

## Notice of Meeting and Agenda

### Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 14 September 2018	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM  
Clerk

### Membership

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

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

### Further Information

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

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at <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 - 16</b>    |
|           | Minute of meeting of the Integration Joint Board (IJB) held on 29 June 2018. |                  |
| <b>2</b>  | <b>Recruitment Process: Head of Health and Social Care (Paisley)</b>         | <b>17 - 18</b>   |
|           | Report by Chief Officer.                                                     |                  |
| <b>3</b>  | <b>Financial Report - 1 April to 31 July 2018</b>                            | <b>19 - 36</b>   |
|           | Report by Chief Finance Officer.                                             |                  |
| <b>4</b>  | <b>Audited Annual Accounts 2017/18</b>                                       | <b>37 - 80</b>   |
|           | Report by Chief Finance Officer.                                             |                  |
| <b>5</b>  | <b>Performance Framework 2018/19</b>                                         | <b>81 - 88</b>   |
|           | Report by Chief Officer.                                                     |                  |
| <b>6</b>  | <b>Change and Improvement Programme Update</b>                               | <b>89 - 96</b>   |
|           | Report by Chief Officer.                                                     |                  |
| <b>7</b>  | <b>GP Contract and Primary Care Improvement Plan</b>                         | <b>97 - 128</b>  |
|           | Report by Chief Officer.                                                     |                  |
| <b>8</b>  | <b>Mental Health Strategy 2017/27 - Action 15 Plan</b>                       | <b>129 - 140</b> |
|           | Report by Chief Officer.                                                     |                  |
| <b>9</b>  | <b>Non-financial Governance Update</b>                                       | <b>141 - 152</b> |
|           | Report by Chief Officer.                                                     |                  |
| <b>10</b> | <b>Moving Forward Together - NHSGGC Transformation Strategy</b>              | <b>153 - 156</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 23 November 2018 in the Abercorn Conference Centre, Renfrew Road, Paisley.





## Minute of Meeting

### Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 29 June 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, Dorothy McErlean and Dr Linda de Caestecker (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Alex Thom (Registered Medical Practitioner (non-GP)); Liz Snodgrass (Council staff member involved in service provision); David Wylie (Health Board staff member involved in service provision); Christine Melville (substitute for Helen McAleer) (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); Graham Capstick (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership); and Dorothy Hawthorn (substitute for Peter Macleod, Chief Social Work Officer (Renfrewshire Council)).

#### Chair

Dr Donny Lyons, Chair, presided.

#### In Attendance

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

#### Also In Attendance

Dr Gordon Forrest and Dr Chris Johnstone.

## **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 2 of the agenda and that part of item 8 of the agenda which dealt with the review of the learning disability services before item 1 of the agenda. This was due to the significant number of service users and carers attending the meeting for those items.

## **Apologies**

Helen McAleer (unpaid carer residing in Renfrewshire) and Peter Macleod (Chief Social Work Officer (Renfrewshire Council)).

## **Declarations of Interest**

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

### **1 Update on Capability Scotland**

Under reference to item 2 of the Minute of the meeting of the IJB held on 23 March 2018 the Chief Officer submitted a report providing an update on the day care services for adults with learning disabilities operated by Capability Scotland, on behalf of the Renfrewshire Health and Social Care Partnership (HSCP), at Whitehaugh, Paisley and West Lane Gardens, Johnstone.

The report intimated that staff from the Renfrewshire Learning Disability Service had worked with all current Capability Scotland service users and parents/carers to undertake individual assessments of their current needs and that these were all now completed. All service users had also been allocated an individual SDS budget. Staff continued to support service users and their carers/families to consider their options in line with SDS legislation and to meet their choice of alternative provision. Two dedicated resource officers continue to support service users during 2018/19.

Links to a range of services would continue to be supported and this would include the HSCP managed Community Networks Service. In early June 2018 an open session was held at the Community Networks Service and information had been made available to service users of West Lane Gardens and Whitehaugh. A follow-up open event for families/carers was being planned to demonstrate the model of the service provided and to facilitate further engagement.

#### **DECIDED:**

(a) That it be noted that Capability Scotland were continuing to operate this service over the course of 2018/19 using the available funding from Renfrewshire Council; and

(b) That the ongoing work to support individual service users and their carers/families in relation to their care requirements be noted.

## **2 Change and Improvement Programme Update**

Under reference to item 4 of the Minute of the meeting of the IJB held on 23 March 2018 the Chief Officer submitted a report providing an update on the HSCP's evolving Change and Improvement Programme and seeking approval to progress a number of service reviews to support the delivery of the IJB's financial and strategic plans.

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. Financial Planning; and 3. Statutory Requirements, National Policy and Compliance. Appendix 1 to the report provided an overview of the supporting projects which were being delivered by workstreams 1 and 3 and progress to date.

It was noted that in 2018/19 the service review work would include the Learning Disability Service; Older People Services; and Charging, Eligibility Criteria and Thresholds. The Chair proposed that at this point in the meeting, the IJB would only consider the service review in relation to the learning disability service. This was agreed.

In terms of standing order 17.2 the Chair intimated that he would allow members of the public to address the IJB and respond to questions from members of the IJB.

Significant discussion took place at the meeting, involving IJB members and carers, regarding the review of the learning disability services in Renfrewshire. It was noted that there was a high level of anxiety and a strength of feeling around this review and that some members of the public indicated that there was a lack of trust in the NHS GG&C and IJB and that the public perception was that this review would lead to the closure of all day centres in Renfrewshire, similar to what had happened in Glasgow. Members of the public felt that Renfrewshire HSCP and the IJB were divorced from the community. Concern was also expressed around the timing of the implementation of the review and the lack of time given to those on the Learning and Disability Group to consider and respond to the draft Terms of Reference for the review.

Some members of the IJB expressed concerns regarding communication with members of the public and those on the Learning and Disability Group and proposed that a development session be arranged for members of the IJB to address indications of a lack of trust in the NHS GG&C, HSCP and IJB and improving communication with relevant parties. This was agreed.

It was noted that the review would be supported by an independent person or organisation over the course of the three to four months review period.

Following this significant discussion, involving contributions from representatives of carers present, it was proposed (i) that the content of report be noted; (ii) that it be agreed that the proposed service review in relation to the learning disability service be progressed; (iii) that the concerns raised at the meeting be taken on board during the review of learning disability services; (iv) that it be noted that the review of the learning disability services would be supported by an independent person or organisation and that this be welcomed; (v) that it be noted that updates would be brought to the IJB to report on progress; and (vi) that an IJB development session would be planned to reflect on how best to ensure effective ongoing communication and engagement with service users. This was agreed.

**DECIDED:**

- (a) That the content of the report be noted;
- (b) That it be agreed that the proposed service review in relation to learning disability services be progressed;
- (c) That the concerns raised at the meeting be taken on board during the review of learning disability services;
- (d) That it be noted that the review of learning disability services would be supported by an independent person or organisation and that this be welcomed;
- (e) That it be noted that updates would be brought to the IJB to report on progress; and
- (f) That an IJB development session would be planned to reflect on how best to ensure ongoing communication and engagement with relevant parties.

**Adjournment**

The meeting adjourned at 10.45 am and reconvened at 10.50 am.

**3 Minute**

The Minute of the meeting of the Integration Joint Board (IJB) held on 27 April 2018 was submitted.

**DECIDED:** That the Minute be approved.

**4 Timetable for Expiry and Renewal of Integration Joint Board Memberships**

Under reference to item 3 of the Minute of the meeting of the IJB held on 23 March 2018 the Clerk submitted a report setting out when the appointment of each of the current members of the IJB expired to enable members to discuss with the bodies they represented their future representation on the IJB.

The schedule to the report detailed the existing members of the IJB and indicated when their current membership of the IJB expired.

**DECIDED:** That the dates for expiry of membership of each of the current IJB members, as set out in the schedule to the report, be noted subject to the expiry date of Morag Brown's membership being changed to 31 March 2019 and that those members whose appointments expired later in 2018 be encouraged to ask the groups they represented to seek expressions of interest for future representatives for those groups on the IJB.

**5 Financial Report 1 April 2017 to 31 March 2018**

The Chief Finance Officer tabled an amended report relative to the revenue budget year-end outturn for the HSCP for the 2017/18 financial year, as detailed in appendices 1 and 2 to the report.



Budget monitoring throughout 2017/18 had shown the IJB projecting a breakeven position subject to the drawdown of reserves to fund any shortfalls and the transfer of specific ring-fenced monies, including Scottish Government funding for health visitors and the Primary Care Improvement Fund, and agreed commitments to earmarked reserves. At the close of 2017/18, as anticipated, the IJB showed an overspend of £2.052 million. The IJB approved the drawdown of reserves throughout 2017/18 to deliver a breakeven position leaving an overall reserves balance of £3.442 million, of which £2.5 million was ringfenced or earmarked for specific commitments in 2018/19. The balance of £930,000 would be carried forward as a general contingency to manage unanticipated budget pressures in future years to support Strategic Plan priorities. Appendix 7 to the report provided a summary of the IJB's reserves at 31 March 2018.

The key pressures were highlighted in sections 4 and 5 of the report and 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 NHS GG&C budget performance for April 2017 to March 2018; Appendix 6 detailed the HSCP hosted budget position as at 31 March 2018; the letter dated 23 May 2018 from the Head of Mental Health and Protection of Rights confirming the 2018/19 funding for Action 15 of the Mental Health Strategy formed Appendix 8 to the report; and the letter dated 23 May 2018 from the Deputy Director and Head of Primary Care confirming the 2018/19 funding for the Primary Care Improvement Fund formed Appendix 9 to the report.

Consistent with the IJB's Reserves Policy the report sought approval of earmarked reserves for drawdown as required in 2018/19 totalling £1.873 million. Details of the earmarked reserves were detailed in section 11.6 and Appendix 7 of the report.

The report provided an update in relation to the Living Wage 2017/18; the Living Wage increase 2018/19 and the National Care Home Contract 2018/19.

**DECIDED:**

- (a) That the year-end financial position be noted; and
- (b) That the proposed transfers to earmarked reserves as detailed in section 11.6 and Appendix 7 to the report be approved.

## **6 Unaudited Annual Accounts 2017/18**

The Chief Finance Officer tabled an amended report relative to the unaudited annual accounts 2017/18 for the IJB which would be submitted for audit by the statutory deadline of 30 June 2018. A copy of the unaudited annual accounts 2017/18 formed the appendix to the report.

The report intimated that the accounts fully complied with International Financial Reporting Standards (IFRS) and that the Auditor was planning to complete the audit process by early September 2018. The Auditor's report on the accounts would be made available to members and submitted to a future meeting of the IJB Audit Committee for consideration.

The report detailed the approval process and timetable in relation to approval of the IJB's annual accounts.

It was proposed (i) that the annual accounts for 2017/18 be approved, subject to audit;

(ii) that it be noted that the Auditor was planning to complete the audit of the accounts by early September 2018 and that their report would be made available to all members and submitted to a future meeting of the IJB Audit Committee for detailed consideration; and (iii) that the annual governance statement be approved for inclusion in the annual accounts.

**DECIDED:**

(a) That the annual accounts for 2017/18 be approved, subject to audit;

(b) That it be noted that the Auditor was planning to complete the audit of the accounts by early September 2018 and that their report would be made available to all members and submitted to a future meeting of the IJB Audit Committee for detailed consideration; and

(c) That the annual governance statement be approved for inclusion in the annual accounts.

## **7 Performance Management End of Year Report 2017/18**

The Chief Officer submitted a report relative to the Performance Management End of Year Report 2017/18.

The report intimated that data was not yet available for all performance measures to March 2018 and that the information detailed in the report was the most up-to-date available.

The performance dashboard which summarised progress against the nine national outcomes formed Appendix 1 to the report; the full scorecard which updated all performance measures formed Appendix 2 to the report; and the health and social care experience survey 2017/18 formed Appendix 3 to the report.

There were 91 performance indicators of which 45 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 27% of performance measures had red status, 15% had amber status and 58% had green status.

In relation to HSCP/AS/ACP/02 (Number of adults with an Anticipatory Care Plan), it was proposed that this data would be amended to increase the number of adults who had an Anticipatory Care Plan since publication of the scorecard and the final Performance Management End of Year Report 2017/18; and in relation to SOA13CHP.04 (Reduction in the rate of alcohol related hospital admissions per 1,00 population), it was proposed that further information be included in the final Performance Management End of Year Report 2017/18 detailing what work had been done in order to meet this target. This was agreed.

In relation to HSCP/CI/HCES/08 (Percentage of carers who feel supported to continue in their caring role) (National Survey), it was highlighted that work required to be done to increase the number of carers who felt supported to continue in their caring role.

Work had begun on the 2017/18 report which would follow a similar format of balancing qualitative information against statistical data and highlighting the importance of patients', service users' and carers' feedback in the development and improvement of

services. The final report would be published on 31 July 2018 and would feature an overview of each service area and measure performance against the nine National health and wellbeing outcomes.

**DECIDED:**

(a) That the Performance Management End of Year Report 2017/18 for Renfrewshire HSCP be approved, subject to the amendments and updates in relation to HSCP/AS/ACP/02 (Number of adults with an Anticipatory Care Plan) and SOA13CHP.04 (Reduction in the rate of alcohol related hospital admissions per 1,00 population); and

(b) That the process to finalise the Renfrewshire HSCP Annual Performance Report 2017/18, which would be published on 31 July 2018 and submitted to the next meeting of the IJB to be held on 14 September 2018, be approved.

## **8 Market Facilitation Plan**

The Chief Officer submitted a report relative to the draft Market Facilitation Plan developed in partnership with stakeholders and the Strategic Planning Group.

The report intimated that the Market Facilitation Plan would be used to shape and influence health and care services for Renfrewshire's population; would direct the Service Improvement Plan; would be regularly reviewed as services were reviewed and patterns of health and care needs changed; and would directly inform financial planning and how resources were allocated to achieve best value.

It was noted that some of the paragraph references detailed in the appendices would require to be amended.

**DECIDED:**

(a) That the progress made in developing a Market Facilitation Plan be noted and that the draft Market Facilitation Plan, as appended to the report, be amended where required and approved; and

(b) That it be agreed that further engagement be carried out over the summer months to inform a final plan in September 2018.

## **9 Change and Improvement Programme**

Under reference to item 2 of this Minute consideration of the Chief Office's report was resumed. The Chair intimated that at this point in the meeting, the IJB would be considering the proposed service reviews in relation to older people services and charging, eligibility criteria and thresholds. It was also proposed that the terms of reference for the service reviews be remitted to the planning groups. This was agreed.

**DECIDED:**

(a) That it be agreed that the service reviews in relation to older people services and charging, eligibility criteria and thresholds be progressed;

(b) That it be noted that updates would be brought to the IJB to report on progress; and

(c) That the terms of reference for the service reviews be remitted to the planning groups.

## **10 GP Contract and Primary Care Improvement Plan**

Under reference to item 7 of the Minute of the meeting of the IJB held on 26 January 2018 the Chief Officer submitted a report relative to the draft HSCP Primary Care Improvement Plan (PCIP), a copy of which was appended to the report.

The report intimated that the HSCP was required to develop a PCIP in partnership with GPs and other key stakeholders including NHS Boards to document and establish how the key priorities within the Memorandum of Understanding were to be embedded into primary care. The PCIP required to be approved by the GP Sub-committee of the Local Medical Committee by the end of July 2018.

Over the next three years, every practice within NHSGG&C should be supported by expanded teams of HSCP and NHS Board employed health professionals, to create a skilled multidisciplinary team surrounding Primary Care and support the role of GPs as expert medical generalists.

An overarching NHSGG&C Primary Care Board and the local Renfrewshire Primary Care Transformation Group would ensure delivery of contractual changes in line with the new GMS contract agreement and provide direction and oversight for the development of the PCIP in line with the Memorandum of Understanding.

Following a presentation led by Dr Gordon Forrest and Dr Stuart Sutton it was proposed (i) that the progress towards delivery to date be noted and that it be noted that ongoing communication and engagement would guide further iterations of the local PCIP; (ii) that it be agreed that the Chief Officer and Clinical Director work to agree this PCIP with the local GP Committee representative; (iii) that regular updates on progress with implementation of the PCIP be provided to the IJB; and (iv) that it be noted that the PCIP would be submitted to the next meeting of the IJB to be held on 14 September 2018 for approval.

### **DECIDED:**

(a) That the progress towards delivery to date be noted and that it be noted that ongoing communication and engagement would guide further iterations of the local PCIP;

(b) That it be agreed that the Chief Officer and Clinical Director work to agree this PCIP with the local GP Committee representative;

(c) That regular updates on progress with implementation of the PCIP be provided to the IJB; and

(d) That it be noted that the PCIP would be submitted to the next meeting of the IJB to be held on 14 September 2018 for approval.

## **11 Workforce, Organisational Development and Service Improvement Implementation Plan Update**

The Chief Officer submitted a report relative to progress made in implementing the HSCP Workforce, Organisational Development and Service Improvement

Implementation Plan.

The report outlined activities undertaken in 2017/18 in implementing the 2016/19 Organisational Development and Service Improvement Strategy and the 2017/19 Workforce Plan and provided evidence and information to demonstrate the delivery of the key objectives. The report also detailed key achievements and key challenges.

**DECIDED:** That the progress made in 2017/18 to deliver the HSCP Workforce, Organisational Development and Service Improvement Plan be noted.

## **12 Quality, Care and Professional Governance Annual Report 2017/18**

The Chief Officer submitted a report relative to the Quality, Care and Professional Governance Annual Report 2017/18, a copy of which formed Appendix 1 to the report.

The report intimated that the annual report provided a variety of evidence to demonstrate continued delivery of the care components within the HSCP Quality, Care and Professional Governance Framework and Clinical and Care Governance principles specified by the Scottish Government.

A review of HSCP governance arrangement had been undertaken and it was proposed that a new HSCP Quality, Care and Professional Governance – Operational Procedures and Guidelines Group be introduced and that the work of the Professional Executive Group be incorporated into the HSCP Localities Clinical and Care and Mental Health, Addictions and Learning Disability Services Governance Groups. A copy of the proposed new HSCP Quality, Care and Professional Governance structure formed Appendix 2 to the report.

### **DECIDED:**

(a) That the Quality, Care and Professional Governance Annual Report 2017/18, as detailed in Appendix 1 to the report, be noted;

(b) That the proposed new HSCP Quality, Care and Professional Governance Structure, as detailed in Appendix 2 to the report, be approved; and

(c) That it be noted that future annual reports would be produced in line with NHSGG&C's reporting cycle of April to March.

## **13 Inspection of Adult Health and Social Work Services in Renfrewshire**

Under reference to item 14 of the Minute of the meeting of the IJB held on 15 September 2017 the Chief Officer submitted a report relative to the joint inspection of adult health and social work services in Renfrewshire, undertaken by the Care Inspectorate and Healthcare Improvement Scotland in October to December 2017.

The report intimated that the aim of the inspection was to ensure that the relatively newly formed integration authority had the necessary building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way.

The Care Inspectorate and Healthcare Improvement Scotland published their report detailing their findings from the inspection entitled 'Joint Inspection (Adults) the Effectiveness of Strategic Planning in Renfrewshire on 18 April 2018. This report

highlighted that the HSCP were making significant progress on improving residents' health and social services; concurred with the self-assessment that quality indicators 1 and 6 were level 4 – good; and that very positive comments on quality indicator 9 had been provided. In advance of the inspection, the HSCP had been advised that quality indicator 9 would not be given a formal grade.

The inspection report was positive and highlighted key successes which were detailed in section 3.5 and identified areas for improvement which were detailed in section 3.6 of the report. The inspectors feedback highlighted that the HSCP had built a strong foundation to work from in taking forward improvement actions. The Inspection Improvement Plan, which was appended to the report, would support the HSCP to address the areas for improvement identified.

Following approval of the Inspection Improvement Plan, the actions would be taken forward and an update would be provided as part of the Annual Performance Report 2018/19. The inspection report would also be considered by the Public Protection Chief Officers Group, the NHS Board's Clinical and Care Governance Committee and the HSCP's Staff Partnership Forum and more specific or detailed recommendations from these groups would support the improvement programme.

**DECIDED:**

- (a) That the publication of the inspection report be noted;
- (b) That the work of the staff throughout the HSCP in delivering the positive leadership and performance, reflected in the inspection report, be acknowledged; and
- (c) That the Inspection Improvement Plan, as appended to the report, be agreed.

## **14 Integrated Children's Services Partnership Plan 2018/21**

The Chief Officer submitted a report relative to the Integrated Children's Services Partnership Plan 2018/21.

The report intimated that Part 3 of the Children and Young People (Scotland) Act placed a joint duty on local authorities and health boards to produce three-yearly children's services plans.

The report advised that a new three-year Children's Services Partnership Plan for 2018/21 had now been produced in collaboration with children and young people, Council colleagues, statutory partners and third sector organisations. Taking into account feedback from children and young people, the HSCP had created a 'Plan on a Page' which conveyed all of the essential information required of a plan in a manner which was accessible to children and young people.

The Plan on a Page was underpinned by detailed action plans which set out how partners would deliver the Plan and how progress would be monitored. Finalisation of the action plans would take place once the new inspection framework had been published.

Discussion took place concerning CAMHS; the service provided by school counsellors which ceased during school holidays; bullying; and mental health services and pathways which children could access. It was proposed that a future development

session be arranged for members of the IJB on these matters. This was agreed.

**DECIDED:**

(a) That the Children's Services Partnership 'Plan on a Page' including the interactive multi-media resources be approved;

(b) That the ongoing development of detailed action plans to support delivery of the priorities detailed in the Plan be noted. The actions plans would be finalised when the new inspection framework and requirements of the new national minimum dataset were confirmed by the Scottish Government, which was anticipated early in the summer 2018; and

(c) That a future development session be arranged for members of the IJB around mental health services and pathways for children.

## **15 Date of Next Meeting**

**DECIDED:** That it be noted that the next meeting of the IJB would be held at 10.00 am on 14 September 2018 in the Abercorn Conference Centre, Renfrew Road, Paisley.

## **16 Additional Item - Chairman's Update**

The Chair intimated that once the items on the agenda had been considered he wished to provide an update on his activities as Chair.

The Chair advised of the visits he had undertaken since the last meeting of the IJB including the addictions service, Renfrew Health and Social Care Centre, Family Nurse Partnership, Johnstone Town Hall – Addictions Service, the Carers Centre AGM, and Renfrew Care Home Day Centre.

**DECIDED:** That the Chair's update be noted.








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**To: Renfrewshire Integration Joint Board**

**On: 14 September 2018**

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**Report by: Chief Officer**

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**Heading: Recruitment Process: Head of Health and Social Care (Paisley)**

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## **1. Summary**

- 1.1. Following the recent resignation of the Head of Health and Social Care (Paisley), which will take effect from 30 September 2018, steps have been taken to put in place an interim acting up arrangement, pending the full recruitment process to the post on a permanent basis.
  - 1.2. The interim acting up arrangement was offered to qualified social work candidates within Renfrewshire Council and Peter McCulloch was successfully appointed on an interim basis from 3 September 2018, pending the full recruitment process to the post.
  - 1.3. It is now proposed to commence the full recruitment process for the Head of Health and Social Care (Paisley), this process will be in line with the principles of the organisational change arrangements applicable to the parent organisations.
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## **2. Recommendation**

- 2.1. It is recommended that the IJB:
    - Note the content of this report as outlined above; and
    - Approve that the Chief Officer takes forward the recruitment process to recruit to the role on a substantive basis.
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## **Implications of the Report**

1. **Financial** – the costs for this post will be funded from existing resources.
2. **HR & Organisational Development** – the recruitment and HR processes will be within the principles of the organisational change and recruitment policies in place within NHS Greater Glasgow & Clyde and Renfrewshire Council.
3. **Community Planning** – Nil.
4. **Legal** – Nil.
5. **Property/Assets** – Nil.
6. **Information Technology** – Nil.

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** – Nil.
9. **Procurement** – Nil.
10. **Risk** – Nil.
11. **Privacy Impact** – Nil.

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**List of Background Papers** – None.

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**Author:** David Leese, Chief Officer

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**To: Renfrewshire Integration Joint Board**

**On: 14 September 2018**

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**Report by: Chief Finance Officer**

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**Heading: Financial Report 1st April 2018 to 31st July 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 31 July 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 31 July 2018;
  - Note the projected year-end position for 2018/19;
  - Delegate responsibility for the Chief Finance Officer to carry out in-year non-recurring budget virements as required (detailed in para 4.3);
  - Note the Scottish Government's Medium Term Financial Strategy and the potential implications of a reduction in grant funding to Renfrewshire Council in future year financial settlements and the implications this may have on the resources available for the Adult Social Care budget; and
  - In this context and to support structured financial and strategic service planning arrangements to be progressed over the coming weeks and months, note the indicative uplift in resources for the delegated Adult Social Care Budget for 2019/20 onwards.
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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 a breakeven.

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

- 3.2. The key pressures are highlighted in section 4 and 5.
- 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 3 and 4 provide a

reconciliation of the main budget adjustments applied this current financial year.

#### 4. **Social Work – Adult Services**

**Year to Date: Breakeven**

**Year End Outturn: Breakeven**

4.1. The current and projected breakeven position reflects the flexible use of the additional resources made available by the Council on a recurring basis to support the financial sustainability of services.

4.2. As detailed in Appendix 2 and 3, the current and projected breakeven position reflects:

- The drawdown of earmarked reserves in order 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 the service to temporarily fund areas of overspend
- 'Anticipated notional' draw down of recurring additional resources made available by the council (the level of resource to be drawn down will be monitored on a 4 weekly basis).

<b>Total Additional Recurring Resources Available</b>	<b>£2.551m</b>
Anticipated notional' drawn down at 20 <sup>th</sup> July 2018	£1.975m
Remaining Recurring Resource Available	£0.576m

If required, non-recurring monies, from the reserves built up over the past 2 years will be drawn down.

4.3. The main broad themes of the current and projected outturn position include:

- An underspend in employee costs reflecting vacancies throughout all areas of the service;
- Above temporary underspends used to fund additional costs in relation to: Living Wage and National Care Home increases, and, pressures within the homecare budget;
- The intention of using the current in-year and projected underspends via non-recurring budget virements (subject to the approval of the IJB) is to maximise the flexibility of the resources available.

#### 5. **Renfrewshire Health Services**

**Year to Date: Breakeven**

**Year End Outturn: Breakeven**

5.1. The overall net position at 31 July 2018 is a breakeven position, with an anticipated year-end outturn of breakeven, assuming that the current trajectory of spend continues throughout this financial year.

5.2. As detailed in Appendix 3 and 4, the current and projected breakeven position has been achieved from the planned draw down of reserves (as approved by the IJB at its meeting of 29 June 2018) to fund any non-recurring costs in

relation to delays in the delivery of approved savings. The amount of reserves required in order to deliver a breakeven position will be closely monitored throughout the course of this year.

5.3. Members should note that the current and projected position do not include the potential additional resources in relation to the impact of:

- A proportionate share of the “consequential” funding from the UK Government for Agenda for Change employees, which is expected to flow through to Scottish Health Boards by the Autumn (the costs in relation to the pay uplifts are reflected in the current and projected positions); and
- The increase in Alcohol and Drug Partnership (ADP) funding for 2018/19 will be used on a recurring basis to replace the previous reduction in ADP funding by the Scottish Government in 2016/17.

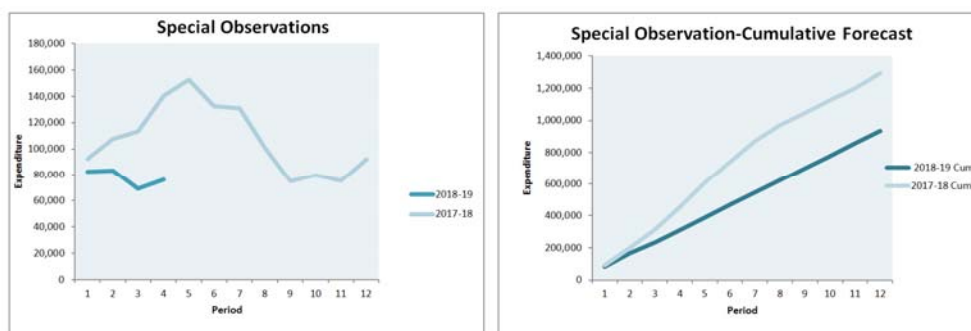
The above have not yet been included in the current and projected position as the Scottish Government have not yet issued confirmation of these funding streams. As soon as confirmation is received, the projections for 2018/19 will be amended accordingly. Members are asked to note that if the funding is as anticipated, this should mean the projected year end position would move into an underspend, dependent on the trajectory of spend for the remainder of this year.

5.4. The main broad themes of the current and projected outturn position are:

- An underspend (£96k current; projected £287k) in Adult Community Services due to turnover across the Rehabilitation and District Nursing services, and savings in relation to the vacant Head of Service post for West Renfrewshire which has now been filled;
- Underspends within Children’s Services (£47k current; projected £140k) reflecting vacancies within School Nursing and Health Visiting; and
- An overspend in Mental Health Services (£138k current; projected £415k) reflects the outstanding funding regarding the “consequential” funding from the UK Government for Agenda for Change to fund the increased costs in relation to the agreed 3% pay award.

5.5. As at 31st July 2018 the expenditure on enhanced observations is projected to be £940k. 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.

5.6. The graphs below show that the spend for month 1-4 of 2018/19 is £142.3k lower than the same period in 2017/18 and a projected year end reduction of £359k .



## **6. Prescribing**

- 6.1. 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.
- 6.2. As the data for the first quarter of this financial year is not yet available, at present it is prudent to project a breakeven outturn for 2018/19. Current data is encouraging; however, this position may change depending on the success of the prescribing efficiencies programme and the potential impact of any drugs which go on short supply.
- 6.3. Working with the lead pharmacist for NHSGGC, HSCPs have committed to an ambitious efficiency target of £11.1m for 2018/19. This will be achieved through a number of initiatives including: programmes aimed at reducing waste and the promotion of efficient prescribing.

## **7. Set Aside Budget**

- 7.1. 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.
- 7.2. 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. This figure is based on the most recent ISD data supplied for 2016/17 reconciled to the 2016/17 Cost Book with a 1% uplift to 2016/17 to produce costs for 2017/18, and, a further 1% uplift to produce costs for 2018/19. For Renfrewshire the notional set aside budget for 2018/19 is £29.964m.

## **8. Other Delegated Services**

- 8.1. Following a review undertaken in conjunction with council officers, it was identified that the gardening assistance scheme is provided under the Housing (Scotland) Act 1987 and not the Local Government and Planning (Scotland) Act 1982. The 1987 Act is not one of the pieces of legislation listed as being delegated by the Council to the IJB which means that it remains the responsibility of the Council and should not be part of the financial reporting to the IJB, this means that we will no longer be including this service in our financial reports.

