhere within the local prescribing budget.

### ***Local Mental Health Review – Special Observations***

- 5.6. The HSCP has identified a number of measures which will allow it to more proactively address the increasing spend on enhanced levels of observation within mental health inpatient services. This will be achieved through:

1. A targeted approach to ensure consistent best practice in the use of special observations;
2. Leading to a managed reduction in special observations costs in 2018/19; and
3. Creating a recurring budget to fund these costs as part of an HSCP budget realignment exercise (as requested by the IJB).

### ***Reduction in Special Observations***

- 5.7. Whilst patient safety is paramount, the service needs to balance safety with least restrictive practice. There have been several developments to review enhanced observations of patients and ensure that therapeutic interventions are delivered where possible, including:

- Daily reviews are now in place. At the commencement of each duty shift, nursing and, where available, medical staff will carry out clinical reviews of all enhanced observations for their area;
- Lead Nurse Support staff also, on a daily basis (Monday to Friday), attend the clinical areas to support staff to review and identify where 'Constant' and 'Specials' can be reduced where clinically fit and safe to do so to 'General', to review requirements for more challenging 2:1 observation ratios, and where appropriate, ensure protocols are followed by referral to the Intensive Psychiatric care unit;
- Complex case review meetings have been established to discuss the management of challenging behaviours with medical and senior nursing staff to address observations;
- A Performance and Strategy Group has been established with a particular focus on reducing the risk of absconding and proactive management of special observations;
- Adoption of best practice in line with the Mental Welfare Commission (MWC) guidelines.; and

- A preventative, community based approach is being taken to appropriately reduce the number of unscheduled admissions, linking in with system wide work being led by NHSGGC.

5.8. Since the introduction of these measures, there has been a marked reduction in the special observation levels by around a third. The monthly average spend for Months 1 – 8 was £121k, compared to Months 9 - 10 which was an average of £77k. The HSCP anticipate this downward trend will continue throughout 2018/19 and beyond.

#### *Special Observations Budget*

5.9. As noted above, the IJB inherited a significant financial pressure as, prior to the Partnership being established, no budget was allocated to meet the required cost of special observations, creating an overspend in Mental Health budgets often offset by slippage in other budgets. As the impact of delivering year on year recurrent savings has become clearer, we have less slippage from which we can fund these costs. With a view to proactively managing this spend, the IJB have asked the CFO to build this requirement into the IJB's Financial Plan for 2018/19. Based on current forecasts, work to reduce special observations and IJB approval of the proposal to create a recurring budget for this spend in 2018/19.

5.10. To support the creation of this budget, the HSCP has identified two budgets as part of the overall 2018/19 budget realignment exercise, ICF Acute and Employability Services, which it is proposing are reinvested to fund Special Observations:

5.10.1. **ICF Acute:** the HSCP has recently revisited how the Integration Care Fund (previously the Change Fund) is used, to ensure its allocation aligns with the priorities set out in our Strategic and Financial Plans, and the national direction set out the Health and Social Care Delivery Plan. For some time, the HSCP has provided funding (that has not been formally confirmed as recurring) to a number of Acute based posts in Acute Allied Health Professional (AHP) Services. The HSCP has developed effective pathways to high performing community based rehabilitation and reablement services which ensures that the HSCP meets its responsibilities for providing AHP support for patients discharged from the RAH. In light of this work and the Partnership's significant financial pressures, it is proposed that the HSCP phase out the funding of these Acute posts over 2018/19 in order to reinvest **£215k** towards the anticipated costs of Special Observations.

- 5.10.2. **Mental Health NetWork Employability as a Community Service:** The HSCP NetWork Service is a vocational rehabilitation service working within and supporting people with both mental health and addiction conditions. Given the significant financial pressures, it is proposed that in future patients who are in recovery are directed towards mainstream services for employment support and that the HSCP reinvest the NetWork Service budget of circa **£326k** to fund Special Observations.