Description	Full Year Budget	Phased Budget	Actual	Year to Date Variance	Projected Outturn	Variance
Housing Adaptations	£756k	£227k	£187k	£40k	£756k	£0k
Women's Aid	£87k	£22k	£10k	£12k	£87k	£0k
Grant Funding for Women's Aid	£0k	(£38k)	(£103k)	£65k	£0k	£0k
<b>Total</b>	<b>£843k</b>	<b>£211k</b>	<b>£94k</b>	<b>£117k</b>	<b>£843k</b>	<b>£0k</b>

- 8.2 The table above shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB. The summary position for the period to 20 July 2018 is an underspend of £117k, this reflects carry forward of Big Lottery Grant monies in relation to the Renfrewshire Reconnection Project, the projected outturn is however a breakeven.

## **9. Reserves**

- 9.1. As detailed in Appendix 6 the opening reserves position for 2018/19 was £3.442m. This figure comprises £930k of general reserves and £2.512m of earmarked reserves.
- 9.2. 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 sections 4 and 5 of this report, based on current projections for 2018/19 a total of £552k 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 and the outcome of the proportionate share of the "consequential" funding from the UK Government for Agenda for Change employees.
- 9.3. The table in Appendix 6 provides further details on the remaining balances held in the IJB reserves.

## **10. Financial Planning 2019/20 and Beyond**

### **Scottish Government Fiscal Outlook**

- 10.1. The Scottish Government published a medium term financial strategy (MTFS) on 31 May 2018. A copy of this is available via this link: <https://www.gov.scot/Resource/0053/00535972.pdf>. The Strategy outlines key priorities for the Scottish Government, with potential scenarios for funding these and those areas of public services which are likely to face further reductions in funding over the period of the strategy, this includes local government.
- 10.2. Members should note the implications for Renfrewshire Council in terms of potential further reductions in grant funding, and the high risk that this may have on the ability of the Council to assist with additional resources to fund Adult Social care pressures in future years.
- 10.3. The Scottish Government in line with key recommendations from the Scottish Parliament Budget Process Review Group (BPRG) has introduced a new approach to their budget setting which will now include the annual publication of a MTFS. The MTFS is intended to set out the expectations and broad financial plans for utilising the devolved financial powers of the Scottish Government. It will also include scenario plans based on economic forecasts and financial information in order to assess their potential impact on the budget, and, high level projections for at least 5 years ahead.



- 10.4. The first MTFS was published at the end of May, along with the latest economic and fiscal forecasts of the Scottish Fiscal Commission (SFC). The next step in the new budget process will be the publication, in September, of the first annual Fiscal Framework Outturn Report.

### **Medium Term Financial Strategy Priorities**

- 10.5. It is clear from the MTFS that the Scottish Government has assumed that spending on these priorities is unlikely to change over the period of this MTFS and the remaining funding will be required to support spending on non-priority areas – the greatest element of which is Local Government. The overall Resource Budget allocated to the six priority commitments increases from 56% in 2019-20 to 64% in 2022-23. Therefore, as the six priority areas will be taking up an increasingly greater share of the overall Resource Budget the other areas of the budget will inevitably reduce as the likely growth of the overall budget in cash terms is anticipated to be limited.
- 10.6. The MTFS report notes that: “It is, however, clear that even under the most optimistic scenario, if no reprioritisation or reform were agreed and no additional revenues generated, then efficiency savings of 5 per cent per year could be required. While future efficiency targets (rightly) will be challenging, the decisions we take will ensure they are manageable.”
- 10.7. At present it is not clear which spending areas will need to fund these anticipated efficiency targets. However, it is more than likely that the local government budget will face significant reductions, potentially as high as 5% per annum which would create significant funding challenges for Renfrewshire Council and consequently their ability to resource increasing pressures on the Adult Social Care budget will be limited.
- 10.8. COSLA is currently working with the Scottish Government to establish greater clarity on what the MTFS may mean for local government funding in future years. It is anticipated that the Director of Finance and Resources for Renfrewshire Council will update the Council’s medium term financial outlook during September, which will provide critical financial context for the future sustainability of year on year uplifts in cash terms to the delegated adult social care budget for 2019/20 onwards.

### **Scottish Fiscal Commission (SFC)**

- 10.9. In April 2017 the Scottish Fiscal Commission became responsible for providing independent economic and fiscal forecasts to the Scottish Government as part of the Scottish Budget process, these forecasts are now incorporated in the MTFS assumptions and scenarios. The SFC’s first independent forecast of the Scottish economy was published in December 2017 where they described the outlook for growth as “subdued”. In their May 2018 forecast their view remained broadly similar with an expectation that this pattern was likely to continue over the next five years.
- 10.10. A copy of the Economic and Fiscal Forecasts (May 2018) is available via this link: <http://www.fiscalcommission.scot/media/1314/scotlands-economic-and-fiscal-forecasts-may-2018-full-report.pdf>

### **Delegated Health and Social Care Budget 2019/20 and Beyond**

- 10.11. The above summary of the Scottish Government’s MTFS is in line with the CFO’s report to the IJB on 23 March 2018 ‘2018/19 Delegated Health and



Social Care Budget' where it was highlighted in Section 3 of this report highlighted that due to the financial outlook of the Scottish Government's budget beyond 2018/19, members should note the risk that as pressures continue to grow in their impact, the ability of the Council to assist with additional resources in future years may not be possible.

10.12. As our financial planning for 2019/20 and beyond progresses, financial sustainability will clearly be a focus for the IJB. With limited resources, difficult choices may have to be made in terms of priorities and service delivery. Early and continual dialogue with our partners will ensure that our Financial Plan is at the forefront of our discussions with our partner organisations.

10.13. In the context of the above, it is proposed that IJB financial planning continues to be framed by the medium-term strategy set out in their 3 Year Financial Plan. The strategy's 5 guiding principles, outlined below, are still pivotal/critical to delivering our Financial Plan. It is therefore recommended these principles continue to underpin all HSCP activity, and evolve, to ensure the IJB is equipped to respond to the current, challenging financial environment and also the likelihood of reduced budget allocations in coming years:

- Prevention and Early Intervention – it proposed that, in line with national priorities, the IJB continues to invest in evidence-based prevention and early intervention work which will support a reduction in service demand over the medium to longer term. Whilst resources are limited, it is recommended that the HSCP continue to identify 'spend to save' opportunities that can be funded by non-recurring, short term monies to support to development of new service models, innovation and create capacity.
- Strategic planning and commissioning – over 2018/19 the IJB will develop, consult and agree its 2<sup>nd</sup> Strategic Plan (2019 – 22). It is critical that our new Plan's reflects both the current and future financial challenge the HSCP faces; setting clear priorities in line with national direction; our statutory requirements and ensuring we continue to deliver core services in a safe and sustainable manner.
- Financial Planning Process – the HSCP has established a structured and robust approach to financial planning to ensure a strategic approach is taken delivering financial balance, such as delivering efficiencies or the redirection of budgets. This process ensures strategic, clinical care and wider stakeholder impacts are evaluated. Given the current budget position, and the anticipated level of savings to be delivered in future years, it is anticipated that more challenging proposals will need to be carefully considered by the IJB, and this process will support decision making.
- Change and Improvement Programme – this Programme ensures the HSCP successfully implement, track and demonstrate all significant change activity across the HSCP. The Programme is currently progressing a number of Service Reviews on behalf of the IJB, which are central to the IJB being able to deliver financial balance in 2018/19. In addition, the Programme is delivering on a number of statutory requirements and supporting a range of improvement works which are introducing more integrated and efficient working models. Whilst going forward there will be a focus on delivering efficiencies, the IJB will be required to continue to deliver on new legislative requirements and ensure current service remain fit for purpose.

- NHSGGC and Partner IJBs system-wide initiatives – the HSCP is currently involved in a range of system wide work including the Unscheduled Care and Mental Health Strategy.

10.14. A system-wide approach continues to offer Renfrewshire HSCP a number of benefits:

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

10.15. In addition to the above, it is important for the long term financial stability of both the IJB and of our parent bodies that sufficient usable funds are held in reserve to mitigate against unanticipated pressures from year to year. Similarly, it is also important that in-year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, either in whole or in part, to allow for the spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes.

#### **Proposed Changes to Delegated Adult Social Care Budget Settlement**

10.16. Since the creation of Renfrewshire IJB, the budget settlement from Renfrewshire Council has largely been driven by the additional resources made available through the financial settlement i.e. the Social Care Fund. For 2016/17 and 2017/18, these resources were initially funded via Health Boards to Local Authorities. In 2018/19, the Scottish Government changed their approach, and as part of the 2018/19 budget settlement for Local Authorities, a notional target was included for Adult Social Care. From 2019/20 it is not clear whether this 'targeted' approach will continue, or whether there will be any specific requirement for Local Authorities to allocate additional funding for Adult Social Care. If the latter is the case, this would suggest that the funding of Adult Social Care and its associated pressures will need to be managed directly between Local Authorities and HSPCs.

10.17. The Scottish Government's recent 5 year financial outlook report, has provided early indications that the future financial outlook for the Council is likely to become increasingly challenging with a significant risk of deeper year on year grant cuts emerging. In this context, and in consultation with the Director of Finance and Resources for Renfrewshire Council, it is proposed that the IJB progress its financial strategy and strategic planning on the basis of a maximum uplift in resources in the range of 1% - 2% in cash terms. Although this is lower than previous years, this is however, significantly in excess of the cash cut anticipated for the Council and in the absence of any targeted funding from the Scottish Government is likely to represent a level that would be financially affordable and sustainable for the Council. This

approach provides the IJB with appropriate financial planning parameters, allowing us to progress our medium term financial strategy and strategic plan within the context of defined financial limits.

10.18. Members should however note that the above would be subject to final confirmation of the Council's financial settlement along with their consideration of the IJB's service planning priorities.

10.19. As highlighted in paragraphs 10.2 and 10.5 above, members should note the high risk that Renfrewshire Council will have limited ability to assist with the resourcing of pressures on the Adult Social Care budget.

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

11.1. As previously reported to the IJB, the new Living Wage rate has been set at £8.75. In line with previous years practice, for 2018/19, a % increase has been applied which includes the impact of on-costs. All contracted providers of care at home services and supported living services have been offered an increase to allow the payment of the new Living Wage rate. To date 6 care at home providers have accepted the increase and we await a response from the remaining 1. For supported living services 8 providers have accepted the increase the remaining 3 providers are currently in negotiations with other LA's and once agreed should be in a position to accept our offer. The 3 Contracted providers of adult residential services within Renfrewshire have an increase of 3.39% in line with the 2018/19 agreed increase for the NCHC. On acceptance of the offers made all Living Wage uplifts will be backdated to 1st May 2018.

11.2. Renfrewshire HSCP continues to review out of area placements. Where placements have been made from Scotland Excel's national framework for Adult Residential all rates currently paid are based on the current Scottish Living Wage. Where placements have been made off contract, host local authority rates are considered if applicable. If there is no host local authority rate available, the providers will be offered a % increase to allow the payment of the new Living Wage from 1st May 2018.

## **National Care Home Contract 2018/19**

11.3. As previously highlighted, the terms of the contract for 2018/19 were negotiated by COSLA and Scotland Excel with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS) who agreed an increase of 3.39%. A Minute of Variation (MOV) was issued to 17 of the 18 providers of care homes for older adults in Renfrewshire (1 provider is currently in the process of assigning to another organisation, once the process is complete the MOV will be issued to the new provider), to date 16 have accepted, we await a response from 1 provider.

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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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**Adult Social Care Revenue Budget Year to Date Position**  
**1st April 2018 to 20th July 2018**

Subjective Heading	Year to Date Budget	Actual to Date	Variance	Earmarked Reserves	In-Year Non-recurring Budget Virement	Draw Down from Recurring Budget Allocation	Revised Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	8,676	8,889	(213)	123	-	90	(0)	0.0%	breakeven
Property Costs	117	115	2	-	-	-	2	1.7%	underspend
Supplies and Services	492	482	10	4	-	-	14	2.8%	underspend
Contractors	18,856	19,411	(555)	-	-	510	(45)	-0.2%	overspend
Transport	206	198	8	-	-	-	8	3.9%	underspend
Administrative Costs	62	62	-	-	-	-	-	0.0%	breakeven
Payments to Other Bodies	838	829	9	-	-	-	9	1.1%	underspend
<b>Gross Expenditure</b>	<b>29,247</b>	<b>29,986</b>	<b>(739)</b>	<b>126</b>	<b>-</b>	<b>600</b>	<b>(13)</b>	<b>0</b>	<b>overspend</b>
<b>Income</b>	<b>(7,268)</b>	<b>(7,281)</b>	<b>13</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13</b>	<b>-0.2%</b>	<b>underspend</b>
<b>NET EXPENDITURE</b>	<b>21,979</b>	<b>22,705</b>	<b>(726)</b>	<b>126</b>	<b>-</b>	<b>600</b>	<b>0</b>	<b>0</b>	<b>breakeven</b>

Client Group	Year to Date Budget	Actual to Date	Variance	Earmarked Reserves	In-Year Non-recurring Budget Virement	Draw Down from Recurring Budget Allocation	Revised Variance		
	£000's	£000's	£000's		£000's	£000's	£000's	%	
Older People	14,464	15,192	(728)	123	-	600	(5)	0.0%	overspend
Physical or Sensory Difficulties	2,343	2,349	(6)	-	-	-	(6)	-0.3%	overspend
Learning Difficulties	4,252	4,318	(66)	4	62	-	(0)	0.0%	breakeven
Mental Health Needs	696	632	64	-	(62)	-	2	0.3%	underspend
Addiction Services	224	214	10	-	-	-	10	4.5%	underspend
<b>NET EXPENDITURE</b>	<b>21,979</b>	<b>22,705</b>	<b>(726)</b>	<b>126</b>	<b>-</b>	<b>600</b>	<b>0</b>	<b>0</b>	<b>breakeven</b>

Position to 20th July is a breakeven

## Appendix 2

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

Subjective Heading	Annual 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 Recurring Budget Allocation £000's	Revised Variance		
							£000's	%	
Employee Costs	28,058	28,757	(699)	399		295	(5)	0.0%	overspend
Property Costs	379	372	7	-			7	1.8%	underspend
Supplies and Services	1,609	1,577	32	12	(44)		-	0.0%	breakeven
Contractors	53,908	55,733	(1,825)	-	144	1,680	(1)	0.0%	overspend
Transport	668	640	28	-	(28)		-	0.0%	breakeven
Administrative Costs	234	235	(1)	-			(1)	-0.4%	overspend
Payments to Other Bodies	2,744	2,713	31	-	(31)		-	0.0%	breakeven
<b>Gross Expenditure</b>	<b>87,600</b>	<b>90,027</b>	<b>(2,427)</b>	<b>411</b>	<b>41</b>	<b>1,975</b>	<b>-</b>	<b>0</b>	<b>breakeven</b>
<b>Income</b>	<b>(23,910)</b>	<b>(23,951)</b>	<b>41</b>	<b>-</b>	<b>(41)</b>	<b>-</b>	<b>-</b>	<b>0.0%</b>	<b>breakeven</b>
<b>NET EXPENDITURE</b>	<b>63,690</b>	<b>66,076</b>	<b>(2,386)</b>	<b>411</b>	<b>-</b>	<b>1,975</b>	<b>-</b>	<b>0</b>	<b>breakeven</b>

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	Earmarked Reserves	In-Year Non-recurring Budget Virement £000's	Draw Down from Recurring Budget Allocation £000's	Revised Variance		
							£000's	%	
Older People	41,586	43,981	(2,395)	399	26	1,975	5	0.0%	underspend
Physical or Sensory Difficulties	6,691	6,710	(19)	-	19		-	0.0%	breakeven
Learning Difficulties	12,475	12,691	(216)	12	199		(5)	0.0%	overspend
Mental Health Needs	2,260	2,050	210	-	(210)		-	0.0%	breakeven
Addiction Services	678	644	34	-	(34)		-	0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>63,690</b>	<b>66,076</b>	<b>(2,386)</b>	<b>411</b>	<b>-</b>	<b>1,975</b>	<b>-</b>	<b>(0)</b>	<b>breakeven</b>

Projected Year End Budget Position is a breakeven



## Appendix 3

### Health Services Revenue Budget Year to Date Position 1st April 2018 to 31st July 2018

Subjective Heading	Year to Date Budget	Adjustment to Budget	Revised Year to Date Budget	Year to Date Actuals	Year to Date Variance	Drawdown from Reserves	Revised Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	14,662	(391)	14,271	14,309	(39)	110	71	0.5%	breakeven
Property Costs	3		3	10	(7)	-	(7)	-233.3%	overspend
Supplies and Services	1,735	391	2,126	2,207	(81)	31	(50)	-2.9%	underspend
Purchase Of Healthcare	822		822	834	(12)		(12)	-1.5%	breakeven
Resource Transfer	-		-	-	-	-	-	0.0%	breakeven
Family Health Services	26,998		26,998	27,000	(2)	-	(2)	0.0%	overspend
Set Aside	9,988		9,988	9,988	-	-	-	0.0%	breakeven
Gross Expenditure	54,208	-	54,208	54,349	(141)		(0)	0.0%	breakeven
Income	(1,239)		(1,239)	(1,240)	1	-		0.0%	breakeven
<b>NET EXPENDITURE</b>	<b>52,968</b>	<b>-</b>	<b>52,968</b>	<b>53,109</b>	<b>(141)</b>	<b>141</b>	<b>(0)</b>	<b>0.00%</b>	

Care Group	Year to Date Budget	Adjustment to Budget	Revised Year to Date Budget	Year to Date Actuals	Year to Date Variance	Drawdown from Reserves	Revised Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	758	(16)	742	757	(14)	-	(14)	-1.9%	Overspend
Adult Community Services	2,895	(49)	2,847	2,751	96	-	96	3.3%	underspend
Children's Services	1,725	(52)	1,673	1,627	47	-	47	2.7%	underspend
Learning Disabilities	354	(9)	345	362	(16)		(16)	-4.6%	Overspend
Mental Health	6,126	(144)	5,982	6,230	(248)	110	(138)	-2.3%	Overspend
Hosted Services	3,337	(81)	3,256	3,277	(20)	-	(20)	-0.6%	Overspend
Prescribing	11,621	-	11,621	11,621	-	-	-	0.0%	Breakeven
Gms	7,123	-	7,123	7,123	-	-	-	0.0%	Breakeven
Other	7,422	-	7,422	7,422	(0)	-	(0)	0.0%	Breakeven
Planning & Health Improvement	350	(6)	345	343	1	-	1	0.4%	underspend
Administration & Management	961	365	1,325	1,325	1	31	32	3.3%	underspend
Resource Transfer	-	-	-	-	-	-	-	0.0%	Breakeven
Veterans		-	-		-			0.0%	Breakeven
Integrated Care Fund	364	(10)	354	340	14	-	14	3.8%	underspend
Social Care Fund	-	-	-	-	-	-	-	0.0%	Breakeven
Set Aside	9,988	-	9,988	9,988	-	-	-	0.0%	Breakeven
<b>NET EXPENDITURE</b>	<b>53,024</b>	<b>0</b>	<b>53,024</b>	<b>53,166</b>	<b>(141)</b>	<b>141</b>	<b>(0)</b>	<b>0.00%</b>	

Position to 31st July is a breakeven

**note 1** : Adjustments to budget: correction of prescribing budget coded to employee costs in error

**note 2** : Draw down from reserves pending confirmation of o/s SG funding re Agenda for Change and ADP

## Appendix 4

### Health Services Revenue Budget Projected Year End Position 1st April 2018 to 31st March 2019

Subjective Heading	Annual Budget £000's	Adjustments to Budget £000's	Revised Budget £000's	Projection to Year End £000's	Variance £000's	Drawdown from Reserves £000's	Revised Variance		
							£000's	%	
Employee Costs	45,758	(1,173)	44,585	44,701	(116)	330	214	0.5%	underspend
Property Costs	8		8	29	(21)	-	(21)	-262.5%	Overspend
Supplies and Services	19,906	(13,247)	6,659	6,908	(249)	93	(156)	-2.3%	Overspend
Purchase Of Healthcare	2,466		2,466	2,503	(37)		(37)	-1.5%	Overspend
Resource Transfer	16,872	(16,872)	-	-	-	-	-		
Family Health Services	79,108		79,108	79,108	-	-	-	0.0%	Breakeven
Set Aside	29,964		29,964	29,964				0.0%	Breakeven
Gross Expenditure	194,082	(31,292)	162,790	163,213	(423)		(0)	0.0%	Breakeven
					-				
Income	(3,385)	-	(3,385)	(3,385)	-		-		
<b>NET EXPENDITURE</b>	<b>190,697</b>	<b>(31,292)</b>	<b>159,405</b>	<b>159,829</b>	<b>(423)</b>	<b>423</b>	<b>(0)</b>	<b>0.00%</b>	

Care Group	Annual Budget £000's	Adjustments to Budget £000's	Revised Budget £000's	Projection to Year End £000's	Variance £000's	Drawdown from Reserves £000's	Revised Variance		
							£000's	%	
Addiction Services	2,684	(47)	2,638	2,681	(43)	-	(43)	-1.6%	Overspend
Adult Community Services	8,789	(146)	8,643	8,356	287	-	287	3.3%	underspend
Children's Services	5,236	(155)	5,081	4,941	140	-	140	2.8%	underspend
Learning Disabilities	1,082	(26)	1,056	1,104	(48)		(48)	-4.6%	Overspend
Mental Health	18,817	(431)	18,386	19,127	(741)	326	(415)	-2.3%	Overspend
Hosted Services	10,722	(242)	10,480	10,541	(62)	-	(62)	-0.6%	Overspend
Prescribing	35,302	-	35,302	35,302	-	-	-	0.0%	Breakeven
Gms	20,637	-	20,637	20,637	-	-	-	0.0%	Breakeven
Other	20,916	-	20,916	20,916	(0)	-	(0)	0.0%	Breakeven
Planning & Health	1,067	(17)	1,050	1,045	4	-	4	0.4%	underspend
Administration & Management	3,131	1,094	4,225	4,226	(1)	97	96	2.3%	underspend
Resource Transfer	18,866	(18,866)	(0)	-	(0)	-	(0)		
Veterans	171	(171)	-	-	-				
Integrated Care Fund	1,060	(30)	1,030	988	42	-	42	4.1%	underspend
Social Care Fund	12,254	(12,254)	-	-	-	-	-		
Set Aside	29,964		29,964	29,964	-	-	-	0.0%	Breakeven
<b>NET EXPENDITURE</b>	<b>160,733</b>	<b>(31,291)</b>	<b>159,406</b>	<b>159,829</b>	<b>(423)</b>	<b>423</b>	<b>0</b>	<b>0.00%</b>	

**Projected Year End Budget Position is a breakeven**

**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 £18.866m; Veterans monies £.0171m

#### For Information

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



<b>2018/19 Adult Social Care Financial Allocation to Renfrewshire HSCP</b>	
	<b>£k</b>
2018/19 Renfrewshire HSCP Opening Budget:	63,690.0
	<b>63,690.0</b>

<b>2018/19 Health Financial Allocation to Renfrewshire HSCP</b>	
	<b>£k</b>
2017/18 Renfrewshire HSCP Closing Budget:	165,010.6
<b>Add:</b> Set Aside	29,964.0
<b>less:</b> non recurring budgets (allocated annually)	-4,046.3
<b>less:</b> Budget Adjustments*	
Social Care Fund	-12,254.0
Veterans	-171.0
Resource Transfer	-18,866.0
= base budget rolled over	<b>159,637.3</b>
<b>Additions:</b>	
1.5% Uplift	1,751.0
Fostering Fees for GP reports	31.9
Transfer of Podiatry Budgets from Inverclyde	123.5
Transfer of GP Income Budgets to Facilities	370.0
	<b>2,276.4</b>
<b>Reductions:</b>	
Savings Legacy	-519.0
GMS ADJ 1819 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 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
Mental Health Action 15	261.5
EMIS staff transfer PC Screening from Board	81.0
	<b>1,247.1</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>

**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>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			438	0
GP Premises Fund - Renfrewshire share of NHS GGC 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	-141		198	-141
Health Visiting	181			181	0
Tannahill Diet and Diabetes Pilot Project	17			17	0
<b>TOTAL Delegated Health Ear Marked Reserves</b>	<b>2,028</b>	<b>-141</b>	<b>0</b>	<b>1,887</b>	<b>-141</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>-552</b>	<b>0</b>	<b>1,960</b>	<b>-552</b>

<b>General Reserves</b>	<b>Opening Position 2018/19 £000's</b>	<b>Amounts Drawn Down in 2018/19</b>	<b>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>-552</b>	<b>0</b>	<b>2,890</b>	<b>-552</b>



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**To: Renfrewshire Integration Joint Board**

**On: 14 September 2018**

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**Report by: Chief Finance Officer**

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**Heading: IJB Audited Annual Accounts 2017/18**

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**1. Summary**

- 1.1 The 2017/18 Annual Accounts were submitted to the IJB for approval on 29 June 2018 and then submitted for audit to Audit Scotland.
  - 1.2 The Assistant Director of Audit (Local Government) has provided an audit opinion which is free from qualification.
  - 1.3 Under the Local Authority Accounts (Scotland) Regulations 2014, which came into force from 10 October 2014, the IJB must meet to consider the Annual Accounts and approve those accounts for signature no later than 30<sup>th</sup> September. In order to comply with these requirements the 2017-18 Annual Accounts are now attached for approval.
  - 1.4 The Assistant Director of Audit (Local Government) also provided a report to the IJB Audit Committee detailing matters arising over the course of the audit which was considered by the Committee on 14 September 2018.
- 

**2. Recommendation**

It is recommended that the IJB:

- Approve the Annual Accounts for 2017/18 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.
- 

**Implications of the Report**

- 1. **Financial** – The 2017/18 Annual Accounts have been approved as providing a true and fair view of the financial position as at 31 March 2018.
- 2. **HR & Organisational Development** – none
- 3. **Community Planning** – none
- 4. **Legal** – An audit opinion free from qualification demonstrates the IJB's compliance with the statutory accounting requirements set out in the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.

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 IJB'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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# **Renfrewshire Integration Joint Board Annual Accounts 2017/18**



## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

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## Management Commentary

### Introduction

The Annual Accounts contain the financial statements of Renfrewshire Integration Joint Board ('the IJB') for the year ended 31 March 2018 and report on the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB's vision and its Strategic Plan. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2017/18 Accounts have been prepared in accordance with this Code.

This Management Commentary provides an overview of the key messages in relation to the IJB's financial planning and performance for the financial year 2017/18 and how this has supported delivery of the IJB's Strategic Plan. This commentary also provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Renfrewshire.

The IJB needs to account for its spending and income to comply with our legislative responsibilities and external auditors will provide an opinion on whether this Management Commentary complies with the statutory requirements and is consistent with the financial statements.

### Role and Remit of Renfrewshire Integration Joint Board

Renfrewshire IJB, formally established on 1 April 2016, has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within the Renfrewshire area. The functions which are delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014, are detailed in the formal partnership agreement between the two parent organisations, Renfrewshire Council and NHS Greater Glasgow and Clyde (GGC).

This agreement, referred to as the Integration Scheme, is available at <http://renfrewshire.cmis.uk.com/renfrewshire/JointBoardsandOtherForums/RenfrewshireHealthSocialCareIntegration.aspx>

In March 2018, Renfrewshire Council and NHSGGC agreed an update to the Integration Scheme to reflect the provisions in the Carers (Scotland) Act 2016 to be delegated to the IJB.

The Vision for the IJB is:

***Renfrewshire is a caring place where people are treated as individuals and supported to live well***

The IJB's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan.

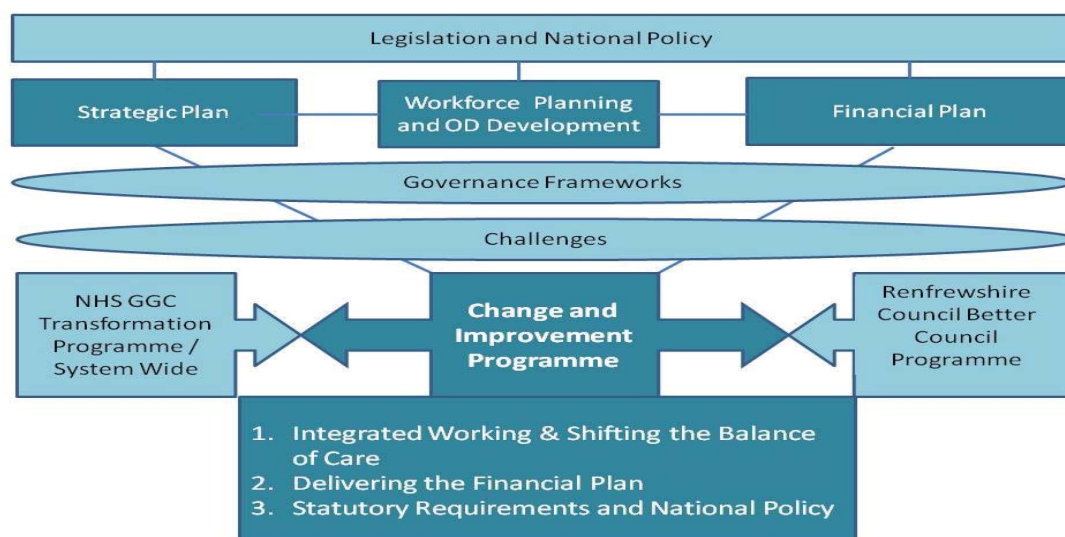
The IJB meet five times per year and comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHS Greater Glasgow and Clyde. Non-voting members include the Chief Officer, Chief Finance Officer, and 3rd sector, professional, carer and staff side representatives.

## Renfrewshire IJB Operations for the Year

### Change and Improvement Programme

The Change and Improvement Programme was established in support of the IJB's Vision and to enable the delivery of the Strategic, Workforce and Financial Plans and in line with the directions set out in the National Clinical Strategy and Health and Social Care Delivery Plan – see diagram 1. This Programme provides a structured approach to managing and optimising the use of change and improvement approaches.

Diagram 1: Change and Improvement Programme



As illustrated in Diagram 1, the Change and Improvement Programme is being delivered through 3 workstreams:

- **Optimising Joint and Integrated Working and Shifting the Balance of Care** – to proactively develop our health and social care services, exploiting the opportunities joint and integrated working offers and with service redesign being informed by a strategic commissioning approach. This in turn will support the financial sustainability of the Partnership.
- **Delivery of the Financial Plan** – to deliver the approved health and social care savings plans required to address the IJB's budget shortfall in adherence to the IJB's robust financial planning process.
- **Statutory Requirements, National Policy and Compliance** – to ensure the timely delivery of legislative requirements and national policy, whilst managing the wider service, financial and workforce planning implications these present.

The IJB approve this programme on annual basis. Thereafter, regular updates are brought to the IJB to report on progress and to seek approval for any large-scale change and improvement activity, including further savings proposals, to be included within this evolving programme.