Whilst not a core mental health service, and staff do not hold any clinical caseloads, the HSCP clearly recognises the contribution this service makes to those who access it. However, since the NetWork Service was established in 2013, the wider employability landscape has changed; with mainstream/community employment services becoming increasingly equipped to support people with mental health and addiction conditions. In Renfrewshire, there are now a number of services which offer advice and support for service users on their employment journey including Renfrewshire Council's Invest in Renfrewshire Employability Support, the Department of Work and Pensions (DWP), RAMH, Skills Development Scotland. Also, on 2 March 2018 Renfrewshire Council Budget agreed additional funding towards a new employability programme:

*“£4.5million in a new employability programme for Renfrewshire. The programme is expected to lever £2.4million in additional European Funding bringing total programme investment to £6.9million. It will ensure all local people can benefit from economic growth and access jobs through our key projects such as Glasgow City Region City Deal investment, the National Manufacturing Institute in Scotland at Glasgow Airport, £100million capital investment in cultural and heritage regeneration including the Paisley Museum transformation and new job growth in early learning and childcare.”*

Furthermore, over 2018/19 the HSCP will provide a small amount of one off, non-recurring funding to support the Third Sector and Community Groups who provide this type of service and also work with HSCP staff to ensure they are clear on how to signpost service users to alternative local providers.

### ***Speech and Language Therapy (SLT) Services***

- 5.11. Renfrewshire Council Children's Services has advised it will be reducing its current SLT funding by £100k per annum as of 1 April 2018.

- 5.12. In anticipation of this budget reduction, and to mitigate the risk of budget overspend, the HSCP has been planning a redesigned delivery model. This will be achieved by deleting vacant posts which are no longer funded and a reduction in staff working hours (at employees' request). In light of this planned reduction in resources, the HSCP will work with Children's Services to carry out a risk based review of the current Service Specification to ensure ongoing effective management of demands on the service.

## **6. Workstream 3: Statutory Requirements, National Policy and Compliance**

- 6.1. There are a number of legislative requirements, external changes and national policies which the HSCP must also address over 2018/19 to ensure statutory compliance, good governance and to protect our service users and workforce:

- 6.1.1. Acting upon any actions and recommendations coming out of the recent HSCP Adult Services Inspection. The Care Inspectorate and Health Improvement Scotland (HIS) are expected to publish their findings report in April 2018;
- 6.1.2. Implementation of the provisions in the Carers Act, which are designed to support carers' health and wellbeing, which largely comes into force on April 1 2018;
- 6.1.3. Compliance with the new Duty of Candour regulations which will commence from 1 April 2018. The duty will create a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received;
- 6.1.4. Local oversight of the implementation of the new GP Contract and supporting service redesign. This work will progress as part of a joined up approach with the other 5 HSCPs across the Greater Glasgow and Clyde area;
- 6.1.5. Implementation of the recommendations arising from the HSCP's recent evaluation of the Self Directed Support (SDS) system in Renfrewshire;
- 6.1.6. Local delivery of the 21 commitments set out in Scotland's third national Dementia Strategy which was launched in June 2017, The new strategy is the Scottish Government's most ambitious, with resource and cost implications connected to several of the commitments;

6.1.7. Managing the transition all the HSCP's telecare equipment from analogue to digital by 2025. In Renfrewshire over 3000 service users currently benefit from a range of analogue telecare services which enables them to continue to live safely within their own homes in older age and also people with a range of physical and /or learning disabilities.

## 7. Delivery and Support Model

- 7.1. The Change and Improvement Team is responsible for managing the timely delivery of the Change and Improvement Programme, providing a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP.
- 7.2. The Team work closely with the HSCP's Workforce, People and Change Group to ensure staff and managers are supported through the change process, building greater capability for change, and ensuring staff are appropriately equipped to carry out the requirements of their job roles. This approach is fully shaped by the Organisational Development and Service Improvement Strategy and the Workforce Plan which have both recently been approved by the IJB.

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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** – There are implications for NHS and Council posts. HR and OD work in close liaison with the Change and Improvement Programme.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights** – the proposal contained in this report 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** – the report highlights a range of risks associated with the proposals and mitigation treatment where identified.
11. **Privacy Impact** – n/a.

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## List of Background Papers – None.

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**2017/18 Change and Improvement Programme**

**March 2018 Update**

The 2017/18 Change and Improvement Programme is managed in 3 workstreams:

<b>Workstream</b>	<b>Drivers</b>
1. Optimising Integrated Working and shifting the balance of care	Effective use of resources / Demand mitigation / Financial
2. Delivery of the Financial Plan	Financial – to deliver a balanced budget
3. Statutory Requirements, National Policy and Compliance	Compliance

**Workstream 1: Optimising Integrated Working and shifting the balance of care**

<p><b>1.1. Primary Care Programme</b></p> <p>Work is underway to develop a comprehensive Primary Care Work Programme for 2018 - 2021 which will be lead through a dedicated HSCP team. The key aim of this Primary Care Work Programme will be to:</p> <ul style="list-style-type: none"> <li>• Provide leadership and support to promote multi-disciplinary team working;</li> <li>• Develop, support and maintain relationships with independent contractors, GP practice managers/nurses and external agencies to support the continued development of primary care services locally;</li> <li>• Develop a comprehensive clinical governance and service re-design programme across care groups; and</li> </ul>
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- Support the development and implementation of the HSCP Primary Care Improvement Plan, to enable the development of the expert medical generalist role through a reduction in current GP and practice workload.

## 1.2. Localities

Our Heads of Health & Social Care, Chief Nurse and Change & Improvement Officer continue to work closely with our senior nursing staff and other key stakeholders to enable geographical working and to optimise the benefits of integrated multidisciplinary working:

**Vision for Community Nursing:** A programme of work continues to develop the vision for community nursing to provide a sustainable model of safe, effective service within Renfrewshire. This will provide the opportunity to improve responsiveness to workforce pressures within Community Nursing.

**Phlebotomy:** This work will be further developed in alignment with the phased implementation of the new GP Contract.

**Flu Vaccinations:** A successful HSCP Flu Vaccination Programme pilot for housebound vaccinations was delivered for those GP practices that opted in during October 2017, resulting in 1240 Flu vaccines administered. Flu vaccinations will be considered as part of the board wide Vaccination Transformation Programme.

**Diabetic Patients:** The Renfrewshire Integrated Diabetes Interface Group continues to meet. The group have developed a workplan/monitoring plan and key actions and messages are communicated to the wider workforce through targeted meetings and newsletters. The Group audit care in a variety of ways and circulate the results of these audits to staff and practices. Through the work of the Group there has been – reduced the length of time patients have to wait for secondary care return appointments at the diabetic clinic, increased the number of diabetics on statin treatment, increased self care for people with diabetes by promoting My Diabetes My Way, reduced house visits by District Nurses by rationalising patient's insulin regimes and rationalised prescribing of diabetic test strips with considerable cost savings. The Group also run a series of education meetings for GPs and Practice Nurses.

**Continual professional development approaches:** A succession plan is now in place to provide a consistent approach for development within district nursing and also additional development resources are available for wider staff group i.e. University of the West of Scotland (UWS) Service Level Agreement and Staff Bursary Scheme.

**System wide capacity issues across District Nursing:** Our Chief Nurse continues to work with the Chief Finance Officer to identify earmarked reserves, to support District Nursing succession planning and the Scottish Executive Nurse Director's Transforming Roles Agenda.

### **1.3. Care at Home Transformation Programme (Year 2)**

#### **Independent Strategic Service Review within the Care at Home Service**

Content on the Independent Strategic Service Review within the Care at Home Service was subject to an IJB paper on 24th November 2017.