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

Highlights from the 2017/18 Change and Improvement Programme include:

- An independent review of Addictions Services which will help inform our change programme over the next three years to ensure our service model is person-centred, and recovery and outcome focused to enable current and future care needs to be met;
- 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;
- Since the introduction of new measures to review enhanced observations of patients (within Mental Health) and ensure that therapeutic interventions are delivered where possible, enhanced observation levels have reduced 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. It is anticipated that this downward trend will continue throughout 2018/19 and beyond.
- An objective, focused review to identify service pressures and determine root causes of the drivers and challenges impacting on delivery of Care at Home Services;
- Implementation of the provisions in the Carers Act, which are designed to support carers' health and wellbeing, which largely came into force on 1 April 2018;
- Compliance with the new Duty of Candour regulations which commenced on 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;
- Implementation of the recommendations arising from the HSCP's recent evaluation of the Self-Directed Support (SDS) system in Renfrewshire;
- Continue to support Renfrewshire GP clusters, including the development of cluster quality improvement plans;
- Service Improvement through the local Diabetes Interface Group which aims to improve the experience and clinical outcomes for people living with diabetes across Renfrewshire; and
- Established a Respiratory Pathways Interface Group to consider 'tests of change' that will impact positively on reducing COPD admissions/bed days. The group will specifically look at improving pathways, promoting self-management and anticipatory care planning.

### Service Performance

Renfrewshire HSCP has had a proactive approach to reporting on performance since 2015, with changes in our reporting approach reflecting the IJB's views / preferences on how and what is presented. The 2017/18 Annual Report is available online via the following link: [http://www.renfrewshire.hscp.scot/media/6993/Annual-Report-2017-18/pdf/Annual\\_Report\\_2017-18.pdf](http://www.renfrewshire.hscp.scot/media/6993/Annual-Report-2017-18/pdf/Annual_Report_2017-18.pdf)

An overview of our performance for 2017/18 is included below (full year data is not currently available for all performance indicators. Where it is not available data to the latest Quarter has been used).

### Positive Performance

#### *Breastfeeding*

The rate for the number of babies exclusively breast fed at their 6-8 week review remains above target at 21.7% at September 2017 (this is the most recent data available due to NHSGGC Board-wide changes in recording the last two quarters' data are not yet available) against a target of 21.4%.

#### *Alcohol Related Hospital Admissions*

The target for alcohol related hospital stays for the period January to December 2017 was 8.3 per 1,000 population aged 16+ (target 8.9). This is the lowest rate achieved since the recording of this indicator in January 2009. This significant improvement reflects the ongoing work in this area.

#### *30-month Assessment Uptake*

The uptake of 30-month child assessments increased from 82% at March 2017 to 89% at March 2018, against a target of 80%. This was achieved from the introduction of developments including; increased frequency of clinics, follow up on non-attendance, and sharing good practice across Health Visiting teams.

Within this group, 83% of infants achieved their developmental milestones, an increase of 4% on the 2017 figure. For children where difficulties are identified, an intervention pathway is in place to support behavioural and communication needs.

### Areas for Improvement

#### *Alcohol Brief Interventions (ABIs)*

Performance on ABIs at the end of Quarter 4 2017/18 was 549 completed compared to 779 for the same period in 2016/17. In order to improve performance rather than focusing on primary care we are now targeting the wider community. A baseline indicator will be established for this indicator once the full 2017/18 data is available, with a target then set for 2018/19.

Despite a significant amount of training in this area, it has not resulted in an increase in the number of ABIs carried out. In line with other areas in NHSGGC, we are looking at a dedicated resource to focus on these areas.

#### *Alcohol and Drugs Waiting Times for Referral to Treatment - % seen within 3 weeks*

The most recent data available shows that alcohol and drugs waiting times have decreased from 96.2% at March 2017 to 78.1% at March 2018 against a target of 91.5%. In line with our improvement strategy, the core drug service has now recruited a nursing post which will increase the capacity of assessment appointments. This will be further enhanced with additional nurse bank hours to clear the backlog of assessments. The outcome of the review of addiction services will be published shortly and a work plan will be developed in line with its recommendations.

#### *Mental Health Waiting Times*

Since 2016/17 performance has deteriorated in relation to the percentage of Primary Care Mental Health Team patients referred to first appointment within 4 weeks from 95% at March 2017 to 79% at March 2018 against a target of 100%.

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

Various factors have adversely affected performance in this area including:

- increase in the number of referrals during February and March 2018
- increase in the number of short term sickness absences

However, despite the above, 98% of patients referred for first treatment appointments were offered appointments within 9 weeks; an increase from 96% for the 2016/17 year against the target of 100%.

### *Paediatric Speech and Language Therapy Waiting Times-Assessment to Appointment*

The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment has increased from 47% at March 2017 to 73% at March 2018. This target remains challenging and although there has been a substantial increase, performance is still below the 95% target. This improvement reflects robust caseload management, and the launch of new 'Drop in Clinics', offering direct access to support and advice.

### *Sickness Absence*

NHS sickness absence is measured as a percentage with a target of 4%. Performance in 2017/18 was 5.5%, a slight reduction since March 2017 when the rate was 5.6%.

Renfrewshire Council's sickness absence is recorded as the number of work days lost per full time equivalent (FTE) employee. At March 18 the rate was 4.34 days against a target of 2.36 days, an increase on the rate of 3.65 days in March 2017.

There are a number of plans in place to address the ongoing sickness absence challenges. These include:

- A Council review of current attendance policies in collaboration with trade unions. Human Resource (HR) Operational Teams continue to proactively advise and support managers, particularly in teams where absence rates are high; and
- Ongoing health improvement activities and support through Healthy Working Lives (HWL), aimed at raising employee awareness of health issues.

### Adult Service Inspection

On 18 April 2018, The Care Inspectorate and Healthcare Improvement Scotland published their findings from the inspection in their report 'Joint Inspection (Adults) the Effectiveness of Strategic Planning in Renfrewshire'. The report highlights that Renfrewshire Health and Social Care Partnership are making significant progress on improving residents' health and social care services, it also concurs with the partnerships self-assessment and evaluated the Quality Indicators as Level 4 – Good. In advance of the inspection, the partnership was advised that Quality Indicator 9 Leadership and direction that promotes partnership would not be given a formal grade, however, a number of very positive comments on this indicator have been included within the report.

In relation to financial planning, the inspectors observed that 'positive and trusting relationships exist between the IJB members and the Joint Chief Officer and Joint Chief Financial Officer'. The report noted the partnership's good level of understanding of local needs and pressures, and highlighted that the financial plan includes a refined approach to identifying savings proposals. The IJB's reserves strategy included as part of the IJB's financial planning, which aims to ensure the partnership maintains an adequate level of reserves to address unforeseen circumstances, was commended as sound financial

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

planning. However, it was noted due to the level of reserves used in 2017/18 to break even and the budget gap going forward, it will be challenging to achieve.

A copy of the full report is available at:

[http://www.careinspectorate.com/images/documents/4344/Joint%20inspection%20\(Adults\)%20Strategic%20Planning%20Renfrewshire.pdf](http://www.careinspectorate.com/images/documents/4344/Joint%20inspection%20(Adults)%20Strategic%20Planning%20Renfrewshire.pdf)

## Renfrewshire IJBs Strategy and Business Model

### Strategic Plan

We have completed our year 2 review of the three-year Strategic Plan for 2016-19. Good progress has been made across the 9 national health and wellbeing outcomes. Early work has commenced on our next 3 year Strategic Plan for 2019-22. A planning session with partners and staff is arranged for early June 2018 to agree the format of the Plan. As part of our planning process we will focus on having greater alignment with our Financial Plan and we will be clear on the challenges ahead due to increasing demand against a backdrop of constrained resources. Through our Strategic Planning Group, we will involve partners to develop our new Plan with prevention, early intervention and addressing health inequalities high on the agenda. We will ensure our Strategic Plan takes account of national strategies and legislation, regional planning, the Council's Plan, the Community Plan and NHS Greater Glasgow and Clyde's Moving Forward Together programme.

Our three strategic priorities are:

- Improving health and wellbeing;
- The Right Service, at the Right Time, in the Right Place; and
- Working in Partnership to Treat the Person as well as the Condition.

Examples of areas included within these priorities are:

- Supporting people to take control of their own health and wellbeing so they maintain their independence and improve self-care where possible;
- Supporting the Renfrewshire Tackling Poverty Programme through a range of specific programmes;
- Targeting our interventions and resources to narrow inequalities and build strong resilient communities;
- Delivering on our statutory duty to protect and support adults and children at risk of harm;
- Continuing to adapt and improve our services by learning from all forms of patient and service users' feedback; and
- Supporting the health and wellbeing of carers to allow them to continue to provide crucial care.

In pursuit of our vision we work to deliver on the 9 national health and social care outcomes:



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<b>Outcome 1:</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer
<b>Outcome 2:</b>	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
<b>Outcome 3:</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected
<b>Outcome 4:</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Outcome 5:</b>	Health and social care services contribute to reducing health inequalities
<b>Outcome 6:</b>	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
<b>Outcome 7:</b>	People using health and social care services are safe from harm
<b>Outcome 8:</b>	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
<b>Outcome 9:</b>	Resources are used effectively and efficiently in the provision of health and social care services

### Market Facilitation

The Scottish Government requires Integration Joint Boards to produce Market Facilitation Plans or Statements to support the objectives of their Strategic Plans as part of a core suite of strategic documents.

Market facilitation aims to inform, influence and adapt service delivery to offer a diverse range of sustainable, effective and quality care so people can access the right services for themselves and their families at the right time and in the right place.

Our Market Facilitation Plan will link to our existing Strategic Plan 2016-2019 and be aligned to our Strategic Plan for 2019-22. It will help inform financial planning and ultimately how we allocate our resources moving forward. This will include the decommissioning of ineffective or outdated service models, replacing them with person centred, more outcome-based services.

Population projections show the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+, from 8% in 2014 to 13% in 2039. The size and make-up of the population going forward will be a key consideration when planning and delivering Renfrewshire's health and social care services. It will also provide an insight into the changes in the health and care needs of the population of Renfrewshire and the future shape of services that need to be developed and delivered to meet those changing needs.

### Financial Performance 2017/18

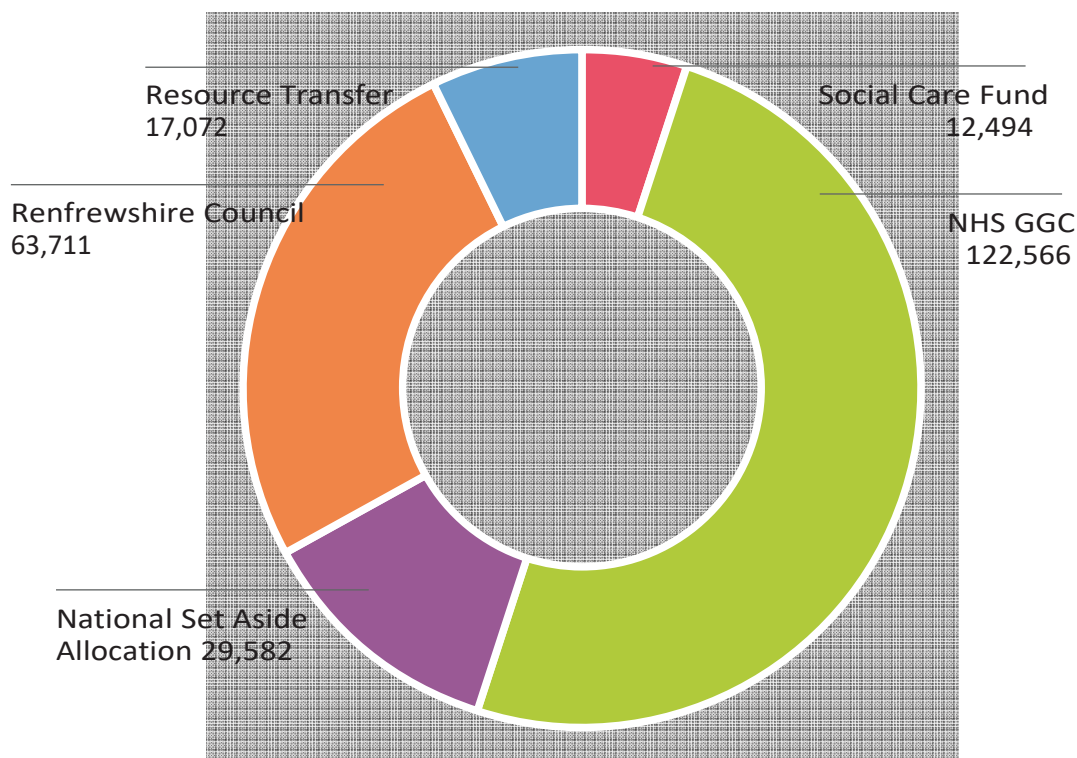
The financial position for public services continues to be challenging, with the IJB operating within ever increasing budget restraints and pressures which were reflected in the IJB's Financial Plan and regular monitoring reports by the CFO to the IJB. This also requires the IJB to have robust financial arrangements in place to deliver services within the funding available in year as well as planning for 2018/19.

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### Resources Available to the IJB 2017/18

The resources available to the IJB in 2017/18 to take forward the commissioning intentions of Renfrewshire Health and Social Care Partnership in line with the Strategic Plan totalled £245.425m (not including reserves of £5.494m). The chart below provides a breakdown of where this funding came from:

Funding Sources in 2017/18



Included within the funding available is a 'Large Hospital Services' (Set Aside) budget totalling £29.582m. This is a notional allocation in respect of those functions delegated by the health board which are carried out in a hospital within the health board area. The IJB is responsible for the strategic planning of these services but not their operational delivery.

Over recent financial years a number of pressures on health and social care services have had to be addressed within reduced levels of public sector funding. These pressures include:

- The move to the Scottish Living Wage;
- Increasing 'employer' costs due to: the introduction of the Apprenticeship Levy; increases in national insurance contributions and costs associated with the new requirement for all new starts to be automatically enrolled in pension schemes.
- Increasing costs of medication; and
- Impact of: an ageing population; increased number of people with dementia and an increase in the number of people with complex needs.

In order to facilitate transformational change, additional funding was provided by the Scottish Government to support integration and the focus on shifting the balance of care to



## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

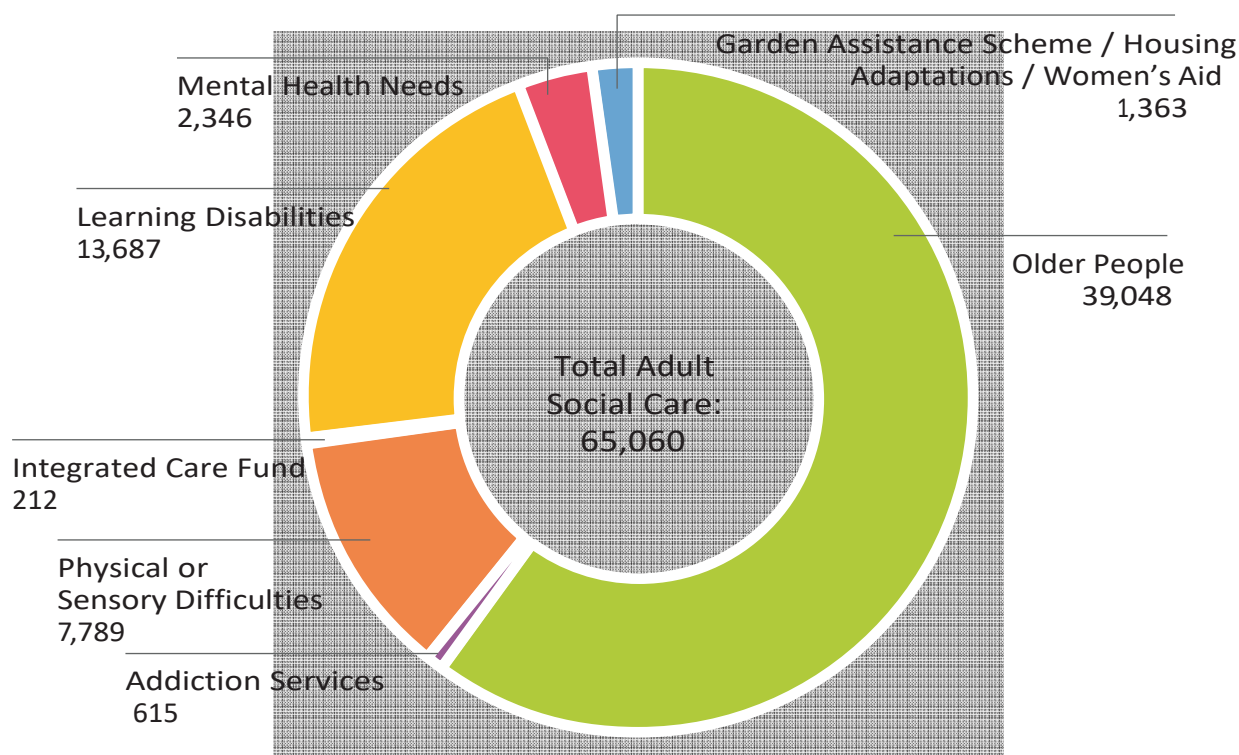
community-based services. In 2016/17, the Scottish Government directed £250m from the national health budget to Integration Authorities for Social Care, and in 2017/18 a further £110m was allocated on the same basis. Renfrewshire IJB's share of this funding was c£12.5m, which was allocated to a range of adult social care services including: the payment of the living wage for all adult social care workers; reducing the level of charges to service users; investment in the Care at Home service and meeting the costs of increasing demand across all areas.

### Summary of Financial Position

Budget Monitoring throughout 2017/18 has shown the IJB projecting a break-even position inclusive of the planned draw down of reserves and, the transfer of specific ring-fenced monies (including Scottish Government funding for Health Visitors and the Primary Care Improvement Fund) and agreed commitments to earmarked reserves. At the close of 2017/18, as planned, the IJB drew down £2.052m from reserves to deliver the breakeven position. This leaves an overall reserves balance of £3.442m, of which £2.5m is ring-fenced or earmarked for specific commitments in 2018/19. The balance of £930k will be carried forward as a general contingency to manage unanticipated budget pressures in future years in support of our Strategic Plan priorities.

### Delegated Council Services

The diagram, below, shows the final outturn position for delegated Council services for Renfrewshire HSCP in 2017/18:



Throughout 2017/18, the Chief Finance Officer's budget monitoring reports to the IJB forecast a breakeven position drawing down the planned use of general reserves (£1.5m) and the flexible use of the £4.4m additional resources made available by Renfrewshire

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

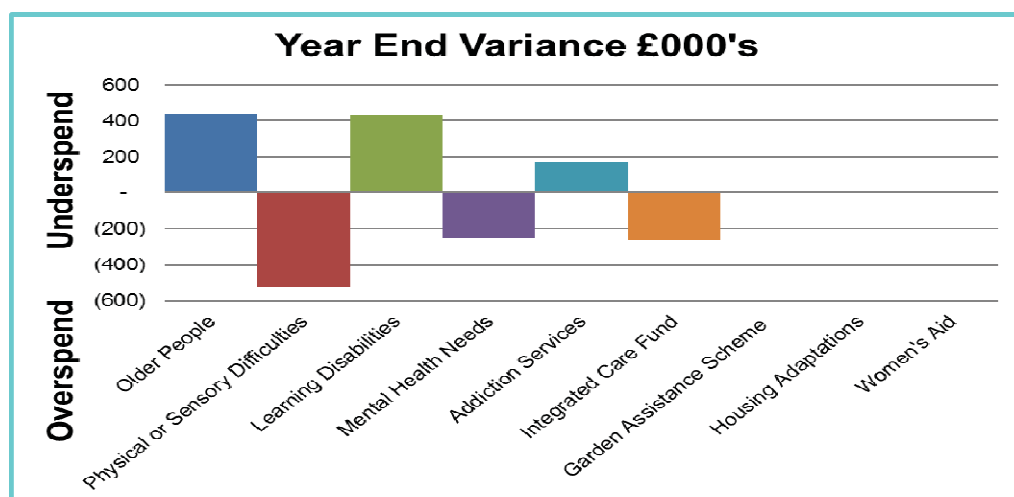
Council, of which £2.7m was utilised in year. The final outturn position, inclusive of the draw down of reserves and net of the ear marked reserves of £484k, was a breakeven. Recognising the use of general reserves in 2017/18, the balance of additional resources made available from Renfrewshire Council remains available to the IJB on a recurring basis moving into 2018/19, supporting the financial sustainability of services.

The main broad themes of the year end position are:

- An underspend of £174k in Older People services mainly in relation to vacancies within HSCP managed Local Authority Care Homes due to staff turnover and occupancy levels. This underspend offset the continued pressure within the Care at Home service reflecting a growing elderly population who are living longer with more complex needs. Despite additional recurring resources of £747k allocated from Renfrewshire Council's additional budget made available in 2017/18, along with the draw down from reserves of £1.519m the year end position of Care at Home was an overspend of £427k;
- An underspend in Learning Disabilities of £434k, and in Addictions of £174k, mainly due to a number of vacant posts and the current client profile of care packages within these areas; and
- An overspend in Physical Disabilities of £526k mainly due to increasing demand, Living Wage associated costs, and, the growing impact of SDS.

In order to fund short term non-recurring restructuring costs of the Care at Home Service throughout the first quarter of 2018/19, and costs relating to the requirement to replace the SWIFT Adult Social Care ICT system, an additional £484k was drawn down (from the resources made available by Renfrewshire Council as part of their 2017/18 budget allocation) at the year end and moved to earmarked reserves. The remaining balance of c£1.6m will be carried forward as a non-recurring balance by Renfrewshire Council to be made available to the HSCP in 2018/19.

The graph, below, summarises the year end variances per client group for all delegated Council services.

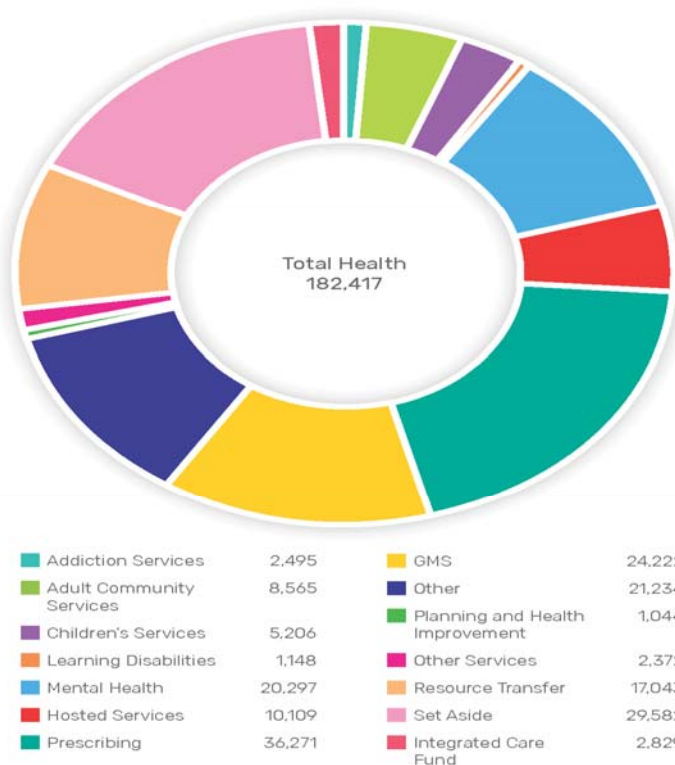


## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

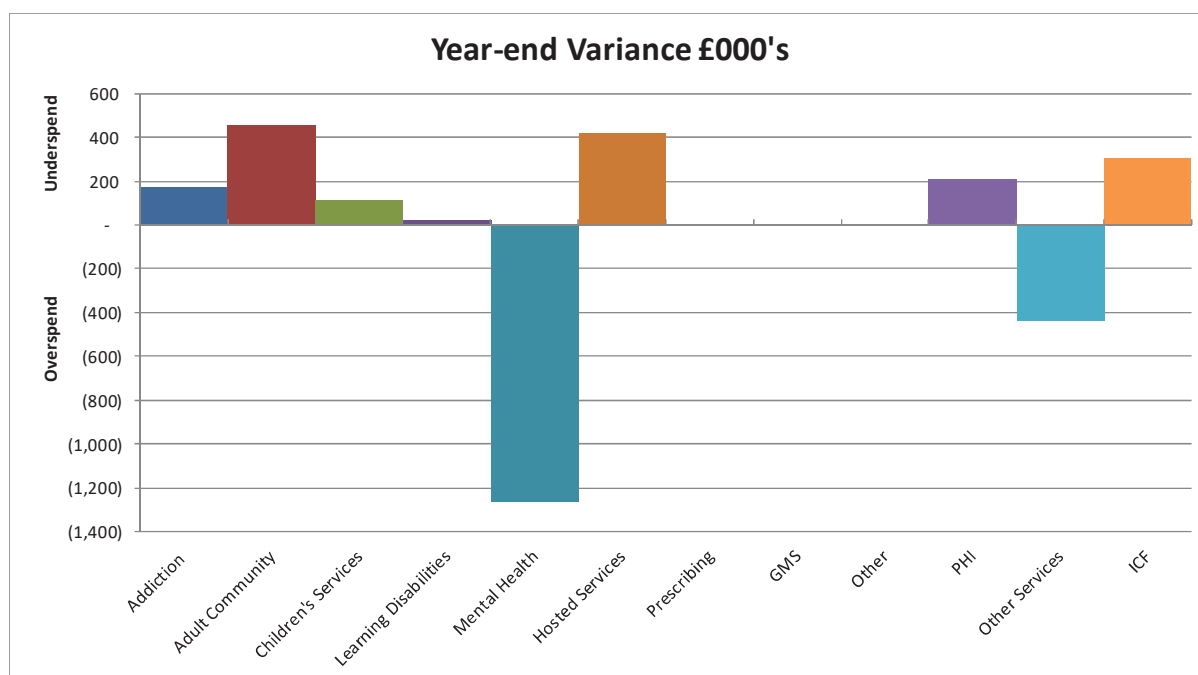
### Health Budget

The diagram, below, shows the final outturn position across each delegated Health service client group for Renfrewshire HSCP in 2017/18:

Delegated Health Spend 2017/18, £000s



The graph, below, summarises the year end variances per client group for all delegated Health services.



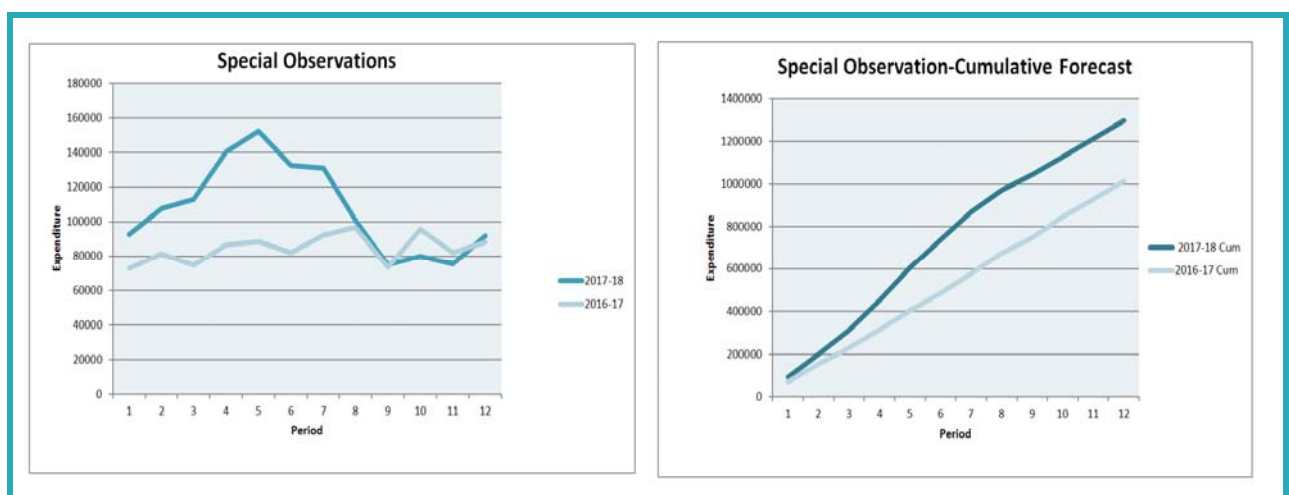
## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

A breakeven position was reported to the IJB throughout 2017/18 (subject to the planned drawdown of general reserves and transfer of ring fenced balances at the year-end to ear marked reserves). The final outturn position, inclusive of the draw down of reserves and net of the ear marked reserves of £2.028m, was a breakeven. The main broad themes of the year end position are:

- An underspend of £458k in Adult Community Services due to turnover across the Rehabilitation and District Nursing services, and an underspend in relation to external charges for Adults with Incapacity (AWI) bed usage;
- Underspends within Addiction Services, Planning and Health Improvement, the Integrated Care Fund and Children's Services reflecting staff turnover including planned vacancies in respect of the reduction in Speech and Language Therapy funding from 2018/19, and use of non-recurring monies to maximise the transfer to ear marked reserves; and
- An underspend of £418k in Renfrewshire Hosted Services due to vacant administrative posts in the Primary Care screening service, and an underspend within Podiatry due to a combination of staff turnover and maternity/unpaid leave, some of which were covered by bank staff.

These underspends offset the overspend in Mental Health Services of c£1.3m due to the significant costs (overtime, agency and bank costs) associated with patients requiring enhanced levels of observation across all ward areas. The IJB inherited significant financial pressures with regards to meeting the costs associated with enhanced observations. Historically there was no budget in place to meet these costs, which were previously managed from slippage and underspends in other budgets across the whole former Health budget. The IJB's requirement to deliver year on year recurring savings means there is now limited slippage from which we can fund the costs. Over 2017/18 this pressure created an overspend of (c£1.3m).

The graphs, below, summarise the fluctuation in enhanced observation costs over the past 2 years. In 2017/18 spend increased by £278k from £1.015m in 2016/17 to £1.293m for 2017/18.



Given the significant budget gap to be met for 2018/19, the Chief Officer and Chief Finance Officer worked with the Senior Management Team on a number of cost containment programmes through the final quarter of 2017/18 to enable ear marked reserves to be

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

created to meet specific commitments in 2018/19. In addition, in order to fund the continuing pressure associated with enhanced observations, base budget realignments from other areas of the HSCP budget were identified as part of the overall HSCP 18/19 budget realignment exercise, (as requested by the IJB), and transferred to Mental Health to create a recurring budget to fund these costs.

Going forward into 2018/19 the main pressure on the delegated Health budget is likely to be on Prescribing as the current risk sharing arrangement across NHS GGC ceased on 31 March 2018. The main challenge to the prescribing budget relates to additional premiums paid for drugs on short supply, along with the impact of increased volumes and general price increases.