Four workstreams have continued to be developed to improve ways of working, workforce productivity and overall service governance, improving data collection, improving referral process and service user pathways, and assessment and review. A number of improvements have now been embedded and work progresses in relation to future service improvement approach.

#### **Electronic Scheduling and Monitoring System**

Our Care at Home Service is working to procure and implement a Scheduling and Monitoring system by 2018. Scheduling and Monitoring systems are already commonplace in most Scottish HSCPs, automating and improving how staff are scheduled to attend care visits and monitoring external providers' performance. This system will provide real time service information which will enable our Care at Home Service to be more resourceful in how they deploy front line workers and also to provide a more responsive service for the people they care for.

The Specification to Tender for the Scheduling and Monitoring system closed at the end of November 2017 when Renfrewshire HSCP reviewed and evaluated the tenders submitted from potential suppliers. The evaluation process is allowing the HSCP to identify a preferred tenderer which when finalised, will be subject to approval by Renfrewshire Council's Finance, Resources and Customer Services Policy Board on 28th March 2018. On approval, the HSCP will then begin the process to formally award the contract in April 2018 and begin the initiation stage to implement the chosen solution.

A further update on the Care at Home review will be subject to a separate IJB paper in June 2018.

## **1.4. Mental Health**

### ***5 year Strategy***

The NHSGGC system wide 5 year Mental Health Strategy was subject to an IJB paper on 26<sup>th</sup> January 2018.

One of the key aims of Health and Social Care Integration is to provide joined-up quality health and social care services in order to better support the needs of patients, services users and carers to achieve positive and sustainable outcomes. The 5 year Mental Health Strategy is an ongoing review process which has been examining evidence and data relating to our current service models and reviewing options for consideration for future service provision. It is proposed that the unscheduled care should be standardised across the Board to provide a consistent model of service provision with equality of access. It will consider Bed remodelling, Liaison Services, Crisis Services and Out of Hours Service.

### ***Local Mental Health Change Activity***

See Section 5 of the main report which sets out the local work underway to proactively manage Special Observations and create a recurring budget for this spend.

## **1.5. Addictions Review**

The whole systems review of Renfrewshire HSCP addiction provision commenced on the 8/1/18 under the direction of a lead independent reviewer. A multi-disciplinary review board has been established with membership including service management representation across all professions, stakeholders including GP, Third Sector, C/F, Criminal Justice, Health Improvement and Service User lived experience, the board also includes the Professional Lead Nurse for addictions and Social Work Professional Lead, HR and Staff side. The board meets on a 2 weekly cycle and is tasked with reviewing the work plan.

To date the review has been gathering information and consulting widely, a series of consultation events will have concluded by 6th March this includes staff, stakeholders and service user lived experience events at Paisley Town Hall. The review has also established links with the Inverclyde HSCP Addictions review to agree a joint process especially around medical resource as this is shared across both locations. Positive early themes are beginning to emerge and these have been shared with ADP, HSCP SMT and COG. It is anticipated that an initial first draft report will be presented to an extraordinary meeting of the ADP on the 5th April, with the final report present to ADP and senior management on the 26th April 2018.

### 1.6. Unscheduled Care (Acute)

We continue to progress our joint Unscheduled Care action plan with colleagues in the RAH, and report this through the Clyde Delivery Group as part of NHSGGC's Unscheduled Care Programme. It is intended that this work will demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.

The HSCP has recently submitted trajectories for the 6 indicators being measured by the Ministerial Strategic Group (MSG). These show Renfrewshire maintaining our delayed discharge levels, our balance of care and the proportion of people supported to receive end of life care in a community setting. We expect to reduce our number of unplanned admissions and unplanned bed days by 4% over the 2015/16 baseline, and to bring back our A and E attendances to the 2015/16 level.

In the last month, we have developed the GP and health professional part of our website which summarises the alternatives available to hospital admission – both in hospital and in the community.