In preparing the 2017/18 financial statements the treatment of Hosted Services has changed. The full cost of these services is now reflected in our financial accounts and are no longer adjusted to reflect activity to/for other IJB's within the Greater Glasgow and Clyde area. This change is fully explained in Note 2 to the Accounts: Critical Judgements and reflects our responsibility in relation to service delivery and the risk associated with it.

The services hosted by Renfrewshire are identified in the table below which includes expenditure for 2017/18 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure to Date	Consumed by other IJB's
Renfrewshire	Podiatry	6,235,691	5,357,082
Renfrewshire	Primary Care Support	3,873,082	3,330,850
<b>TOTAL</b>		<b>10,108,773</b>	<b>8,687,932</b>

The services which are hosted by the other IJB's on behalf of the other IJB's including Renfrewshire are detailed in the table overleaf. This table also includes expenditure in 2017/18 and the value consumed by Renfrewshire IJB.

Host	Service	Actual Net Expenditure to Date	Consumed by Renfrewshire IJB's
East Dunbartonshire	Oral Health	£10,094,336	£1,470,745
<b>TOTAL</b>		<b>£10,094,336</b>	<b>£1,470,745</b>
East Renfrewshire	Learning Disability Tier 4 Community & Others	£2,046,333	£177,425
<b>TOTAL</b>		<b>£2,046,333</b>	<b>£177,425</b>
Glasgow	Continence	£3,683,091	£551,631
Glasgow	Sexual Health	£9,697,602	£1,223,651
Glasgow	MH Central Services	£7,707,927	£1,341,383
Glasgow	MH Specialist Services	£11,517,713	£1,866,615
Glasgow	Alcohol & Drugs Hosted	£16,585,776	£1,607,162
Glasgow	Prison Healthcare	£7,177,437	£977,658
Glasgow	HC in Police Custody	£2,274,008	£345,649
<b>TOTAL</b>		<b>£58,643,554</b>	<b>£7,913,749</b>
West Dunbartonshire	MSK Physio	£5,858,142	£859,897
West Dunbartonshire	Retinal Screening	£798,272	£124,930
<b>TOTAL</b>		<b>£6,656,414</b>	<b>£984,827</b>

### Future Challenges

Looking into 2018/19 and beyond, it is anticipated that the public sector in Scotland will continue to face a very challenging short and medium term financial outlook. There is significant uncertainty over what the scale of this likely reduction in available funding will be. It is therefore important to be clear that within the current models of working, the reducing budgets available will require further recurring savings to be made.

Taking into account a range of scenarios, current projections for the period 2018/19 to 2020/21 include a wide range of assumptions in respect of key cost pressures and demand highlighting a potential budget gap for the HSCP within a range of £16m to £21m for this period. Subject to clarification over the coming months and years, the Chief Finance Officer recommends that the IJB adopts a financial planning assumption to deliver savings of up to £6.4m per annum in the years 2018/19-20/21.

The current budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations. In addition, it does not include potential costs in relation to:

- Changes to the GP Contract;
- Impact of the Carers Scotland Act (2016);
- Impact of the extension of free personal care to adults under the age of 65; and
- Unintended consequences of our partner organisation's changes in activity from 2018/19 onwards.

An ongoing assessment and update of key assumptions will be required to ensure the IJB is kept aware of any significant changes, especially where there is an indication of an increased projection of the current gap.

### Risks and Uncertainties

In addition, there remain wider risks which could further impact on the level of resources made available to the Scottish Government including, the changing political and economic environment, within Scotland, the UK, and wider. This will potentially have significant implications for Renfrewshire IJB's parent organisations, and therefore the delegated Health and Adult Social Care budgets.

There are number of key strategic risks and uncertainties for the IJB:

- The impact of Brexit on the IJB is not currently known;
- The Scottish Government response to Brexit and the possibility of a second independence referendum creates further uncertainty;
- Complexity of the IJB governance arrangements has been highlighted by Audit Scotland as an ongoing concern, in particular the lack of clarity around decision making;
- A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care@Home Staff are a current recruitment and retention challenge for Renfrewshire HSCP. Potential impacts include negative effect on:
  - the sustainability of, access to, and quality of, services;
  - the resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources; and
  - the additional cost of using bank and agency staff.



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- In Renfrewshire the health inequalities between the affluent and more deprived areas and the wider challenge of deprivation, housing and employment.

The most significant financial risks facing the IJB are set out below:

- The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. In 2016/17 and 2017/18, this did not operate fully as the guidance required. The set aside budget for 2018/19 has not yet been confirmed by NHS GGC; in addition, there are a number of risks associated with the set aside budget which may mean we will not be able to deliver the Scottish Government's expectations in relation to the commissioning of set aside services.
- From 2018/19, the current risk sharing arrangement with NHS GGC for prescribing will change. This creates a new risk for IJBs as the increased costs of drugs, that have a short supply, is projected to create an additional financial pressure over 2018/19 in the region c£0.85m to c£1.7m.
- A number of new statutory requirements such as the Carers Act, the Living Wage and the National Dementia Strategy are anticipated to create additional financial pressures for the Renfrewshire IJB over 2018/19, some of which cannot yet be fully quantified. Without raising eligibility criteria to manage demand for services, any required funding will need to be redirected from other sources.
- Investment in Digital technology is required, creating a further financial pressure. The Health and Social Care Delivery Plan identifies digital technology as key to transforming social care services so that care can be more citizen centred. Furthermore, the current social care management system requires to be replaced within the next three years and all telecare equipment (used to support our most vulnerable service users in their home) must be upgraded from analogue to digital by 2025. These developments alone are projected to create a pressure of circa £2m.
- Further cost pressures may emerge during 2018/19 that are not yet projected or provided for within either partner's 2018/19 Financial Plan, nor the resources delegated to the IJB.
- Given recent market failures within the national Care at Home and Care Home provider sectors, which have had a direct impact on our local service provision, there is a risk that further market failure would result in additional costs as alternative supply is transitioned to new providers.

### Renfrewshire's Financial Planning Strategy

Given this budget gap, going forward we need to consider what type and level of service is required, and can safely and sustainably be delivered. We must continue to strive to deliver both a balanced budget and accessible, high quality and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.

The Chief Officer, Chief Finance Officer and the HSCP Senior Management Team will work with key stakeholders to continue to critically appraise and challenge current models of service delivery to ensure resources are focused on areas of greatest need delivering the best outcomes to clients. Almost all the delegated services we manage have already been subject to constructive review and redesign over recent times with productivity gains and cost efficiencies taken from every service, using where available evidence of best and safe practice, and evidence of effective service models. There are few remaining areas to apply this scrutiny to.

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The IJB's three-year Financial Plan reflects the economic outlook beyond 2018/19, adopting a strategic and sustainable financial plan linked to the delivery of priorities in our Strategic Plan. These strategic priorities will continue to provide a focus for future budget decisions, where the delivery of core services must be balanced with the resources available.

Our Financial Plan, underpinned by a robust financial planning process, focuses on a medium-term perspective centred on financial sustainability, acknowledging the uncertainty around key elements including the potential scale of savings required and the need to redirect resources to support the delivery of key priorities. In addition, where feasible it is important that we work towards creating sufficient reserves to protect it during the course of the financial year.

To deliver the Financial Plan a medium term financial strategy has been developed, with key strands set out below:

Financial Planning Strand	Priority over 2018/19
Prevention and Early Intervention	Continuing the shift towards prevention and early intervention services to promote positive outcomes, tackling inequalities in society and creating savings in high cost, reactive and resource intensive services by intervening earlier to prevent issues arising in the first place, or where the problem is not preventable, to reduce cost and the need for intervention.  Examples include: <ul style="list-style-type: none"> <li>Investment in services to support people to live independently including the Community alarm and responder service; Care at Home, RES Service and Occupational Therapy equipment and adaptations services which enable people to undertake daily living activities more independently and support informal carers to continue their caring role.</li> <li>Partnership initiatives to promote smoking cessation, active lifestyles, alcohol brief interventions and breast feeding; and</li> <li>Commissioning a number of third sector providers to deliver early intervention services including ROAR. Food Train, Carers Centre.</li> </ul>
Strategic Planning and Commissioning	We are committed to proactively 'transforming' our health and social care services, exploiting the opportunities integrated working offers with service redesign. This will inform the IJB's Market Facilitation Plan and Strategic Plan. This approach must be balanced with the immediate demands to reduce costs where this is safe to do so given budget pressures.
Financial Planning Process	To support the delivery of our Financial Plan, we have established a robust and inclusive financial planning process to ensure: <ul style="list-style-type: none"> <li>our parent organisations, professional leads, staff and other key stakeholders are actively engaged with their views taken into account;</li> <li>all Service Reviews, and associated saving proposals, are conducted within the context of our Strategic and Market Facilitation Plans.</li> </ul>
Current and future pressures	We seek to continuously manage and monitor financial pressures such as the impact of new legislation; demographic changes and the economy. CFO will keep the IJB and Parent Organisations sighted on these pressures; their impact on the in-year financial position and any associated assumptions for future budget projections.
Change and Improvement Programme	The 2018/19 Programme provides a structured approach to ensure we manage change activity across the HSCP in a timely, inclusive and effective manner to support the delivery of our strategic, financial and statutory objectives.
NHSGGC and Partner IJBs system-wide	We recognise the importance of system wide working to support 'shifting the balance of care'; allowing best use of our limited resources and offering greater consistency in professional care standards. Renfrewshire



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Initiatives	is already involved in a number of initiatives including: <ul style="list-style-type: none"> <li>NHSGGC's Unscheduled Care Programme</li> <li>NHSGGC's Mental Health Strategy</li> <li>Parent Organisation Transformation Programmes - NHSGGC's 'Moving Forward Together' and Renfrewshire Council's 'Better Council' Programme.</li> </ul>
Reserves Strategy	In line with the IJB Reserves Policy, to provide future security against unexpected cost pressures and aid financial stability, ear marked reserves have been created to fund delays in the implementation of savings plans in 18/19
Workforce Planning	The 2018/19 Workforce Plan identifies the key actions the HSCP is taking to improve current recruitment and retention challenges in our workforce.

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**Dr Donald Lyons**

14/09/18

IJB Chair

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**David Leese**

14/09/18

Chief Officer

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**Sarah Lavers CPFA**

14/09/18

Chief Financial Officer

## Statement of Responsibilities

### Responsibilities of the Integration Joint Board

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of Renfrewshire IJB held on 14 September 2018.

Signed on behalf of Renfrewshire IJB

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**Dr Donald Lyons**

**Date:**

**IJB Chair**

14/09/18

## **Responsibilities of the Chief Financial Officer**

The Chief Financial Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of Renfrewshire IJB as at 31 March 2018 and the transactions for the year then ended.

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**Sarah Lavers CPFA**  
Chief Finance Officer

**Date** 14/09/18

## **Remuneration Report**

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

### **Voting Board Members**

Voting IJB members constitute councillors nominated as board members by constituent authorities and NHS representatives nominated by the NHS Board. The voting members of the Renfrewshire IJB were appointed through nomination by NHSGGC and Renfrewshire Council.

Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and the Vice Chair of the IJB should therefore be included in the IJB remuneration report if they receive remuneration for their roles. For Renfrewshire IJB, neither the Chair nor Vice Chair receives remuneration for their roles.

The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2017/18 no voting member received any form or remuneration from the IJB.

There were no exit packages payable during the financial year.

### **Officers of the IJB**

The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation (NHSGGC). The remuneration terms of the Chief Officer's employment were approved by the IJB.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the table below:

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Total Earnings 2016/17 £	Name and Post Title	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total Earnings 2017/18 £
114,305	<b>D Leese</b> Chief Officer, Renfrewshire IJB	119,111	-	119,111
81,844	<b>S Lavers</b> Chief Financial Officer, Renfrewshire IJB	84,949	-	84,949

### Pension Benefits

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or the Chief Finance Officer.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Name and Post Title	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/17 £	For Year to to 31/03/18 £		As at 31/03/17 £	As at 31/03/18 £
<b>D Leese</b> , Chief Officer, Renfrewshire IJB	16,467	16,979	Pension	19,909	21,898
			Lump sum	59,726	65,695
<b>S Lavers</b> , Chief Finance Officer, Renfrewshire IJB	15,757	16,395	Pension	30,502	32,432
			Lump sum	57,444	57,602

\* Accrued pension benefits have not been accrued solely for IJB remuneration

### Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees 31 March 2017	Remuneration Band	Number of Employees 31 March 2018
1	£80,000 - £84,999	1
-	£85,000 - £89,999	-
1	£110,000 - £114,999	-
-	£115,000 - £119,999	1

**Dr Donald Lyons**  
IJB Chair

**Date** 14/09/18

**David Leese**  
Chief Officer

**Date** 14/09/18

## **Annual Governance Statement**

### **Scope of Responsibility**

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively to secure best value.

To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHS GGC and Renfrewshire Council systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

This system can only provide reasonable and not absolute assurance of effectiveness.

### **Governance Framework and Internal Control System**

The Board of the IJB comprises voting members, nominated by either Renfrewshire Council or NHS GGC, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework in existence during 2017/18 were:

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHS GGC and approved by Scottish Ministers.
- A Local Code of Corporate Governance was approved by the IJB early in 2017. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development.
- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its health service and local authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, the external auditors, Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team and the main Board and Audit Committee, as appropriate.
- The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. This is reported annually to the IJB, and provides a variety of evidence to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

- The HSCP has an Organisation Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an updated on the Workforce Plan, is reported annually to the IJB
- The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the Partnership by the Health Board and Local Authority and resources paid to its local authority and health service partners.
- The IJB's approach to risk management is set out in its Risk Management Strategy, and the Corporate Risk Register. Regular reporting on risk management is undertaken through regular reporting to the Senior Management Team and annually to the IJB Audit Committee.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2017/18 this included the following:

- Performance management, monitoring of service delivery and financial governance is provided by the Health and Social Care Partnership to the IJB who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders and Scheme of Administration, Contract Standing Orders, Scheme of Delegation, Financial Governance arrangements; these are subject to regular review.
- Scottish Government approved Renfrewshire's revised Integration Scheme which was updated to reflect the provisions in the Carers (Scotland) Act 2016 to be delegated to the IJB from 1 April 2018.

### Roles and Responsibilities

The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, other than acute services, with oversight from the IJB.

The IJB complies with the CIPFA Statement on "The Role of the Chief Financial Officer in Local Government 2010". The IJB's Chief Finance Officer has overall responsibility for the Partnership's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

The Partnership complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2010". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017".

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit Committee will operate in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

The Audit Committee's core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

### Review of Adequacy and Effectiveness

The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control. The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "Self-assessment Checklists" as evidence of review of key areas of the IJB's internal control framework, these assurances are provided to Renfrewshire Council and NHSGGC. The Senior Management Team has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no significant internal control issues identified by the review. However, it should be noted that there was a delay in the 2017/18 health budget being approved before the start of the financial year as a consequence of the IJB taking time to further consider the budget proposals in relation to the delegated health budget which delayed the implementation of the identified savings required to deliver a balanced budget. The final IJB budget was agreed in April 2018."

Internal Audit undertakes an annual programme following an assessment of risk completed during the strategic audit planning process. The appointed Chief Internal Auditor provides an annual report to the Audit Committee and an independent opinion on the adequacy and effectiveness of the governance framework, risk management and internal control.

The Management Commentary provides an overview of the key risks and uncertainties facing the IJB.

Our internal auditors in NHSGGC and Renfrewshire Council highlighted a number of weaknesses they considered should be reported in this Governance Statement. These are outlined below along with a summary of the action taken to address these:

#### NHS GGC Health Service Audits:

- **Achieving Financial Balance:** internal auditors highlighted that the Board relied heavily on the use of non-recurring support to achieve financial balance in year, and raised concerns over the level of recurring savings delivered in 2017/18 with regards to the Boards financial sustainability. They also recommended that the Board put in place a transformation plan for the delivery of recurring savings, to ensure financial sustainability for the future.

*Management response* - A range of actions and measures have been put in place: the FIP, designed to achieve short/medium term recurring financial stability; the Moving Forward Together programme to deliver medium to longer term



## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

transformation and the West of Scotland Regional Planning work to transform service delivery across the wider geographical area.

- **Waiting times management:** internal auditors reviewed the Board's arrangements for waiting times management, highlighting concerns regarding delivery of the key objectives of the programme of demand and capacity gap assessment and improvement.

*Management response* - agreed that management will revisit the project, and formalise the project management framework supporting the exercise with clear objectives and benefits, along with clearly defined: milestones, timescales, success measures and plans. In addition, they agreed to consider the need to form a working team tasked with overall delivery of the programme.

- **Mental Health: Crisis Management:** internal auditors reviewed the execution of the three risk assessment tools operating across NHS GGC, and found that in a significant number of instances, risk assessments were not completed in accordance with the governing policies in place.

*Management response* – Refresher training sessions have been put in place for relevant staff along with a programme of quality reviews implemented across all departments to ensure risk assessment procedures have been followed and evidenced on patient files. The reporting of the quality assurance programme has been built into the revised governance framework.

### Renfrewshire Council Audits:

- **Adults with Incapacity:** procedures were found to be out of date and there was a lack of evidence to support that the correct process had been followed.

*Management response* - A revised policy, process flow chart, referral forms and supporting guidance have been developed to ensure the accuracy and timely completion of the relevant paperwork and required authorisation process.

- **Charging and Payments:** improvements are required in relation to financial assessment and reassessment for non-residential care and raising invoices.

*Management response:* Management agreed to review the procedures to minimise delays and clearly document the procedures to be followed.

Although no system of internal control can provide absolute assurance, nor can Internal Audit give that assurance. On the basis of audit work undertaken during the reporting period and the assurances provided by the partner organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation.

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

### Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB's governance.

Agreed action	Responsible person	Date
Head of Administration should make arrangements to ensure that as part of the annual review the Sources of Assurance used to review and assess the IJB's governance arrangements. The document should also be updated to cover all behaviours and actions in each sub-principle as required by the CIPFA and SOLACE's framework 'Delivering Good Governance' with reference made to identify which evidence is applicable to each behaviour and action.	Jean Still	March 2019
Review of financial regulations and associated guidance by Internal Audit.	Andrea McMahon	March 2019
Alignment of the new Strategic Plan, to be developed over 2018/19, to the Financial Plan.	Fiona MacKay	March 2019

### Update on the 2016/2017 Action Plan

The 2016/17 Governance Statement identified a number of continuous improvement activities to be taken forward to improve the overall governance, risk management and internal control environment. Progress over the last 12 months against the agreed action plan is detailed below.

Agreed action	Progress	Responsible person	Date
Implementation of the local code of governance action plan, as approved by the IJB in June 2017.	Good progress has been made, with the IJB Audit Committee being kept informed of progress. This will work will continue in 2018/19	Jean Still, Head of Admin	March 2018
All outstanding savings plans have now been agreed. The Chief Finance Officer is currently working on a three-year Financial Plan which will be presented to the IJB at its September Board.	The IJB approved their 3 Year Financial Plan in September 2017. The IJB has now delivered all 2017/18 agreed savings.	Sarah Lavers, CFO	Sept 2017
Mid-year Risk Management reporting to the IJB will be reported to the IJB Audit Committee	IJB Audit Committee reviewed the Mid-Year Risk Management report in June 2018 and were satisfied with the monitoring arrangements and mitigation actions in place.	Jean Still, Head of Admin	Dec 2017
Development of performance management scrutiny aligned with the Strategic Plan objectives and national health and well-being indicators. A schedule for progress	Rigorous performance reporting framework in place. A full score card with over 90 performance indicators is produced	Fiona MacKay, Head of Strategic Planning &	March 2018

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

reporting will be provide regular assurance on the delivery of functions delegated to the IJB.	twice yearly for the IJB. At all other IJB meetings, performance is reviewed using exception reporting or focus reports. Managers receive regular performance information to support local service management.	Health improvement	
Further develop locality planning capability and capacity to facilitate the implementation of Strategic Plan objectives at a locality level.	Good progress as reported by the recent Adult Service Inspection. A locality based operational delivery model has now been established. Over 2017/18 the Senior Management Team has developed a strong locality focus for planning and service delivery e.g. working with GP Clusters.	Ian Beattie, Health and Social Care Services	March 2018

### Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

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**Dr. Donald Lyons**

**Date** 14/09/18

IJB Chair

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**David Leese**

Chief Officer

**Date** 14/09/18

## **Independent auditor's report to the members of Renfrewshire Integration Joint Board and the Accounts Commission**

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

### **Report on the audit of the financial statements**

#### **Opinion on financial statements**

I certify that I have audited the financial statements in the annual accounts of Renfrewshire Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the Renfrewshire Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

#### **Basis for opinion**

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Renfrewshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### **Conclusions relating to going concern basis of accounting**

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt Renfrewshire

## **Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts**

Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

### **Responsibilities of the Chief Finance Officer and Audit Committee for the financial statements**

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Renfrewshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Audit Committee is responsible for overseeing the financial reporting process.

### **Auditor's responsibilities for the audit of the financial statements**

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Other information in the annual accounts**

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

## **Report on other requirements**

### **Opinions on matters prescribed by the Accounts Commission**

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

### **Matters on which I am required to report by exception**

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Date: September 2018

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David McConnell  
4th Floor  
8 Nelson Mandela Place  
Glasgow  
G2 1BT

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

### Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. It includes, on an accruals basis, all expenses and related income.

2016/17 Gross Exp. £000's (Restated)	2016/17 Gross Income £000's (Restated)	2016/17 Net Exp. £000's (Restated)	Renfrewshire health & Social Care Partnership Integration Joint Board	Note	2017/18 Gross Exp. £000's	2017/18 Gross Income £000's	2017/18 Net Exp. £000's
<b>Health Services</b>							
2,746	(245)	2,501	Addiction Services		2,485	(330)	2,155
6,567	(252)	6,315	Adult Community Services		8,643	(79)	8,564
1,777	(1,020)	757	Business Support and Admin		2,513	(703)	1,810
5,628	(615)	5,013	Children's Services		5,548	(525)	5,023
23,134	(2,270)	20,864	Dentists, Pharmacists, Optometrists		23,190	(2,274)	20,916
22,842		22,842	GMS (GP Services)		24,222		24,222
3,490		3,490	Integrated Care Fund		2,829		2,829
1,044		1,044	Learning Difficulties		1,148		1,148
19,740	(164)	19,576	Mental Health		20,460	(192)	20,268
1,377	(294)	1,083	Planning Health Improvement		1,044		1,044
6,564	(27)	6,537	Podiatry		6,256	(20)	6,236
35,007		35,007	Prescribing		36,271		36,271
3,987	(137)	3,850	Primary Care Support		4,086	(213)	3,873
<b>133,903</b>	<b>(5,024)</b>	<b>128,879</b>	<b>Health Services Directly Managed by Renfrewshire IJB</b>		<b>138,695</b>	<b>(4,336)</b>	<b>134,359</b>
29,582		29,582	Set aside for Delegated Services Provided in Large Hospitals		29,582		29,582
<b>163,485</b>	<b>(5,024)</b>	<b>158,461</b>	<b>Total Cost of Health Services</b>		<b>168,277</b>	<b>(4,336)</b>	<b>163,941</b>
<b>Social Care Services</b>							
1,287	(599)	688	Addiction Services		1,237	(605)	632
2,299	(1,649)	650	Integrated Care Fund		2,583	(2,371)	212
21,619	(1,394)	20,225	Learning Difficulties		23,786	(1,323)	22,463
4,354	(143)	4,211	Mental Health		4,681	(134)	4,547
53,111	(9,869)	43,242	Older People		55,896	(9,891)	46,005
7,821	(489)	7,332	Physical or Sensory Difficulties		8,816	(502)	8,314
<b>90,491</b>	<b>(14,143)</b>	<b>76,348</b>	<b>Social Care Services Directly Managed by Renfrewshire IJB</b>		<b>96,999</b>	<b>(14,826)</b>	<b>82,173</b>
1,251	(31)	1,220	Services Delegated to Social Care	8	1,502	(139)	1,363
<b>91,742</b>	<b>(14,174)</b>	<b>77,568</b>	<b>Total Social Care Services</b>		<b>98,501</b>	<b>(14,965)</b>	<b>83,536</b>
<b>255,227</b>	<b>(19,198)</b>	<b>236,029</b>	<b>Total Cost of Services</b>		<b>266,778</b>	<b>(19,301)</b>	<b>247,477</b>
	(241,523)	(241,523)	Taxation and Non-Specific Grant Income	5		(245,425)	(245,425)
<b>255,227</b>	<b>(260,721)</b>	<b>(5,494)</b>	<b>(Surplus)/Deficit on Provisions of Services (movement in reserves)</b>		<b>266,778</b>	<b>(264,726)</b>	<b>2,052</b>

## **Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts**

- 5.1 The income and expenditure statement has been restated in 2016/17 to reflect the revised position in relation to hosted services. See section 1.6.18 - 20 for further details.
- 5.2 There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.



## Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

	General Fund Balance £000's	Earmarked Reserves £000's	Total Reserves £000's
<b>Movement in Reserves during 2016/17:</b>			
<b>Opening Balance at 31 March 2016</b>	-	-	-
Total Comprehensive Income and Expenditure			
Increase or Decrease in 2016/17	(2,644)	(2,850)	(5,494)
<b>Closing Balance at 31 March 2017</b>	(2,644)	(2,850)	(5,494)
<b>Movement in Reserves during 2017/18:</b>			
<b>Opening Balance at 31 March 2017</b>	(2,644)	(2,850)	(5,494)
Total Comprehensive Income and Expenditure			
Increase or Decrease in 2017/18	1,714	338	2,052
<b>Closing Balance at 31 March 2018</b>	(930)	(2,512)	(3,442)

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

### Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2018. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2017 £000's		Notes	31 March 2018 £000's
5,494	Short Term Debtors	6	3,442
<b>5,494</b>	<b>Current Assets</b>		<b>3,442</b>
-	Short Term Creditors	6	-
<b>-</b>	<b>Current Liabilities</b>		<b>-</b>
<b>5,494</b>	<b>Net Assets</b>		<b>3,442</b>
(2,644)	Usable Reserves: General Fund	7	(930)
(2,850)	Unusable Reserves: Earmarked	7	(2,512)
<b>(5,494)</b>	<b>Total Reserves</b>		<b>(3,442)</b>

The statement of Accounts presents a true and fair view of the financial position of the Integration Joint Board as at 31 March 2018 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 29 June 2018 and the audited accounts were authorised for issue on 14 September 2018.

Balance Sheet signed by:

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**Sarah Lavers CPFA**  
Chief Finance Officer

**14/09/2018**

## Notes to the Financial Statements

### **Note 1: Significant Accounting Policies**

#### General Principles

The Financial Statements summarise the IJB's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. Assets are held at fair value.

#### Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where debts may not be received, the balance of debtors is written down.

#### Funding

The IJB is primarily funded through funding contributions from its statutory funding partners, Renfrewshire Council and NHSGGC. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Renfrewshire area.

#### Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March, is represented as a debtor or creditor on the IJB's balance sheet.

#### Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its balance sheet.

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partners are treated as employee costs.

### Reserves

Reserves have been created from net surpluses in current or prior years, some of which are earmarked for specific purposes, the remainder is the general reserve.

When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be processed through the Movement in Reserves Statement.

### Indemnity Insurance / Clinical and Medical Negligence

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities through the CNORIS scheme. NHS Greater Glasgow & Clyde and Renfrewshire Council have responsibility for claims in respect of the services for which they are statutorily responsible and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB's participation in the Scheme is, therefore, analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material, the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

### Debtors

Financial instruments are recognised in the balance sheet when an obligation is identified and released as that obligation is fulfilled. Debtors are held at fair value, and represent funding due from partner bodies that was not utilised in year.

## Note 2: Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of the values included for services hosted within Renfrewshire IJB for other IJBs within the NHS Greater Glasgow and Clyde area. In previous financial years the financial accounts have been prepared on the basis that the costs associated with activity for services related to non- Renfrewshire residents were removed and transferred to other IJB's to reflect the location of the service recipients. Costs were also added to reflect activity for services delivered by other IJB's related to Renfrewshire residents. The costs removed/added were based upon budgeted spend such that any overspend, or underspend remains with the hosting IJB.

In preparing the 2017/18 financial statements these adjustments will no longer be made. Within NHS Greater Glasgow and Clyde, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

primary responsible for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which 2017-18 accounts have been prepared.

### Note 3: Events after the Balance Sheet Date

The Annual Accounts were authorised for issue by the Chief Financial Officer on XX September 2018. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2018 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Events taking place after the date when the Accounts were authorised are not reflected in the financial statement or notes.

### Note 4: Expenditure and Income Analysis by Nature

The table below shows the gross expenditure and income for Renfrewshire IJB against subjective headings.

This note has been restated in 2016/17 to reflect the revised position in relation to hosted services (see section 1.6.18 - 20 for further details), and the change in the alignment of expenditure in relation to housing adaptations and self-directed support costs from 2017/18.

Renfrewshire Integration Joint Board	2016/17 £000's Restated	2017/18 £000's
<b>Health Services</b>		
Employee Costs	43,718	43,749
Property Costs	33	29
Supplies and Services	8,722	8,779
Purchase of Healthcare	56	2,483
Family Health Service	81,375	83,655
Set Aside	29,582	29,582
Income	(5,025)	(4,336)
<b>Total Health Services</b>	<b>158,461</b>	<b>163,941</b>
<b>Adult Social Care</b>		
Employee Costs	28,471	30,817
Property Costs	551	996
Supplies and Services	1,722	1,723
Contractors	56,329	60,578
Transport	727	655
Administrative Costs	1,017	1,168
Payments to Other Bodies	2,925	2,564
Income	(14,174)	(14,965)
<b>Total Adult Social Care Services</b>	<b>77,568</b>	<b>83,536</b>
<b>Total Cost of Services</b>	<b>236,029</b>	<b>247,477</b>
<b>Partners Funding Contributions and Non-Specific Grant Income</b>	<b>(241,523)</b>	<b>(245,425)</b>
<b>(Surplus)/Deficit on Provision of Services</b>	<b>(5,494)</b>	<b>2,052</b>

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

### Note 5: Taxation and Non-Specific Grant Income

The table below shows the funding contribution from the two partner organisations:

Taxation and Non-Specific Grant Income	2016/17 £000's Restated	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	162,436	162,925
Renfrewshire Council	79,087	82,500
<b>Total</b>	<b>241,523</b>	<b>245,425</b>

This note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See section 1.6.18 - 20 for further details.

The funding contribution from the NHS Board shown above includes £29.582m in respect of 'set aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

### Note 6: Short Term Debtors and Creditors

At the end of this financial year, Renfrewshire IJB had short term debtors of £3.442m relating to the reserves held. There were no creditors. Amounts owed by the funding partners are stated on a net basis.

Short Term Debtors	2016/17 £000's	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	3,975	2,958
Renfrewshire Council	1,519	484
<b>TOTAL</b>	<b>5,494</b>	<b>3,442</b>
Short Term Creditors	2016/17 £000's	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	-	-
Renfrewshire Council	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>

### Note 7: Usable Reserves

As at 31 March 2018 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition, a general reserve has been created as part of the financial strategy of the IJB. This will be used to manage the risk of any future unanticipated events and support service provision that may materially impact on the financial position of the IJB in later years.