### Workstream 2 Delivery of the Financial Plan

Budget proposals:

<b>Proposal Type</b>	<b>Description</b>	<b>PAG Risk Assessment **</b>	<b>2018/19 Saving</b>
Budget realignment for IJB approval	Provision of Mental Health employability service as a community model to enable the HSCP to create transferred to create a recurring budget to fund Mental Health Special Observations.	GREEN	£326,000
Budget Realignment for IJB approval	Reinvestment Acute Integration Care Fund allocation to create a recurring budget to fund Mental Health Special Observations.	GREEN	£216,700
Budget reduction to note	Reduced Council funding for Speech and Language Therapy Services.	GREEN	£100,000
<b>TOTAL</b>			<b>£642,700</b>

\*\* Professional Advisory Group independently assess each proposal from a clinical and care governance perspective, taking into account mitigation action that will be taken by each Service to address any risks identified.

RISK RAG:

RED - HIGH

AMBER – MODERATE

GREEN - LOW

### **Workstream 3: Statutory Requirements, National Policy and Compliance**

#### **3.1. Implementation of the Carers Act**

The implementation of the provisions in the Carers Act, which are designed to support carers' health and wellbeing, will largely come into force on April 1 2018. This legislation builds on the aims and objectives set out in the National Carers and Young Carers Strategy 2010-2015.

The HSCP is on track to have requirements in place for the commencement of the Act, in line with the Scottish Government timelines. The Scottish Government has drafted statutory guidance to support the implementation of the Act, however this will not be finalised until March, 2018.

A detailed update on the significant preparatory work under way across Renfrewshire in order to achieve 'readiness' in time for commencement of the Carers Act in April 2018 is the subject of a separate paper to this meeting.

#### **3.2. Joint Inspection of Adult Services**

The Joint Inspection of Adult Health and Social Care in Renfrewshire took place between October and December 2017.

On 9 February 2018, the draft inspection report 'Effectiveness of Strategic Planning in the Renfrewshire Area', was issued to the Chief Officer of Renfrewshire HSCP, the Chief Social Work Officer and the Chief Executives of Renfrewshire Council and NHS Greater Glasgow

and Clyde and is for limited circulation at this time. At this stage the grading cannot be confirmed however the HSCP has viewed the draft report's findings positively with recognised potential areas for improvement.

The HSCP is currently undertaking a factual accuracy assessment of the draft report and provide feedback to the Inspection Team. It is envisaged that the final report will be published by the Care Inspectorate in April 2018. A copy of the report and the HSCP's improvement plan will be brought to a future IJB meeting.

### **3.3. Dementia Strategy**

The National Dementia Strategy for Scotland 2017-2020 was published in June 2017. This three year strategy builds on the work of the two previous strategies, which were published in 2010 and 2013. The strategy sets out 21 commitments to improve care for people with a diagnosis of dementia and their carers. Each commitment has national and/or local actions, which are required to be completed within the three year timeframe.

The Renfrewshire Dementia Strategy Group has responsibility for ensuring the local actions are progressing against the agreed timescales. The strategy Group is a multi-agency group with representatives from Renfrewshire HSCP, independent sector organisations and third sector organisations such as Renfrewshire Carers Centre and Alzheimer Scotland. The group meet bi-monthly to discuss Renfrewshire's progress against the commitments and report their findings to the Mental Health, Addictions and Learning Disabilities Governance Group and the Senior Management Team. At present Renfrewshire has achieved or continues to achieve all of the local commitments from this and the previous strategies. The local actions required to achieve the national commitments are being considered by the National Implementation Group and the National Advisory Group, with further guidance to follow later in the year.

The current strategy is the most ambitious to date, with commitments relating to health and social care services, GP Practices, care homes, housing, Police and public transport organisations, amongst others. The commitments within the strategy come with greater resource implications than in previous strategies. These will require a degree of service change and extra financial resource to achieve.

### **3.4. GP Contract**

Content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland was subject to an IJB paper on 26<sup>th</sup> January 2018.