The table below shows how reserves are allocated:

General Reserves	2016/17 £000's	2017/18 £000's
Health delegated budget under spend carried forward	1,125	930
Renfrewshire Council under spend carried forward	1,519	-
<b>TOTAL GENERAL RESERVES</b>	<b>2,644</b>	<b>930</b>

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

Earmarked Reserves	2016/17 £000's	2017/18 £000's
<b>Health delegated budget planned contribution to reserve:</b>		
16/17 & 17/18 PCTF Monies for Tests of Change & GP Support	1,100	438
GP Digital Transformation	289	-
GP Premises Fund - Renfrewshire Allocation	705	414
Funding for Temp Mental Health Posts	82	-
Primary Care Transformation Fund Monies	39	39
District Nurse 3 year Recruitment Programme	150	150
Health & Safety Costs for Mental Health Shower Facilities	35	-
Prescribing	450	450
Funding to Mitigate Any Shortfalls in Delivery of savings in 18/19	-	339
Health Visiting	-	181
Tannahill Diet and Diabetes Pilot Project	-	17
<b>TOTAL Renfrewshire HSCP</b>	<b>2,850</b>	<b>2,028</b>
<b>Renfrewshire Council delegated budget planned contribution to reserve:</b>		
Care @ Home Redesign/Locality Services Redesign Costs	-	399
Additional Specific Planned Placement start up costs	-	35
ICT Swift Update Costs	-	50
<b>TOTAL Renfrewshire Council</b>	<b>-</b>	<b>484</b>
<b>TOTAL EARMARKED RESERVES</b>	<b>2,850</b>	<b>2,512</b>

The following earmarked reserves, created in 2016/17 on behalf of NHSGGC, were drawn down in full at the start of 2017/18, by NHSGGC:

- Primary Care Transformation Monies: £1,100k
- GP Digital Transformation: £289k and,
- GP Premises Fund: £705k

### Note 8: Additional Council Services Delegated to the IJB

The table below shows the costs of Renfrewshire Council services delegated to the IJB. Under the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. The HSCP monitor the delivery of these services on behalf of the IJB.

Additional Council Services Delegated to the IJB	2016/17 £000's	2017/18 £000's
Garden Assistance Scheme	369	370
Housing Adaptations	770	910
Women's Aid	112	222
Grant Funding for Women's Aid	(31)	(139)
<b>NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)</b>	<b>1,220</b>	<b>1,363</b>

### Note 9: Related Party Transactions

The IJB has related party relationships with NHSGGC and Renfrewshire Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships. The table below shows the funding that has transferred from the NHS Board via the IJB to the Council. This amount includes Resource Transfer Funding.

## Renfrewshire Integration Joint Board (IJB) – 2017/18 Annual Accounts

This note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See section 1.6.18 - 20 for further details.

Service Income Received	2016/17 £000's Restated	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	(5,024)	(4,336)
Renfrewshire Council	(14,174)	(14,965)
<b>TOTAL</b>	<b>(19,198)</b>	<b>(19,301)</b>

Expenditure on Services Provided	2016/17 £000's Restated	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	163,485	168,277
Renfrewshire Council	91,742	98,501
<b>TOTAL</b>	<b>255,227</b>	<b>266,778</b>

Funding Contributions Received	2016/17 £000's Restated	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	162,436	162,925
Renfrewshire Council	79,087	82,500
<b>Total</b>	<b>241,523</b>	<b>245,425</b>

Debtors	2016/17 £000's	2017/18 £000's
NHS Greater Glasgow and Clyde Health Board	3,975	2,958
Renfrewshire Council	1,519	484
<b>TOTAL</b>	<b>5,494</b>	<b>3,442</b>

### Note 10: IJB Operational Costs

NHSGCC and Renfrewshire Council provide a range of support services for the IJB including finance services, personnel services, planning services, audit services, payroll services and creditor services. There is no charge to the IJB for these support services.

The costs associated with running the IJB are shown in the table below:

IJB Operational Costs	2016/17 £000's	2017/18 £000's
Staff Costs	271	281
Audit Fees	17	24
<b>TOTAL</b>	<b>288</b>	<b>305</b>

### Note 11: VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the Accounts depends upon which of the partners is providing the service as these bodies are treated differently for VAT purposes.

The services provided by the Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

### Note 12: External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2017/18 are £24,000. There were no fees paid to Audit Scotland in respect of any other services.



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**To: Renfrewshire Integration Joint Board**

**On: 14 September 2018**

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**Report by: Chief Officer**

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**Subject: Performance Framework 2018/19**

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## **1. Summary**

1.1 This paper proposes and describes a comprehensive Performance Framework for Renfrewshire HSCP for 2018/19.

1.2 Performance will be presented at all IJB meetings. The full Scorecard updating all performance measures will be presented twice yearly - at mid-year and end of year 2018/19.

1.3 At IJB meetings when the Scorecard is not presented, we will report performance in a number of different ways. This will include updates from service areas; exception reporting; updates on survey results as they become available; and benchmarking our performance on the national indicators against other HSCPs across Scotland.

1.4 This Performance paper includes:

- A list of all proposed indicators and targets for 2018/19 set against the nine National Outcomes (Appendix 1).
- A weblink to the 2017/18 Annual Report, which describes our performance in a variety of ways: case studies demonstrate how HSCP decisions and services result in positive outcomes for service users and their families; progress against planned activities is shown by care group, allowing readers to review performance in areas such as mental health, learning disabilities, older people, child and maternal health etc. This section of the Annual Performance Report can be cross referenced to the Strategic Plan. Finally, quantitative performance is assessed against the 91 national and local performance indicators and the 9 national outcomes, using the red/amber/green status system.

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## **2. Recommendations**

It is recommended the IJB:

- Approves the proposed indicators and targets for 2018/19 set out at Appendix 1

- Notes the Annual Performance Report for 2017/18 for Renfrewshire HSCP.

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

- 3.1 We have taken into account feedback throughout 2017/18 and used this learning to develop our 2018/19 Performance Framework. We have reviewed our indicators in the HSCP Performance Scorecard. Our targets have also been reviewed and updated to ensure they are both realistic and challenging. Where indicators have no target, this will be for one of the three following reasons:
- a) This is a new indicator and we are establishing a baseline e.g. young carers' statements.
  - b) We are monitoring a trend, and a target would not be appropriate e.g. suicide rate.
  - c) Activity is driven by need so a target is inappropriate e.g. homecare hours or children registered previously on child protection register.
- 3.2 Work is now underway to develop the HSCP's Strategic Plan for 2019–22. Our aim is to highlight the benefits of joint working and show our services provide high quality, effective care and support to the people of Renfrewshire. Action Plans with performance indicators for each of the service areas will be included in the Plan.
- 3.3 Previously, we have compared Renfrewshire's performance against a number of key indicators with the Scottish average, NHSGGC average, and neighbouring Partnerships within Greater Glasgow and Clyde. In 2018/19 we plan to expand on this and compare our performance with other Health and Social Care Partnerships from similar geographical areas identified by Healthcare Improvement Scotland (HIS). Renfrewshire is in a 'family group' with Clackmannanshire and Stirling, Dumfries and Galloway, South Ayrshire, South Lanarkshire, West Lothian, Fife and Falkirk. We will identify a number of key national indicators and compare our performance against these areas. By sharing good practice and learning, we hope to improve performance where possible. Benchmarking information will be reported to the IJB in 2019.
- 3.4 Some indicators included in our 2017/18 Scorecard are updated from Renfrewshire's Health and Social Care Survey. This national survey is carried out every two years. Survey results were presented to the IJB in the performance report on 29 June 2018. As these national indicators are not updated on a regular basis, we propose to delete them from the 2018/19 Performance Scorecard and provide the IJB with a specific report on the survey results once they are updated again in 2020.

Similarly, under National Outcome 1: *People are able to look after and improve their own health and wellbeing and live in good health for*

*longer*, five local indicators are reported from the HSCP's Adult Health and Wellbeing Survey in Renfrewshire. This local survey is carried out every three years across NHS Greater Glasgow and Clyde. The 2017 fieldwork is complete, and the analysing and reporting is progressing well. We look forward to reporting the results at a future IJB meeting early in 2019. As this data will be updated every three years; again we propose to delete the five indicators from the 2018/19 Scorecard and provide the IJB with a specific report on the survey results once an update is available again in 2021/22.

3.5 On reviewing the 2017/18 Performance Scorecard there are a number of indicators that have been superseded by new indicators:

- In line with the implementation of the Carers' Act, carers' assessments have been changed to carers' support plans
- In line with returns to Scottish Government and the dashboard used by Renfrewshire's Chief Officer Group, we have introduced 4 new indicators for public protection:
  - The number of Adult Protection contacts received
  - Total Mental Health Officer service activity
  - The number of Chief Social Worker Guardianships
  - The percentage of children registered in this period who have previously been on the Child Protection Register.

3.6 A number of new indicators are included in the 2018/19 Performance Scorecard. Some of these indicators are already monitored within service areas and will now be included in the Scorecard e.g. % of Measles, Mumps and Rubella (MMR) vaccinations at age 24 months and five years; and % of staff who have completed the mandatory Fire Safety e-learning module.

3.7 Indicators with targets set against them have been reviewed for 2018/19 to ensure these are realistic and improvement in performance can be evidenced. An example of this is the target for reducing the rate of pregnancies for those under 16 years of age (rate per 1,000) population was 5 per 1,000 population in 2017/18. This will reduce to 3.1 per 1,000 population in 2018/19 due to the positive progress made against this important target in 2017/18. While maintaining this level will be challenging, reducing teenage pregnancies, particularly in the younger age group, is a key priority for the HSCP.

3.8 Our Performance Dashboard summarises the number of indicators that have red, amber or green status against them. We hope to improve the layout of the Dashboard for 2018/19 so IJB members can see at a glance the overall performance position and easily identify areas that are doing well and areas that need improvement.

#### **4. Annual Performance Report (2017/18)**

4.1 The HSCP's Annual Performance Report for 2017/18 has been finalised and is available on our website at:

[http://www.renfrewshire.hsc.scot/media/6993/Annual-Report-2017-18/pdf/Annual\\_Report\\_2017-18.pdf](http://www.renfrewshire.hsc.scot/media/6993/Annual-Report-2017-18/pdf/Annual_Report_2017-18.pdf)

- 4.2 As a Partnership, we use the report to measure our performance against a set of National Outcomes and Performance Indicators and to help plan and improve our services going forward. Our performance is assessed in the context of the arrangements set out in our Strategic Plan 2016-19 and Financial Statement.
- 4.3 Responses to our feedback questionnaire on last year's report were positive and we have taken on board suggested improvements in producing this year's report. Once again, we have included a number of case studies to demonstrate where positive outcomes were achieved for our service users. There is an opportunity for readers to get in touch and share their views on the 2017-18 report by completing the form on page 95 or using the online questionnaire at:

<https://link.webropolsurveys.com/Participation/Public/cc92dd93-6144-466c-a341-a2fb782b09d4?displayId=Uni1331065>

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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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## Renfrewshire Integration Joint Board Indicators and Targets 2018-2019

<b>National Outcome 1</b>	<b>People are able to look after and improve their own health and wellbeing and live in good health for longer</b>
<b>Performance Indicator</b>	<b>Target</b>
Exclusive breastfeeding at 6-8 weeks	21.4%
Alcohol brief interventions	a

<b>National Outcome 2</b>	<b>People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</b>
<b>Performance Indicator</b>	<b>Target</b>
Percentage of clients accessing out of hours home care services (65+)	85%
Average number of clients on the Occupational Therapy waiting list	350
People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	100%
Number of emergency admissions	18,000
Number of unscheduled hospital bed days; acute specialties	123,820
Percentage of long term care clients receiving intensive home care (national target: 30%)	30%
Number of delayed discharge bed days	3,200
Homecare hours provided - rate per 1,000 population aged 65+	c
Percentage of homecare clients aged 65+ receiving personal care	a
Population of clients receiving telecare (75+) - Rate per 1,000	a
Percentage of routine OT referrals allocated within 9 weeks	a
Number of adults with a new Anticipatory Care Plan	a

<b>National Outcome 3</b>	<b>People who use health and social care services have positive experiences of those services, and have their dignity respected</b>
<b>Performance Indicator</b>	<b>Target</b>
Percentage of deaths in acute hospitals (65+)	42%
Percentage of deaths in acute hospitals (75+) SIMD 1	42%
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%

## Renfrewshire Integration Joint Board Indicators and Targets 2018-2019

Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	90%
A&E waits less than 4 hours	95%
Percentage of staff who have passed the Fire Safety LearnPro module	90%
Percentage of Primary Care Mental Health Team patients referred to first treatment appointment offered within 9 weeks	100%
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	100%
Number of routine sensitive inquiries carried out	c
Number of referrals made as a result of the routine sensitive inquiry being carried out	c

National Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of service users
Performance Indicator	Target
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.1
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	80%
Uptake rate of child health 30-month assessment	80%
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%
Percentage of children vaccinated against MMR at 5 years	95%
Percentage of children vaccinated against MMR at 24 months	95%
Reduction in the rate of alcohol related hospital admissions per 1,000 population	8.9
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	91.5%
Emergency admissions from care homes	484
Reduce drug related hospital stays - rate per 100,000 population	170
Reduce the percentage of babies with a low birth weight (<2500g)	6%
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	95%
Emergency bed days rate 65+	2777
Number of readmissions to hospital 65+	1337

## Renfrewshire Integration Joint Board Indicators and Targets 2018-2019

National Outcome 5	Health and social care services contribute to reducing health inequalities
Performance Indicator	Target
Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	228
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	19.9%
Number of staff trained in sensitive routine enquiry	a

National Outcome 6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing
Performance Indicator	Target
Number of carers accessing training	220
Number of adult support plans completed for carers (age 18+)	a
Number of adult support plans refused by carers (age 18+)	a
Number of young carers' statements completed	a

National Outcome 7	Health and social care services contribute to reducing health inequalities
Performance Indicator	Target
Suicide - rate per 100,000	b
Number of Adult Protection contacts received	c
Total Mental Health Officer service activity	c
Number of Chief Social Worker Guardianships (as at position)	c
Percentage of children registered in this period who have previously been on the Child Protection Register	c

## Renfrewshire Integration Joint Board Indicators and Targets 2018-2019

National Outcome 8	
People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do	
Performance Indicator	Target
% of Health Care Support Worker staff with mandatory induction completed within the deadline	100%
% of Health Care Support Worker staff with standard induction completed within the deadline	100%
% of complaints within HSCP responded to within 20 days	70%
% of health staff with completed TURAS profile/PDP	80%
Improve the overall iMatter staff response rate	60%
Sickness absence rate for HSCP NHS staff	4%
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	2.36 days
No. of SW employees, in the MTIPD process, with a completed IDP	a

National Outcome 9	
Resources are used effectively in the provision of health and social care services, without waste	
Performance Indicator	Target
Formulary compliance	78%
Prescribing cost per treated patient	£86.63
Total number of A&E attendances	56,119
Care at Home costs per hour (65 and over)	c
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	c
Net residential costs per week for older persons (over 65)	c
Prescribing variance from budget	c



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**To:** Renfrewshire Integration Joint Board

**On:** 14 September 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 updates IJB members on Renfrewshire Health and Social Care Partnership's evolving Change and Improvement Programme, including the three Service Reviews, Learning Disabilities, Older People Services and Charging, Eligibility Criteria and Thresholds, approved by the IJB in June 2018.
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**2. Recommendation**

It is recommended that the IJB:

- Note the content of the report.
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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;
  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. As part of this work, a number of service improvements/developments are underway including:

- Development and delivery of the HSCP's Primary Care Improvement Plan (PCIP), as part of the introduction of the GP Contract;
- 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.

4.3. The IJB are asked to note a number of developments since the last reporting period in June 2018:

4.3.1 **Renfrewshire HSCP's Primary Care Improvement Plan (PCIP)** was approved by the GP Subcommittee of the Area Medical Committee on 31 July 2018 and shared with the National General Medical Services (GMS) Oversight Group, Scottish Government. The PCIP is the subject of a separate paper to this meeting.

4.3.2 **Localities:** The HSCP has a range of services which were designed to support rehabilitation and reablement type activities. These have been in place for a number of years. From initial engagement with key stakeholders including SMT, Staff Partnership Forum (SPF), locality staff and professional leads, there is a recognised opportunity to provide a more integrated service model. This would aim to ensure services are efficient and customer focused e.g. simple referral and intervention pathways which have minimal overlap and are effectively co-ordinated. To facilitate this, work is underway to scope a work programme to design and deliver an integrated multidisciplinary rehabilitation/reablement service model.

4.3.3 **Care at Home:** Following the recent service review, work is now underway to establish an organisational structure that facilitates staff management and support at a locality level, devolving responsibility closer to staff and service users.

Work also continues to procure and implement a scheduling and monitoring system, however following advice from the Council's Corporate Procurement team, the current tender has been discontinued due to a number of technical contractual issues. Work has begun on a new tender process and early indications of procurement pathways suggest the award of this contract will be concluded in early 2019.

There remains a strong focus on engagement with our staff, and further work is underway to ensure our service users feel informed and dialogue and feedback encouraged.

## 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: local preparations for the introduction of the Carers Act; the new GP Contract; the requirement to upgrade telecare equipment from analogue to digital; the Dementia Strategy and, more recently, the planned introduction of Free Personal Care for Under 65s.

5.1.1 The Scottish Government has committed to the extension of Free Personal Care to all under 65s who require it regardless of condition. Ministers have committed to the extension by 1 April 2019. A new local Steering Group is being established to oversee the HSCP's preparations. This Group will consider issues around the implementation of the extended policy, including the possible increase in demand; costs for uptake of services; interactions with the benefits system and with Children's Services; and the impact on local eligibility criteria.

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

6.1 On 29 June 2018 the IJB approved 3 service reviews, in addition to the Addictions Review and GGC System Wide Mental Health Strategy work already underway:

1. Learning Disabilities Services (see section 7);
2. Older People Services (see section 8) and;
3. Charging, Eligibility Criteria and Thresholds (see section 9), on behalf of Renfrewshire Council.

6.2 Governance arrangements are now in place for the reviews, with each being led by a Head of Service, and supported by an external consultant providing an objective view.

Service	Lead	External Support
Addictions	Head of Mental Health, Addictions and Learning Disabilities	External Consultant with relevant Addictions experience
Learning Disability	Head of Mental Health, Addictions and Learning Disabilities	Paradigm
Older People	Head of Health and Social Care (Paisley)	External Consultant with relevant Older People Services experience
Charging, Eligibility Criteria and Thresholds	Chief Finance Officer	Rocket Science
Mental Health Strategy in Action 15 (GGC wide review)	Head of Mental Health, Addictions and Learning Disabilities	Medical Director (Mental Health), NHS GGC

- 6.3 A Planning Group has been established for each review, led by the Lead Head of Service. These Groups include representation, as appropriate, from service users, providers, staff, partner organisations and other relevant specialist inputs. The Planning Groups are responsible for agreeing Terms of Reference and overseeing the review process.
- 6.4 A structured process is being adopted for all Reviews, with common, defined stages as outlined in the table below:

Stages	Key milestones
<b>Stage 1: Scope and Design</b>	<ul style="list-style-type: none"> <li>Review Governance in place – Lead Officers and external support appointed. Planning Group established</li> <li>Terms of Reference approved</li> </ul>
<b>Stage 2: Analyse and Review</b>	<ul style="list-style-type: none"> <li>Information gathering – key themes, challenges and drivers</li> <li>Data analysis</li> <li>Benchmarking</li> <li>Initial discussions with senior managers – background and context</li> </ul>
<b>Stage 3: Exploring Options</b>	<ul style="list-style-type: none"> <li>Engagement with key stakeholders including Planning Group, Council, NHS and Professional Advisory Group</li> <li>Initial discussion document with options for further review</li> </ul>
<b>Stage 4: Options Appraisal / Future Model</b>	<ul style="list-style-type: none"> <li>Phase 1:</li> <li>Feedback from SMT, Planning Group, IJB (Dev Session), Council and NHS</li> <li>Initial Internal Report with draft recommendations and options</li> </ul>
	<ul style="list-style-type: none"> <li>Phase 2:</li> <li>Wider stakeholder engagement and involvement briefings on high-level options and themes e.g. Trade Unions, SPF, SPG, governance groups, general public etc.</li> <li>Draft Report following consultation process</li> </ul>
<b>Stage 5: Impact Assessment</b>	<ul style="list-style-type: none"> <li>EQIA completed</li> <li>HSCP PAG Impact Assessment completed</li> </ul>
<b>Stage 6: Formal Approval</b>	<ul style="list-style-type: none"> <li>Final IJB Board paper setting out recommendations on behalf of Review Planning Groups presented for approval (Council for Charging)</li> </ul>
<b>Stage 7: Implementation Design and Delivery</b>	<ul style="list-style-type: none"> <li>Implementation Plan to be developed and agreed by Planning Group</li> <li>Regular communications to key stakeholders including IJB. Ongoing engagement and involvement of service users and others</li> </ul>

- 6.5 A number of common principles will underpin each Review:
- 6.5.1 **Strategic Alignment:** Ensure any Review recommendations and outcomes align with our Market Facilitation Statement, Strategic and Financial Plans and relevant national strategy and policy;
  - 6.5.2 **An Inclusive approach:** The HSCP continues to be committed to an engagement-based model with ongoing and meaningful dialogue with key stakeholders, in particular service users. Recognise the anxieties and sensitivities given the nature of the services; and
  - 6.5.3 **A focus on creating fit for the future services:** Establishing services which are outcomes focused; financially efficient and taking account of changing trends, demographics and demand.
- 6.6 The Reviews will run up to late 2018, with final approval of recommendations to be sought in early 2019.
- 6.7 The Chief Officer and Senior Management Team have been raising awareness of the Service Reviews with our key stakeholders to ensure they are clear on their purpose and the approach being taken. To date, there have been briefings with the Strategic Planning Group, Staff Partnership Forum and the HSCP Leadership Network. A session with the HSCP's Professional Advisory Group (PAG) is also scheduled in September 2018.
- 7. Addictions**
- 7.1. A Whole System Review was completed by an Independent Reviewer, in May 2018. The review findings were presented to Alcohol and Drug Partnership (ADP) and ADP Delivery Groups for feedback in May/June 2018. In addition, initial briefings were undertaken with the SMT, Trade Unions and staff groups.
  - 7.2. Further work is now being undertaken to define a future model, based on the Review's direction and recommendations. A Delivery Group is currently being established which will include a sub group dedicated to staff consultation on the new model. The ADP will continue to have oversight and a further briefing on the future direction and an implementation plan has been scheduled for 29 August 2018.
  - 7.3. The IJB will receive an update on the Review findings and proposed future model at their development session on 12 October 2018.
- 8. Learning Disabilities**
- 8.1. The HSCP's Head of Mental Health, Addictions and Learning Disabilities is leading this Review.
  - 8.2. Following mini tender process Paradigm, a leading learning disability training and development agency, has been appointed as the external support.

8.3. Integral to Paradigm's approach:

- Their team has an advocate and a carer with lived experience;
- Co-production with carers including carer workshops;
- Visioning day for service users and carers;
- Planning events including service users, carers, staff including commissioning and stakeholders; and
- Focus groups and one to one discussions.

8.4. A Planning Group has been established and it has now agreed the Terms of Reference. Ongoing communication will take place with service users and family members/carers to share understanding of the review work and this will include the development of a DVD for people who use our services.

**9. Older People's Services**

9.1. The HSCP's Head of Health and Social Care (Paisley) is leading this Review. An external consultant has been appointed to provide independent review support and has undertaken initial discussions with a range of senior officers in the HSCP and Council, and also visited a number of the HSCP's Older People residential and in-patient services. The external consultant attended the Strategic Planning Group in August 2018 to talk through his role, and the experience he will bring to the Review.

9.2. The first meeting of the Planning Group took place on 29 August 2018, where members agreed the Terms of Reference and the proposed approach and timeline for carrying out the Review.

**10. Charging, Eligibility Criteria and Thresholds**

10.1. The Chief Finance Officer is leading this Review on behalf of Renfrewshire Council.

10.2. A consultant from Rocket Science has been appointed (external review support). To date, Rocket Science have undertaken initial discussions with a range of senior officers in the HSCP and Council, and have also carried out some initial research, benchmarking and analysis to help inform the Review.

10.3. A Joint Planning Group, with both HSCP and Council representation, is scheduled and draft Terms of Reference have been shared for review and approval.

**11. Mental Health Strategy**

11.1. The 5 year Mental Health Strategy for Greater Glasgow & Clyde is being led by the Clinical Director (Mental Health, NHS GGC on behalf of all Greater Glasgow and Clyde HSCPs). A Programme Board has been established with representation from each of the 6 HSCPs. The Programme Board has a range of supporting workstreams, each with agreed Terms of Reference. Initial briefings have taken place with all GGC IJBs.

11.2. A Renfrewshire Mental Health Strategy Planning Group is being established to manage the local implementation of the strategy, and regular updates will be provided as part of the Change and Improvement Programme.

## 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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**To: Renfrewshire Integration Joint Board**

**On: 14 September 2018**

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**Report by: Chief Officer**

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**Heading: GP Contract and Primary Care Improvement Plan (PCIP)**

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## **1. Purpose**

- 1.1 The purpose of this report is to present the final Renfrewshire HSCP Primary Care Improvement Plan – July 2018 (Appendix 1) to the Integration Joint Board for approval. This plan was approved by the GP Subcommittee of the Area Medical Committee on 31 July 2018.

## **2. Summary**

- 2.1 In June 2018, the IJB were presented with the draft Renfrewshire HSCP Primary Care Improvement Plan (PCIP). The PCIP aims to document and establish how the key priorities within the Memorandum of Understanding (MoU) for the delivery of general medical services under the General Medical Services (GMS) Contract are to be embedded into primary care.
- 2.2 Over the next three years, every practice within NHS Greater Glasgow & Clyde (NHSGG&C) will be supported by expanded teams of HSCP and NHS Board employed health professionals. This will create a skilled multidisciplinary team surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist.
- 2.3 Renfrewshire's PCIP was approved by the GP Subcommittee on 31 July 2018 and shared with the National GMS Oversight Group, Scottish Government. Local implementation of the PCIP will be supported by an overarching implementation document, which includes detailed plans for each of the MOU commitments.
- 2.4 A Renfrewshire Primary Care Transformation Group has been established to provide oversight/assurance regarding progress. This group will review progress on the PCIP and delivery of the agreed outcomes and continue to develop plans in partnership for 2019/20/21. Our local implementation will continue to progress in the wider context of change and will complement and enable related programmes to sustain improvement and shift the balance of care. Implementation of the PCIP will also be monitored by the Local Medical Committee (LMC).

## **3. Recommendations**

It is recommended that the IJB:

- Approve Renfrewshire Primary Care Improvement Plan (PCIP);

- Note that ongoing communication and engagement will guide further iterations of the local Primary Care Improvement Plan (PCIP);
- Agree that further iterations on the PCIP will be provided to the IJB.

#### 4. Background

4.1 The new General Medical Services (GMS) was agreed earlier this year between Scottish Government and other partners including HSCP Chief Officers. Link: <http://www.gov.scot/Resource/0053/00534343.pdf>. The new contract, which came into effect from 1 April 2018, focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021.

4.2 As part of the Contract, a Memorandum of Understanding (MOU) Link: <http://www.gov.scot/Resource/0053/00534343.pdf> has been developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MOU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expert medical generalist. The initial PCIP aims to progress key MOU commitments with expansion of these planned for years 2 and 3.

4.3 Key MOU priorities to be implemented include:

- 1) **The Vaccination Transformation Programme (VTP)**
  - High level deliverable: All services to be Board run by 2021.
- 2) **Pharmacotherapy Services**
  - High level deliverable: services to be delivered to the patients of every practice by 2021.
- 3) **Community Treatment and Care Services**
  - High level deliverable: services to be delivered in every area by 2021, starting with Phlebotomy.
- 4) **Urgent Care (Advanced Practitioners)**
  - High level deliverable: sustainable roles such as Advanced Nurse Practitioner (ANP) services used for urgent unscheduled care as part of the practice or cluster-based team.
- 5) **Additional Professional Roles (MSK Physiotherapy & Mental Health Professionals)**
  - High level deliverable: create a dynamic multidiscipline team consisting of physiotherapists or mental health workers who can act as the first point of contact.
- 6) **Community Links Workers**
  - High level deliverable: non-clinical staff, totalling at least 250 nationally to support patients who need it, starting with those in deprived areas.

## Implications of the Report

1. **Financial** - Primary Care Improvement Fund allocation in 2018-19 for Renfrewshire is £1,553,435 to facilitate service redesign through the Primary Care Improvement Plan, of which £1,292,253 is new allocation.
2. **HR & Organisational Development** - The new Contract supports the development of new roles and multi-disciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical Generalist. In year 1 of the PCIP, new members of the multidisciplinary team will be aligned to each MOU commitment, with recruitment for some healthcare professionals sitting centrally for board-wide allocation.
3. **Community Planning** - The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda. Ongoing engagement with community groups and service users will help to outline any issues with new ways of working in primary care.
4. **Legal** - There are no legal issues with this report.
5. **Property/Assets** - Property remains in the ownership of the parent bodies. As a function of the PCIP, there will be a HSCP wide accommodation and premises survey undertaken to facilitate sharing of space and co-location of working within primary care.
6. **Information Technology** - Managing information and making information available will require ICT input. Collocation of staff members within general practice will require updates to IT systems to ensure members of the multidisciplinary teams can effectively work together.
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 during 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** – Nil.
9. **Procurement** – Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – The implementation of the new contract is only possible with full engagement of all IJBs, NHS Boards, GP Sub Committee and LMC. The new contract seeks to address GP primary care sustainability. Workforce availability across all Allied Health Professionals/extended roles have been recognised as a challenge nationally.
11. **Privacy Impact** – N/A.

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### List of Background Papers:

- GP Contract and Primary Care Improvement Plan (IJB Paper - 29<sup>th</sup> June 2018)

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# Implementation of 2018 General Medical Services (GMS) Contract

2018 - 2021

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## Renfrewshire Primary Care Improvement Plan (PCIP)

Final July 18

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### Publications in Alternative Formats

We want the Primary Care Improvement Plan to be available to everyone and we are happy to consider requests for this publication in other languages or formats such as large print.

**Please call:** 0141 618 7629

**Or email:** [Renfrewshire.HSCP@ggc.scot.nhs.uk](mailto:Renfrewshire.HSCP@ggc.scot.nhs.uk)

## Executive Summary

*“...these changes will enable the GPs of Scotland to make the best contribution possible to achieving better health outcomes. For those who are, or may aspire to become, GPs in Scotland, we invite you to join us in delivering, for the people of Scotland, better health and better care.”*

Shona Robinson (Cabinet Secretary for Health) & Alan McDevitt (Chair of Scottish GP Committee)

Our ambition for General Practice over the next three years is to support GPs in Renfrewshire to focus on their core role as **Expert Medical Generalist** – managing undifferentiated presentations, providing complex care in the community and whole system clinical leadership. In order to achieve this it is essential that the unsustainable pressures on GP workload (and associated challenges in recruitment and retention) are addressed and that a significant proportion of GP time is released.

Over the next three years, every practice within Renfrewshire will be supported by expanding teams of HSCP and NHS board employed health and social care professionals. This will create a skilled multidisciplinary team surrounding Primary Care that will enable GPs to delegate responsibilities whilst ensuring that members of the public are able to access the right person, in the right place at the right time.

The 2018 GP Contract and associated Memorandum of Understanding (MOU) outline the key priority areas of focus in order to achieve our aims of **reducing GP workload** and **increasing recruitment and retention** by making Renfrewshire an exciting and positive place for current and future GPs to practice.

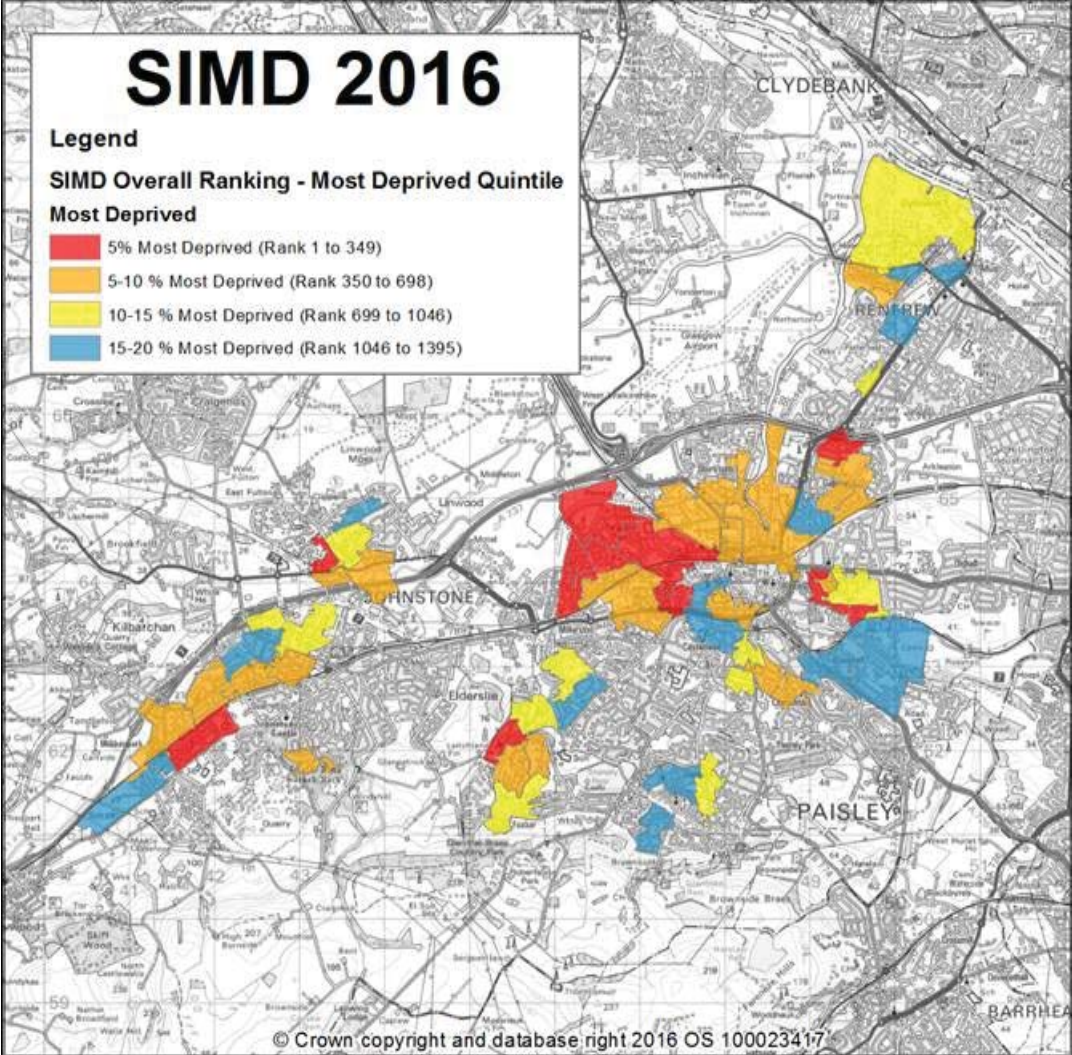
These priority areas include:

- Vaccinations services
- Pharmacotherapy services
- Community treatment and care services
- Urgent care services
- Additional professional clinical and nonclinical services including acute musculoskeletal physiotherapy services, community mental health services; and
- Community link worker services.

Our plan will outline how we intend to utilise the Primary Care Improvement Fund to deliver on the commitments set out in the MOU through service redesign and recruitment of an expanded workforce in support of General Practice.

It is our intention that this is a ‘living document’ – on-going communication and engagement with General Practice, service providers and the population of Renfrewshire will guide further iterations of our Primary Care Improvement Plan to ensure the delivery of safe, effective and high quality services that meet the key priority areas by the end of the 3 year implementation period.



A1.	Local Profile
1.1	<p><b>Renfrewshire Local Context</b></p> <p>Renfrewshire HSCP is one of the six Partnerships operating within the Greater Glasgow &amp; Clyde Health Board. Renfrewshire covers an area of some 270 Km<sup>2</sup>, with most of the population living in the towns of Paisley, Renfrew, Johnstone and surrounding villages.</p> <p>The HSCP is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire. Renfrewshire HSCP hosts two NHS Greater Glasgow &amp; Clyde Board wide services: Podiatry and Primary Care Support.</p> <p>As with many areas in Greater Glasgow &amp; Clyde, priorities for health and social care are focussed on addressing issues associated with age increase and deprivation demographics for the population. The majority of patients in Renfrewshire GP practices are aged 45-64. The projections show that the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+ from years 2014 to 2039. Additionally, Renfrewshire has a high proportion of datazones in the top most deprived deciles, with this projected to increase.</p> <p><b>Figure 1: SIMD index in Renfrewshire (source - SCOTPHO)</b></p>  <p><b>Table 2: SIMD 2016 index breakdown (source - SIMD 2016)</b></p>

SIMD 2016 Decile	Total Population	%
1	26,491	15%
2	19,950	11%
3	18,765	11%
4	15,560	9%
5	13,255	8%
6	18,044	10%
7	8,948	5%
8	19,936	11%
9	24,036	14%
10	9,245	5%
<b>Grand Total</b>	<b>174,230</b>	

This chart shows that just over 26% of the population of Renfrewshire (46,441 people) are in the top 20% most deprived datazones in Scotland. This has an effect on demands on health and social care services as those in the most deprived areas are more likely to have greater need and use of services. The rest of the population is relatively evenly spread across the other deciles. There are 12 data zones in Renfrewshire in the top 10% least deprived in Scotland.

1.2

### **Projections of future population**

The size and make-up of the population going forward will be a key consideration when planning and delivering health and social care services. The 2016-based NRS (National Register of Scotland) population projections (Table 3) below show the estimated change in the population to 2039.

**Table 3: Population Projections to 2039 (source – NRS population projections 2016 base)**

Age Group	2014		2024		2034		2039	
	Number	%	Number	%	Number	%	Number	%
0-15	29,973	17%	29,701	17%	29,531	17%	29,181	17%
16-49	76,167	44%	69,523	40%	68,845	40%	67,698	39%
50-64	36,330	21%	38,035	22%	30,765	18%	30,227	18%
65-75	17,480	10%	19,911	12%	23,916	14%	22,033	13%
75+	13,074	8%	16,179	9%	19,941	11%	22,517	13%
Total	173,024	100%	173,349	100%	172,998	100%	171,656	100%

**Source: NRS population projections, 2016-based**

The projections show that the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+ from 8% in 2014 to 13% in 2039.

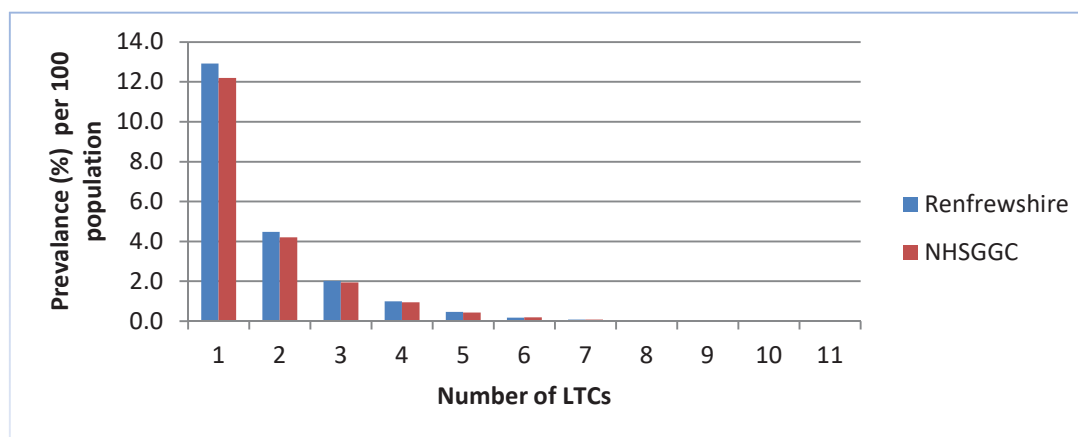
1.3

### **Long Term conditions**

In Renfrewshire, 36,266 people have one or more Long Term Conditions (LTC), including cancer. The overall prevalence of having a Long Term Condition (LTC) in Renfrewshire is 21%, slightly higher than the board average of 20%. This is shown in Figure 4 below.



**Figure 4. Proportion of the population in Renfrewshire HSCP and NHSGGC with LTCs (source – ISD)**



#### 1.4 **Primary Care - Context**

Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 20 community optometrists and 30 general dental practitioners. Within the 29 Renfrewshire GP practices there are 113 GP partners and 13 salaried GPs (as of June 2018) serving a registered list population of 189,956 (as of January 2018). In 2017, the average list size for Renfrewshire practices was 6,235. This is approximately 274 patients more than the Scottish average of 5,961.

##### 1.4.1 **Renfrewshire GP Clusters**

GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. The 29 GP practices within Renfrewshire have been formed into a 6 cluster approach, under 2 localities – Paisley and West Renfrewshire. Two clusters sit within Paisley and four within West Renfrewshire. These are professional groupings of general practices that meet regularly to drive quality improvements within Primary Care, represented by their Practice Quality Lead (PQL). Each GP cluster also has a GP designated as the Cluster Quality Lead (CQL), who has a coordinating role within the cluster.

Work will continue to develop the collaborative learning role of GP clusters, to help identify and improve the quality of services. Healthcare Improvement Scotland and National Services Scotland, through Local Intelligence Support Teams (LIST) will support clusters to gather intelligence to establish what these priorities are, and how to collect and evaluate data to determine what action is needed.

#### 1.5 **Local opportunities and challenges**

Local opportunities and challenges include:

##### **Opportunities:**

- A key opportunity locally is to promote General Practice in Renfrewshire and to increase recruitment and retention of GPs and practice staff through reduction of GP workload.
- HSCP and NHS GGC employed teams supporting Primary Care will ensure patients can access high quality care and support from the right person, at the right time, the first time.
- Working with our community regarding use of GP services, expectations around medicines, use of emergency departments and reliance on traditional service provision.
- Continuing to shape our interface with Acute Services. The HSCP is engaged with colleagues in acute care to determine how we collectively reduce demand upon unscheduled care.


### Challenges:

- Practice sustainability - practices across Renfrewshire face significant challenges in recruiting GPs:
  - Renfrewshire HSCP's 2017 GP workforce survey demonstrated that nearly **50%** of all practices faced GPs retiring in the next 3 years.
  - Those close to planned retirement represent **16%** of the total GP workforce
  - A total of **91%** of GPs reported difficulties in sourcing locums.
- Renfrewshire includes areas of significant deprivation and faces many challenges including poverty, unemployment, health inequalities and health and social concerns related to alcohol and drug use.
- The majority of patients in Renfrewshire practices are aged 45-64 highlighting that there is a challenging future in terms of caring for this ageing cohort in Primary Care.
- Ageing population - people living with multiple long term conditions, as such the demand on services is set to increase.
- Projected increase in service use within Renfrewshire (shown in **Table 5** below), with the biggest increase estimated for District Nursing Services. This may pose a risk for workforce recruitment for new multidisciplinary teams within Primary Care.

**Table 5: Projected increase in demand for key services in Renfrewshire (source: PCIP Intelligence)**

Scheduled Care	2016 (current figures)	2025 (% increase)
District Nursing contacts	147,904	16.6%
Chronic Medicines Scripts	17,176	11.7%
Physiotherapy appointments	50,472	1.1%
Outpatient referrals	54,802	7.6%
Day cases	22,389	5.5%
Inpatient stay bed days	29,384	9.9%
Unscheduled Care	2016	2025
Minor Ailments Scripts	73,316	3.0%
OOH cases	26,626	2.3%
Self-refer to ED	49,305	1.5%
GP/OOH refer	8,066	4.2%
Inpatient stay bed days	132,298	15.0%

- Understanding and improving our ways of working to optimise productivity and joint working. This includes addressing challenges with our IT systems to allow us to share information appropriately.
- Developing our physical estate to optimise opportunities for co-location and joint working.

B2.	Aims and priorities
	<div data-bbox="225 174 1407 389" style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p><b><i>HSCP Primary Care Improvement Plans will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three year plans, every practice in GGC should be supported by expanded teams of board employed health professionals providing care and support to patients</i></b></p> <p><i>NHS GG&amp;C HSCPs, LMC &amp; GP Subcommittee shared overarching statement</i></p> </div> <p data-bbox="129 427 169 454">2.1</p> <p data-bbox="225 427 730 454"><b><u>General Medical Services (GMS) Contract</u></b></p> <p data-bbox="225 490 1436 808">The new General Medical Services (GMS) Contract was agreed earlier this year between Scottish Government and other partners including HSCP Chief Officers (link: <a href="http://www.gov.scot/Resource/0053/00534343.pdf">http://www.gov.scot/Resource/0053/00534343.pdf</a>). The new contract, which came into effect from 1<sup>st</sup> April 2018, focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. Importantly, it is built on the existing values of General Practice, which are <b>Compassion, Empathy</b> and <b>Kindness</b>. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021.</p> <p data-bbox="225 837 555 864"><b>Key Points of the Contract:</b></p> <div data-bbox="225 909 1289 1272" style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;">  </div> <ul style="list-style-type: none"> <li>• GP time will be freed up to spend more time with people who need to see them, usually people whose care needs are complex.</li> <li>• There will be improved access to a wider range of professionals available in practices and the community for care when people do not need to see a GP.</li> <li>• GP workload reduced leading to increased recruitment and retention.</li> </ul> </div> <p data-bbox="129 1352 169 1379">2.2</p> <p data-bbox="225 1352 715 1379"><b><u>Memorandum of Understanding (MOU)</u></b></p> <p data-bbox="225 1424 1436 1635">As part of the Contract, a Memorandum of Understanding (MOU) (link: <a href="http://www.gov.scot/Resource/0053/00534343.pdf">http://www.gov.scot/Resource/0053/00534343.pdf</a>) has been developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MOU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expert medical generalist.</p> <p data-bbox="129 1666 169 1693">2.3</p> <p data-bbox="225 1666 619 1693"><b><u>Primary Care Improvement Plan</u></b></p> <p data-bbox="225 1738 1436 1877">The Primary Care Improvement Plan (PCIP) is to document and establish how the key priorities within the MOU are to be embedded into primary care, in partnership with GPs and collaborating with other key stakeholders, including NHS Boards. Our local PCIP will take account of local priorities, population needs and existing services and builds on local engagement.</p> <p data-bbox="129 1912 169 1939">2.4</p> <p data-bbox="225 1912 1326 1939">The six key MoU areas to be targeted over a three year period (April 2018-March 2021) are:</p> <ul style="list-style-type: none"> <li>• Vaccination Transformation Programme</li> <li>• Pharmacotherapy Services</li> </ul>

	<ul style="list-style-type: none"> <li>• Community Treatment and Care</li> <li>• Urgent Care (Advance Practitioners)</li> <li>• Additional Professional Roles</li> <li>• Community Link Workers (CLW).</li> </ul>
2.5	Renfrewshire Health and Social Care Partnership, supported by the GP Sub-Committee, and by wider engagement from the wider context, will drive this plan to ensure that the role of the GP as the ' <i>expert medical generalist</i> ' can be supported by a multidisciplinary team. As such, appendix 4.3 outlines key steps that will be taken throughout the following three years to deliver on the key MoU areas.
2.6	Progress will be steady to ensure that the best solutions are used; however some areas may take time to embed. The pace of change to deliver the changes to ways of working over the next three years (2018-21) will largely be determined by workforce available, training, competency and capability and availability of resources through the Primary Care Fund.
2.7	A designated HSCP resource has been identified and involved in writing this initial plan. This team will support the development and implementation of the PCIP over the next three years in partnership with key stakeholders.
2.8	<b><u>Wider Considerations</u></b>
2.8.1	<p><b>Moving Forward Together (MFT)</b></p> <p>The Moving Forward Together programme for Greater Glasgow and Clyde sets out a future vision for health and social care. This describes a whole system approach in which services are delivered by a network of integrated teams across primary, community and specialist and hospital based care. The MFT programme has been developed in parallel with the Primary Care Improvement Plans and builds on the direction of travel for the new GP contract, including the expert medical generalist role and the development of the multi disciplinary team. MFT envisages the development of an enhanced community network which goes well beyond the changes identified in PCIPs and describes some of the enablers and infrastructure required to support this. While the PCIPs are an opportunity to build the MDT as part of the foundation for this, the further detail and investment required for the enhanced community network will be developed as part of the next phase of MFT.</p>
2.8.2	<p><b>National Boards</b></p> <p>In the short timescale available for the development of these first PCIPs, we recognise that there are a number of areas which need to be scoped further over the coming months to develop a clear model for the future. Further engagement with national boards, particularly Scottish Ambulance Service (SAS), will be required particularly on the scoping of the 'urgent care' need and the models of advanced practice which would best meet that need. This will require close working with SAS as well as the development of strong operational relationships. It is recognised that this engagement is not yet well established and will be taken forward as part of the next stage of the plans. Further engagement will also be required with NHS24 as well as Healthcare Improvement Scotland and NSS (including the Information and Statistics Division to ensure that support for the implementation of the plans and the wider development of primary care is aligned.</p>
<b>C3.</b>	<b>Engagement process</b>
3.1	HSCPs are required to develop the PCIP in partnership, thereafter a number of methods have been used to communicate with, involve, engage and collaborate with local GPs, key stakeholders and with the GP Subcommittee to develop the plan. The PCIP will require GP Sub Committee approval and is subject to ongoing oversight and assurance via the local Renfrewshire representative of the GP Sub Committee. <b>The Implementation of the PCIP will be monitored by the Local Medical Committee.</b>

3.2	<p>In Renfrewshire an initial GP Contract Implementation Group meeting was held on 28<sup>th</sup> March 2018, with GPs as well as the Chair/Vice Chair of the Practice Manager, Practice Nurse Forums and members of the HSCP Senior Management Team.</p> <p>This session aimed to:</p> <ul style="list-style-type: none"> <li>• Describe the scope of services to be delivered by the HSCP in a phased approach over the next three years</li> <li>• Outline the NHS GG&amp;C overarching approach to implementation and Primary Care Improvement Plans as well as likely funding levels</li> <li>• Seek comments and suggestions to support development of the plan.</li> </ul> <p>Subsequently, a large scale engagement event took place on 6<sup>th</sup> June 2018 with over 70 representatives from the 29 GP practices across Renfrewshire. Funding for backfill was made available for a GP, Practice Nurse and Practice Manager from each GP surgery leading to a strong multi-professional attendance. In addition, members of the HSCP practice support pharmacist (PSP) team contributed to this session alongside HSCP managers and clinical leads. Representatives from the community nursing, pharmacy, MSK physiotherapy and health promotion teams outlined the various proposals within the MOU and how these might be implemented locally culminating in a prioritisation exercise to ensure that plans for year 1 reflect the needs and experience of local GP practices as well as beginning to shape priorities for years 2 onwards. Feedback has been positive about the inclusive approach Renfrewshire HSCP is taking.</p>
3.3	<p>A number of further bespoke events and meetings have been held to ensure all comments and suggestions have been used to help influence and shape our local plan. <b>Appendix A provides Renfrewshire HSCP PCIP Communication &amp; Engagement Plan, which aims to summarise each stakeholder group and the means of engaging with them.</b> The HSCP will continue to develop this engagement process over the next three years in partnership.</p>
3.4	<p>A Renfrewshire Primary Care Transformation Group has also been established to provide oversight/assurance regarding progress. This group will review progress on the PCIP and delivery of the agreed outcomes and continue to develop plans in partnership for 2019/20/21. Membership of this group is inclusive of local GP Sub Committee and Local Medical Committee (LMC) representatives.</p>
<b>D4.</b>	<b>Delivery of the MOU Commitments</b>
4.1	<p>The six priority areas are:</p> <ol style="list-style-type: none"> <li>1) The Vaccination Transformation Programme (VTP)</li> <li>2) Pharmacotherapy Services</li> <li>3) Community Treatment and Care</li> <li>4) Urgent Care (Advance Practitioners)</li> <li>5) Additional Professional Roles</li> <li>6) Community Link Workers (CLW).</li> </ol>
4.2	<p>Within Renfrewshire a number of the key MOU priority areas are already underway as an early adopter. <b>Table 4.3</b> below outlines the current position for year one, as well as year two &amp; three expected developments to deliver on the key MoU areas within Renfrewshire.</p>

Table 4.3 Delivery of the MOU Commitments Plan

1) Vaccination Transformation Programme			
High level deliverable: All services to be Board run by 2021.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Pre-school Immunisation	Renfrewshire HSCP has already moved to a 'community clinic' model as an early adopter. Community clinics offer >350 immunisations appointments each week, organised by NHS GG&C Child Health Screening Department.	This work is already delivered by Renfrewshire HSCP as per the MOU. This work will be further developed as part of the NHS GG&C Pre-school Immunisation Delivery.	Development of the service to 'close the gap' and ensure that adult or older child arrivals to Renfrewshire who are deemed as 'unimmunised' will be covered by the pre-school or school based service.
School Based Immunisation	Immunisations are currently being provided by the NHS GG&C Immunisation School Health Team within Renfrewshire Schools.	This work is already delivered by Renfrewshire HSCP as per the MOU.	Development of the service to 'close the gap' and ensure that adult or older child arrivals to Renfrewshire who are deemed as 'unimmunised' will be covered by the pre-school or school based service
Travel Vaccinations and advice	Immunisation and advice, is currently primarily delivered by GP practices.	Early scoping of priorities amongst local GPs to inform year 2 and 3 delivery as part of the GGC wide Vaccination Transformation Programme.	There is an existing NHS GG&C wide co-ordinated approach for the Vaccination Transformation Programme (VTP) with phased implementation of the programme to be fully complete By April 2021.
Influenza Immunisation	GPs, District Nurses & Pharmacists currently provide immunisations. In 2017, 14 GP practices out of the 29 in Renfrewshire participated in a Housebound Influenza Vaccination pilot. This allowed for testing of the process to collate housebound data from fourteen practices and all nine DN teams, for geographical planning of this work. The housebound population identified by the fourteen practices and the DN caseload holders were vaccinated successfully within a four week period. This amounted to a total of 1176 vaccinations delivered.	We plan to build on the highly successful 2017/18 test of change and deliver a housebound influenza vaccination service covering all practices in winter 2018/19.	Scoping work as part of the VTP will be undertaken board wide to inform further development and ensure local delivery of all vaccinations as per the MOU by year 3.
At risk and age groups Immunisations	Currently delivered by practice nurses at GP surgeries. Established - Hep-B follow up vaccinations for at-risk babies.	Scoping work as part of the VTP will be undertaken board wide to inform further development and ensure local delivery of all vaccinations as per the MOU by year 3.	



2) Pharmacotherapy Services			
High level desirable: Pharmacotherapy service to the patients of every practice by 2021.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Pharmacotherapy Services	Over the last few years Renfrewshire HSCP has had the benefit of additional funding, allowing a significant increase in the local Prescribing Support Team to enable the development of a new model of working based with GP Practices/Clusters. Currently there are 5.6 WTE band 7 Practice Support Pharmacists (PSPs) and 1.6WTE Practice Support Technicians (PSTs) in a 'GP workload reduction' role in keeping with the MOU aims of the new GP contract. This current workforce does not include those pharmacists already focussing on cost effectiveness and quality/safety programmes of work.	<p>Additional resource will be developed to work with practices and clusters in the local area.</p> <p>Based on early indications we anticipate this will equate to an additional 5-6 WTE Practice Support Pharmacists (PSPs) and Practice Support Technicians (PSTs) to deliver the equivalent of 0.5WTE PSP/PSTs per practice.</p> <p>In Year 1 we will engage with practices on an agreed way forward for the distribution of additional resource. Allocation of pharmacotherapy resource will be open and transparent with dashboards showing WTE per practices/cluster shared with all practices. We anticipate every practice will see an increase in their PSP support in Year 1.</p>	As part of the board wide recruitment process the HSCP will further increase Whole Time Equivalent PSP/PST support to practices to deliver the full pharmacotherapy support package as outlined within the MOU.
3) Community Treatment and Care Services			
High level deliverable: A service in every area, by 2021, starting with phlebotomy.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Community Treatment and Care Services	<p>Renfrewshire HSCP has established a Short Life Working Group to scope operational viability of centralising a HSCP phlebotomy service.</p> <p>In Renfrewshire, there are currently no treatment rooms, however, district nurses can provide ear syringing and suture removal for housebound patients.</p>	<p>Develop a Community Phlebotomy Service within Renfrewshire HSCP. The aim of the service is to deliver an effective and high quality service that will maximise resources and improve the persons experience and outcomes. Creating a Community Phlebotomy service will release capacity in GP practices and the District Nursing service. By the end of year 1 every practice will have access to a phlebotomy service with the capacity to manage all bloods requested by primary care.</p>	Expand on the foundations delivered in year 1 to deliver a Renfrewshire wide treatment room service as per the MOU.

4) Urgent Care (Advance Practitioners)			
High level deliverable: A sustainable advance practitioner service for urgent unscheduled care as part of the practice or cluster based team, based on local need and local service design.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Specialist Paramedics	A clear model and approach has not yet been developed and evidenced.	In year one, scoping of different approaches will be building on the initial learning in Inverclyde and home visiting.	Based on the outcome of year 1 scoping and NHS GG&C wide engagement with SAS pilot programmes will be explored.
Advanced Nurse Practitioners (ANPs)	We do not currently employ ANPs in a GP practice support capacity. Based on the Inverclyde 'New Ways' programme this is an area of focus in potential early impact on GP workload – particularly home visiting.	We will seek to recruit 1.5WTE ANPs within year one of the programme as a foundation for further recruitment in years two and three.	Based on year 1 evaluation we will seek to develop a model of practice and cluster based ANP urgent care services closely integrated with the wider HSCP community nursing workforce.
5) Additional Professional roles			
High level deliverable: In most areas, the new addition of new members of the MDT such as physiotherapists or mental health workers acting as the first point of contact.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Muscular Skeletal Services (MSK)	No additional HSCP MSK support in GP practices.	<p>Board wide work is underway via the GGC Primary Care Transformation Board to develop a clear model and evidence base for this programme.</p> <p>We will seek to recruit 1.5WTE (Inclusive of Band 7 and share of 8a for clinical leadership) within year one of the programme as a foundation for further recruitment in years two and three.</p>	We will work with the NHS GG&C Primary Care Transformation Board to review evidence for this model and potential impact on reducing GP workload, before expanding beyond the initial 1.5WTE.
Community Clinical Mental Health Professionals		Any developments being considered will be supported by the launch of the new NHSGG&C five year Adult Mental Health Strategy which has a clear focus on Primary Care & recovery.	



6) Community Link Workers (CLW)			
High level desirable: Non clinical staff supporting patients who need it, starting with those in deprived area.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Community Links Worker	<p>A link worker model, Community Connectors, has been tested in Renfrewshire for the last two years in eight practices. The programme links with eight GP practices in four clusters currently, which Community Links Workers (Social Prescribing) operate for part of the week out of these premises.</p> <p>This is an innovative development to facilitate a new way to access community support and opportunities for enhancing self-management for service users. It uses mental health trained link workers employed by the Third Sector and supported by two other Third Sector workers from housing and physical activity. Case studies demonstrate fewer GP appointments for users of Community Connectors' service.</p>	<p>Building on the success of this programme we will aim to upscale the Community Connectors programme to provide every practice with link worker capacity.</p> <p>Renfrewshire HSCP Health Improvement Team will also build capacity to facilitate access to support services for financial inclusion and employability. This will help to increase confidence and skills in raising the issue of both employability and financial inclusion, and will be embedded into link workers' induction.</p> <p>This training will include the following:</p> <ul style="list-style-type: none"> <li>• Employability and Health – including how to use signposting resource</li> <li>• Raising the issue of financial inclusion (including debt management, welfare reform and financial capability)</li> </ul> <p>Additional training available may include:</p> <ul style="list-style-type: none"> <li>• Alcohol Brief Interventions</li> <li>• Understanding Mental Health</li> <li>• Understanding Domestic Abuse.</li> </ul>	<p>During years two and three we will explore further expansion to increase capacity to 11.25 hours per week of Community Connector cover (or beyond) depending on available resources and further feedback/evaluation from local practices and patients.</p>

<b>E5.</b>	<b>Existing transformation activity</b>
5.1	<p>The HSCP continues to support an ongoing programme of work in conjunction with primary care contractors/services to help individuals get the right medical assistance they need when they are ill, injured or have a long term condition. Going directly to the person with the appropriate skills is important and can facilitate a speedier recovery, additionally ensuring all NHS services are run and used efficiently.</p> <p>As part of this programme, the HSCP has run a series of Signposting Training events for practice reception staff and practice managers on behalf of GP Practices/Clusters. This training aims to support practice staff to follow a signposting pathway so that patients/service users can be signposted to the most appropriate health or social care professional. Health Improvement staff within Renfrewshire HSCP and NHS 24 have undertaken work to align with this training, and are providing practice staff with information on specific resources that can be used, and contacts that can be made. This work also aligns with wider systems such as ALISS (A Local Information System for Scotland), and Know Where to Turn, which compile databases of local resources. The HSCP will look to offer further signposting training sessions to GP practice staff to support care navigation to appropriate services over the next year.</p> <p>Additional work is being scoped to support alternative processes which decrease the time spent carrying out administrative tasks in GP practices. This aims to reduce the time spent by GPs completing these tasks and redirecting correspondence to other members of the practice team.</p>
<b>F6.</b>	<b>Additional Content</b> (for context only – this sits outwith Primary Care Improvement funding allocation)
6.1	<p><b><u>Community Pharmacy, Optometry and Dentistry</u></b></p> <p>Renfrewshire HSCP continues to establish and develop links with primary care contractors and have held a number of educational events. An educational meeting was held with GPs, Community Pharmacy and Optometrists in January 2018. This event enabled presentations around First Port of Call, Independent Prescribing and enabled interactive discussion around Clinical Topic Discussion. Following on from this event, work is being explored via the HSCP Lead Clinical Pharmacist to support the development of a PGD (Patient Group Direction) with Community Pharmacy, to avoid need for GP prescribing and to improve pathways.</p> <p>There are also well established links in Renfrewshire with GPs via GP Forum and Cluster Quality Leads meetings. These meetings will continue going forward.</p>
6.2	<p><b><u>Chronic Medication Service (CMS)</u></b></p> <p>The Chronic Medication Service (CMS) has been rolled out across Renfrewshire HSCP and the Prescribing Support Pharmacists and Technicians are working closely with the GP practices to support this piece of work. CMS allows patients who are on repeat medication to collect their prescriptions directly from their community pharmacy for a set length of time determined by the GP practice.</p>
6.3	<p><b><u>Community Services</u></b></p> <p>Many of our Community Services currently work in a practice or a locality aligned way. Examples include:</p> <ul style="list-style-type: none"> <li>• A Doing Well Team Leader in GP practices: Doing Well provide brief (time-limited) evidence-based psychological approaches for those experiencing mild to moderate mental health issues (e.g. OCD, Anxiety, Depression).</li> </ul>

- District Nurses (DNs) in Paisley are currently working with a corporate case load in a geographical model; however, every practice has an aligned DN to allow good communication to continue with complex and palliative care patients. DN services in West Renfrewshire are aligned to each practice as opposed to a geographical model.
- Care at Home Services work in neighbourhood boundaries and are crucial in supporting people with daily tasks and activities to help them live at home and as independently as possible. Services can provide a wide range of assistance, including re-ablement, community alarm/technology enabled services (TECS), extra care housing, community meals and home respite.