The new GP contract Link: <http://www.gov.scot/Resource/0052/00527530.pdf> was agreed in January 2018, which aims to support the development of the Expert Medical Generalist role for GPs, with a shift over time of workload and responsibilities to enable this. A key

enabler for this is investment in a wider multi-disciplinary team in support of general practice. The new contract offer is supported by a Memorandum of Understanding Link: <http://www.gov.scot/Resource/0052/00527517.pdf> which requires the development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective Multi-Disciplinary Team model at both practice and Cluster level, and that reflects local population health care needs.

As agreed by the IJB on 26<sup>th</sup> January 2018, The Chief Officer will now progress the necessary actions within Renfrewshire to develop the Local Primary Care Improvement Plan and will present this to the IJB in June 2018 for approval. As outlined in 1.1, this will progressed as part of the Renfrewshire Primary Care Programme.

### **3.5. Duty of Candour**

The new duty of candour regulations will commence from 1<sup>st</sup> April 2018. The duty will create a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received. The principles of disclosure of the adverse event include: Open & timely communication, Acknowledgement of harm, Apology/expression of regret and Supporting the needs & expectations of patients/family.

The Scottish Government published supporting regulations on 13th February 2018. An NHSGGC Short Life Working Group has developed a Policy and Procedure (Duty of Candour Compliance) which has been circulated for consultation, and comment will be considered on 5th March 18. It is proposed that this policy will be shared and amended locally for other non-Health services such as social care. An e-learning resource is also being developed by NES (NHS Education for Scotland). Locally there has been presentation to the Senior Management Team, Adult Protection Committee and Service Managers regarding the draft policy and expectations.

### **3.6. Telecare: Analogue to Digital**

OFCOM has advised that by 2025 all UK analogue telephone services in the UK will be switched off and replaced by digital connections. This means the current analogue telecare equipment, such as alarm units with linked telecare sensors, will also need to be upgraded to digital technology. Vulnerable people rely on this telecare equipment to activate a call to an alarm receiving centre, who then summon assistance from a local responder team or instigate an emergency service response. In Renfrewshire over 3000 service users currently benefit from a range of analogue telecare services which enables them to continue to live safely within their own homes in older age and also people with a range of physical and /or learning disabilities. Initial costings provided by one supplier would incur a cost of circa



£750,000, based on a 5-year projection, for the replacement of the current kit. Further work is being undertaken in conjunction with the Council's ICT Service to consider different costing / delivery models available and these will be shared with the HSCP senior Management Team and Council's Director of Finance.

To date, there has been no suggestion that national funding will be available to assist HSCPs. This may mean the HSCP will need to approach the Council for capital funding in order to take this forward. Renfrewshire HSCP are also represented on the national Specification, Standards and Processes Group which is in its infancy and looking at establishing standards around the new Digital Telecare we will require to use. This will inform local planning and governance arrangements to ensure appropriate preparations and funding are in place to enable this transition.

### **3.7. Self Directed Support (SDS) Evaluation**

The HSCP recently undertook a Self Evaluation of SDS in Renfrewshire, involving a wide range of stakeholder representatives. Its aims were to:

- measure progress in embedding SDS into practice;
- seek indications of the impact of SDS on stakeholders;
- mark Renfrewshire's progress against the national strategic outcomes; and
- engage stakeholders in identifying areas for improvement and suggestions on future action.

This approach ensures any ideas of improvement will be based on evidence and on stakeholder consultation and engagement.

A draft Findings Report was submitted to the HSCP Senior Management Team (SMT) in January 2018 and a detailed improvement action plan is now being developed in consultation with stakeholders, with a particular focus on:

- a) a review of SDS administrative and financial processes; and
- b) consultation on the proposed developed of an information and communications strategy with stakeholders

An updated report, including a draft improvement action plan with delivery timescales, will be presented to the SMT for approval in March 2018.