As services develop we will continue to engage with partners to determine the best way to deploy staff within practices, clusters or localities.

#### 6.4 **Out of Hours Services**

The Primary Care Improvement Plan is focused on the services provided in the 2018 General Medical Services Contract in Scotland. This new contract changes the arrangements for out of hours services from an opt-out arrangement to a nationally agreed opt-in Enhanced Service for those practices that choose to provide out of hours services. There are currently no practices in Renfrewshire HSCP that choose to opt-in. However, it is essential for in-hours services that out of hours services run efficiently and effectively.

#### 6.5 **Interface with Acute Services**

The launch of the RAH and Renfrewshire HSCP acute/primary care interface meeting took place in February 2018 at the RAH. The aim of the forum is to further develop the already positive relationships and communication between primary and secondary care colleagues locally. Additionally, to provide a forum for improvements in patient pathways and addressing of any issues or concerns. The HSCP is also progressing work through a joint Unscheduled Care action plan with colleagues in the RAH, as part of the wider NHS GGC Unscheduled Care Programme. It is intended that this work will demonstrate how the HSCP can reduce unscheduled bed day demand on acute services.

#### 6.6 **Minor Ailment Scheme/ Pharmacy First**

(This work supports the MOU commitment 2 and forms part of the Primary Care Improvement funding allocation).

Community Pharmacy should be first point of contact within the HSCP for Minor Ailments. Pharmacy First was rolled out across the HSCP in December 2017 enabling community pharmacists to assess and treat common conditions starting with impetigo and uncomplicated UTIs in women. Following on from this role out the HSCP Lead Clinical Pharmacist in conjunction with the Lead Pharmacist for Community Care and HSCP Clinical Director are looking to support access to rescue medicines for patients that require them for Chronic Obstructive Pulmonary Disease (COPD).

6.6.1 Community pharmacy has an important contribution to make to the pharmacotherapy service. Pharmacy First and serial dispensing were given as examples of existing services that can reduce GP workload. Prior to extending this type of service in Renfrewshire we would seek the views of GPs to see if this type of service would reflect their priorities and would result in a reduction in their workload.

<b>G7.</b>	<b>Inequalities</b>
7.1	As highlighted in Section A, Renfrewshire has high levels of deprivation, and faces many challenges including poverty, unemployment, health inequalities and health and social concerns related to alcohol and drug use. Services will thus be developed with a focus on equality, ensuring fair and equitable access across Renfrewshire, and where appropriate an Equality Impact Assessment (EQIA) will be undertaken. An EQIA of the move from delivering pre-school immunisations in GP practices to community clinics has been already been conducted at NHS GG&C level and will inform future HSCP EQIAs.
7.2	<p><b><u>Supporting people through self-care</u></b></p> <p>We know that the health status of our population is characterised by premature illness, associated with adverse life circumstances. We are also aware that the vast majority of our primary and secondary care is reactive, not proactive and not preventative. This is underpinned by health and health seeking-behaviours. In order to make a decisive shift towards self-care and prevention, we must work to support health literacy and inequality-sensitive care across all of our staff groups and services. Approaches based on care and support planning using House of Care and Inequality Sensitive Practice provide a starting point for the development of skills and planning approaches for use across the developing multidisciplinary teams throughout primary care. We will work collectively across the partnerships and with acute services and other planning partners such as the third sector and professional education to deliver strong, person-centred self-care approaches which will explicitly take account of inequalities and differences in health literacy. This approach will support new models of care, and ensure that these tackle inequalities and over-reliance on reactive care.</p>
<b>H8.</b>	<b>Enablers</b>
8.1	<p><b><u>Workforce planning</u></b></p> <p>A shortage of key professionals, specifically General Practitioners, District Nurses, and Care at Home Workers are a current recruitment and retention challenge for Renfrewshire HSCP. The HSCP undertook a local GP workforce survey and held a GP workforce event earlier in May 2017. As outlined previously, this survey demonstrated that nearly half of all practices in Renfrewshire face GPs retiring in the next three years, with those close to planned retirement representing 16% of the total GP workforce. The HSCP has since developed links between the local GP training scheme, National Education for Scotland (NES) and practices seeking to recruit GPs in an effort to boost retention. The HSCP Clinical Director is also working with NHS GG&amp;C primary care colleagues to develop innovative new roles to attract GPs to the local area.</p> <p>The HSCP's Workforce Plan also identifies the key actions the HSCP is taking to improve current recruitment and retention challenges in our workforce. Service Level Agreements with local Further Education organisations have been reviewed and actions put in place to increase numbers of specialists in training for difficult to recruit posts such as District Nursing. There have been recruitment campaigns to attract applicants to posts such as Care at Home services alongside the development of localities and clusters to ensure that skill mix and distribution of staff is at its most effective to meet the strategic plans of the HSCP.</p>
8.2	The changes proposed by the new contract will also be implemented with reference to the National Health and Social Care Workforce Plan for Improving Workforce Planning for Primary Care in Scotland. This document outlines key actions behind embedding MDTs in primary care and sustaining a workforce where the GP can act as the expert medical generalist ( <a href="http://www.gov.scot/Resource/0053/00534821.pdf">http://www.gov.scot/Resource/0053/00534821.pdf</a> ). Additional reference will be made to the new Integrated Workforce Plan published later in 2018.

8.3	<p><b><u>Accommodation</u></b></p> <p>Fit for purpose accommodation is essential to deliver effective primary care services and to establish new ways of working in extended primary care teams. Space is at a premium in existing premises and many practices will be unable to accommodate the potential increase in staff employed by the HSCP. It is expected that staff within primary care will need to embrace an agile working policy to successfully accommodate members of the Multi-Disciplinary Team (MDT). IT can be a challenge in fully integrating teams, and advice will be sought to facilitate this.</p> <p>A stock take of current primary care accommodation capacity will be undertaken in order to inform local implementation. A board wide accommodation strategy is being developed and a key priority for Renfrewshire HSCP is the development of a Paisley Health &amp; Social Care Centre.</p>
<b>19.</b>	<b>Implementation</b>
9.1	<p>As outlined within section C3 a Renfrewshire Primary Care Transformation Group has been established to provide oversight/assurance on the development and implementation of the Primary Care Improvement Plan. This group will review progress on the PCIP and delivery of the agreed outcomes and continue to develop plans in consultation for 2019/20/21. Membership of this group is inclusive of local GP Sub Committee and Local Medical Committee (LMC) representatives. This group will report directly to the Integration Joint Board via the PCIP. Regular updates will also be provided to Renfrewshire Senior Management Team, GP Forum and through Renfrewshire HSCP Quality, Care &amp; Professional Governance Arrangements.</p>
9.2	<p>Renfrewshire HSCP Chief Officer chairs the Primary Care Programme Board which Renfrewshire's Chief Finance Officer, Clinical Director and local LMC representative also attends.</p> <p>This group aims to:</p> <ul style="list-style-type: none"> <li>• Ensure delivery of contractual changes in NHSGGC in line with new GMS contract agreement</li> <li>• Provide direction and oversight for the development of Primary Care Improvement Plans (PCIPs) in line with the Memorandum of Understanding</li> <li>• Enable sharing of good practice and consistent approaches where appropriate.</li> </ul> <p>The Primary Care Programme Board also has a number of subgroups in place.</p>
9.3	<p>Deployment of the additional staff and services outlined below will be on a phased basis over the 3 year implementation period. Every practice in Renfrewshire will have access to a Community Connector (Link Worker), additional Practice Support Pharmacist (PSP) sessions, housebound flu vaccination and the community phlebotomy service by the end of year 1. Other services will only be delivered on a small scale due to funding and workforce constraints in year 1 (such as Advanced Nurse Practitioners and Advanced Practice Physiotherapists). These will be targeted at GP practices and clusters in most need of additional support due to recruitment and retention challenges. In addition, levels of provision of PSP sessions may be higher in year 1 in these GP practices and clusters.</p> <p>Renfrewshire HSCP will ensure that where possible provision is equitable within the context described above. As funding and available workforce increases in years 2 and 3 every practice will move towards a full 'fair share' of additional resource as the target MOU commitments are reached.</p>
9.4	<p>Delivery of the MOU commitments outlined in the PCIP will require additional funded project management support throughout the 3 year implementation period to ensure robust governance and financial arrangements, continuous engagement with key stakeholders and pace of change are embedded and maintained.</p>

9.5	Sustainability and support to practices will be essential in order to provide stability and release capacity for GPs and GP practice staff to engage in the development and implementation of the PCIP and associated new workforce and services delivered around primary care. In year 1 we plan to fund significant backfill for clinical and managerial staff to attend workshops and organisational development programmes.
<b>J10.</b>	<b>Funding profile</b>
10.1	In May, the Scottish Government issued a letter confirming the 2018-19 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund. This will be used by Integration Authorities (IAs) to commission primary care services, and allocated on an NRAC basis through Health Boards to IAs.
10.1.1	An in-year NRAC allocation to IAs for the PCIF (via Health Boards) will comprise of <b>£45.750 million</b> of the <b>£115.5 million</b> Primary Care Fund. There are a number of elements to the overall Primary Care Fund including: Primary Care Improvement Fund, General Medical Services, National Boards, and wider Primary Care Support including Out of Hours Fund.
10.1.2	The new Primary Care Improvement Fund is linked directly to the delivery of the MoU and contract commitments. It is recognised however that transformation of primary care goes beyond the immediate priorities of the MoU and it will be important to continue to link to wider developments and investment as part of whole system strategic change and existing funding sources for primary care. Specifically, the PCIF should consider additional investment in Out of Hours service redesign, and Commitment 15 on mental health which supports the development of Mental Health Workers. West of Scotland Regional Planning and the GGC Moving Forward Together Programme describe future models of whole system working which will create a requirement for future investment in enhanced community models and the enablers and infrastructure to support these. We will need to continue to make the case for investment in primary care through wider programmes of work on premises and ehealth.
10.2	<p><b><u>Primary Care Improvement Fund (PCIF)</u></b></p> <p>The projected total PCIF is illustrated below for the duration of the new GMS contract:</p> <p style="text-align: center;"><b>Projected Total PCIF for the new GMS Contract 2018-21 (Scotland)</b></p> <div style="text-align: center;"> <pre> graph LR     A["£45.750 million (2018/19)"] --&gt; B["£55 million (2019/20)"]     B --&gt; C["£110 million (2020/21)"]     C --&gt; D["£155 million (2021/22)"] </pre> </div> <p>10.2.1 Initial allocation of the PCIF will be distributed to Integration Authorities in two tranches:</p> <ul style="list-style-type: none"> <li>• The initial tranche (70%) will be provided in June 2018,</li> <li>• Integrated Authorities (IA) are required to outline a plan for the full spending through a report to be submitted in September 2018</li> <li>• With the further 30% of funding then due in November 2018 providing all spend is met.</li> </ul> <p>The Primary Care Improvement Fund allocation in 2018-19 for Renfrewshire is <b>£1,553,435</b> to facilitate service redesign through the Primary Care Improvement Plan, of which <b>£1,292,253</b> is new allocation. Breakdown includes:</p>



Primary Care Fund £m	2018/19 HSCP Allocation	Existing funding	New HSCP Allocation		Tranche 1 (70%)	Tranche 2 (30%)
Renfrewshire Primary Care Improvement Fund	£1,553,435	-£261,181	£1,292,253		£904,577	£387,676

- 10.1.2 It is proposed that funding within Renfrewshire will be used during Year 1 (2018-19) as follows. The estimated costs included within the table below currently assume the pro rata costs to 31<sup>st</sup> March for each post with an estimate start date of September/October 2018. However, given the likelihood of slippage in relation to recruitment of some posts there may be some underspends in 2018/19. If this is not the case any overspends on the allocation will be met from the carried forward (former) Primary Care Transformation Fund.

**(Please note this is indicative funding only)**

Service	Proposed Development	Estimated 18-19 cost	Indicative full year cost
<b>Vaccination Programme</b>	Pre-school Immunisation	£134,760	£134,760
		The VTP costing above is to Renfrewshire HSCP arising from the board wide provision of a comprehensive under 5's programme.	
	School Based Immunisation Influenza Immunisation (Housebound cohort)	£TBC £33,200	£TBC £33,200 (includes admin)
<b>Pharmacotherapy Services</b>	Maintain the current establishment of Primary Care Support, assisting in GP workload reduction.	£366,000	£366,000
		The PSPs costing above is solely for those pharmacists employed by the HSCP undertaking new work aligned to the MOU.	
	Expansion of PSP/PST workforce (estimated doubling of current resource). Effective from the 1 <sup>st</sup> October 2018 we should start to see an increase in PSP resource.	£183,000	£366,000
<b>Community Treatment and Care</b>	Develop a Renfrewshire HSCP Community Phlebotomy Service covering all bloods taken in Primary and Community care setting. Development of single point of access and administrative hub for patients/GP staff. Assume 1 <sup>st</sup> October 2018 start date.	£293,250	£585,500 (Healthcare Support Workers)
		£30,000	£60,000 (Travel costs)
		£41,051	£82,101 (estimated cost to administer a phlebotomy service)
		£12,000 (one off set up costs – includes IT & training)	
<b>Urgent Care: Advanced Nurse Practitioner</b>	Begin to roll out recruitment for 1.5 WTE, Band 7.  Assume 1 <sup>st</sup> October 2018 start date.	£41,000	£82,039

Service	Proposed Development	Estimated 18-19 cost	Indicative full year cost
<b>Community Link Workers</b>	Expand the Community Connectors programme to provide link worker capacity to every practice.  Assume 1 <sup>st</sup> October 2018 start date.	£84,120	£140,200
<b>Additional Professional Roles: Advanced Practitioner Physiotherapist (APP)</b>	Begin roll out recruitment for 1.5WTE APP (Inclusive of share of 8a clinical lead post)  Assume 1 <sup>st</sup> October 2018 start date.	£55,250	£89,539
<b>Cluster Quality Leads (CQLs)</b>	Funding for CQL time	£30,200	£30,200
<b>Pharmacy First</b>	To sustain and develop the Pharmacy First Service.	£45,148	£45,148
<b>PCIP Project Support</b>	Project management/admin support to facilitate delivery of the PCIP and MOU commitments.	£55,000	£55,000
<b>Clinical Leadership/ Development</b>	Funding to support development of clinical leadership, large scale workshops and supported organisational development including backfill for releasing GP/practice staff time.	£160,000 One off in year cost	
<b>Document management and workflow training</b>	Delivery of document workflow management training for GP practice staff to relieve pressure on GPs and develop new ways of working.	£30,000 One off in year cost	
<b>Signposting Training</b>	Delivery of further signposting training to GP practice staff to support care navigation to correct service.	£10,000 One off in year cost	
<b>IT and equipment</b>	Purchasing of IT mobile working platforms for new HSCP staff to ensure agile working and interconnectivity.	£30,000 One off in year cost	
<b>Total</b>		<b>£1,633,979</b>	<b>£2,069,687</b>

10.1.3 Please note that significant one off costs to support GP practices and ensure delivery of the PCIP and MOU commitments are included in year one due to the fact most services will not commence until mid-way through the financial year. Funding priorities have been identified to maximise the in-year spend and ensure both the first and second tranches of funding can be utilised to the benefit of Renfrewshire Primary Care services and patients. It is likely slippage will occur in the initial implementation period and this is reflected in the slight projected over spend.

Whilst the recurring cost indicatively sits above the in-year allocation we anticipate a 20% increase in funding for year 2 of the implementation period (based on an increased national envelope of £55m from £45.75m). This would equate to an additional £314,082 and a total Renfrewshire recurring fund of £1,867,517.



Additionally the costs of the phlebotomy service are modelled on 100% of activity shifting from primary care to HSCP staff – early indications have suggested some practices and GPs may continue to undertake a small proportion of bloods where this is felt to be clinically appropriate or preferable.

Other areas will be prioritised and fully costed in year 2 and 3.

## K11. Evaluation and outcomes

11.1 The contractual move towards Multi-disciplinary Team (MDT) working will require robust and clear governance around decision-making and accountability. Key success indicators over the life of the plan will be assessed. These measurements will primarily include:

Area	Measurement of success/Outcomes
<b>Vaccination Transformation Programme</b>	<ul style="list-style-type: none"> <li>Monitor uptake rates and benchmark against current uptake rates.</li> </ul>
<b>Pharmacotherapy Services</b>	<ul style="list-style-type: none"> <li>Prescribing Support Pharmacists and Technicians will begin to be allocated to GP practices to support delivery of special requests, IDLs, acute prescriptions &amp; polypharmacy clinics.</li> <li>Evaluate the service to ensure it is delivering maximum capability.</li> </ul>
Area	Measurement of success/Outcomes
<b>Community Treatment and Care (Phlebotomy)</b>	<ul style="list-style-type: none"> <li>100% of GP bloods diverted from GP Practice staff.</li> <li>Satisfaction of GPs and patients with new service to inform further development.</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>Amount of GP consultation time saved.</li> <li>Week of care audit data.</li> </ul>
<b>Additional Professional roles</b>	<b>MSK Physiotherapy</b> <ul style="list-style-type: none"> <li>% of MSK presentations seen by Advanced Practice Physiotherapist rather than GP.</li> <li>Week of care audit data.</li> <li>Patient/GP Feedback.</li> </ul>
<b>Community Connectors (Cluster based)</b>	<ul style="list-style-type: none"> <li>Progress on the delivery of these projects is monitored and reported on a quarterly basis.</li> <li>The data and case studies gathered are/will be used as part of a long term evaluation of the impact of the programme on outcomes, services and service delivery.</li> </ul>

In addition:

Area	Measurement of success/Outcomes
<b>Access to the right professional at the right time</b>	<ul style="list-style-type: none"> <li>Waiting times for appointments /assessment/review</li> <li>Potential decrease in A&amp;E attendance</li> <li>Case Studies.</li> </ul>
<b>Improving Health Inequalities</b>	<ul style="list-style-type: none"> <li>Population and practice/cluster data disease prevalence</li> <li>Use of secondary care</li> <li>Key health outcome data.</li> </ul>
<b>Week of Care Audit</b>	<ul style="list-style-type: none"> <li>A week of care audit has been undertaken in three practices within one Renfrewshire GP cluster</li> <li>Use this data to benchmark activity and check for improvements within GP capacity in after tests of change have embedded.</li> </ul>

**Renfrewshire HSCP  
Primary Care Improvement Plan**

**Communication & Engagement Plan**

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
1.1	HSCP Senior Management Team (SMT)	Overview of the key points in relation to the GMS Contract	Meeting / Presentation	30 <sup>th</sup> November 2017	Chief Officer / Head of Primary Care Support & Development	<p>Presentation was delivered to HSCP Senior Management Team (SMT) outlining key points in relation to the GMS Contract. This included contract offering, memorandum of understanding, supporting work, funding, process, timescales, issues and preparing for implementation.</p> <p>This continues to be a standing item at HSCP Senior Management Team meetings with a number of clinical team service managers leading some work streams.</p> <p>PCIP standing item at bi-weekly SMT meetings.</p>
1.2	Renfrewshire Integration Joint Board (IJB)	Engage Closely & Influence Activity	Written Report / Meeting	26 <sup>th</sup> January 2018 1 <sup>st</sup> June 2018 29 <sup>th</sup> June 2018	Chief Officer	<p>Through the HSCP, IJB members were informed on the content of the new 2018 GMS Contract.</p> <p>Presentation and discussion at IJB development session outlining what new contract means, update on progress and direction of travel.</p> <p>Initial draft PCIP compiled and presented as IJB papers on 29<sup>th</sup> June 2018.</p>

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
1.3	Primary Care Professionals / Primary Care Staff					
1.3.1	GP Forum	Engage Closely & Influence Activity	Meetings	Ongoing	Clinical Director	GP Contract/Primary Care Improvement Plan is a standing item on Renfrewshire HSCP GP Forum agenda to ensure ongoing collaboration with local GPs and HSCP Senior Management Team.
1.3.2	Renfrewshire Practice Nurse Forum	Engage Closely & Influence Activity	Meeting / Presentation	15 <sup>th</sup> March 2018	Practice Nurse Support and Development Team Manager (Primary Care Support and Development)	<p>Meeting was held to discuss GMS Contract and Practice Nurse role. An HSCP representative was in attendance at this meeting.</p> <p>Chair of the Practice Nurse Forum was also invited to engage in the initial HSCP GP Contract Implementation Group Meeting on 28<sup>th</sup> March 2018 and Renfrewshire GMS Contract/PCIP Workshop on 6<sup>th</sup> June 2018.</p> <p>Comments/suggestions were welcomed to influence local Primary Care Improvement Plan.</p>
1.3.3	GPs & Chair/Vice Chair Practice Managers For / Chair Practice Nurse For / SMT Representatives / Pharmacy Lead	Engage Closely & Influence Activity	Meeting & Presentation	28 <sup>th</sup> March 2018  6 <sup>th</sup> June 2018	Chief Officer / Clinical & Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	<p>GP Contract Meeting took place on 28<sup>th</sup> March 2018 to develop the PCIP in consultation with stakeholder views. Stakeholders expressed initial thoughts on local priorities for year.</p> <p>Following on from the initial Renfrewshire GP Contract and Primary Care Improvement Plan Implementation Group held on 28<sup>th</sup> March 2018, a follow up workshop event took place on 6<sup>th</sup> June 2018. The purpose of this session was to agree the 2018/19 priorities for the PCIP and start to model what a 2021 GP practice might look like in Renfrewshire and how the future GP 'expert medical generalist' role will develop – as well as how interfaces with other parts of the system</p>

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
						might improve.
1.3.4	Renfrewshire Lead Optometrist	Engage Closely & Influence Activity	Email	10 <sup>th</sup> April 2018	Clinical Director	To engage closely and to link developments and priorities around Optometry to support the PCIP.
1.3.5	Cluster Quality Leads (CQLs)	Communication & Engagement	Meeting	18 <sup>th</sup> April 2018	Clinical Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	Discussion held to support implementation of GP contract in relation to cluster priorities.
1.3.6	Practice Managers	Engage Closely & Influence Activity	Meeting	19 <sup>th</sup> April 2018	Glasgow LMC	Meeting held on GMS Contract and inform Practice Manager role and influence PCIP.  Chair/Vice Chair of the Practice Manager Forum also engaged in the initial HSCP GP Contract Implementation Group Meeting on 28 <sup>th</sup> March 2018. Comments/suggestions welcomed to influence local PCIP. Attendance at Practice Managers Forum to engage discussion/views to inform PCIP.
1.3.7	Cluster Protected Learning Time Events	Communication & Engagement	Meeting / Presentation  Events	25 <sup>th</sup> April 2018  Ongoing	Clinical Director  CQLs	A number of CQLs have been discussing/providing overview of the emerging GP Contract at Cluster Protected Learning Time Events.
1.3.8	LMC/GP Sub/HSCP GP contract PCIP meetings	Engage Closely & Influence Activity	Meetings	Ongoing	Clinical Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP) Local LMC/GP Sub Representatives	A Renfrewshire Primary Care Transformation Group is in place to review progress on PCIP and delivery of the agreed outcomes and to continue to develop plans for 2019/20/21 as the year progresses.
1.3.8	Renfrewshire GP Sub Committee Representative	Engage Closely & Influence Activity	Meeting / Ongoing correspond-	Ongoing	Clinical Director / Local GP Sub Committee Representative	Ongoing engagement to ensure GP Sub Committee Representative is fully engaged as a key GP leader locally for the PCIP and to explore

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
			ence			insight/involvement into the wider HSCP (and SMT).
<b>1.4 HSCP Staff</b>						
1.4.1	Service Managers Meeting (Locality Services)	Communication & Engagement	Meeting	29 <sup>th</sup> March 2018	Heads of Health & Community Care	Presentation and discussion to set out key provisions to improve cluster frameworks and multidisciplinary working.
1.4.2	Senior Nurse Group	Communication & Engagement	Meeting	17 <sup>th</sup> April 2018	Chief Nurse	To provide overview and to engage in discussions around priority areas.
1.4.3	Renfrewshire Localities Clinical & Care Governance Group	Communication & Engagement	Meeting	19 <sup>th</sup> April 2018	Head of Health & Community Care (Paisley) / Clinical Director	Discussion held to support implementation of GP Contract/PCIP and statutory responsibilities to support implementation.
1.4.4	Health Improvement Senior	Communication & Engagement	1-1 meeting	17 <sup>th</sup> May 2018	Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	To provide overview and to engage in discussions around Health inequalities (focus on employability training opportunities).
1.4.5	All HSCP Staff	Communication	Team Bulletin	4 <sup>th</sup> June 2018	Chief Officer	Article on GMS Contract & Primary Care Improvement Plan included in Renfrewshire HSCP June Team Bulletin which is issued to all staff within Renfrewshire HSCP.
<b>1.5 Wider engagement</b>						
1.5.1	Strategic Planning Workstream Meetings	Communication & Engagement	Meeting	3 <sup>rd</sup> April 2018 / Ongoing	Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	To engage closely and to inform next 3 year HSCP Strategic Plan for 2019/2022.
1.5.2	Strategic Planning Group	Communication & Engagement	Meeting & Presentation	12 <sup>th</sup> June 2018	Head of Strategic Planning & Health Improvement / Change & Improvement Officer	To engage closely with third sector and members of the public.

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
					(Providing local Project Management Support for the local PCIP)	
1.5.3	Communities	Communication	Newsletter	Spring/ Summer 2018	Chief Officer	Article on new GP Contract included in Renfrewshire HSCP Brighter Futures Newsletter within the Notice Board Section.

Other Events held locally – External

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer	Progress
1.6	Young People	Communication and Engagement	Event	22 March 2018	External - Alliance	Summary of views to inform planning of PCIP. HSCP representative in attendance.










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**To: Renfrewshire Integration Joint Board**

**On: 14 September 2018**

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**Report by: Chief Officer**

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**Heading: Mental Health Strategy 2017-2027 Action 15 Plan**

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## **1. Purpose**

- 1.1 The purpose of this report is to present the draft Initial Action 15 Plan which was submitted to the Scottish Government on 31 July 2018. A detailed Action 15 Plan must be submitted to the Scottish Government on 30 September 2018.

## **2. Summary**

- 2.1 Action 15 is one of the 42 actions/commitments in the national Mental Health Strategy 2017-2027. Scottish Government Ministers gave a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need.
- 2.2 At a Greater Glasgow and Clyde level the share of national workforce target, were it to be distributed equally, is 179 additional mental health workers to be achieved in 4 years. (Renfrewshire share of this is 27.2 by 2021/22). It is essential that the Health Board and HSCPs work across boundaries and take a collaborative approach due to the way that mental health services are delivered, and it is necessary to optimise use of resources in support of delivery of the GGC wide Mental Health Services. A key principle underpinning the collaborative approach is that there should be equitable contributions from HSCPs to agreed pan-GGC investments based on NRAC shares. Each HSCP is however accountable to its own Board for use of resources.
- 2.3 The Initial Action 15 Plan has a range of proposals both board-wide and Renfrewshire only.

## **3. Recommendations**

It is recommended that the IJB:

- Note the Initial Action Plan;
- Note that the Head of Mental Health, Addictions & Learning Disability Services will continue to work with other Greater Glasgow and Clyde HSCPs to develop the board-wide proposals, and locally with colleagues in Renfrewshire to develop our Renfrewshire only proposals;
- Delegate authority to the Chief Officer to finalise the Action Plan and submit to Scottish Government by 30<sup>th</sup> September 2018.

#### 4. Background

4.1 NHS Greater Glasgow and Clyde has developed a five-year mental health strategy that spans across both inpatient and community services. The strategy aims to take a whole system approach, linking the planning of services across the whole Health Board area, incorporating the planning priorities of the six Health and Social Care Partnerships, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017 – 2027. The NHS Greater Glasgow and Clyde five-year strategy focuses on the following themes:

- Prevention, early intervention and health improvement
- Physical health
- Recovery orientated and trauma aware services
- Primary care
- Community and specialist teams
- Social care
- Unscheduled care
- Bed modelling

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#### Implications of the Report

1. **Financial** – Action 15 allocation in 2018-19 for Renfrewshire is **£373, 503**
  2. **HR & Organisational Development** – This allocation will fund addition posts. The funding is recurring, however some of our proposals are for fixed term posts in relation to tests of change.
  3. **Community Planning** - The wellbeing of communities is core to the aims and success of Community Planning. Action 15 will contribute to support this wellbeing agenda. Ongoing engagement with people with lived experience and their carers will help to shape future services.
  4. **Legal** - There are no legal issues with this report.
  5. **Property/Assets** – No issues
  6. **Information Technology** – The HSCP will require to routinely report back to the Scottish Government on progress made against our plans and in particular in relation to our contribution to establishing additional Mental Health Support Workers
  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 during 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 HSCP's website.
  8. **Health & Safety** - Nil
  9. **Procurement** - Procurement activity will remain within the operational arrangements of the parent bodies.
  10. **Risk** – There is no risk identified as this funding is recurring and implementation of the new posts will be governed by a Mental Health Strategy Planning Group.
  11. **Privacy Impact** - N/A
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**Author:** Christine Lavery – Head of Mental Health, Addictions & Learning Disability Services

# Renfrewshire Health and Social Care Partnership

## Mental Health Action 15 Implementation Plan 2018/19

*Our Vision is for Renfrewshire to be  
a caring place where people are  
treated as individuals and supported  
to live well*

Brighter futures



## **Mental Health Strategy Action 15 Implementation Plan 2018 – 2019**

Renfrewshire Health and Social Care Partnership's Strategic Plan for 2016 – 2019 begins the journey to developing more joint and integrated services and marks a key milestone in our progress towards achieving the Scottish Government's 2020 Vision.

That vision is clear on what we must work to achieve - namely that everyone is able to live longer, healthier lives at home or at a homely setting and we will have a health and social care system where:

- We have integrated health and social care.
- There is a focus on prevention, anticipation and supported self-management.
- Day case care in hospitals will be the norm.
- Whatever the setting, care will be provided to the highest standard of quality and safety with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate with minimal risk of readmission.

The partnership is focused on delivering outcomes within Renfrewshire based on its themes and high level strategic priorities, these are set out below:

- Improving Health and Wellbeing which includes:
  - Prevention, Anticipatory Care and Early Intervention.
  - Community Led Activity.
  - Addressing Inequalities.
  - Adult and Child Protection.
- The Right Service, at the Right Time, in the Right Place
  - Pathways through and between Services.
  - Appropriate Accommodation Options to Support Independent Living.
  - Managing Long-term Conditions.
- Working in Partnership to Treat the Person as well as the Condition
  - Personalisation and Choice.
  - Support for Carers.

In pursuit of this vision and focusing on our strategic priorities, we must ensure we deliver on the agreed 9 national health and social care outcomes. These are set out below:

**Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.

**Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

**Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected.

**Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

**Outcome 5:** Health and social care services contribute to reducing health inequalities.

**Outcome 6:** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

**Outcome 7:** People using health and social care services are safe from harm.

**Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

**Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services.

Mental Health Services are an important part of delivering on our priority areas. NHS Greater Glasgow and Clyde has developed a five year mental health strategy that spans across both inpatient and community services. The strategy aims to take a whole system approach, linking the planning of services across the whole Health Board area, incorporating the planning priorities of the six Health and Social Care Partnerships, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017 – 2027 which can be accessed [here](#). The NHS Greater Glasgow and Clyde five year strategy focuses on the following themes:

- Prevention, early intervention and health improvement
- Physical health
- Recovery orientated and trauma aware services
- Primary care
- Community and specialist teams
- Social care
- Unscheduled care
- Bed modelling

## **National Mental Health Strategy – Action 15**

Action 15 is one of the 42 commitments in the national Mental Health Strategy 2017 – 2027. Scottish Government Ministers gave a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. The goal was to 'Increase the workforce to give access to dedicated mental health professionals to all Accident and Emergency departments, all GP practices, every police station custody suite, and to our prisons.'

Funding to support the delivery of this commitment is being provided to each Integration Authority although £1M has been top sliced for a national Police Scotland/SAS demonstrator project. Each HSCP is required to develop an Initial Action 15 Plan by 31 July 2018, and a detailed Action 15 Plan by 30 September 2018. The plan should set out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy.

At a Greater Glasgow and Clyde level the share of national workforce target, were it to be distributed equally, is 179 additional mental health workers to be achieved in 4 years. (Renfrewshire share of this is 27.2 by 2021/22). It is essential that the Health Board and HSCPs work across boundaries and take a collaborative approach due to the way that mental health services are delivered and it is necessary to optimise use of resources in support of delivery of the GGC wide MHS. A key principle underpinning the collaborative approach is that there should be equitable contributions from HSCPs to agreed pan-GGC investments based on NRAC shares. Each HSCP is however accountable to its own Board for use of resources.

The plan from each Integration Authority is to set out the following:

How it contributes to the broad local improvement principles

- the application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22;
- the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;
- prospective improvements may include the provision of services through digital platforms or telephone support;
- improvement may include development for staff who are not currently working in the field of mental health.

How it takes account of the views of local Justice and other Health partners in the area about what improvements should be introduced.

How it fits with other local plans currently in development.

### **Interface with Primary Care Improvement Plan:**

Within the National Mental Health Strategy 2017-27 there are a number of commitments that are linked to the transformation programme for primary care. These include

- Action 23 – Scottish Government will "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019".
- Action 15 - to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and prisons. Over 5 years the Government has committed to additional investment to recruit 800 additional mental health workers in these key settings.

This plan will have a focus on the interface between primary care and specialist Mental Health services and the resources required to enable primary care responses to low level mental health need, and ensure effective pathways for those patients coming into and going out of specialist Mental Health services.

### **Interface with Children's Services:**

A significant part of NHS GG&Cs Mental Health Strategy focuses on early intervention and prevention. It recognises that mental illness in children, young people and adults is strongly correlated with the exposure to childhood adversity and trauma and adverse childhood experiences (ACEs) are an established indicator to trauma.

Renfrewshire, as part of our Mental Health Implementation Plan, will work closely with Children Services to develop a range of initiatives to deliver on the prevention and early intervention agenda. These will in part be directed towards the specific funding identified by the Scottish Government to improve mental health for children and will also be included within Action 15 considerations.

### **Interface with Community Justice:**

Renfrewshire does not have a prison or police custody suites. The responsibility for provision of mental health care in these settings rests with NHS GGC. Police Custody Healthcare and Prison Healthcare services hosted by Glasgow City HSCP. Renfrewshire HSCP will explore opportunities to improve mental health for people within criminal justice services; this will be done in partnership with Renfrewshire Council Criminal Justice Services.

### **Interface with Alcohol and Drugs Partnership:**

Renfrewshire will continue to develop connectivity between the work of the Mental Health Implementation Plan and the Alcohol and Drugs Partnership. It will particularly focus on those adults with multiple and complex needs who access both services and require significant support from accident and emergency, criminal justice services and primary care. We are in the initial stages of developing our recovery pathway for people with alcohol and/or drug issues and mental health issues.

### **Engagement and Consultation:**

In developing this plan, an initial consultation with a range of services has taken place; however, it is our intention to now develop a Renfrewshire Mental Health Strategy Implementation Group. Action 15 priorities will be progressed as part of this group. Details of this will be included in our September submission.

**Financial allocations for Renfrewshire** are as follows

<b>Allocation by HSCP</b>	<b>HSCP NRAC Share %</b>	<b>NRAC Share £</b>
2018 – 2019 share of 11 million total	3.40%	£373,503
2019 – 2020 share of 17 million total	3.40%	£577,233
2020 – 2021 share of 24 million total	3.40%	£814,917
2021 – 2022 share of 32 million total	3.40%	£1,086,555



### Renfrewshire HSCP Initial Action 15 Plan

Our initial proposals for investment of Action 15 funding are set out below. Other proposals have been developed pan – Greater Glasgow and Clyde and set out Renfrewshire's share of the required investment. The board wide proposals have not been finalised so these may be subject to change. These will be reflected in the September Plan.

<b>Proposal</b>	<b>Descriptor</b>	<b>Outcomes</b>	<b>Delivery</b>	<b>Strategic Links</b>	<b>Posts</b>
1/ Investment in trauma informed and mental health training and a range of prevention initiatives including suicide prevention, safe talk	Investment in mental health training for primary care practitioners, contractors and services in and out with Mental Health Services	Increase awareness of mental health conditions and support for frontline practitioners	Board-wide	Action 15 and Primary Care Improvement Plan	Currently being worked up via GGC Mental Health Programme Board
2/ Establish a Discharge Coordinator/Bed Manager post	Reduction in length of hospital stays and occupied bed days, for Mental Health Adult and Older Adult patients. Smoother and quicker transition home	Enable timeous admission and discharge for Inpatient services, coordinated by one practitioner	Renfrewshire	Action 15; 5 year Mental Health Strategy	1 Band 7 Nurse
3/ Computerised CBT Service	Roll out of the CBT service across GG&C	Improve access to low level psychological therapies for service users and patients	Board-wide	Primary Care Improvement Plan Action 15 Action 25	See 1/
4/ Establish a CAPMH post (Children Affected by Parental Mental Health)	Strengthen our approach to children affected by parental mental health	Identify children by sensitive routine enquiry within Adult Mental Health Services and assess the impact, working closely with Children's Services	Renfrewshire	5 Year Mental Health Strategy	1 Band 6 Nurse



5/ Unscheduled Care	Enhance capacity of Crisis Teams across GG&C to reduce admissions to accident and emergency and inpatient services  Psychiatric Liaison: enhance the liaison service across the City to support emergency departments both in and out of hours	Deliver an efficient out of hours response to planned and unplanned mental health support and assessment  Reducing response time from 2 hours to 1 hour	Board-wide	Action 15 Out of Hours Primary Care Improvement Fund	See 1/
6/ Test of Change – Management of Borderline Personality Disorder Patients on transition from Inpatients into the Community providing additional support	Two band 6 nurses to facilitate and care manage clients with BPD and support early discharge into the community	Support the reduction in attendance at A&E departments and the reduction in the admission and readmission rates to mental health beds for these patients	Renfrewshire	Mental Health Strategy	2 Band 6 Nurses
7/ Mental Health in Police Custody.	Mental Health nursing support to the development of the police custody hub and the formation of a multi-disciplinary team approach to the delivery of police custody services	Deliver an efficient and responsive mental health support to people within to police custody service	Board-wide and Hosted Service	Action 15	See 1/
8/ Establish a Recovery Hub for Patients with Mental Health and Addiction Issues.	Provide a community hub for people in recovery from alcohol and/or drug issues or mental health issues, or both. Working in partnership with a range of partners providing in-reach support. Providing peer support from individuals with lived experience	Increase support within the community. Promote recovery. Increase in life skills, raise mental health literacy and promote self-management. Reduction in the rates of admissions to mental health beds	Renfrewshire	Action 15 ADP	Workforce to be developed but will include Peer Support/Recovery Workers  Training for volunteers

9/ Review of Rehabilitation Beds.	The development of a small team focusing on the use of the rehabilitation and hospital based complex care beds to promote discharge planning and reduction in inpatient activity	Develop viable community alternatives to support service users in long-term beds This will promote shifting the balance of care and reduce reliance on inpatient services	Board-wide	Action 13	See 1/
10/ Establish a test of change linking physical and mental health	Pilot a physiotherapist in our Doing Well Service (PCMHT)	Address physical health issues which impact on mental health to aid recovery	Renfrewshire		1 Band 6 Physiotherapist
11/ Psychological Intervention in Prisons	The development of a low intensity psychological service across the three prisons within GG&C. Focus of work to improve transitions from prison to community and improved support for long term prisoners	Deliver a programme of low level support to prisoners to enhance mental health and wellbeing	Board-wide hosted service	Action 15	See 1/
12/ Develop Bipolar programmed approach model	Implementing a pathway of evidence-based interventions with Bipolar Scotland for training and self-management of bipolar disorder, including suicide prevention, promotion of physical health care, family and carer support and staying well plans	The development of a bipolar hub with the third sector to support service users with longer term care	Board-wide	Action 15	See 1/
13/ Borderline Personality Disorder (BPD) Service	Implementation of an evidence-based framework of care for people with BPD ensuring access to a coordinated programme of clinical care, including DBT and MBT where indicated	Enhance services for patients with BPD to ensure more effective response to patients. This will support the planned reduction in A&E attendance, crisis admissions and contact	Board-wide	Action 15, Primary Care Improvement Fund Alcohol and Drugs Funding	See 1/

		with out of hours emergency services			
14/ Development of a Recovery Orientated System of Care	Development of a recovery model of care for mental health service users focusing on mental health support and third sector engagement. Peer Support Worker Test of change	Deliver effective community supports to promote and facilitate recovery. Increase life skills and promote self-management. Routes to training and employment for patients/ service users going through the recovery journey. This will be in conjunction with people with lived experiences and the third sector This will reduce reliance on attendance at GP practices and A&E Departments, reduce admissions to inpatient services.	Board-wide	Primary Care Improvement Fund Action 15 Action 37	See 1/
15/ Project Management Support	The development of a Board-wide project management team to ensure the Mental Health Strategy is implemented and has significant links to the Primary Care Strategy and other programmes of work	Support the implementation of the Adult Mental Health Strategy including the generation and analysis of data to improve service user outcomes while reducing spending	Board-wide	Action 15 Primary Care Improvement Fund	See 1/



**To: Renfrewshire Integration Joint Board**

**On: 14 September 2018**

**Report by: Chief Officer**

**Heading: Non-Financial Governance Arrangements**

## **1. Summary**

- 1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place from 1 April 2017. The report also provides performance information regarding Freedom of Information and Complaints. This report covers the period 1 April 2017 to 31 March 2018.

## **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**

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

### Background

- 3.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FOISA as a public authority within its own right. Although the IJB will only hold a very limited amount of

information, it must respond to Freedom of Information (FOI) requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016 and approved on 11 November 2016. A link to the IJB Publication Scheme is noted below.

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

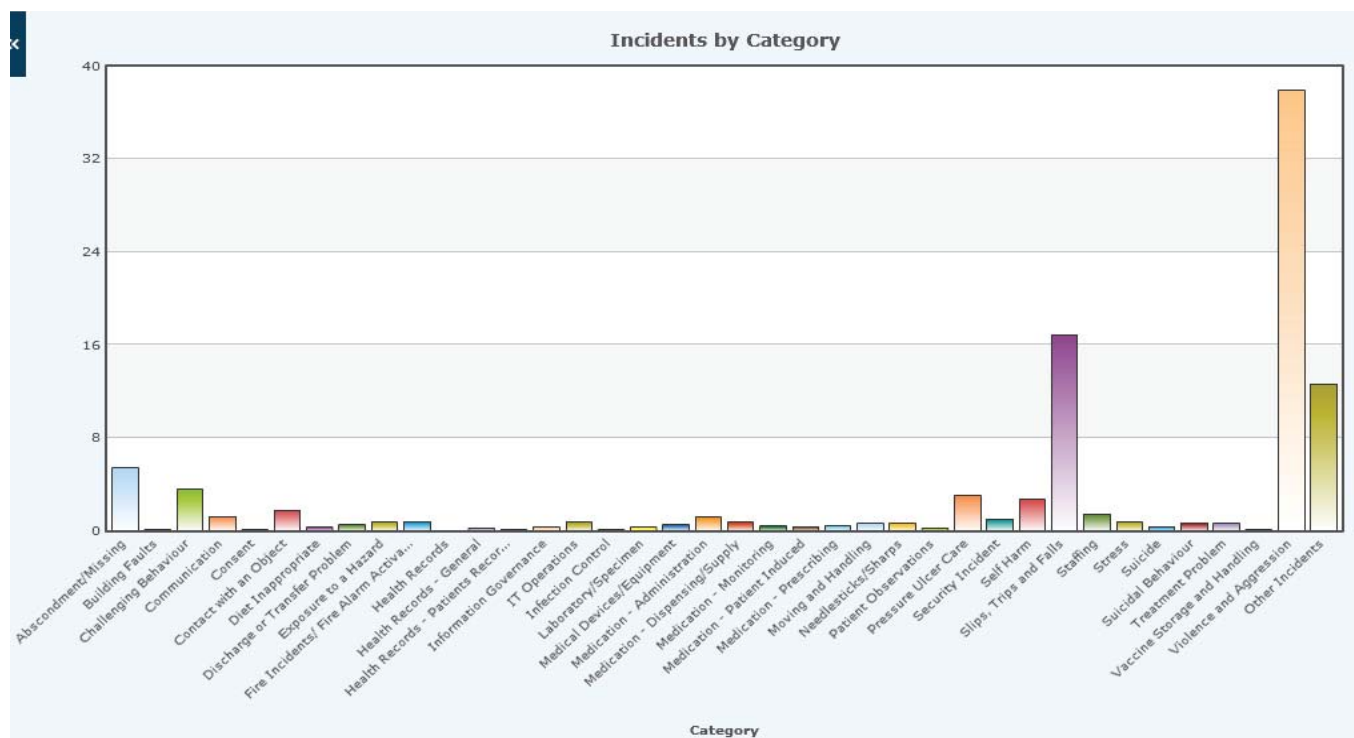
### Requests Received

- 3.3. During the period 1 April 2017 to 31 March 2018, the IJB received no requests for information regarding the Health & Social Care Partnership's budget and projected outturn for 2017/18. Statistical information regarding IJB FOIs is uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
- 3.4. It was agreed that any FOI relating to the operational delivery of health and adult social care service received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.
- 3.5. During the specified timeframe, Renfrewshire Council received 105 FOI requests specifically regarding adult social care. The main issues and themes raised included:
- Staff (including 3 insurance claims)
  - Care at home (domiciliary care)
  - External Contracts
- 3.6. During the specified timeframe, no FOI requests were received specifically for information regarding health services within Renfrewshire. However, Renfrewshire contributed to 10 NHS Greater Glasgow & Clyde board wide requests in relation to:
- Procurement
  - Carers Information
  - ADP Funding
  - Mental Health
  - Alcohol & Drugs

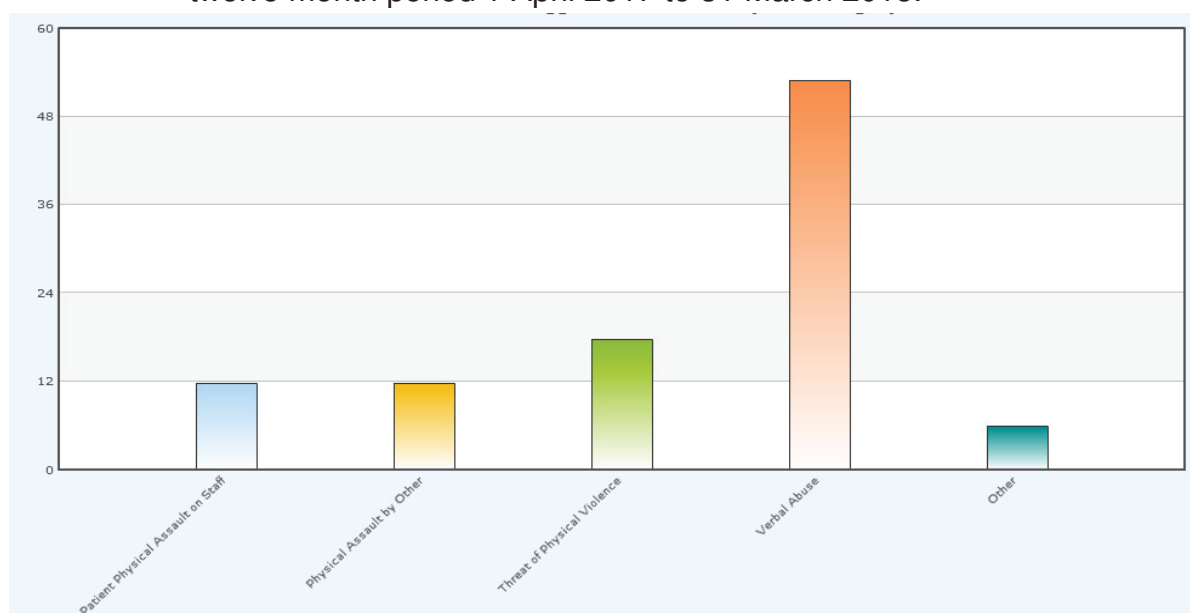
#### **4. Health & Safety**

##### 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 its Area Partnership Forum.
- 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 OHAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 4.4 An HSCP Health & Safety Committee has been formed and has service representation from health, council and partnership.
- 4.5 The HSCP Health & Safety Committee's role within the partnership is to coordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.
- 4.6 The table below provides an NHS snapshot view of the health and safety category percentages over the twelve month period 1 April 2017 to 31 March 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 2017 to 31 March 2018.

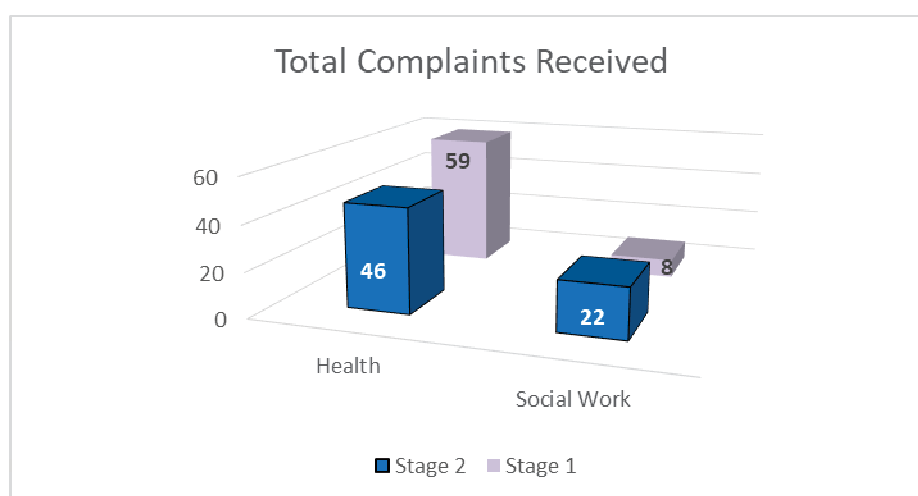


## 5. Complaints

5.1 This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2017 to 31 March 2018. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

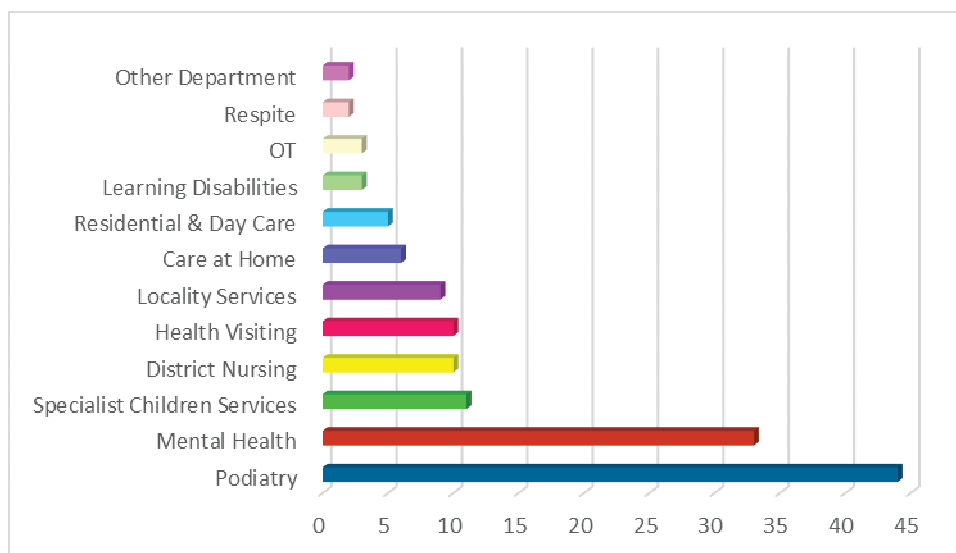


5.2 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP from 1 April 2017 to 31 March 2018.

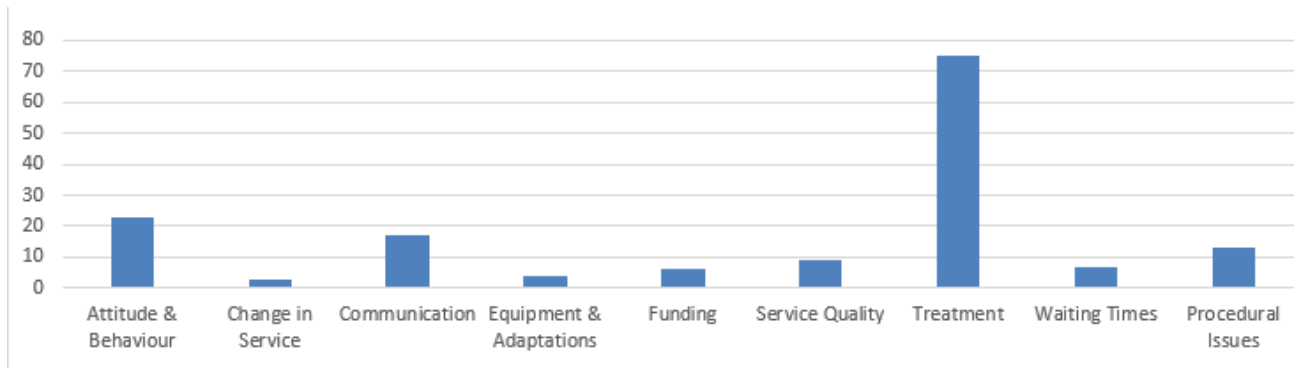


5.3 During the period 1 April 2017 to 31 March 2018, the HSCP received 170 enquiries from Councillors, MPs, MSPs, members of the public and other third party organisations.

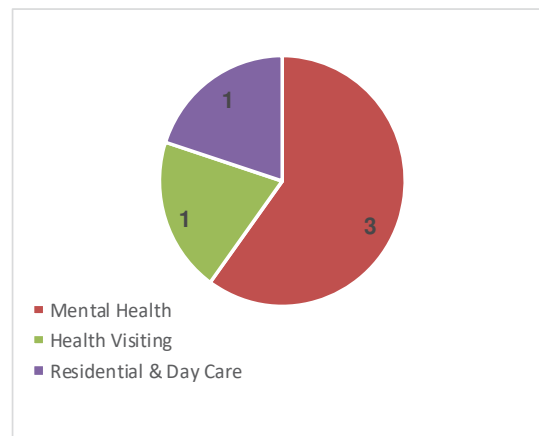
5.4 The graph below shows the breakdown of complaints by area for the period 1 April 2017 to 31 March 2018. The Podiatry high numbers relate to service changes around footcare.



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



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). The graph below shows the total number of complaints for health and social care.



### 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, an action plan is prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment/Quality of Care, Staff Attitude & Behaviour and Communication are key issues for complaints and steps are being taken by services to improve these.
- 5.9 An example of an action taken from a number of complaints received in Podiatry has resulted in a new Business Card (shown below) being produced showing quieter times to call the call centre along with an information leaflet which is provided to service users.




**Positively Podiatry**  
Protecting Limbs Prolonging Lives

**Podiatry new patient appointments  
can be made by contacting the Referral  
Management Centre (RMC)**

**Tel: 0141 347 8909**  
Monday - Friday 08.00 - 20.00  
Saturday 09.00 - 13.00  
Email: [AHP.Appointments@ggc.scot.nhs.uk](mailto:AHP.Appointments@ggc.scot.nhs.uk)

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	8:00am - 9:00am	9:00am - 1:00pm	1:00pm - 5:00pm	5:00pm - 8:00pm
Monday	Quieter	Busier	Moderate	Quieter
Tuesday	Quieter	Busier	Moderate	Quieter
Wednesday	Quieter	Busier	Moderate	Quieter
Thursday	Quieter	Moderate	Moderate	Quieter
Friday	Quieter	Moderate	Moderate	Quieter
Saturday	CLOSED	Moderate	CLOSED	CLOSED

## Policies & Procedures

- 5.9 Under health and social care integration, there will remain two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.
- 5.10. 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.
- 5.11 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.
- 5.12 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.
- 5.13. 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.

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## **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 has been developed and was tested on 8 February 2017.

- 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 inform 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 will be 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.
  - 9.6. A more limited range of activities will require to be progressed for the IJB to ensure compliance with the new legislation and future papers will be brought to the IJB to provide this awareness.
-

## 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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**Author:** Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration ( <a href="mailto:Jean.Still@ggc.scot.nhs.uk">Jean.Still@ggc.scot.nhs.uk</a> / 0141 618 7659)
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**To:** Renfrewshire Integration Joint Board

**On:** 14 September 2018

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**Report by:** Chief Officer

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**Heading:** Moving Forward Together – NHSGGC Transformation Strategy

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**1. Purpose**

- 1.1 To update members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'
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**2. Recommendation**

It is recommended that the IJB:

- Note the content of this report.
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**3. Background**

- 3.1 Renfrewshire IJB noted a report in November 2017 on work to develop a transformation programme for NHS Greater Glasgow and Clyde, known as the 'Moving Forward Together' strategy.
- 3.2 The paper noted that Moving Forward Together was a Health Board led programme, although officers from across the six Health and Social Care Partnerships were involved in the core project team and programme board.
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**4. Moving Forward Together Strategy**

- 4.1 The Moving Forward Together strategy was approved by NHS Greater Glasgow and Clyde in June 2018, and is available at <http://www.nhsggc.org.uk/media/248849/item-9-18-24.pdf>
- 4.2 The Moving Forward Together strategy describes a new system of care, organised in the most effective way to provide safe, effective person-centred and sustainable care to meet the current and future needs of the population and able to provide best value. This new system will be designed to:

- support and empower people to improve their own health
- support people to live independently at home for longer
- empower and support people to manage their own long-term conditions
- enable people to stay in their communities accessing the care they need
- enable people to access high quality primary and community care services close to home
- provide access to world class hospital-based care when the required level of care or treatment cannot be provided in the community
- deliver hospital care on an ambulatory or day case basis whenever possible
- provide highly specialist hospital services for the people of Greater Glasgow and Clyde, and for some services in the West of Scotland.

4.3 The Moving Forward Together Strategy identifies the six Integration Joint Boards within the NHS Greater Glasgow and Clyde area as key partners in delivering the vision of this strategy.

## 5. Implementation

5.1 The Moving Forward Together Strategy document describes 'next steps' for implementation as:

### **Phase One: July to October 2018 (Setting Priorities and Scoping Change)**

- Seek IJB confirmation that this framework aligns with their strategic plans
- Establish priority changes which support delivery of the Vision
- Develop and establish a structure based on the priorities and commission work streams and short life working groups

### **Phase Two: November to December 2018 (Develop Detailed Options)**

- Develop prioritised options for the delivery of changes with stakeholders
- Complete option appraisals on proposed changes
- Develop business cases for preferred changes
- Assess whole system impact and coherence
- Seek NHSGGC Board and IJB approval, as appropriate, for first tranche of proposed changes

### Phase Three: January 2019 onwards

- Continue to develop implementation plans for approved priority changes
  - Continue to assess impact and benefit realisation
  - Extend scope to next priority areas
- 5.2 The project and programme management arrangements for these stages remain under discussion, however it is clear there will remain a role for Health and Social Care Partnerships in future activity.
- 5.3 In addition, the Moving Forward Strategy provides additional context for the development of the IJB Strategic Plan 2019-22 which is currently underway.

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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 HSCP's website.
8. **Health & Safety – None**
9. **Procurement – None**
10. **Risk – None**
11. **Privacy Impact – None.**

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**List of Background Papers** – Transformational Strategy Programme  
(Renfrewshire IJB, 24 November 2017)

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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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